Timeline data comparing nursing home policies and mortality rate timelines suggests COVID-19 transmission was most likely caused by employees entering the facility. Early in the COVID crisis health experts suggested a-systematic people did not spread the disease. Later in the crisis health care experts changed their opinion and found asymptomatic people could transmit the disease, and therefore no specific information to assess whether or not they transmitted the disease. Also there was a limited national testing early in the disease. Both factors may be relevant to employee spread.

Nursing home deaths spiked proximately April 1-7. CDC guidance did not provide for employee testing or isolation until May 3rd.

Family and friend visitation was ended on March 13th. There was no testing of family and friends visiting the facility prior to March 13th. There is no data on the infection rate among family and friends.

The March 25th CDC guidance and state directive against prohibiting discrimination of COVID-positive people is not supported by the data to be a significant factor. The peak mortality rate was early April, before COVID-positive people

could have reentered the nursing home, infected other people, incubating in other people, and caused death. Residents readmitted were on average 8-9 days past infection. Health experts believe the virus is not transmitted after 9 days and is mostly transmitted in pre-symptomatic stages to 1-4 days post infection.

The directive against discrimination did not mandate nursing homes to accept COVID-positive residents. In fact, the opposite is true. By law, a nursing home was prohibited from accepting a COVID-positive person unless they could isolate the person in a manner protecting other people in the nursing home. It is an open question and currently a matter of investigation where the nursing homes did violate this provision of law. However even if they did, it is highly unlikely a COVID-positive readmission was a significant factor given the factors outlined above e.g. timeline, little likelihood of transmission post 9 days. Health experts widely agree that they would advise against leaving an older patient in a hospital for a longer period than necessary as the risk to the patient increases dramatically. The longer the hospital stay, the more likely a patient could contract a secondary infection such as sepsis or staph infection.

Given these circumstances, a policy to leave a recovering COVID patient in a hospital rather than returning them to a nursing home that can safely treat them is problematic. There is no justification to justify the health risk of a recovering COVID patient IF the nursing home can effectively treat them in a protective environment, as required by law. As a matter of policy, the Department of Health has two options; either insure the nursing home comply with the law requiring isolation and protective care or create new facilities for senior residents to convalesce with populations that are recovering from similar disease or infections, if such a situation arises in the future. However, in any event, the data does not show that admissions or re-admissions of COVID-positive individuals was a significant factor in the mortality rate in nursing homes.

[redacted]

---------- Forwarded message ---------
From: **Stephanie Benton** <sgbenton@gmail.com>
Date: Wed, Jun 24, 2020 at 9:39 PM
Subject: latest
To: [redacted]

DRAFT
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Factors Correlating with Nursing Home Fatalities in New York State During the COVID-19 Global Health Crisis

New York State Department of Health
June 22, 2020

Background[1]

Nations all across the globe have been significantly impacted by COVID-19. The situation rapidly and dramatically altered everyday life—requiring social distancing, closing of schools and businesses, and restricting access to hospitals and other congregate facilities.

New York State was one of the earliest states affected by COVID-19, in large part, from inbound travel from Europe.[2] On March 1, 2020, NYS identified its first case of COVID-19 in an international traveler. On March 3, 2020, the first COVID-19 case with no travel-related risk factors was identified in Westchester, NY; contact tracing revealed additional ill contacts.

Congregate settings, like nursing home, are particularly susceptible to infectious diseases like COVID-19 and many states in the nation had to grapple with this difficult situation. The first known positive COVID-19 nursing home resident was in Washington State, in Kirkland, who was transferred to a hospital on February 24, 2020 and later tested positive. In New York, the first exposure of the virus to nursing home residents followed on March 7, 2020, with the first known transmission of COVID-19 to a nursing home resident occurring on March 11, 2020, after a staff member first tested positive for COVID-19.

The New York State Department of Health (NYSDOH) undertook took aggressive steps to prepare healthcare facilities for COVID-19 in order to prevent control the spread of COVID-19 in nursing homes, including requiring temperature checks every 12-hours; mandating PPE; that all nursing homes test residents and staff; DOH inspections of facilities that have not

[1] The New York State Department of Health staff was supported by analysis provided by McKinsey & Company.

[2] *Introduction and Early Spread of SARS-CoV-2 in New York City,* Gonzalez-Reiche, et. Al. Pre-print https://doi.org/10.1101/2020.04.08.20056929 (Finding majority of 87 samples taken from Mount Sinai Hospital in March from diverse origins within New York City were genotypes to European variants of SARS-CoV-2.

complied with these all federal and state directives. Moreover, the state created strict penalities for non-compliance, including losing their operating license.

These activities began prior to, and early in the outbreak, and NYS issued orders, directives and guidance to nursing homes on a variety of topics, including, but not limited to, anticipating personal protective equipment shortages (February 2, 2020), infection control in healthcare facilities (February 26, 2020), specific nursing home infection control and health and safety guidance (March 6, 2020, March 11, 2020, & March 13, 2020), and discharge and admissions guidance (March 25, 2020). In addition, on March 7, 2020, Governor Cuomo banned visitors from nursing homes in New Rochelle, NY, and visitors were banned statewide on March 13, 2020—a dramatic step to protect residents. Enhanced infection prevention measures were directed to be implemented such as symptom and temperature checks for staff, facemasks for staff, and cancellation of congregate activities (March 13, 2020). NYSDOH surveyors and epidemiologists conducted thousands of calls, video assessments, and in-person assessments to support nursing homes and assess deficiencies.

But, like in all 50 states, there were COVID-positive cases in nursing homes in New York State. Below is an analysis of possible factors to determine whether they were the cause of increasing the infection rate or mortality rate in nursing homes.

We analyzed:

I. New York State's rate of mortality in nursing homes compared to the rate of mortality in other states.

II. The geographic location of the nursing home facility and community spread in that geographic location.

III. Staff illness infection rate in the community of the nursing home's location as a possible cause of exposure.

IV. Transmission from residents with COVID-19 who were admitted or readmitted to the nursing homes.

V. Nursing home quality of care contributing to COVID-19 resident exposures.

VI. The age of the nursing home residents as a factor for mortality.

Analysis of COVID-19 Nursing Home Fatalities

I. Analysis of the New York State Nursing Home Rate of Mortality vs. Other State's Nursing Home Rate of Mortality

New York State is one of the lowest rates of nursing home fatalities among states with at least 1,000 confirmed statewide fatalities. As of May 24, 2020, 38% of COVID-19 fatalities in New York State were among nursing home residents. In a rank ordering of COVID-19 related nursing home deaths of the 21 states with more than 1,000 confirmed statewide fatalities, New York ranked number 16, meaning it had a lower percentage than 15 of the 21 states when examining fatalities among nursing home residents as a share of total fatalities. See Table 1 below.

Table 1. Percentage of Nursing Home Fatalities of Overall COVID-19 Fatalities for States With >1,000 Fatalities, by State

State	Nursing Home Fatalities as a Percentage of Total Confirmed Deaths
Minnesota	77.33%
Pennsylvania	68.10%
Massachusetts	63.05%
Connecticut	62.64%
Maryland	60.68%
Virginia	59.58%
Ohio	56.63%
North Carolina	51.74%
Illinois	51.10%
New Jersey	49.58%
Florida	49.07%
Georgia	44.82%
Indiana	43.44%
Louisiana	42.77%
California	41.13%
New York	40.41%
Texas	39.67%
Michigan	32.60%
Colorado	31.38%
Arizona	10.15%
Washington	2.73%

Source: New York State Department of Health Analysis

An examination by the *New York Times* found that New York State ranked 35th in the nation – meaning 34 states had greater number of fatalities (even with some states being ranked only for confirmed fatalities and some being ranked for confirmed and presumed fatalities).[3] A 50 state analysis of confirmed fatalities by the New York State Department of Health finds that New York is 37th in the nation as a percentage of total COVID-19 fatalities—meaning 36th states

[3] See the chart "Cases and deaths in long-term care facilities, by state" from Karen Yourish, K.K. Rebecca Lai, Danielle Ivory and Mitch Smith, "One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers," *New York Times* (May 11, 2020).

had higher percentages of nursing home fatalities compared to overall COVID fatalities (Table 2).

Table 2. Nursing Home Fatalities as a Percentage of Total COVID-19 Fatalities, by State

Rank	State	Confirmed deaths	Statewide Deaths	NH/LTC deaths as a percentage of total deaths
1	New Hampshire	273	331	82%
2	Minnesota	1,064	1,376	77%
3	North Dakota	56	75	75%
4	Rhode Island	629	885	71%
5	Pennsylvania	4,332	6,361	68%
6	Massachusetts	4,899	7,770	63%
7	Kentucky	327	520	63%
8	Delaware	263	431	61%
9	Maryland	1,830	3,016	61%
10	Virginia	945	1,586	60%
11	Ohio	1,491	2,633	57%
12	Kansas	134	247	54%
13	Oregon	97	187	52%
14	North Carolina	608	1,175	52%
15	Oklahoma	189	366	52%
16	Iowa	351	680	52%
17	Illinois	3,433	6,718	51%
18	Connecticut	2,106	4,226	50%
19	New Jersey	6,346	12,800	50%
20	Florida	1,502	3,061	49%
21	West Virginia	43	88	49%
22	Mississippi	477	983	49%
23	South Carolina	291	621	47%
24	Georgia	1,168	2,606	45%
25	Indiana	1,082	2,491	43%
26	Utah	66	152	43%
27	Louisiana	1,289	3,014	43%
28	Wisconsin	305	719	42%
29	California	2,176	5,290	41%
30	Texas	835	2,105	40%
31	Arkansas	72	208	35%
32	Michigan	1,976	6,061	33%

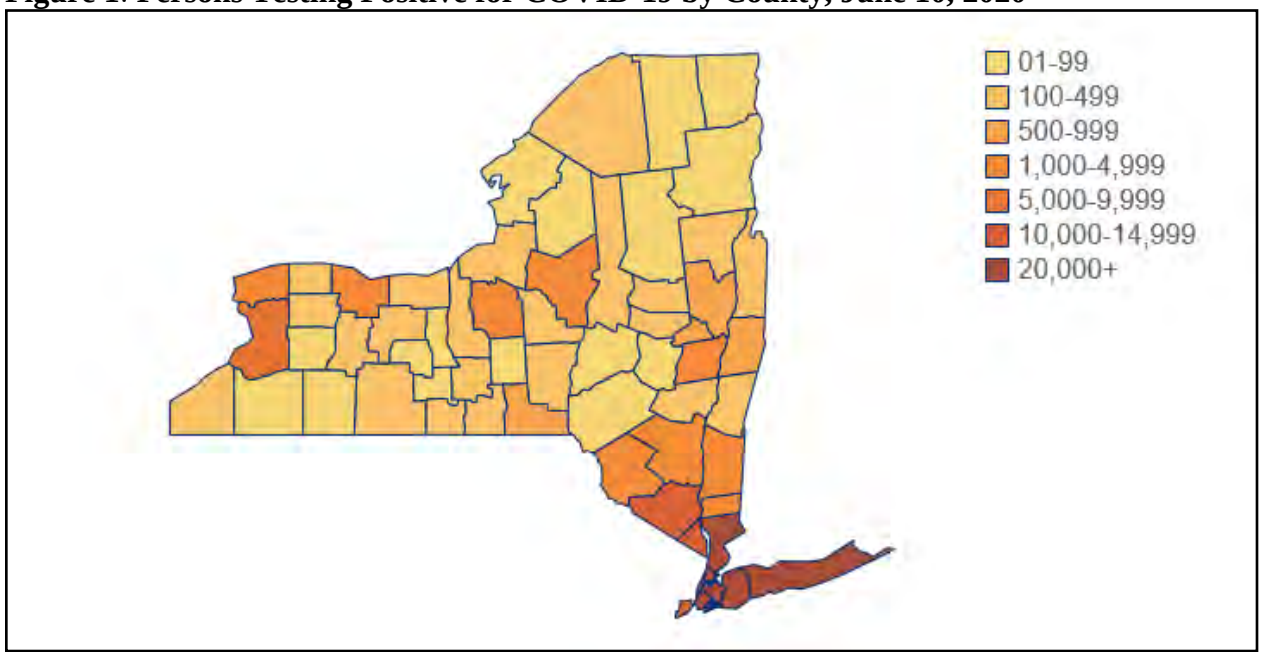
33	District of Columbia	153	527	29%
34	Tennessee	132	509	26%
35	Colorado	397	1,638	24%
36	Nevada	98	475	21%
37	New York	3,506	24,661	14%

Source: New York State Department of Health Analysis of Publicly Available Nursing Home Data, by State.

I. The Geographic Location of the Nursing Home Facility and Community Spread in that Location.

Within New York State there has been significant geographic variation in overall positive tests within the community (Figure 1) and nursing home cases and fatalities. Regions most highly affected be COVID-19 also had the highest nursing home fatality rates. There is a correlation between the overall community spread in a geographic location and the number of nursing home cases in that geographic location. We explore these issues below.

Figure 1: **Persons Testing Positive for COVID-19 by County, June 10, 2020**



Source: New York State COVID Tracker, located at *https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n*, Accessed June 11, 2020.

(Add More Info here)

II. Staff Illness Contributing to Nursing Home Infection Exposures

New York State had its first case of coronavirus on March 1, 2020. The date of the first employee Covid illness in nursing homes was March 16, 2020. This is approximately three weeks before the peak of fatalities of nursing home residents, about April 1, 2020. In March there was a general acceptance by the national healthcare professionals that asymptomatic people were not likely to spread the infection. This was memorialized in March 7, 2020 federal CDC guidance which stated, "Asymptomatic HCP [healthcare personnel] in this category are not restricted from work."[4] This understanding of viral spread allowed many nursing home Covid positive employees to continue working. The health care experts later learned that asymptomatic people were in fact capable of spreading the virus.

To compound the situation, for nursing home employees that were symptomatic, but not tested, CDC recommended that they wait three days after the symptoms had passed to return to work and only seven days after the COVID-19-like symptoms first appeared.[5] As more was learned about Covid, CDC guidance on isolation times was increased to 10 days. However, by that point the disease was already in the nursing homes. It is likely that a significant percentage of these symptomatic and asymptomatic employees spread the disease within the facility.

The peak of nursing home fatalities was at the beginning of April. Given the incubation period for COVID-19 as a median time of 4-5 days from exposure to symptoms onset, which can

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[4] "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 (COVID-19)" Centers for Disease Control and Prevention (March 7, 2020) located at https://web.archive.org/web/20200404194131/https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

[5] "Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)" Centers for Disease Control and Prevention located at: https://web.archive.org/web/20200404023742/https:/www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html.

extend to 14 days, it is likely that employees infected in mid-March could have appeared in the nursing home for work, transmitted the virus which then manifested in the residents approximately 7-14 days later. As Figure 2 illustrates, peak in COVID-symptomatic nursing homes employees was in mid-March which is likely correlated to peak nursing home deaths in the first week in April. Data does show that beginning mid-March the number of nursing homes with staff testing positive for COVID-19 more than doubled from 106-257 [NEED TO CONFIRM #].

It should be noted that once national testing capacity increased the CDC on May 3, 2020 changed its guidance to require people such as nursing home employees to utilize a test-based strategy and a 10-day isolation period before employees could return to work in a nursing home. Prior to May 3rd CDC was recommending that a positive but asymptomatic healthcare worker could return to work immediately with precautions such as a mask.

A significant factor highlighting the likelihood of employee transmission to nursing home patients is data identified in May. The state conducted a large scale antibody test of nursing home employees. A XXX sample found statewide XXX percent of employees had the antibodies. This means employees had the virus prior to the May antibody testing. The infection rate was very high and varied. Variance tracked with geographic areas of higher community spread. As Table 3 illustrates the highest percent of nursing home employees testing positive for the COVID-19 antibodies were found in the most impacted regions.

Statewide _____

Long Island _____

Upstate _____

Hudson Valley _____

Table 3. Antibody Results of Nursing Home Employees, by County

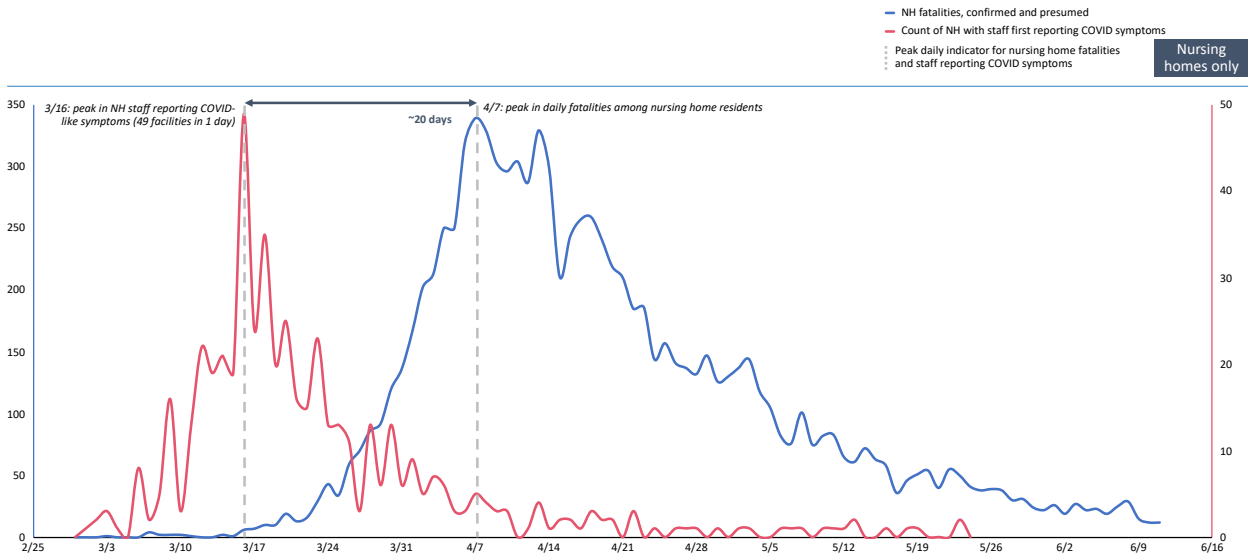
County	Percent of Nursing Home Employees that Tested Positive for COVID-19 Antibodies
Queens	64%
Kings	58%
Rockland	51%
Orange	40%
Nassau	38%
Richmond	34%

Source: Bio Reference Lab, which performed more than 4,800 antibody tests on nursing home employees across New York State

This data suggests the primary Covid spread was due to employee transmission to patients.

A secondary factor may be spread by family and visitors.

Figure 2. Nursing Home Staff Symptoms and Nursing Home Resident Fatalities Timeline



Source: Facility Survey on staff sickness as 6/9

As Figure 2 **(?)** also illustrates, nursing home fatalities were increasing in mid-March. New York State banned family and friends' visitation on March 13, 2020. Fatality peak was April 1-7. Given this timing, and given the COVID incubation period, it is possible that visitation by family and friends up to March 13th was a contributing factor. There is no data on the infection rate of family and friends, so this is inconclusive.

All of this activity well pre-dated the March 25th readmission policy for COVID-positive residents (see point 5).

III. Transmission from Residents with COVID-19 Who Were Admitted or Readmitted to the Nursing Homes

One of the factors that has been suggested by some observers to contribute to nursing home fatalities is the admission or readmission of COVID-positive residents. However, data do not support this suggestion. Initially, there is no data to suggest that New York nursing home fatalities were disproportionate to any other state's nursing home fatalities. In fact, data shows

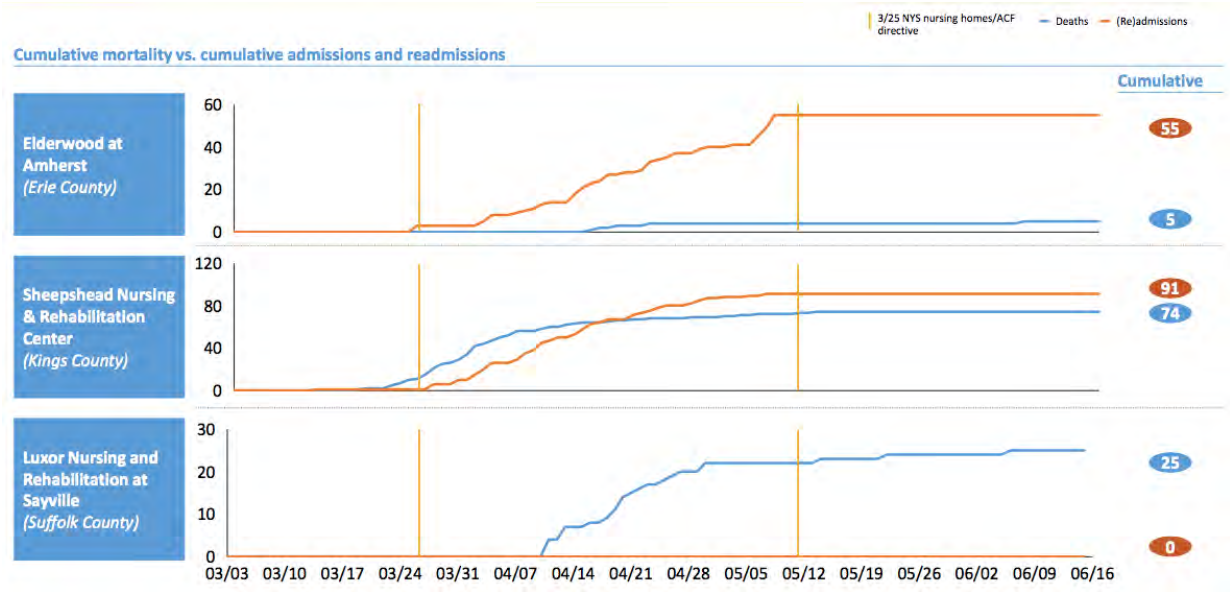
the opposite to be true as New York was 35th by percentage in the number of nursing home deaths. (see Factor 1.)

Second, New York State followed CDC guidance which stated that a nursing home should not DISCRIMINATE against a COVID-positive person (EMPHASIS ADDED). However, contrary to some press reports, neither CDC guidance nor the state DIRECTED that a nursing home accept a COVID-positive person. In fact, the opposite is true. By state law a nursing home could not accept a COVID-positive person unless the nursing home could provide "proper isolation and protective procedures." For clarity, Federal guidance and state regulations stated that nursing homes could not DISCRIMINATE AGAINST COVID-positive patients, BUT also could NOT ACCEPT them unless they could provide adequate care by isolation and protection of other residents and staff. It was in the nursing homes' sole discretion to determine if they would accept the COVID-positive person and if they could provide adequate care.

Importantly, the state had various alternative facilities for COVID-positive nursing home patients if any nursing home declined to accept them. The state had secured thousands of additional healthcare beds suitable for COVID-positive nursing home patients. The state even created nursing home COVID-positive exclusive facilities across the state. In New York City, the state created the Brooklyn Center in Brooklyn with 281 beds run by Maimonides and South Beach in Staten Island with 259 beds operational. In Upstate, Catholic Health's St. Joseph Post Acute Center (operating Under Father Baker Manor home) was made a COVID-only facility with 80 beds. In addition, surplus capacity was made available at SUNY Downstate Medical Facility in Brooklyn and SUNY Upstate Medical in Syracuse. Therefore, there was no reason for nursing homes to accept COVID-positive if they did not believe they could do so adequately and safely, as required by law, and as the state had many available alternatives. The State

Department of Health and Attorney General's office are doing an investigation to determine, among other things if nursing homes violated this law. Statewide nursing home admission and readmission data from March 1 through May 8, 2020 show that 9,690 residents with confirmed or presumed COVID-19 positive were admitted or re-admitted from a hospital to a total of 371 unique nursing homes. This is on a total nursing home population of 600,000 **(?)**. The data do not demonstrate or correlate to a subsequent intra-facility transmission or increased mortality. For example, as Figure 4 illustrates, many nursing homes that did not admit any COVID-positive patients still had a high number of COVID related deaths. In fact, 57 nursing homes that had 0 readmissions, had significant COVID-19 fatalities and178 facilities had their first COVID-19 fatality before or on the day of their first readmission suggesting that readmissions did not introduce COVID in the facility.

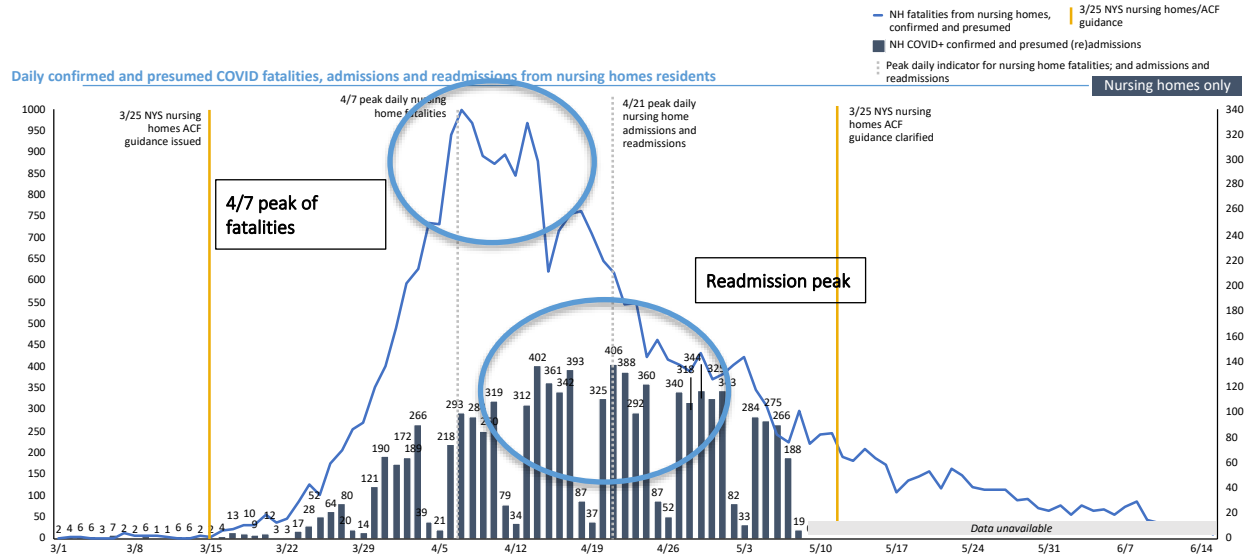
Figure 4. Example of No Causation Between Cumulative Mortality Versus Admissions/Readmissions, Select Facilities



Note: For a facility-by-facility examination of admissions versus fatalities see Appendix XX.

Following the timeline under Figure 5 below, data invalidates a cause and effect between a March 25th timeline and rate of mortality. Nursing home resident fatalities peaked on the week of April 1-7, 2020. The peak of nursing home admissions or readmissions was not until April 14, 2020.

Figure 5: **Nursing Home Fatality Curve and Admission Readmissions Over Time**



Source: Facility Survey as of 5/27/2020 for COVID+ readmissions and admissions 3/1-5/8

As the nursing home death peak occurred 7 days before the peak of readmissions of COVID-positive residents, it suggests no causation. Also, a directive issued March 25th is highly unlikely, given the implementation timeline and viral incubation period, to cause death by April 7, 2020.

Further, admissions and readmissions of residents with COVID-19 were still increasing when the number of nursing home deaths was already declining. If the March 25, 2020 guidance was a major causative factor in nursing home deaths, the peak in deaths should have occurred after the peak in admissions, not before.

In addition, the data suggests that people readmitted to nursing homes were most likely not contagious. Per CDC data, COVID-positive individuals are likely not capable of transmitting the virus after 9 days from the onset of the illness. The CDC stated "the statistically estimated likelihood of recovering replication competent virus approaches 0 by 10 days." This comports with the CDC policies related to return to work and removal from isolation precautions after a positive COVID test. CDC isolation period was 10 days. Viral shedding after this date, it is widely noted, is unlikely to transmit the virus. Length of stay data showed that for nursing home admissions and readmissions average length of stay for hospital visits were about 8-10 days. This is beyond the period of viral transmission. According to the CDC people are most infectious in the pre-symptomatic stage or 1-4 days after symptom onset. Therefore, patients admitted or readmitted to nursing homes were likely not infectious.

An additional complication is that health experts will opine that keeping a senior citizen in a hospital bed for multiple days longer than necessary poses a serious risk to the patient by being subject to a secondary infection such as sepsis or staph infection. What policy would justify posing a high risk to the patient if they were not likely contagious and the nursing home

certified by law they would isolate them and protect the residents or in the event a nursing home could not accept them, the state could place them in one of the alternative health facilities the state had opened.

IV. Nursing Home Quality Contributing to COVID-19 Resident Exposure

We analyzed whether nursing homes that had a prior performance record of lower quality over the past several years had a higher death rate than nursing homes with a record of higher quality performance. In fact, the data shows the opposite is true. Using the Quality rating system developed by CMS, 5-Star Quality Rating System, nursing homes with higher CMS quality ratings were found to have higher mortality rates than those with lower quality ratings (Figure 6).

Figure 6: **CMS Quality Rating vs. Fatality Rate by Region**

STATEWIDE | Nursing homes only

		Facility rating				
		1	2	3	4	5
Statistics (including mortality rate) by facility rating segment[1]	Number of NH	97	104	108	129	159
	Average Population	142	171	192	162	171
	Total capacity	15,509	19,548	22,357	22,961	30,066
	Total population	13,746	17,818	20,730	20,958	27,138
	Occupancy	89%	91%	93%	91%	90%
	Confirmed and presumed COVID deaths	937	1,391	2,272	1,912	3,292
	Mortality rate	7%	8%	11%	9%	12%

		% rated by group		
		# of facilities	Rated 1 to 2	Rated 4 to 5
Breakdown of county facilities by rating	New York City	167	19%	59%
	Long Isand	74	19%	62%
	Mid-Hudson	87	24%	53%
	Rest of State	264	50%	37%

Source: Facility Survey as of 5/27/2020 for readmissions and admissions 3/1-5/8, nursing homes Detail as of 5/26/2020. Facility ratings come from https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py

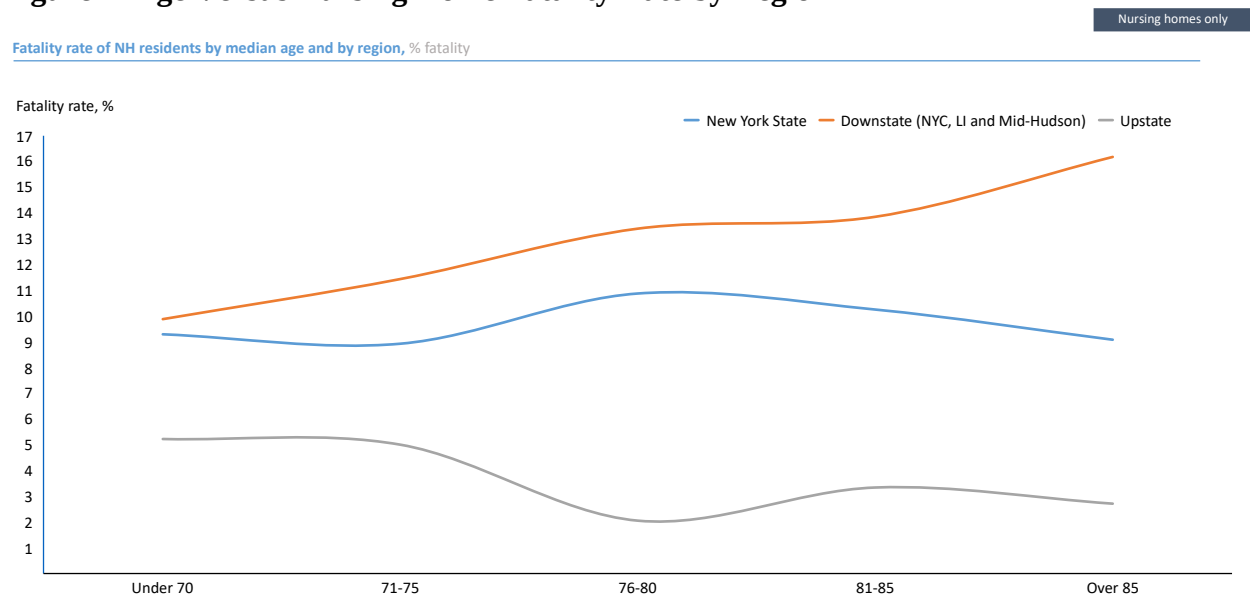
From the data, the apparent explanation for this phenomenon is that the location of the nursing home facility had a greater causal connection than the performance of the nursing home facility.

Data show the predominance of nursing home deaths were in downstate New York and unrelated to the performance of the particular nursing home. This supports the theory that community spread among employees or possibly visitation by family and friends were relevant factors rather than readmissions or facility quality.

V. Age of the Nursing Home Resident as a Factor for Mortality

Another factor was reviewed on impact of mortality – age of the resident. As data show, older individuals are more susceptible to death from COVID-19 infection. The analysis between resident age and mortality suggests a relationship between a higher median resident age and an increase in the mortality rate. This is more pronounced in geographic areas where there were more nursing homes deaths. Downstate New York, which had a higher mortality rate, demonstrates this point. Upstate New York, with few nursing home residents, has less of a causal connection.

Figure 7: **Age Versus Nursing Home Fatality Rate by Region**



Source: MDS 2019 - Analysis of age of the residents in the nursing homes

CONCLUSION

Several factors are clear from our analysis and research:

- New York State has a lower percentage of deaths in nursing homes than most states, ranking 35th in comparison to other states.
- Data shows nursing home quality is not a factor in mortality from COVID.
- Data show community spread and employee transmission has the strongest correlation to nursing home fatalities.

Timeline data comparing nursing home policies and mortality rate timelines suggests COVID-19 transmission was most likely caused by employees entering the facility. Early in the COVID crisis health experts suggested a-systematic people did not spread the disease and asymptomatic employees were allowed to work. Later in the crisis, health care experts changed their opinion and found asymptomatic people could transmit the disease. Testing done by the state in May showed a very high percentage of nursing home employees had COVID antibodies.

In some facilities as high as 70 percent [GETTING CITATION]. By definition, with that high a percentage of employees positive it is a causal factor for spread to patients.

Family and friend visitation was ended on March 13th. There was no testing of family and friends visiting the facility prior to March 13th. Again, asymptomatic visitors were allowed access. There is no data on the infection rate among family and friends.

The March 25th CDC guidance and state directive against prohibiting discrimination of COVID-positive people is not supported by the data to be a significant factor. The peak mortality rate was early April, before COVID-positive people even reentered nursing homes in a significant number. In one week it is highly improbable that a Covid positive readmission could have reentered the nursing home, infected other people, the virus incubated, and caused death.

Residents readmitted were on average 8-9 days past infection. Health experts believe the virus is not transmitted after 9 days and is mostly transmitted in pre-symptomatic stages to 1-4 days post infection.

The directive against discrimination did not mandate nursing homes to accept COVID-positive residents. In fact, the opposite is true. By law, a nursing home was prohibited from accepting a COVID-positive person unless they could isolate the person in a manner protecting other people in the nursing home. It was in the sole discretion of the nursing home to accept or reject a readmission of a Covid positive person.

There was no necessity that the nursing home accepted COVID-positive readmissions as the state had numerous COVID only facilities and beds available as viable alternatives for any patients the nursing homes chose not to accept. It is an open question and currently a matter of investigation whether nursing homes did violate this provision of law. However even if they did, it is highly unlikely a COVID-positive readmission was a significant factor given the factors

outlined above e.g. timeline, little likelihood of transmission post 9 days. Health experts widely agree that they would advise against leaving an older patient in a hospital for a longer period than necessary as the risk to the patient increases dramatically. The longer the hospital stay, the more likely a patient could contract a secondary infection such as sepsis or staph infection.

Given these circumstances, a policy to leave a recovering COVID patient in a hospital rather than returning them to a nursing home that can safely treat them, or an alternate state facility, is problematic.

Our analysis does point to employee transmission as the primary cause of transmission. If we had accurate information about Covid transmission at an earlier time, other steps would have been taken. For example, asymptomatic employees should have been barred from facilities. If widespread testing was available earlier, all employees could have been tested earlier. These are national issues that must be addressed as nursing homes as congregate settings will pose a continued risk for the Coronavirus or another public health threat in the future that attacks senior citizens.

Subject: Fwd: Message from "RNP58387911B637"
Date: Wednesday, June 24, 2020 at 11:13:44 AM Eastern Daylight Time
From: [redacted]
To: [redacted]
Attachments: 20200624105333189.pdf, ATT00001.htm

Privileged
Can you read this?

Sent from my iPhone

Begin forwarded message:

From: [redacted]
Date: June 24, 2020 at 10:55:15 AM EDT
To: [redacted]
Subject: FW: Message from "RNP58387911B637"

-----Original Message-----
From: Ricoh39Copier1@exec.ny.gov [mailto:Ricoh39Copier1@exec.ny.gov]
Sent: Wednesday, June 24, 2020 10:54 AM
To: [redacted]
Subject: Message from "RNP58387911B637"

This E-mail was sent from "RNP58387911B637" (MP C6004ex).

Scan Date: 06.24.2020 10:53:33 (-0400)
Queries to: Ricoh39Copier1@exec.ny.gov

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Factors Correlating with Nursing Home Fatalities in New York State During the COVID-19 Global Health Crisis

New York State Department of Health
June 22, 2020

Background[1]

Nations all across the globe have been significantly impacted by COVID-19. The situation rapidly and dramatically altered everyday life—requiring social distancing, closing of schools and businesses, and restricting access to hospitals and other congregate facilities.

New York State was one of the earliest states affected by COVID-19, in large part, from inbound travel from Europe.[2] On March 1, 2020, NYS identified its first case of COVID-19 in an international traveler. On March 3, 2020, the first COVID-19 case with no travel-related risk factors was identified in Westchester, NY; contact tracing revealed additional ill contacts.

Congregate settings, like nursing home, are particularly susceptible to infectious diseases like COVID-19 and many states in the nation had to grapple with this difficult situation. The first known positive COVID-19 nursing home resident was in Washington State, in Kirkland, who was transferred to a hospital on February 24, 2020 and later tested positive. In New York, the first exposure of the virus to nursing home residents followed on March 7, 2020, with the first known transmission of COVID-19 to a nursing home resident occurring on March 11, 2020, after a staff member first tested positive for COVID-19.

The New York State Department of Health (NYSDOH) undertook took aggressive steps to prepare healthcare facilities for COVID-19 in order to prevent control the spread of COVID-19 in nursing homes, including requiring temperature checks every 12-hours; mandating PPE; that all nursing homes test residents and staff; DOH inspections of facilities that have not

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[1] The New York State Department of Health staff was supported by analysis provided by McKinsey & Company.

[2] *Introduction and Early Spread of SARS-CoV-2 in New York City,* Gonzalez-Reiche, et. Al. Pre-print https://doi.org/10.1101/2020.04.08.20056929 (Finding majority of 87 samples taken from Mount Sinai Hospital in March from diverse origins within New York City were genotypes to European variants of SARS-CoV-2.

complied with these all federal and state directives. Moreover, the state created strict penalities for non-compliance, including losing their operating license.

These activities began prior to, and early in the outbreak, and NYS issued orders, directives and guidance to nursing homes on a variety of topics, including, but not limited to, anticipating personal protective equipment shortages (February 2, 2020), infection control in healthcare facilities (February 26, 2020), specific nursing home infection control and health and safety guidance (March 6, 2020, March 11, 2020, & March 13, 2020), and discharge and admissions guidance (March 25, 2020). In addition, on March 7, 2020, Governor Cuomo banned visitors from nursing homes in New Rochelle, NY, and visitors were banned statewide on March 13, 2020—a dramatic step to protect residents. Enhanced infection prevention measures were directed to be implemented such as symptom and temperature checks for staff, facemasks for staff, and cancellation of congregate activities (March 13, 2020). NYSDOH surveyors and epidemiologists conducted thousands of calls, video assessments, and in-person assessments to support nursing homes and assess deficiencies.

But, like in all 50 states, there were COVID-positive cases in nursing homes in New York State. Below is an analysis of possible factors to determine whether they were the cause of increasing the infection rate or mortality rate in nursing homes.

We analyzed:

I. New York State's rate of mortality in nursing homes compared to the rate of mortality in other states.

II. The geographic location of the nursing home facility and community spread in that geographic location.

III. Staff illness infection rate in the community of the nursing home's location as a possible cause of exposure.

IV. Transmission from residents with COVID-19 who were admitted or readmitted to the nursing homes.

V. Nursing home quality of care contributing to COVID-19 resident exposures.

VI. The age of the nursing home residents as a factor for mortality.**Analysis of COVID-19 Nursing Home Fatalities**

I. Analysis of the New York State Nursing Home Rate of Mortality vs. Other State's Nursing Home Rate of Mortality

Through June 10, 2020, New York State is one of the lowest rates of nursing home fatalities among states with at least 1,000 confirmed statewide fatalities. As of May 24, 2020, 38% of COVID-19 fatalities in New York State were among nursing home residents. In a rank ordering of COVID-19 related nursing home deaths of the 21 states with more than 1, 000 confirmed statewide fatalities, New York ranked lower than 15 of the other states when examining fatalities among nursing home residents as a share of total fatalities. See Table 1 below.

Table 1. Percentage of Nursing Home Fatalities of Overall COVID-19 Fatalities for States With >1,000 Fatalities, by State

State	Nursing Home Fatalities as a Percentage of Total Confirmed Deaths
Minnesota	77.33%
Pennsylvania	68.10%
Massachusetts	63.05%
Connecticut	62.64%
Maryland	60.68%
Virginia	59.58%
Ohio	56.63%
North Carolina	51.74%
Illinois	51.10%
New Jersey	49.58%
Florida	49.07%

Georgia	44.82%
Indiana	43.44%
Louisiana	42.77%
California	41.13%
New York	40.41%
Texas	39.67%
Michigan	32.60%
Colorado	31.38%
Arizona	10.15%
Washington	2.73%

Source: New York State Department of Health Analysis

An examination by the *New York Times* found that New York State ranked 35th in the nation – meaning 34 states had greater number of fatalities (even with some states being ranked only for confirmed fatalities and some being ranked for confirmed and presumed fatalities).[3] A 50 state analysis of confirmed fatalities finds that New York is 37th in the nation as a percentage of total COVID-19 fatalities—meaning 36th states had higher percentages of nursing home fatalities compared to overall COVID fatalities (Table 2).

Table 2. Nursing Home Fatalities as a Percentage of Total COVID-19 Fatalities, by State

Rank	State	Confirmed deaths	Statewide Deaths	NH/LTC deaths as a percentage of total deaths
1	New Hampshire	273	331	82%
2	Minnesota	1,064	1,376	77%
3	North Dakota	56	75	75%
4	Rhode Island	629	885	71%
5	Pennsylvania	4,332	6,361	68%
6	Massachusetts	4,899	7,770	63%
7	Kentucky	327	520	63%
8	Delaware	263	431	61%
9	Maryland	1,830	3,016	61%
10	Virginia	945	1,586	60%
11	Ohio	1,491	2,633	57%

[3] See the chart "Cases and deaths in long-term care facilities, by state" from Karen Yourish, K.K. Rebecca Lai, Danielle Ivory and Mitch Smith, "One-Third of All U.S. Coronavirus Deaths Are Nursing Home Residents or Workers," *New York Times* (May 11, 2020).

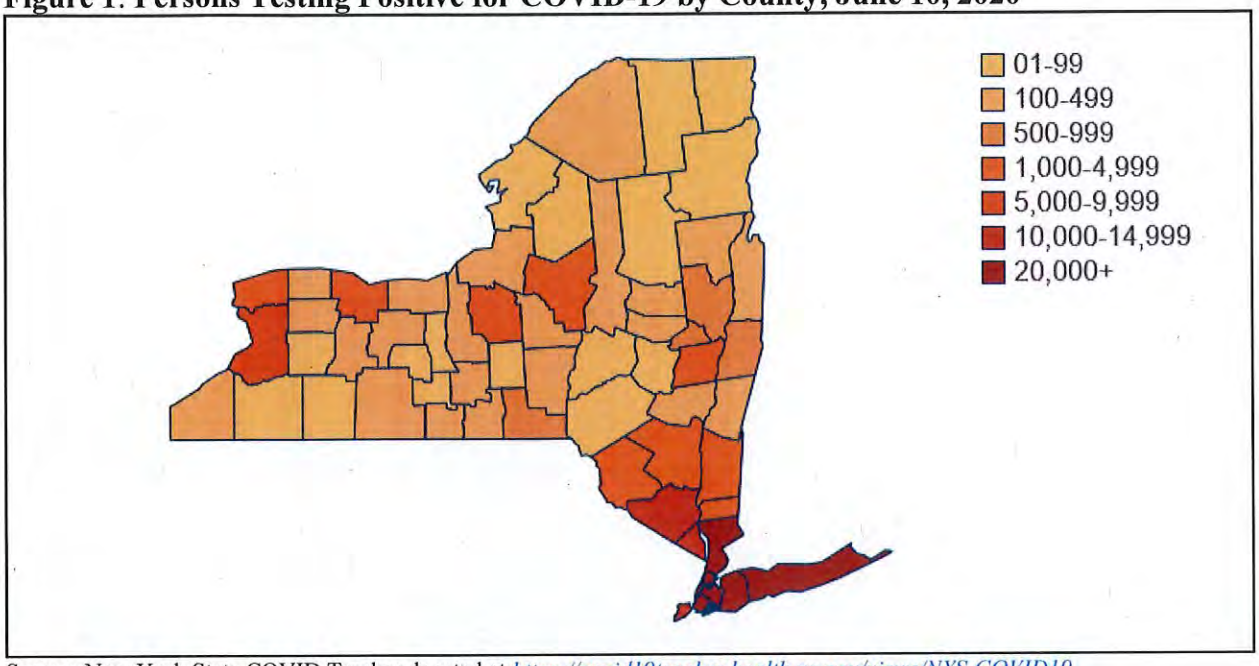
12	Kansas	134	247	54%
13	Oregon	97	187	52%
14	North Carolina	608	1,175	52%
15	Oklahoma	189	366	52%
16	Iowa	351	680	52%
17	Illinois	3,433	6,718	51%
18	Connecticut	2,106	4,226	50%
19	New Jersey	6,346	12,800	50%
20	Florida	1,502	3,061	49%
21	West Virginia	43	88	49%
22	Mississippi	477	983	49%
23	South Carolina	291	621	47%
24	Georgia	1,168	2,606	45%
25	Indiana	1,082	2,491	43%
26	Utah	66	152	43%
27	Louisiana	1,289	3,014	43%
28	Wisconsin	305	719	42%
29	California	2,176	5,290	41%
30	Texas	835	2,105	40%
31	Arkansas	72	208	35%
32	Michigan	1,976	6,061	33%
33	District of Columbia	153	527	29%
34	Tennessee	132	509	26%
35	Colorado	397	1,638	24%
36	Nevada	98	475	21%
37	New York	3,506	24,661	14%

Source: New York State Department of Health Analysis of Publicly Available Nursing Home Data, by State.

I. The Geographic Location of the Nursing Home Facility and Community Spread in that Location.

Within New York State there has been significant geographic variation in overall positive tests within the community (Figure 1) and nursing home cases and fatalities. Regions most highly affected be COVID-19 also had the highest nursing home fatality rates. There is a correlation between the overall community spread in a geographic location and the number of nursing home cases in that geographic location. We explore these issues below.

Figure 1: Persons Testing Positive for COVID-19 by County, June 10, 2020



Source: New York State COVID Tracker, located at *https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n*, Accessed June 11, 2020.

II. Staff Illness Contributing to Nursing Home Infection Exposures

New York State had its first case of coronavirus on March 1, 2020. The date of the first known suspected or confirmed employee illness in nursing homes was March 16, 2020. This is approximately three weeks before the peak of fatalities of nursing home residents, about April 1, 2020. This was also before the March 25th CDC provision and state alignment concerning non-discrimination against a COVID-positive resident. In March there was a general acceptance by the national healthcare professionals that asymptomatic people were not likely to spread the infection. This was memorialized in March 7, 2020 federal CDC guidance which stated, "Asymptomatic HCP [healthcare personnel] in this category are not restricted from work."[4] And

[4] "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 (COVID-19)" Centers for Disease

the March 7, 2020 federal CDC guidance further stated, "Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program."[5] Therefore, asymptomatic nursing home employees may not have been detected.

In early March the nation's testing capacity was still being developed and was not widely available for nursing home employees. Yet, for nursing home employees that were symptomatic, but not tested, CDC recommended that they wait only three days after the symptoms had passed to return to work and only seven days after the COVID-19-like symptoms first appeared, much less time than the 14 days required under certain circumstances.[6] It is likely that a percentage of these symptomatic employees could have spread the disease within the facility.

The peak of nursing home fatalities was at the beginning of April. Given the incubation period for COVID-19 as a median time of 4-5 days from exposure to symptoms onset, and can extend to 14 days, it is likely that employees infected in mid-March could have appeared in the nursing home for work, transmitted the virus which then manifested in the residents approximately 7-14 days later. As Figure 2 illustrates, peak in COVID-symptomatic nursing homes employees was in mid-March is potentially correlated to peak nursing home deaths in the first week in April.

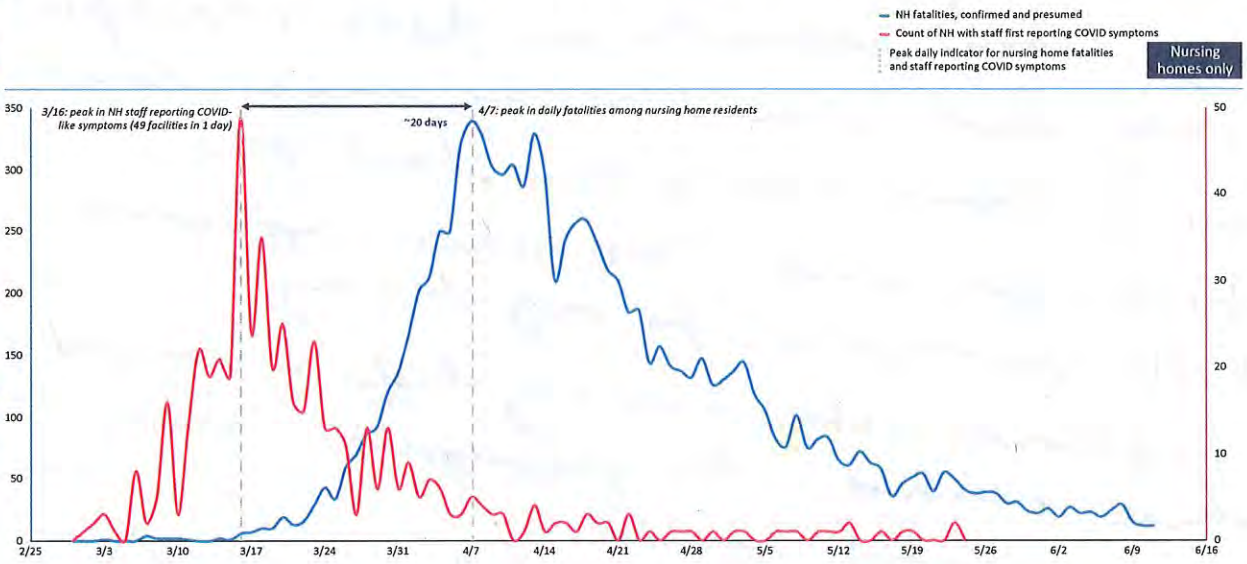
Control and Prevention (March 7, 2020) located at https://web.archive.org/web/20200404194131/https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

[5] Id.

[6] "Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)" Centers for Disease Control and Prevention located at: https://web.archive.org/web/20200404023742/https:/www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html.

It should be noted that once national testing capacity increased the CDC on May 3, 2020 changed its guidance to require people such as nursing home employees to utilize a test-based strategy and a 10-day isolation period before employees could return to work in a nursing home. Prior to May 3rd CDC was recommending that a positive but asymptomatic healthcare worker could return to work immediately with precautions such as a mask.

Figure 2. Nursing Home Staff Symptoms and Nursing Home Resident Fatalities Timeline



Source: Facility Survey on staff sickness as 6/9

As Figure 2 also illustrates, nursing home fatalities were increasing in mid-March. New York State banned family and friends' visitation on March 13, 2020. Given this timing, and given the COVID incubation period, it is possible that visitation by family and friends up to March 13th was a contributing factor. The only other possible factor to explain the mid-March increase was employee transmission. There is no data on the infection rate of family and friends. However, data does show that beginning mid-March the number of nursing homes with staff testing positive for COVID-19 more than doubled from 106-257 [NEED TO CONFIRM #]. All

A significant factor highlighting the likelihood of employee transmission to nursing home patients is data identified in May that showed a very high level of nursing home employees had the antibodies for covid. This means employees had the virus prior to mg testing. The infection rate was very high + varied. Variance tracked with geographic areas of higher community spread. For example - - - - (Bio Ref #)

This data suggests the primary spread was due to employee transmission to patients.

A secondary factor may be spread by family + visitors.

of this activity well pre-dated the March 25th readmission policy for COVID-positive residents (see point 5)

III. Transmission from Residents with COVID-19 Who Were Admitted or Readmitted to the Nursing Homes

One of the factors that has been suggested by some observers to contribute to nursing home fatalities is the admission or readmission of COVID-positive residents. However, data do not broadly support this suggestion. Initially, there is no data to suggest that New York nursing home fatalities were disproportionate to any other state's nursing home fatalities. In fact, data shows the opposite to be true as New York was 35th by percentage in the number of nursing home deaths. (see Factor 1.)

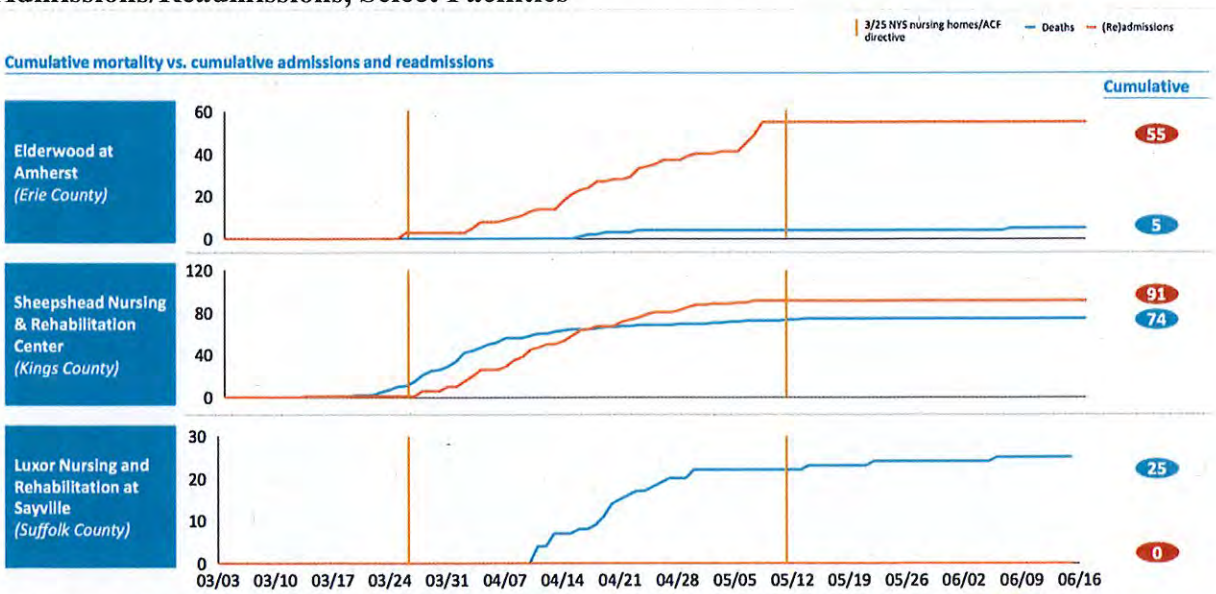
Second, New York State followed CDC guidance which stated that a nursing home should not DISCRIMINATE against a COVID-positive person (EMPHASIS ADDED). However, neither CDC guidance nor the state directive mandated that a nursing home accept a COVID-positive person. In fact, the opposite is true. By state law a nursing home could not accept a COVID-positive person unless the nursing home could provide "proper isolation and protective procedures." Therefore, a nursing home could not accept a COVID-positive person unless they could isolate that person in a way that did not effect the other residents. The State Department of Health and Attorney General's office are doing an investigation to determine, among other things if nursing homes violated this law.

Statewide nursing home admission and readmission data from March 1 through May 8, 2020 show that 9,690 residents with confirmed or presumed COVID-19 were admitted or re-admitted from a hospital to a total of 371 unique nursing homes. This is on a total nursing home population of 600,000. The data do not demonstrate or correlate to a subsequent intra-facility transmission or increased mortality. For example, as Figure 4 illustrates, many nursing homes that did not admit any COVID-positive patients still had a high number of COVID related deaths. In fact, 57 nursing homes that had 0 readmissions, had significant COVID-19 fatalities and178 facilities had their first COVID-19 fatality before or on the day of their first readmission suggesting that readmissions did not introduce COVID in the facility.

→ Importantly, the state had various alternative facilities for covid positive nursing home patients if any nursing home declined to accept them. The state had secured ~~[illegible]~~ thousands of additional health care beds suitable for covid positive nursing home patients. The state even constructed nursing home covid positive exclusive facilities across the state. In NYC MAIMONIDES ~~x x x~~ opened ~~x x x~~ In addition surplus capacity SOUTH ~~x x x~~ Therefore there was no reason for nursing homes to accept covid positive if they were not confident or state had many available alternatives.

For clarity, Federal guidance + state regulations stated that nursing homes could not DISCRIMINATE AGAINST COVID POSITIVE PATIENTS ~~but~~ but also could ~~not accept~~ NOT ACCEPT them ~~unless~~ UNLESS they could provide adequate-care by isolation and protection of other residents + staff. It was in the nursing homes sole discretion to determine if they would accept the covid positive person and if they could provide adequate care.

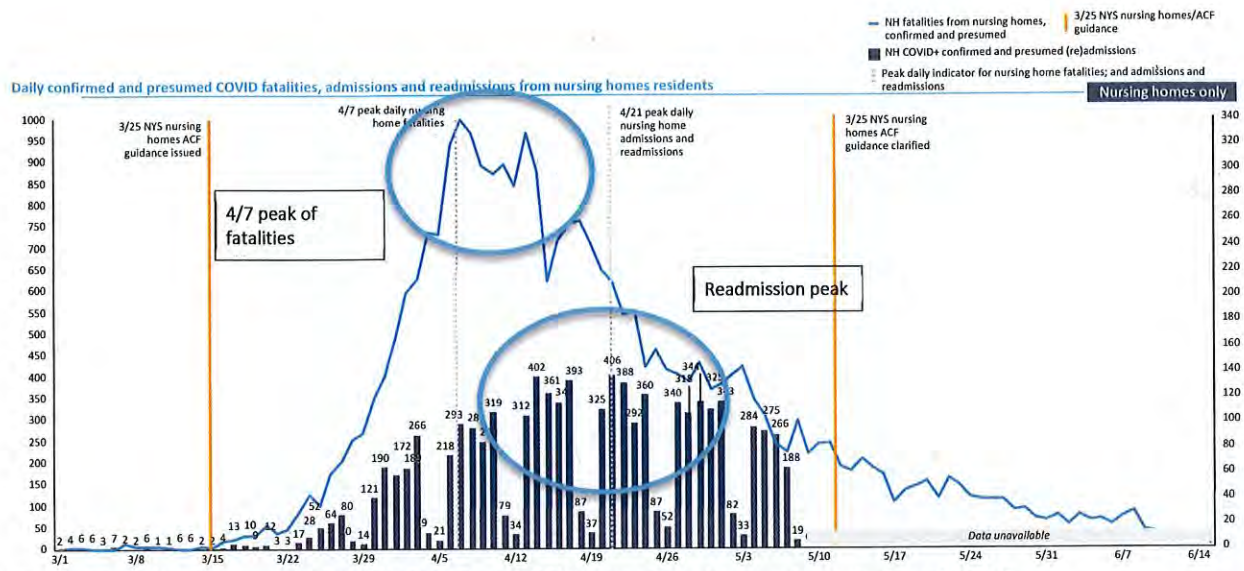
Figure 4. Example of No Causation Between Cumulative Mortality Versus Admissions/Readmissions, Select Facilities



Note: For a facility-by-facility examination of admissions versus fatalities see Appendix XX.

Following the timeline under Figure 5 below, data invalidates a cause and effect between a March 25th timeline and rate of mortality. Nursing home resident fatalities peaked on the week of April 1-7, 2020. The peak of nursing home admissions or readmissions was not until April 14, 2020.

Figure 5: Nursing Home Fatality Curve and Admission Readmissions Over Time



Source: Facility Survey as of 5/27/2020 for COVID+ readmissions and admissions 3/1-5/8

As the nursing home death peak occurred 7 days before the peak of readmissions of COVID-positive residents, it suggests no causation. Also, a directive issued March 25th is highly unlikely, given the incubation period, to cause death by April 7, 2020.

Further, admissions and readmissions of residents with COVID-19 were still increasing when the number of nursing home deaths was already declining. If the March 25, 2020 guidance was a major causative factor in nursing home deaths, the peak in deaths should have occurred after the peak in admissions, not before.

The data suggests that people readmitted to nursing homes were most likely not contagious. Per CDC data, COVID-positive individuals are likely not capable of transmitting the virus after 9 days from the onset of the illness. The CDC stated "the statistically estimated likelihood of recovering replication competent virus approaches 0 by 10 days." This comports with the CDC policies related to return to work and removal from isolation precautions after a positive COVID test. Viral shedding after this date, it is widely noted, is unlikely to transmit the virus. Length of stay data showed that for nursing home admissions and readmissions average

length of stay for hospital visits were about 8-10 days. This is beyond the period of viral transmission. According to the CDC people are most infectious in the pre-symptomatic stage or 1-4 days after symptom onset. Therefore, patients admitted or readmitted to nursing homes were likely not infectious.

An additional complication is that health experts will opine that keeping a senior citizen in a hospital bed for multiple days longer than necessary poses a serious risk to the patient by being subject to a secondary infection such as sepsis or staph infection. What policy would justify posing a high risk to the patient if there were not likely contagious and the nursing home certified by law they would isolate them and protect the residents? OR send them to one of the alternative facilities state had opened in event nursing home could not accept them.

IV. Nursing Home Quality Contributing to COVID-19 Resident Exposure

We analyzed whether nursing homes that had a prior performance record of lower quality over the past several years had a higher death rate than nursing homes with a record of higher quality performance. In fact, the data shows the opposite is true. Using the Quality rating system developed by CMS, 5-Star Quality Rating System, nursing homes with higher CMS quality ratings were found to have higher mortality rates than those with lower quality ratings (Figure 6).

Figure 6: CMS Quality Rating vs. Fatality Rate by Region

STATEWIDE | Nursing homes only

		Facility rating				
		1	2	3	4	5
Statistics (including mortality rate) by facility rating segment[1]	Number of NH	97	104	108	129	159
	Average Population	142	171	192	162	171
	Total capacity	15,509	19,548	22,357	22,961	30,066
	Total population	13,746	17,818	20,730	20,958	27,138
	Occupancy	89%	91%	93%	91%	90%
	Confirmed and presumed COVID deaths	937	1,391	2,272	1,912	3,292
	Mortality rate	7%	8%	11%	9%	12%

		% rated by group		
		# of facilities	Rated 1 to 2	Rated 4 to 5
Breakdown of county facilities by rating	New York City	167	19%	59%
	Long Isand	74	19%	62%
	Mid-Hudson	87	24%	53%
	Rest of State	264	50%	37%

Source: Facility Survey as of 5/27/2020 for readmissions and admissions 3/1-5/8, nursing homes Detail as of 5/26/2020. Facility ratings come from https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py

From the data, the apparent explanation for this phenomenon is that the location of the nursing home facility had a greater causal connection than the performance of the nursing home facility.

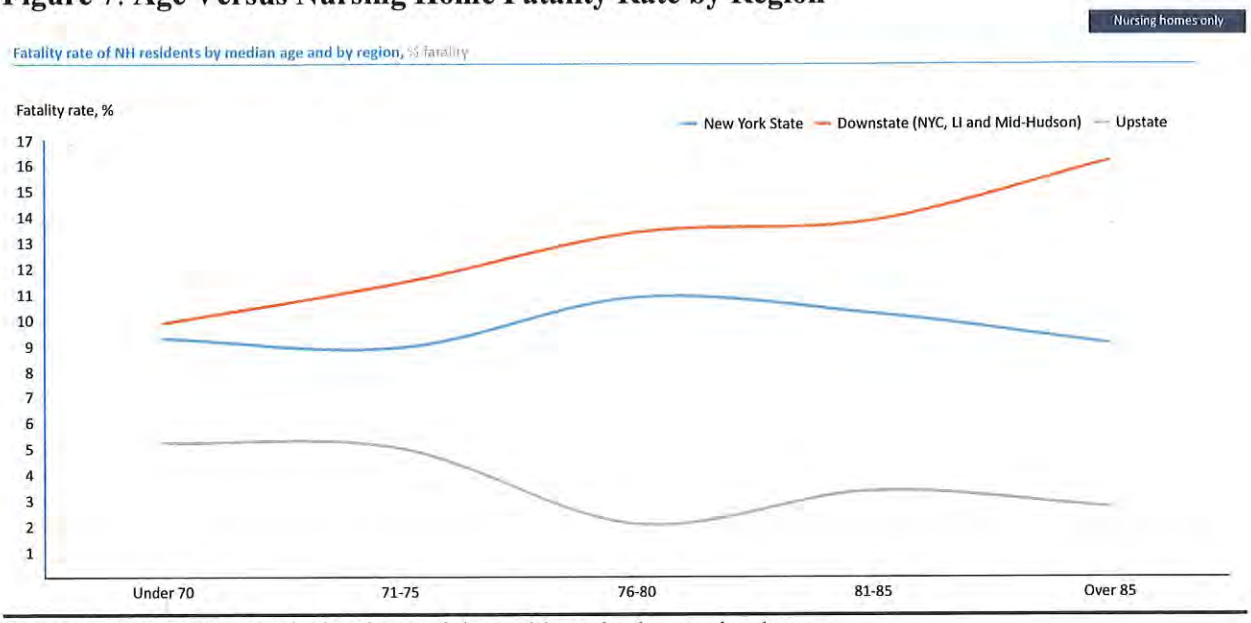
Data show the predominance of nursing home deaths were in downstate New York and unrelated to the performance of the particular nursing home. This supports the theory that community spread among employees or possibly visitation by family and friends were relevant factors rather than readmissions or facility quality.

V. Age of the Nursing Home Resident as a Factor for Mortality

Another factor was reviewed on impact of mortality – age of the resident. As data show, older individuals are more susceptible to death from COVID-19 infection. The analysis between resident age and mortality suggests a relationship between a higher median resident age and an increase in the mortality rate. This is more pronounced in geographic areas where there were more nursing homes deaths. Downstate New York, which had a higher mortality rate,

demonstrates this point. Upstate New York, with few nursing home residents, has less of a causal connection.

Figure 7: Age Versus Nursing Home Fatality Rate by Region



Source: MDS 2019 - Analysis of age of the residents in the nursing homes

CONCLUSION

Several factors are clear from our analysis and research.

Older people are more susceptible to the risk of mortality by COVID-19 and congregate settings pose a risk.

New York State has a lower percentage of deaths in nursing homes than most states, ranking 35th in comparison to other states.

-
- Data shows nursing home quality is not a factor in mortality from COVID.
- Data show community spread has the strongest correlation to nursing home fatalities.

Timeline data comparing nursing home policies and mortality rate timelines suggests COVID-19 transmission was most likely caused by employees entering the facility. Early in the COVID crisis health experts suggested a-systematic people did not spread the disease and

asymptomatic employees were allowed to work. Later in the crisis, health care experts changed their opinion and found asymptomatic people could transmit the disease. There is no specific information to assess how many asymptomatic employeestransmitted the disease. Nursing home deaths spiked approximately April 1-7. CDC guidance did not provide for employee testing or isolation until May 3rd.

Also, there was a limited national testing early in the disease. Both factors are likely relevant to employee spread.

Family and friend visitation was ended on March 13th. There was no testing of family and friends visiting the facility prior to March 13th. Again, asymptomatic visitors were allowed access. There is no data on the infection rate among family and friends.

The March 25th CDC guidance and state directive against prohibiting discrimination of COVID-positive people is not supported by the data to be a significant factor. The peak mortality rate was early April, before COVID-positive people could have reentered the nursing home, infected other people, incubating in other people, and caused death. Residents readmitted were on average 8-9 days past infection. Health experts believe the virus is not transmitted after 9 days and is mostly transmitted in pre-symptomatic stages to 1-4 days post infection.

The directive against discrimination did not mandate nursing homes to accept COVID-positive residents. In fact, the opposite is true. By law, a nursing home was prohibited from accepting a COVID-positive person unless they could isolate the person in a manner protecting other people in the nursing home. It is an open question and currently a matter of investigation whether nursing homes did violate this provision of law. However even if they did, it is highly unlikely a COVID-positive readmission was a significant factor given the factors outlined above e.g. timeline, little likelihood of transmission post 9 days. Health experts widely agree that they

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Testing done by the state in May showed a very high percentage of nursing home employees had covid antibodies. In some facilities as high as 70 percent. By definition, with that high a percentage of employee portion it is a causal ~~consequence~~ factor for spread to patients.

There was no security that the nursing home except COVID positive readmissions as the State had numerous available facilities + beds available as viable alternatives for any patients the nursing homes chose not to accept.

←

would advise against leaving an older patient in a hospital for a longer period than necessary as the risk to the patient increases dramatically. The longer the hospital stay, the more likely a patient could contract a secondary infection such as sepsis or staph infection.

Given these circumstances, a policy to leave a recovering COVID patient in a hospital rather than returning them to a nursing home that can safely treat them is problematic. There is no justification to increase the health risk of a recovering COVID patient IF the nursing home can effectively treat them in a protective environment, as required by law. To significantly endanger the health of 9,600 COVID-positive patients there must be a rationale. Total fatalities were approximately 8,000. As a matter of policy, the Department of Health has two options; either insure the nursing home comply with the law requiring isolation and protective care or create new facilities for senior residents to convalesce with populations that are recovering from similar disease or infections, if such a situation as COVID arises in the future. However, in any event, the data does not show that admissions or re-admissions of COVID-positive individuals was a significant factor in the mortality rate in nursing homes.

Or provide them one of the thousands of alternative beds available to the state.

Subject: RE: edits to Nursing Home doc
Date: Sunday, June 28, 2020 at 3:20:56 PM Eastern Daylight Time
From: [redacted]
To: [redacted]
CC: [redacted]
Attachments: nursinghomedoc-govedits.pdf

Upon closer inspection they aren't edits I can make. Attached are the Governor's edits. [redacted] – I believe [redacted] has the most recent word version.

Thanks.

From: [redacted]
Sent: Sunday, June 28, 2020 3:04 PM
To: [redacted]
Cc: [redacted]
Subject: edits to Nursing Home doc

[redacted] – the Governor handed over edits to the version you asked me to give to him. If you send me the document – I can make the edits and send back to all. Thanks.

DRAFT
PRIVILEGED AND CONFIDENTIAL

Factors Correlating with Nursing Home Fatalities in New York State During the COVID-19 Global Health Crisis

New York State Department of Health
June 2x, 2020

Executive Summary

An in-depth analysis of nursing home data finds that the transmission of the COVID-19 virus into nursing home and adult care facilities in New York is directly correlated to wider community spread in the nursing home's immediate community—more specifically, the transmission into nursing homes is directly correlated to infected nursing home staff.

According to data compiled by the New York State Department of Health (NYSDOH), submitted to NYSDOH by the nursing home facilities themselves, in many cases under the penalty of perjury, 37,800 nursing home staff members—one in four of the state's approximately 158,000 nursing home workforce — was infected with COVID-19 between March and early June. Of them, nearly 7,000 infected nursing home staff were working in facilities in the month of March; during the same period, more than half of the state's nursing home facilities (344 nursing homes) had residents who became infected with the virus. More than 20,000 infected nursing home workers were known to be COVID positive by the end of the month of April. These workforce infections are reflective of the larger community spread of the virus across the state.

NYSDOH further analyzed the timing of the COVID positive staff cases and the timing of nursing home deaths. The average length of time between infections to death is between 18-25 days. Therefore, the timing of staff infection directly correlating to nursing home mortality is supported by the fact that the peak number of nursing home staff reporting COVID-19 symptoms occurred on March 16th – 21 days prior to the date of the peak nursing home fatalities, which occurred on April 8th.

NYSDOH also examined the potential impact of the NYSDOH's March 25th admission policy. A preliminary survey conducted by NYSDOH in May shows that approximately 5,505 COVID-positive residents were admitted to facilities between March 25th and May 10th; this

finding is supported by an independent analysis done by the *Associated Press* on May 22nd.[1] However, an analysis of the timing of admissions versus fatalities shows that it could be not the driver of nursing home fatalities. An individual nursing_home-by-nursing_home analysis of admissions versus fatalities further supports this finding.

A causal link between the admission policy and fatalities would be demonstrable through a direct link in timing between the two –meaning that if admission of patients into nursing homes caused infection – and by extension mortality – there would be a direct causal link between the peak date of admission and the peak date of mortality. However, the peak date COVID-positive residents entered nursing homes occurred on April 13, a week *after* peak mortality in New York's nursing homes occurred on April 6.

NYSDOH further analyzed the period of time patients stayed in hospitals prior to admission to nursing home facilities. Preliminary data show that residents were on average admitted to nursing homes after 8-9 days of hospitalization. Health experts believe that individuals infected with the virus are most infectious 2 days before symptoms appear and that they are likely no longer infectious 9 days after symptom onset – thus, by the time these patients were admitted to a nursing home after their hospital stay, they were no longer contagious.[2]

NYSDOH also considered the impact of visitation into nursing homes as a cause of infections. A review shows that prior to nursing home visitation being suspended completely on March 13th, there was no tracking or testing of family and friends who were present in the facility, and any asymptomatic visitor would have been granted access. Given what we now know about how widespread the virus was in New York prior to testing availability in February and

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[1] Bernard Condon, Jennifer Peltz, and Jim Mustain, Over 4,500 virus patients sent to NY nursing homes" *Associated Press* (May 22, 2020) located at https://apnews.com/5ebc0ad45b73a899efa81f098330204c.

[2] He, Xi et al, Temporal dynamics in viral shedding and transmissibility of COVID-19, *Nature* (April 15, 2020) located at https://www.nature.com/articles/s41591-020-0869-5.

early March, there is a high likelihood that COVID positive visitors entered nursing homes, although there is no specific data to support this assumption, and so ultimately, this is inconclusive.

Background[3]

Nations all across the globe have been significantly impacted by COVID-19. The situation rapidly and dramatically altered everyday life—requiring social distancing, closing of schools and businesses, and restricting access to hospitals and other congregate facilities.

New York State was one of the earliest states affected by COVID-19 resulting from inbound travel from Europe.[4] On March 1, 2020, NYS identified its first case of COVID-19 in an international traveler. On March 3, 2020, the first COVID-19 case with no travel-related risk factors was identified in Westchester, NY; contact tracing revealed additional infected contacts.

Congregate settings, like nursing homes, are particularly vulnerable to infectious diseases like COVID-19[5], and many states in the nation and nations around the world have had to grapple with this difficult situation. The first known positive COVID-19 nursing home case in the United States was discovered when a Kirkland, Washington resident was transferred to a hospital on February 24, 2020 and later tested positive. In New York, the first known introduction of COVID-19 into nursing homes occurred on March 5, 2020 when a nursing home staff member tested positive; the first confirmed case of COVID-19 in a nursing home resident occurred on March 11, 2020.

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[3] The New York State Department of Health staff was supported by McKinsey & Company.
[4] Gonzalez-Reiche AS, Hernandez MM, Sullivan M, et al. Introduction and Early Spread of SARS-CoV-2 in New York City. Science. 29 May 2020; doi: 10.1126/science.abc1917. Online ahead of print.
[5] Centers for Disease Control and Prevention (2020). Nursing Homes and Assisted Living (Long Term Care Facilities [LTCFs]). Retrieved from https://www.cdc.gov/longtermcare/index.html. 26 June 2020.

The New York State Department of Health (NYSDOH) undertook aggressive steps to prepare healthcare facilities for COVID-19 to prevent and control the spread of COVID-19 in the state's 613 nursing homes, issuing orders, directives and guidance to nursing homes on a variety of topics, including, but not limited to: anticipating personal protective equipment shortages (February 2, 2020), infection control in healthcare facilities (February 25, 2020), specific nursing home infection control and health and safety guidance (March 6, 2020, March 11, 2020, & March 13, 2020).

On March 13 the NYSDOH mandated staff temperature checks every 12 hours, mandated use of face masks and PPE by all staff, and cancelled congregate activities within nursing homes. The same day, Governor Cuomo issued an executive order banning all nursing home visitation statewide; expanding an order issued days earlier in New York's first known 'hot spot' New Rochelle on March 7. Moreover, the state created strict penalties for non-compliance, including the potential for a nursing home to lose its operating license.

On May 10, New York State mandated twice weekly testing of staff for nursing homes in regions of the state operating in phases 1 and 2 of reopening, and once weekly testing for all nursing homes in phase 3 and beyond. NYSDOH surveyors and epidemiologists conducted over 2,000 of calls, video assessments, and in-person assessments to support nursing homes and assess deficiencies through April 2020 and, over the course of the crisis, provided nursing homes with 8,510,729 pieces of PPE.

Analysis of COVID-19 Nursing Home Fatalities

Below is an analysis of possible factors correlating to infection rates or mortality rates in nursing homes.

We analyzed the following factors—many of which have been suggested as potential causes of nursing home infections —to determine correlation, including:

I. New York nursing home fatalities vs the rest of the country

II. COVID-19 staff illness in the nursing home as a possible source of exposure

III. Transmission from residents with COVID-19 who were admitted or readmitted to the nursing homes

IV. Nursing home quality of care ratings contributing to COVID-19 resident exposures

V. The age of the nursing home residents as a factor for mortality

I. New York State Nursing Home Fatalities vs the Rest of the Country

First, NYSDOH considered whether fatalities occurring in New York's nursing homes were anomalous or disproportionate to the rest of the country. Data, however, demonstrates that COVID-19 has been a challenge for nursing home and adult care facilities nationwide.

New York State has approximately 100,000 nursing home residents housed in 613 nursing home facilities statewide. An analysis conducted by the Kaiser Family Foundation in 2017 indicates that New York State has more nursing home residents than any state in the nation, despite being the fourth most populous state:

State	Number of Nursing Facilities	Number of Residents
Alabama	228	22,482
Alaska	18	608
Arizona	145	11,343
Arkansas	231	17,439
California	1,198	101,030
Colorado	221	16,078
Connecticut	223	22,653
Delaware	45	4,181

District of Columbia	18	2,380
Florida	690	72,741
Georgia	359	33,043
Hawaii	42	3,474
Idaho	71	3,319
Illinois	731	66,643
Indiana	552	38,682
Iowa	437	23,638
Kansas	276	14,657
Kentucky	285	22,760
Louisiana	277	26,169
Maine	100	5,947
Maryland	226	24,414
Massachusetts	399	38,673
Michigan	443	38,062
Minnesota	375	24,755
Mississippi	204	15,950
Missouri	518	37,874
Montana	72	4,153
Nebraska	214	11,394
Nevada	61	5,336
New Hampshire	74	6,442
New Jersey	364	44,033
New Mexico	74	5,693
New York	609	101,518
North Carolina	429	35,763
North Dakota	80	5,531
Ohio	966	73,826
Oklahoma	303	18,361
Oregon	136	7,317
Pennsylvania	693	76,652
Rhode Island	83	7,817
South Carolina	191	16,993
South Dakota	108	5,984
Tennessee	314	26,481
Texas	1,227	92,250
Utah	99	5,178
Vermont	36	2,440
Virginia	286	27,595
Washington	217	15,993

West Virginia	123	9,251
Wisconsin	374	24,239
Wyoming	38	2,428
TOTAL USA	15,483	1,321,663

According to an analysis done by the *New York Times* on June 26, 2020, "at least 54,000 residents and workers have died from the coronavirus at nursing homes and other long-term care facilities for older adults in the United States, and as of June 26, the virus has infected more than 282,000 people at some 12,000 facilities". The same *New York Times* analysis found that in terms of percentage of total deaths in nursing homes, New York State ranked 46th in the nation – meaning 45 states had greater percentage of fatalities (even with some states being ranked only for confirmed fatalities and some—including New York—being ranked based on confirmed *and presumed* fatalities) (Table 1).[6]

Table 1. Cases and deaths in long-term care facilities, by state

		Facilities	Cases	Deaths	Share of COVID Deaths
	United States	12,000	282,000	54,000	43%
1	New Hampshire	26	1,967	293	80%
2	Rhode Island	64	2,745	715	77%
3	Minnesota	853	5,777	1,107	77%
4	Connecticut	289	9,888	3,124	73%
5	Pennsylvania	678	20,689	4,518	68%
6	North Dakota	65	569	56	64%
7	Massachusetts	565	23,321	5,115	64%
8	Idaho	30	323	56	62%
9	Maryland	289	12,641	1,924	61%
10	Virginia	236	6,714	1,039	61%
11	Kentucky	172	2,626	350	61%

[6] "43% of U.S. Coronavirus Deaths Are Linked to Nursing Homes", *New York Times* (June 27, 2020) located at https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html?action=click&module=Spotlight&pgtype=Homepage.

12	Washington	389	4,376	779	60%
13	Vermont	6	172	32	57%
14	Ohio	530	9,928	1,580	57%
15	North Carolina	170	5,445	746	57%
16	Maine	16	485	58	56%
17	Kansas	100	927	149	56%
18	Oregon	49	821	112	55%
19	Colorado	166	5,660	910	54%
20	Oklahoma	134	1,647	201	53%
21	Florida	1,011	11,472	1,748	52%
22	Delaware	31	687	263	52%
23	Illinois	593	21,390	3,649	52%
24	Iowa	54	2,030	360	51%
25	Mississippi	137	2,787	507	50%
26	West Virginia	37	394	45	49%
27	California	923	23,646	2,832	48%
28	South Carolina	171	2,541	317	46%
29	Georgia	533	9,939	1,237	45%
30	New Jersey	562	36,316	6,617	44%
31	Indiana	268	5,147	1,140	44%
32	Texas	863	6,641	1,031	44%
33	South Dakota	58	384	38	43%
34	Utah	191	906	70	42%
35	Louisiana	400	7,833	1,315	41%
36	New Mexico	55	250	180	37%
37	Arizona	289	3,902	541	—
38	Tennessee	85	1,513	195	34%
39	Nebraska	119	519	92	34%
40	Arkansas	113	978	83	33%
41	Michigan	240	10,630	2,031	33%
42	Montana	3	35	7	32%

43	District of Columbia	20	1,072	173	32%
44	Wyoming	4	54	6	30%
45	Nevada	75	1,289	135	27%
46	New York	509	7,177	6,432	21%
47	Alabama	131	3,746	112	—
48	Hawaii	15	89	1	—
49	Missouri	118	1,394	15	—
50	Alaska	10	93	0	—
51	Wisconsin	318	1,242	0	—

SOURCE: *New York Times;* States with insufficient data to calculate a share of Covid-19 deaths are shaded gray.

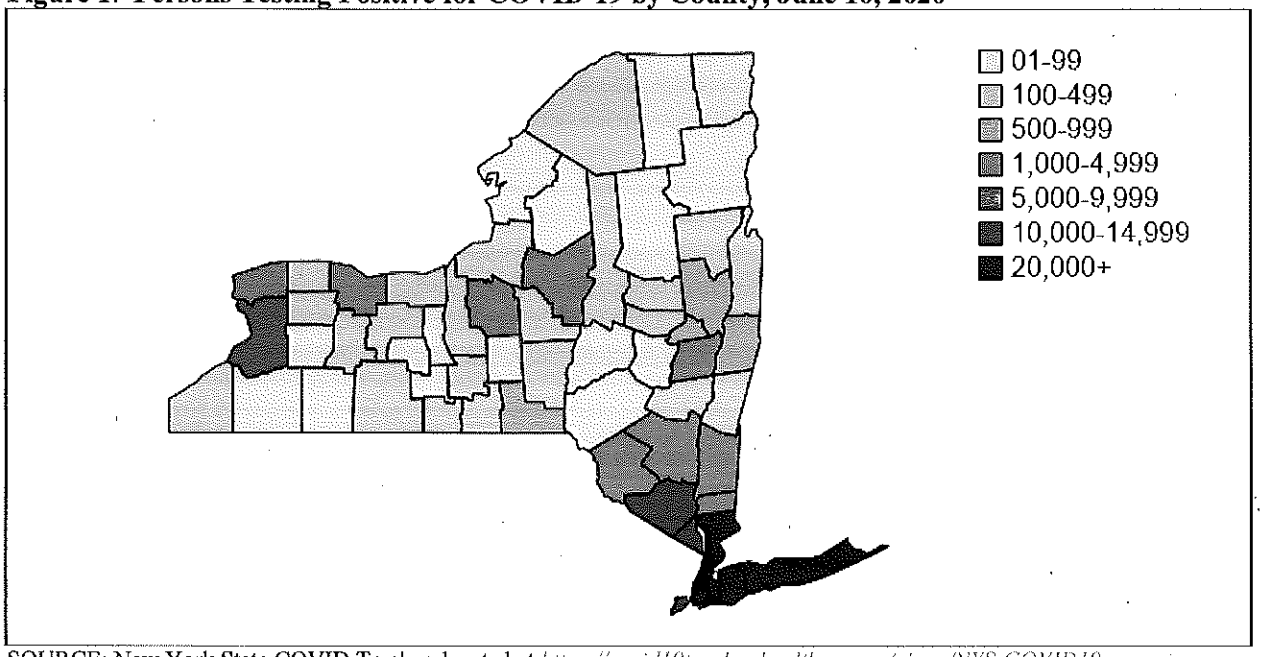
Further, an examination of fatalities in our neighboring states – despite having populations much smaller than New York's –illustrates clearly that nursing home fatalities were not a New York specific phenomenon: New Jersey reports 6,617 nursing home deaths, Massachusetts reports 5,115 nursing home deaths, Pennsylvania reports 4,518 nursing home deaths and Connecticut reports 3,124, compared to New York's XX

II. COVID-19 Staff Illness Contributed to Infections of Nursing Home Residents

Within New York State, there has been significant geographic variation in overall positive tests within the community (Figure 1) and nursing home cases and fatalities. The most impacted regions in New York State were in the downstate region (Mid-Hudson Valley, New York City, and Long Island) and those regions had the highest nursing home fatality rates.

This is not higher need areas

Figure 1. Persons Testing Positive for COVID-19 by County, June 10, 2020



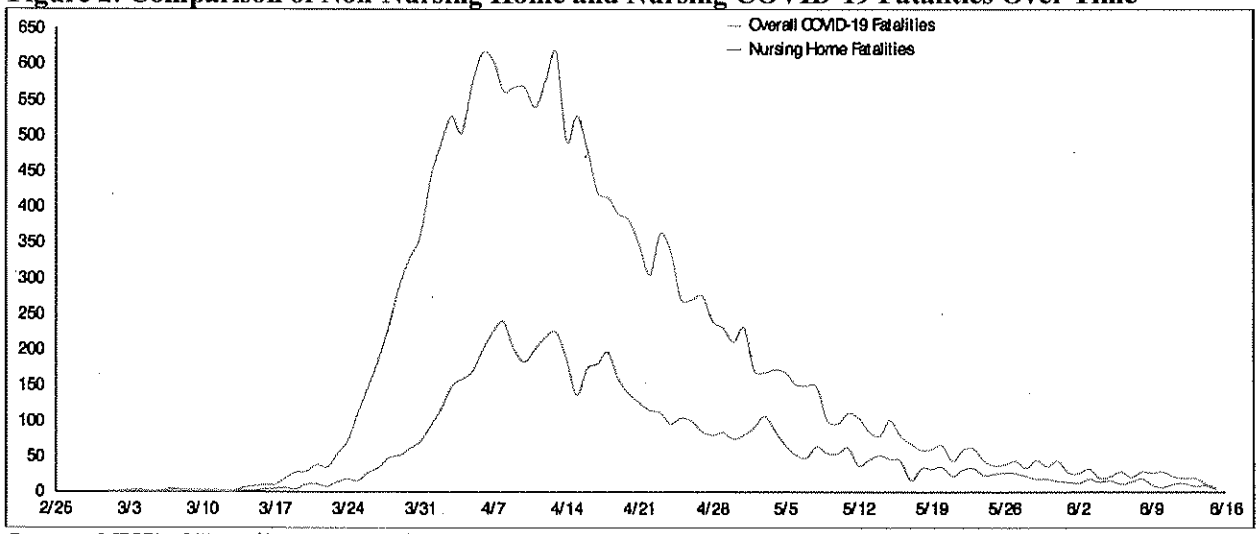
SOURCE: New York State COVID Tracker, located at *https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n*, Accessed June 11, 2020.

Did Broader Community Infections Impact Nursing Home Infections?

As Figure 2 demonstrates, the mortality curve for nursing home residents closely follows the mortality curve for non-nursing home residents, with the peaks occurring at similar dates. This suggests a correlation between general geographic community spread and infections and fatalities in nursing homes.

BY geographic location.

Figure 2: Comparison of Non-Nursing Home and Nursing COVID-19 Fatalities Over Time



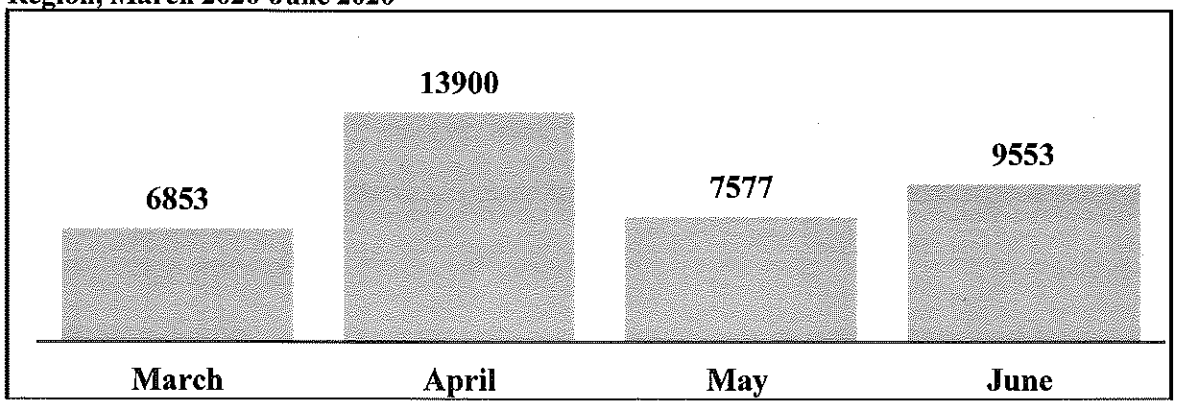
Source: NYSDOH Daily DOH Health Emergency Response Data System (HERDS) as of 6/16 1pm.

Why Does Broader Community Spread Impact Nursing Homes?

But why does the data show that nursing home fatalities mirror the overall curve and timing of COVID-19 in New York State writ large? Evidence suggests that nursing home residents were infected with COVID-19 as a result of transmission by the workforce.

Based on NYSDOH nursing home supplemental survey conducted on June 9, 2020 for the months of March, April, and mid-May found that 28,330 nursing home staff were confirmed or suspected COVID-positive cases across New York State. An additional staff testing initiative through from May 20, 2020 to June 16, 2020 found that 9,077 additional staff tested positive. That means in out of approximately 158,000 nursing home employees in the state 37,880, nursing home staff presumed or confirmed positive for COVID-19—or one out of every four workers were infected.

Figure 3. Number of Nursing Home Employees Confirmed or Suspected to be COVID-Positive, By Region, March 2020-June 2020



SOURCE: NYSDOH Nursing Home Staff Testing Survey, 6/9, data reported by NYS nursing homes to NYSDOH

Additional studies support this finding. In a May 2020 serological study conducted by the lab BioReference of 4,900 nursing home employees in New York State found that 31% of the nursing home staff tested positive for having the COVID-19 antibodies. Extrapolating that number nearly up to 47,000 nursing home staff were infected by May.

Moreover, many of the nursing home residents were in those areas most impacted in New York State, including in the outer boroughs of New York City, Long Island, and the Mid-Hudson Valley. For example, 80% of all infected nursing home staff were from the most impacted areas of the state: New York City (48%), Long Island (17%), and the Mid-Hudson Valley (15%) with only 20% coming from the rest of the state. Not only was the number of nursing home staff significant, they were found in the most impacted regions, correlating to the overall community spread in the most impacted areas.

Why were infected nursing home staff able to likely infect residents in the nursing homes? In March, the federal government's Centers for Disease Control and Prevention (CDC) did not suspect that asymptomatic people were likely to spread the infection. Therefore, the CDC guidance issued on March 7, 2020 stated that "Asymptomatic HCP [healthcare personnel]

in this category are not restricted from work."[7] This early, and ultimately, erroneous, understanding of viral spread allowed many nursing home COVID-positive employees to continue working. It was not until much later that as the true number of asymptomatic cases became clear, evidence based upon contact tracing established definitively that asymptomatic people were in fact capable of spreading the virus.

To compound the situation, on March 13th the CDC issued guidance that nursing home employees that were symptomatic, but not tested, should wait only three days after the symptoms had passed to return to work and only seven days after the COVID-19-like symptoms first appeared.[8] As more was learned about COVID-19, CDC issued updated guidance on April 30 increasing isolation to 10 days.[9] However, by that point, as data show, the disease was already in the nursing homes. It is likely that a significant percentage of both symptomatic and asymptomatic employees were advised to continue working and thus spread the disease within the facility.

As Figure 4 illustrates below, the peak of nursing home fatalities was in early April. In order to address possible correlation, you must consider COVID-19's incubation period. According to the CDC (DROP IN FOOTNOTE CITATION), the incubation period for COVID-19 is as follows:

> Infection to symptoms: Avg. 5 days (range 2-14)
> Symptoms to hospital: Avg. 8 – 12 days
> Infection to hospital: Avg. 13 – 17 days

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[7] "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 (COVID-19)" Centers for Disease Control and Prevention (March 7, 2020) located at https://web.archive.org/web/20200404194131/https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. CDC did not recommend changing the beginning of the exposure period from the onset of symptoms to "48 hours before symptom onset" until April 2020.

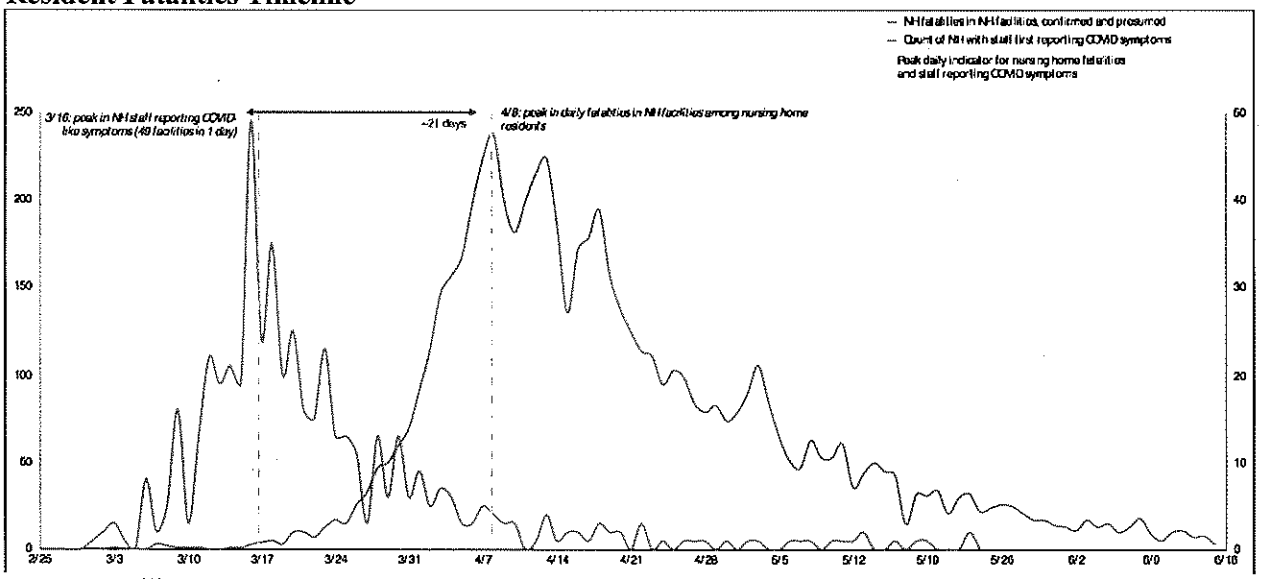
[8] "Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)" Centers for Disease Control and Prevention located at: https://web.archive.org/web/20200404023742/https:/www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html.

[9] CDC Guidance updated on April 30, 2020.

Symptoms to death: Avg. 13 – 20 days
Infection to death: Avg. 18 – 25 days

Given this incubation period, it is likely that thousands of employees infected in mid-March could have unknowingly transmitted the virus while working, which then led to resident infection and subsequently ~~deaths~~ 3-4 weeks later, something that Figure 4 demonstrates. The average length of time between infections to death is between 18-25 days. Therefore, the theory that staff infection directly correlates to nursing home mortality is supported by the fact that the peak number of nursing home staff reporting COVID-19 symptoms occurred 21 days prior to the date of the peak nursing home fatalities.

Figure 4. Number of Nursing Homes Reporting First Symptomatic Staff and Nursing Home Resident Fatalities Timeline



Source: Facility Survey on staff illness as 6/9 and NYSDOH Daily DOH Health Emergency Response Data System (HERDS) survey6/9

However, other factors that cannot be ruled out include spread from family and visitors. As Figure 4 illustrates, nursing home fatalities were increasing in mid-March. New York State, acted early in its outbreak to ban any non-medical, including family and friends, visitation on March 13, 2020. The nursing home fatality peak was April 8, 2020. Given this timing, and given

the COVID-19 incubation period, it is possible that with visitation by family and friends prior to March 13, the potential for positive COVID-19 cases being among those visitors and spreading it within the facility was a contributing factor. There is no data on the infection rate of nursing home visitors, so this is inconclusive. All of this activity well pre-dated the March 25 admission policy for COVID-positive residents (see point 2, *Infra*).

III. Transmission from Residents with COVID-19 Who Were Admitted to the Nursing Homes

One of the factors that has been suggested by some observers to contribute to nursing home fatalities are the admission of COVID-positive residents. However, data does not support this assertion.

If the March 25 NYSDOH policy on admissions uniquely impacted nursing home fatalities, New York's nursing home fatalities would be disproportionate to the rest of the country. However, data shows the opposite to be true as, according to the *New York Times,* New York was 46th by percentage in the number of nursing home deaths. (*See,* Background, *Supra.*) Further, an examination of fatalities in our neighboring states – despite having populations much lower than New York's –illustrates clearly that nursing home fatalities were not disproportionate in New York: New Jersey reports 6,617 nursing home deaths, Massachusetts reports 5,115 nursing home deaths, Pennsylvania reports 4,518 nursing home deaths and Connecticut reports 3,124.

What Was the Specific State and Federal Policy on Admission?

New York State followed federal Centers for Medicare & Medicaid Services (CMS) guidance which stated that nursing homes **should** accept residents with COVID-19 as long as

they can use transmission-based precautions.[10] NYSDOH's March 25 admission guidance stated that a patient could not be rejected *solely on the basis of being suspected or confirmed COVID-19 positive (*DROP IN SPECIFIC LANGUAGE W CITATION). However, contrary to some press reports, neither CMS guidance nor the state directed that a nursing home must accept a COVID-positive person. In fact, the opposite is true. By state law, a nursing home could not accept a COVID-positive person unless the nursing home could provide "proper isolation and protective procedures."[11] It was in the nursing homes sole discretion to determine if they would accept the COVID-positive person and if they could provide adequate care. Furthermore, Title 10 of New York State Codes, Rules and Regulations clearly states, "a nursing home shall accept and retain *only* those nursing home residents for whom it can provide adequate care". Thus, it would be against the law for any nursing home operating in New York State to accept a patient it could not care for – in this instance that specifically meant a nursing home's ability to properly isolate patients and follow protective procedures.

Admission of COVID-19 Patients

A preliminary statewide nursing home survey conducted in May for admission data from March 25th through May 9th, 2020 show that approximately 5,505 COVID-19 patients were admitted from a hospital to a total of 371 (CONFIRM THIS NUMBER) unique nursing homes with a total statewide nursing home population of nearly 100,000. However, by the point NYSDOH issued admission guidance on March 25, nearly 350 (WHAT IS THE SPECIFIC NUMBER) nursing homes already had residents that were infected.

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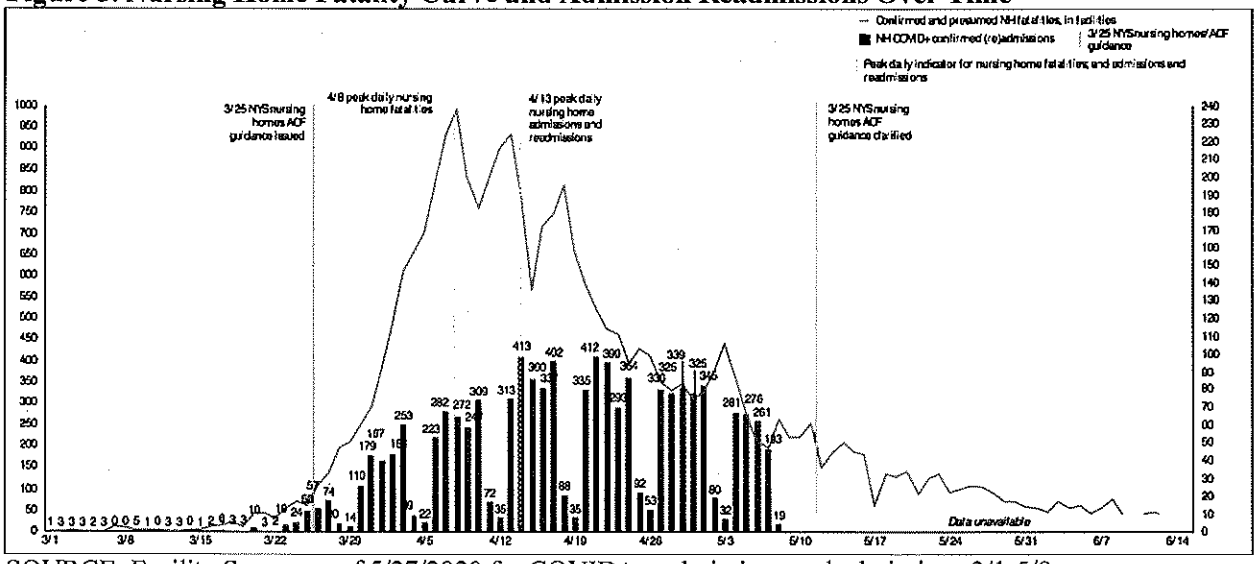
[10] U.S. Centers for Medicare and Medicaid Services (13 March 2020). Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (Revised). (Report Ref: QSO-20-14-NH) Baltimore MD: US Centers for Medicare and Medicaid Services.

[11] *See* 10 NYCRR 415.26, establishing mandatory criteria for admission in nursing homes; see, also, CMS Guidance Related to COVID-19 in Nursing Homes.

Figure 5. Nursing Home Fatality Curve and Admission Readmissions Over Time



SOURCE: Facility Survey as of 5/27/2020 for COVID+ readmissions and admissions 3/1-5/8

Figure 5 above, shows the timeline of nursing home resident fatalities and COIVD-19 admissions. Nursing home resident fatalities peaked on April 8, 2020. The peak of nursing home admissions from hospitals did not occur until April 13, 2020, a week ***after*** peak nursing home fatalities —suggesting no correlation or causation.

Further, as Figure 5 shows, admissions of residents with COVID-19 were still increasing when the number of nursing home deaths was already *declining*. If the March 25, 2020 guidance was a causative or correlative factor in nursing home deaths, the peak in deaths should have occurred after the peak in admissions, not before.

In addition, the data suggests that people admitted to nursing homes were most likely not contagious. Per CDC data, COVID-positive individuals are likely not capable of transmitting the virus after 9 days from the onset of the illness. The CDC stated, "The statistically estimated likelihood of recovering replication competent virus approaches 0 by 10 days." This comports with the CDC policies related to return to work and removal from isolation precautions after a positive COVID test. CDC isolation period has been currently established to be 10 days. In April, the

CDC suggested an even more reduced isolation period of 7 days after testing positive as long as 72 hours had been with symptoms reducing and no fever.[12] Any viral shedding after this date, it is widely noted, is unlikely to transmit the virus, although it may still result in a positive PCR test. Length of stay data shows that for nursing home admissions average length of hospital had a median of 7-9 days. This is beyond the period of viral transmission. According to the CDC, people are most infectious in the pre-symptomatic stage or 1-4 days after symptom onset.

Approximately one-third of the total readmissions and admissions were readmissions, which means many of these residents were pre-symptomatic or in the early stages of illness at the nursing home when they would have been infectious but before COVID-19 might have been recognized and the resident put on transmission-based precautions. Therefore, based on the most cautious current provisions any patients admitted or readmitted to nursing homes were likely not infectious, which at the time they were being readmitted would have far exceeded the CDC standard.

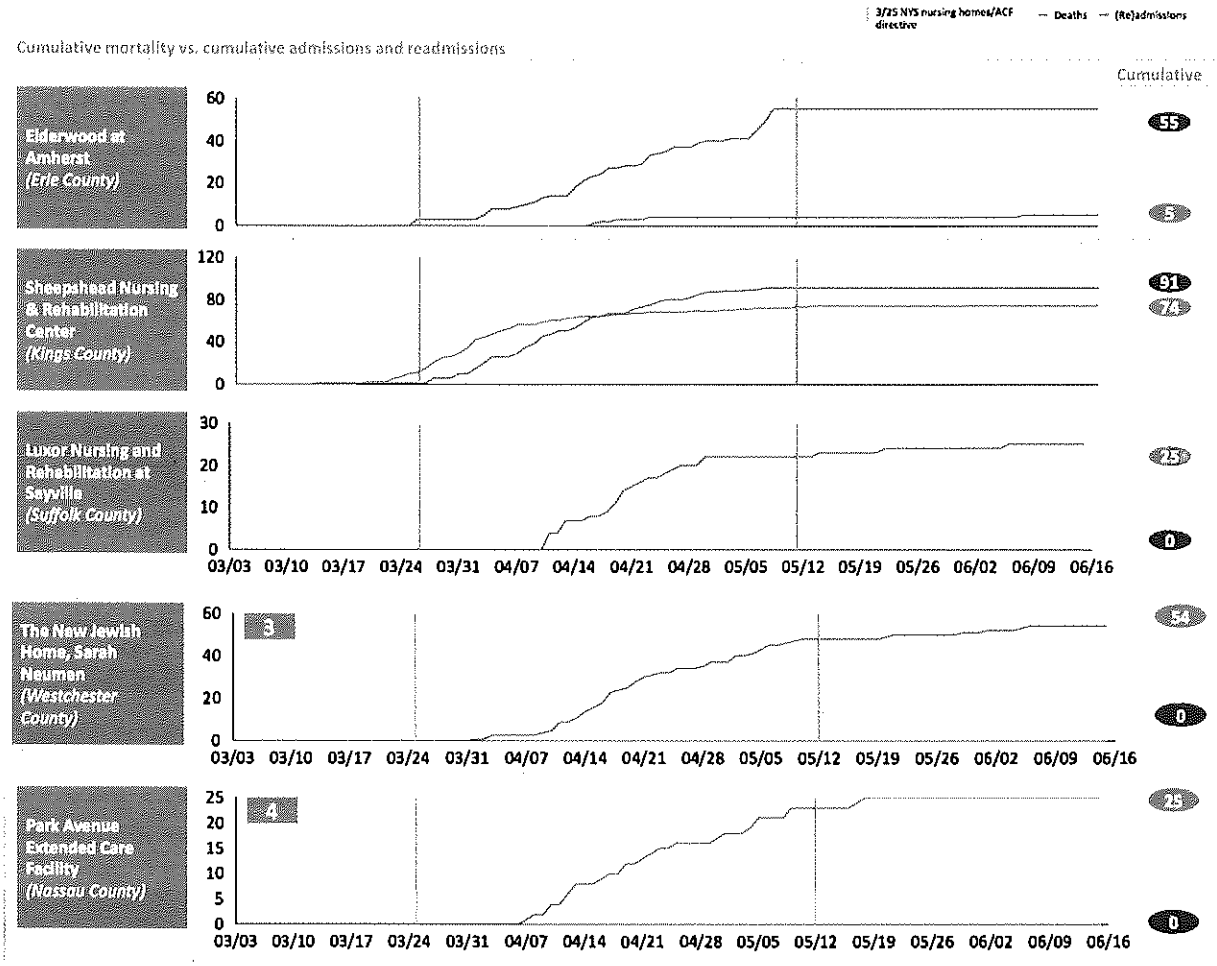
Does Intra-Facility Transmission Increase Nursing Home Fatalities?

The data do not demonstrate or correlate to a subsequent intra-facility transmission or increased mortality. As exemplified in Figure 6, many nursing homes that did not admit any COVID-positive patients, yet still had a high number of COVID related deaths. As the chart demonstrates in three cases, one facility with zero readmissions or admissions still had 54 deaths. In fact, 55 nursing homes that had 0 admissions from hospitals, nonetheless had one or more

[12] Centers for Disease Control and Prevention https://web.archive.org/web/20200417211515/https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html.

COVID-19 fatalities. A total of 183 facilities had their first COVID-19 fatality before or on the day of their first readmission.

Figure 6. Cumulative Mortality Versus Admissions/Readmissions, Select Facilities



SOURCE: Daily HERDS and DOH Supplemental admission readmission survey submitted, as reported by NYS nursing homes

Were There Alternative COVID-Only Sites Established?

The State had secured various alternative facilities for COVID-positive nursing home patients had any nursing home declined to accept them. The state had secured thousands of additional healthcare beds suitable for COVID-positive nursing home patients. During the

outbreak, the state even created COVID-positive exclusive facilities for nursing home residents across the state. In New York City, the state created the Brooklyn Center in Brooklyn with 281 beds run by Maimonides and South Beach in Staten Island with 259 beds operational. In Upstate, Catholic Health's St. Joseph Post-Acute Center (operating under the license of Father Baker Manor Home) was made a COVID-only facility with 80 beds. In addition, surplus capacity was made available at SUNY Downstate Hospital in Brooklyn and SUNY Upstate Hospital in Syracuse. Therefore, there was no need for nursing homes to accept COVID-positive patients if they did not believe they could provide adequate care, as required by law, as the state had available alternatives. The State Department of Health and Attorney General's office are doing an investigation to determine, among other things if nursing homes violated this law.

IV. Nursing Home Quality Contributing to COVID-19 Resident Exposure

We analyzed whether nursing homes that had a lower quality rating over the past several years had a higher death rate than nursing homes with a record of higher rating. In fact, this hypothesis is not substantiated. Using the Quality rating system developed by CMS, 5-Star Quality Rating System, nursing homes with higher CMS quality ratings were found to have higher mortality rates than those with lower quality ratings (Figure 7).

Figure 7. CMS Quality Rating vs. Fatality Rate, by Region

		STATEWIDE	Nursing homes only			
		Facility rating				
		1	2	3	4	5
Statistics (including mortality rate) by facility rating segment[1]	Number of NH	97	104	108	129	159
	Average Population	142	171	192	162	171
	Total capacity	15,509	19,548	22,357	22,961	30,066
	Total population	13,746	17,818	20,730	20,958	27,138
	Occupancy	89%	91%	93%	91%	90%
	Confirmed and presumed COVID deaths	937	1,391	2,272	1,912	3,292
	Mortality rate	7%	8%	11%	9%	12%
		% rated by group				
Breakdown of county facilities by rating		# of facilities		Rated 1 to 2		Rated 4 to 5
	New York City	167		19%		59%
	Long Island	74		19%		62%
	Mid-Hudson	87		24%		53%
	Rest of State	264		50%		37%

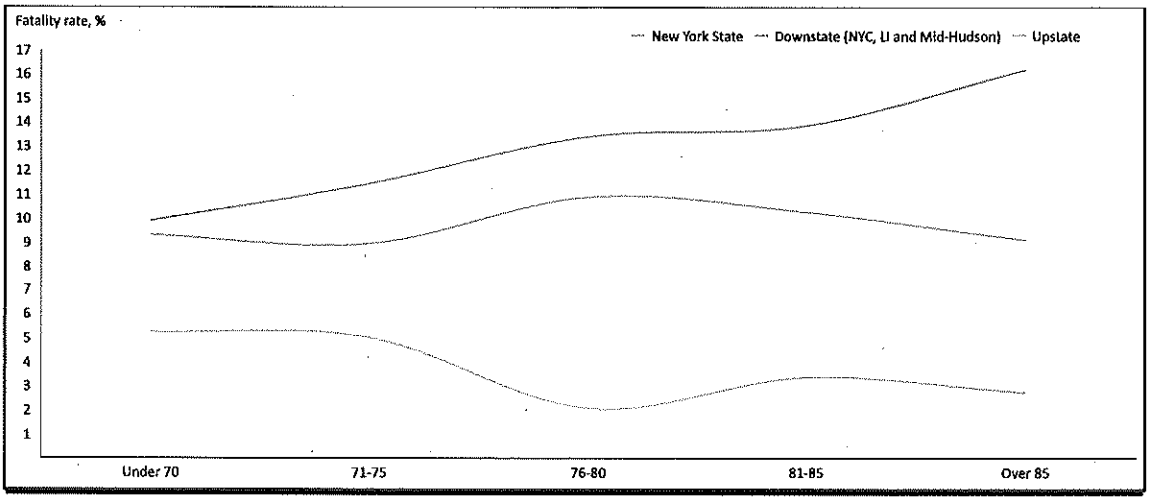
SOURCE: Facility Survey as of 5/27/2020 for readmissions and admissions 3/1-5/8, nursing homes detail as of 5/26/2020. Facility ratings come from https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py.

From the data, the apparent explanation for this phenomenon is that the geographic location of the nursing home facility, and its corresponding rate of community infection had a greater connection than the performance of the nursing home facility. Data show the predominance of nursing home deaths were in downstate New York and unrelated to the performance of the particular nursing home.

V. Age of the Nursing Home Resident as a Factor for Mortality

Another factor was reviewed in relation to nursing home fatalities – age of the resident. As data show, older individuals are more susceptible to death from COVID-19 infection. The analysis between resident age and mortality suggests a relationship between a higher median resident age and an increase in the mortality rate. This is more pronounced in geographic areas where there were more nursing homes deaths.

Figure 8. Age Versus Nursing Home Fatality Rate by Region



SOURCE: MDS Q4 2019 - Analysis of age of the residents in the nursing homes

Conclusion

When examining the data, several factors are clear from our analysis and research:

- New York State has a lower percentage of deaths in nursing homes than most states, ranking 46th in comparison to other states.
- Data suggest nursing home quality is not a factor in mortality from COVID.
- Readmission policies were not the primary factor in nursing home fatalities.
- Data illustrate employee infections was related to community spread and employee transmission has the strongest correlation to nursing home fatalities.

Timeline data comparing nursing home policies and mortality rate timelines suggests COVID-19 transmission is strongly correlated by employees entering the facility. Early in the COVID-19 pandemic, the consensus among public health experts suggested asymptomatic people did not spread the disease and asymptomatic positive or presumed positive employees were allowed to continue to work. Later in the crisis, public health experts were forced to reverse this position as it became clear from the data that asymptomatic people could transmit the disease. Independent testing done by Bioreference in May showed 31% of nursing home

employees had COVID antibodies. By definition, with such a high a percentage of employees having at one time been positive for COVID-19 it suggests a strong correlation to contributing to the spread to patients.

Our analysis brings to the forefront the possibility of transmission from staff as an important mode of transmission. If we had accurate information about COVID transmission at an earlier time and had the testing capacity to detect asymptomatic but infected individuals, other procedures might have been taken. For example, asymptomatic employees should have been barred from facilities as if they were symptomatic, which is the current policy (*See,* Directive April 29, 2020 to Nursing Home Administrators). If widespread testing was available earlier, all employees could have been tested earlier (*See,* Executive Order 202.30, as amended). These are national issues that must be addressed as nursing homes as congregate settings will pose a continued risk for the Coronavirus or another public health threat in the future that attacks senior citizens.

Subject: Fw: [EXTERNAL] Fwd: Revised Executive Summary
Date: Wednesday, July 1, 2020 at 8:18:33 AM Eastern Daylight Time
From: Melissa DeRosa
To: [redacted]
Attachments: 06302020 Nursing Home Report V14 Tuesday.docx, ATT00001.htm

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From: Dowling, Michael <MDowling@northwell.edu>
Sent: Tuesday, June 30, 2020 8:42 PM
To: Melissa DeRosa
Subject: Fwd: [EXTERNAL] Fwd: Revised Execuv e Summary

Sent from my iPhone

Begin forwarded message:

> **From:** "Raske, Ken" <RASKE@GNYHA.org>
> **Date:** June 30, 2020 at 6:00:02 PM EDT
> **To:** "Dowling, Michael" <MDowling@northwell.edu>
> **Subject: [EXTERNAL] Fwd: Revised Executive Summary**
>
> ***External Email. Use Caution.***
> Per our discussion. Ken
>
> Sent from my iPad
>
> Begin forwarded message:
>
> > **From:** "Conway, Brian" <CONWAY@GNYHA.org>
> > **To:** "Raske, Ken" <RASKE@GNYHA.org>
> > **Subject: Revised Executive Summary**
> >
> > Ken, a revised dra Ex ecuv e Summary is below.
> >
> > The enr e dra paper , including the original Execuv e Summary, is a_ached.

Executive Summary

An in-depth analysis of self-reported nursing home data to the New York State Department of Health (NYSDOH) suggests that COVID-19 fatalities in nursing homes are directly correlated to infected nursing home staff—not nursing home admission policies.

The NYSDOH analysis found:

- The timing of staff infections correlates with the timing of peak nursing home resident mortality across the state.
- Nursing home employee infections were related to community spread.
- Nursing home admissions from hospitals were not the driver of nursing home infections or fatalities, in large part because most patients admitted to nursing homes were no longer contagious. In addition, there is no direct causal link between the peak date of admission and the peak date of mortality.
- Nursing home quality was not a factor in nursing home fatalities.

According to the data the nursing homes submitted, in many cases under the penalty of perjury, 37,800 nursing home staff members—one in four of the state's approximately 158,000 nursing home workforce —were infected with COVID-19 between March and early June. Of the 37,800 nursing home staff infected, nearly 7,000 of them were working in facilities in the month of March; during the same period, more than half of the state's nursing home facilities (344 nursing homes) had residents who became infected with the virus. More than 20,000 additional infected nursing home workers were known to be COVID-positive by the end of the month of April. These workforce infections are reflective of the larger geographic impact of the virus's presence across the state.

NYSDOH further analyzed the timing of the COVID-positive staff infections and the timing of nursing home deaths. The average length of time

between COVID-19 infections to death is between 18-25 days. Therefore, the timing of staff infection directly correlating to nursing home mortality is supported by the fact that the peak number of nursing home staff reporting COVID-19 symptoms occurred on March 16th – 21 days prior to the date of the peak nursing home fatalities, which occurred on April 8th.

NYSDOH also examined the potential impact of the NYSDOH's March 25th admission policy. A preliminary survey conducted by NYSDOH in May shows that approximately 5,492 COVID-positive residents were admitted to facilities between March 25th and May 10th; this finding is supported by an independent analysis done by the *Associated Press* on May 22nd.[1] However, an analysis of the timing of admissions versus fatalities shows that it could not be the driver of nursing home infections or fatalities. An individual nursing home-by-nursing home analysis of admissions versus fatalities further supports this finding.

A causal link between the admission policy and infections/fatalities would be demonstrable through a direct link in timing between the two – meaning that if admission of patients into nursing homes caused infection – and by extension mortality – there would be a direct causal link between the peak date of admission and the peak date of mortality. However, the peak date COVID-positive residents entered nursing homes occurred on April 14th, a week *after* peak mortality in New York's nursing homes occurred on April 8th. If admissions were driving fatalities, the order of the peak fatalities and peak admissions would have been reverse.

NYSDOH further analyzed the period of time patients stayed in hospitals prior to admission to nursing home facilities. Preliminary data show that residents were on average admitted to nursing homes after 8-9 days of hospitalization. Health experts believe that individuals infected with the virus

are most infectious 2 days before symptoms appear and that they are likely no longer infectious 8-9 days after symptom onset – thus, by the time these patients were admitted to a nursing home after their hospital stay, they were no longer contagious.[2]

NYSDOH also considered the impact of visitation into nursing homes as a cause of infections. A review shows that prior to nursing home visitation being suspended completely on March 13th, there was no tracking or testing of family and friends who were present in the facility, and any asymptomatic or symptomatic visitor could have been granted access. Given what we now know about how widespread the virus was in New York prior to testing availability in February and early March, there is a high likelihood that COVID positive visitors entered nursing homes, although there is no specific data to support this assumption, and so ultimately, this is inconclusive.

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[1] Bernard Condon, Jennifer Peltz, and Jim Mustain, Over 4,500 virus paen ts sent to NY nursing homes" *Associated Press* (May 22, 2020) located at hp s://apnews.com/5ebc0ad45b73a899efa81f098330204c.

[2] He, Xi et al, Temporal dynamics in viral shedding and transmissibility of COVID-19, *Nature* (April 15, 2020) located at hp s://www.nature.com/arcles/ s41591-020-0869-5.

Trip Report
February 13-15, 2020
Tokyo, Japan

Day 1

While in line to board the plane to Tokyo, I received word that I had been selected to be part of the long-awaited, however uncertain, WHO mission to China. It was noted that substitutions were not possible, and, at the direction of Dr. Fauci, it was decided to cut short my travel to Tokyo and arrange for me to travel to Beijing. During the flight, and thanks to on-board Wi-Fi, initial arrangements were made to effect this change. This took an extraordinary effort by NIAID ([redacted]); FIC; WHO (Geneva and Beijing); State (US Embassies in Tokyo and Beijing); Chinese Embassies in the US and Japan; and the Chinese MoFA

Upon our arrival, [redacted] and I took a taxi directly to the Chinese Embassy to Japan, arriving at approximately 8:30 at night. I was very fortunate to have [redacted] with me as she could communicate well with the taxi driver, the guards outside the Chinese Embassy, and eventually with the Chinese Counsel. We waited in the dark outside the Embassy for about 45 minutes. During this time, communications took place between the US Embassy to Japan; the US Embassy to China; the Chinese MOFA in China; and then back to the Chinese Embassy to Japan, after which [redacted], the Consul-General came out, took my passport and instructed me to call him the next day around 9 AM. Again, it was very fortunate that [redacted] was with me – the Counselor did not speak much English but appeared to be fluent in Japanese.

Once we arrived at the hotel, we met with [redacted] and spoke by phone with [redacted]. He indicated that [redacted] and his team would meet with us at 2 PM the next day since [redacted] would be in Yokohama dealing with the cruise ship issue until mid-day. Because my updated schedule required that I depart for Beijing at 6 PM that night, we were able to move the meeting to 1 PM. We also contacted the local Gilead team and, with [redacted] permission, arranged for them to attend the meeting as well.

Day 2 –

The day began with a trip to the Chinese Embassy around 9:30 to pick up my passport and visa. We were met outside the Embassy by the Consul-General who had everything ready. On the way back we looked to buy some hand sanitizer (only dilute bleach was available). Of note, every store that would have carried face masks was out of stock.

We left for the meeting at the hospital around 12:15 PM, arrived soon after, and were met by the Gilead team who helped us access our destination within the hospital. The National Center for Global Health and Medicine (NCGM) Hospital is a large facility with an outstanding reputation in ID/HIV research. In fact, [redacted] is the head of their research unit. [redacted] (INSIGHT investigator) leads the HIV unit and [redacted] heads all IDs other than HIV. Of note, [redacted] called me that morning to express his support for doing a study and indicated there could be some resistance to an RCT (proved not to be the case). [redacted] was currently in Bethesda (NCI) and I put him in touch with [redacted] and [redacted] in the hopes he could meet them before he headed back to Japan the following week.

At the meeting, following introductions, [redacted] provided an update on the COVID-19 situation in Japan. He noted that they first began to see scattered cases (I think approximately 50) in the country in early January – all of which had some connection to Wuhan. He noted that attention on Japan sharply increased with the cruise ship outbreak and as patients diagnosed on the cruise ship were taken to different hospitals around the Tokyo region. At that time, he felt there were approximately 100 patients and asymptomatic carriers in the country with numbers in the community increasing over the last 1-2 weeks. In addition to the patients from the cruise ship, they were continuing to see scattered cases around the country. Patients are being admitted to 20-30 hospitals scattered throughout the country. The government of Japan had arranged for 4 flights from Hubei. Among the passengers on those flights he noted about 2% were PCR+. His overall impression is that about 50% of infected individuals do not show symptoms and that most of the individuals with symptoms other than a URI have something on chest CT. He noted that clinical symptoms start as a URI (common cold, pharyngitis, nasal congestion) that can evolve over the course of a week or so to resolve or go on to pneumonia. He made a comment about low Ct values even in the absence of symptoms. At the time of our meeting there had been only 1 death in Japan, an 80 y/o woman, and also 1 patient who was being intubated that day. He also noted the case of a taxi driver who was felt to be responsible for multiple infections – with 5-10% of the 100 or so people who attended a taxi driver party becoming infected. He noted the public health goal remains elimination. Regarding patient management, Kaletra is commonly used at 5-10 institutions in patients who develop respiratory failure. He indicated there was some interest in exploring convalescent plasma. When asked about children, he noted 30-50 had been screened by PCR and all were negative.

In discussing the specific considerations for a clinical trial, he noted that there are 6 hospitals in the area with specialized beds for patients with COVID-19 and that 2-4 of them might be good sites for a clinical trial. He indicated that each hospital was running an average census of around 10. Regarding the protocol, [redacted] indicated a desire to include anyone aged 55 or older with a positive PCR and to allow concomitant use of Kaletra. There were no concerns with randomization. Plans were made for the Japanese leadership to identify the members of a protocol team with the necessary subject matter expertise (I gave them the template for Prevail) and to arrange for visits with the potential sites and the PMDA (Japanese regulatory agency).

At approximately 2:30 PM I left in a cab for the airport and, after picking up two 2020 Olympic tee shirts, boarded the ANA flight for Beijing. Of note, everyone on the flight except me was wearing a mask.

Trip Report
February 15-24, 2020
China

Day 1 (Saturday)

Upon arrival in Beijing, the airport was extremely quiet and again, everyone was wearing a mask (except me). The airport is very large, very clean and was very empty. One takes a tram from the gates to baggage claim / immigration. The entry screening is efficient and state-of-the-art equipment appears to be used for facial recognition and temperature scanning. Upon clearing customs, I was met by a WHO representative and went by car to the Holiday Inn Express.

Day 2 (Sunday)

The day began at breakfast where I met two other members of the team: the Chair, [redacted] [redacted] (Canadian currently special assistant to the DG WHO) and [redacted] (Australian living in Singapore since 2003). [redacted] had been in China for several days obtaining background information and working with the in-country WHO team to prepare for the visit of the delegation.

At 10:45 AM we met in the lobby of the hotel and walked to the WHO offices (about 15 minutes – near the Pizza Hut). Following a round of introductions (members of the group as noted in attachment X) we received briefs by [redacted] on the goals of the mission, by [redacted] on the current status of COVID-19 globally, and by [redacted] on the situation in China. For this and most of the other briefings I have extensive notes and will provide only the highlights here focusing on information not generally available at the time.

Background and Goals of the Mission: Nerves in China are very raw. High-level officials in Hubei have been fired. We are in the middle of a political earthquake and there will be enormous scrutiny of our work. Extraordinary measures, at great cost, have been put in place in China. A key question for the Chinese is when can they get out of this situation and move from the current extreme policies to something more relaxed; i.e. from mitigation and containment to sustainability; from elimination to prevention and control –noting that this is a global decision. He noted the response on social media is somewhat more frantic than the mood of the policy makers and that the policy makers want to engage with the team; that the currently reported CFR (2%) is almost certainly the ceiling CFR and that outside Wuhan, systems of containment seem to be working well. One key message to try and develop is that this is not SARS, but it also is not flu. [redacted] indicated he saw our job as involving 5 work streams:

1. Response management / risk communication
2. Epidemiology and control
3. Natural history, case management, treatment
4. Virology / Diagnostics
5. Animal – human interface

The plan is for us to evaluate a total of 3 provinces: Beijing by everyone; Guangdong by half the group (second highest attack rate [1.5/100,000 compared to 60/100,00- for Hubei]); and

Sichuan by half the group (low attack rate). Following these evaluations, we would all meet in Guangdong, generate the report on Friday and be able to leave on Saturday. (**This was later modified to a 2-day extension to allow a subset [redacted] to visit Wuhan).** Of note, once we leave Beijing we cannot re-enter Beijing without first undergoing a 14-day quarantine. During some random discussion it was noted that compared to flu, COVID-19 has a later onset of severe disease, has a greater impact on the older age group and that viral shedding can be seen from 12 hours before to 48 hours after the appearance of symptoms. It was clear the different people in the room had access to different sources of non-public information that they were willing to share, albeit with a degree of discomfort.

Current Status of the Outbreak

Globally: up to 355 cases associated with the cruise ship; some of the initial cases outside the US have no clear epi link; US to start random testing for COVID-19 on ILI cases today. There is a 2-log difference in viral titers between saliva and NP swabs; there was a super spreader event in Singapore; mortality figures in healthcare workers are 30% for SARS, 20% for MERS, 2% for COVID-19. The median incubation period is 5-6 days; for hospitalized patients the case fatality rate (CFR) is 15%, for anyone with symptoms it is 1.5%., for those over 65 it is 2.7%. The time for onset of symptoms to death is approximately 3 weeks. 2-3% of patients have diarrhea, the Ro in Hubei is estimated to be 2-2.5, and in other Provinces it is <1.

China: There is a large migrant population in Wuhan as it is the site of multiple universities. The Huanan seafood market is the largest in Wuhan and near the train station. It is estimated that five million people travelled out of Wuhan prior to the lockdown. There is inconsistency in the data being reported because it is coming from multiple different data systems. According the Chinese CDC (CCDC) the country can provide 150,000 test per week (we will hear substantially different numbers about capacity later).

Following the briefs, we had a little time to return to the hotel before being picked up at 6:30 PM to travel to the National Health Commission for our first formal briefing by national officials and the team from Hubei (by videoconference).

The venue for the meeting was the National Health Commission, a stately building, much as what one would anticipate for a government building. The meeting room had an enormous video screen, the furnishings were mostly wood, and things were very organized and extremely punctual. In fact, the second a speaker finished the next speaker was introduced.

The meeting started precisely at 7 PM. We arrived a few minutes prior to the start of the meeting. Everyone else was there and in their seats, everyone was wearing masks. The translation was very good although one never knows if everything is being captured. Opening remarks by [redacted] (Vice Minister, National Health Commission) stressed that China was taking a whole of society approach to the COVID-19 outbreak and that President Xi is personally in charge. He noted that by 01/29, all provinces had an emergency response in place; that the pathogen was identified in 8d; diagnostic kits deployed within 16d. He noted other activities including the ban on sale of wild animals, the fact that the treatment guidelines had been updated 5 times, that 15.4 billion yuan (about 2.1 billion USD) had been spent with 5 billion (710 million USD) going to Hubei province. Daily press conferences are being held, a psychologic hotline is in place, information is being shared in a timely manner, they are working with WHO/Russia/US. He claimed that China's efforts to control the virus have given others time to prepare and that China is "willing to work with WHO and the international community." His comments were followed (barely without a breath) by 5-minute briefings from various ministries, followed by a 30-minute brief by the CCDC and a video connection with Hubei Province.

The Ministry of Science and Technology noted that a task force had been established with [redacted] in charge. Studies of chloroquine, favipiravir, remdesivir, plasma, and stem cells were noted to be underway. 7 diagnostic kits had been developed with assays available for RNA, Ag and antibody. hACE2 mice were being used as an animal model and collaborations were underway with Gilead, CEPI, Gates and Inovio.

Ministry of Agriculture and Rural affairs noted that no COV-19 had been found in poultry, pigs, cattle, dogs or cats. He also noted that the sequences of livestock coronaviruses are <69% identical to that of COV-19 and thus they were unlikely to be the animal source.

Customs talked about the measures at the border including the fever screening and health declaration forms.

Forestry and Grassland Administration talked about all hunting being suspended, that trade and transportation of wildlife was prohibited, and that close surveillance was underway for abnormal death of wildlife.

The National Medical Products Administration (NMDA; FDA equivalent) noted the emergency approval of test products under a 2009 law. The first 3 RT-PCR kits were approved on 01/26 and at present the national testing capacity was 1,650,000 tests/day, from the perspective of product availability. A variety of tests were noted to be in development.

A representative of the Traditional Chinese Medicine (TCM) community noted that there were 100 TCM hospitals among 20 of the provinces, with one of them in Hubei. There is an effort to integrate TCM with western medicine and TCM is being used in 80% of COVID-19 cases with "quite effective" results.

The CCDC representative noted the 1st case was reported 12/27/19 (although cases were subsequently identified reaching back to early December). As noted earlier the response was rapid leading to identification of the agent and development of a diagnostic test. 570 Huanan Market samples (sewage) had been tested for COV-19 and 30 were found to be positive (unfortunately there was no effort to amplify mammalian DNA or RNA so no clue here as to the source; we later learned from the visit to Wuhan that there are fairly good records on what animals were where in the market so future investigations looking for the animal source may be fruitful). 26 of the first 27 cases noted some exposure to the market (different data presented later). Patients with a history of hypertension were noted to have more severe disease. The CFR was 2.9% in Hubei, 0.4% elsewhere and 0.3% among healthcare workers (HCW) in Hubei.

At this point there were a few presentations by the WHO team. I gave a brief overview of NIH research activities (greatly aided by [redacted] most recent summary) after which there was a 10-minute tea break.

After the break we heard a presentation from Hubei starting with the Provincial Vice-Governor. He indicated the situation was still grim with 843 new cases on 02/15. On the brighter side, the rates of cure and discharge were increasing. The Province had 208 designated hospitals, 100,000 medical workers, and 220,000 samples had been tested, of which 20% were positive. A representative of the Hubei CDC reviewed the epi, noting there had been 6 cases prior to December 12 and that the first (12) cases were diagnosed outside of Hubei on January 20. Cases in the province began to decline around February 1, and a peak in the epi curve on that date reflects Feb. 1 being used as the date used for individuals who noted they first felt sick early in February. The number of individuals attending fever clinics had decreased from 34,000 on 02/01 to 16,000 on 02/14. Nosocomial infections were relatively rare with most cases occurring in the ERs and the chest and fever clinics. A survey of 1382 HCWs noted a seroprevalence of 6% (some of which is community-acquired) with 3 individuals experiencing mild pneumonia. There were no examples of a relapse (or reinfection). For non-severe cases

the recovery time is on the order of 2-4 weeks; 4-6 weeks for severe disease; with a period of about 4 weeks from symptom onset to critical illness for those who become critically ill. Of note, the earliest recognized case did NOT visit the seafood market.

Day 3 (Monday)

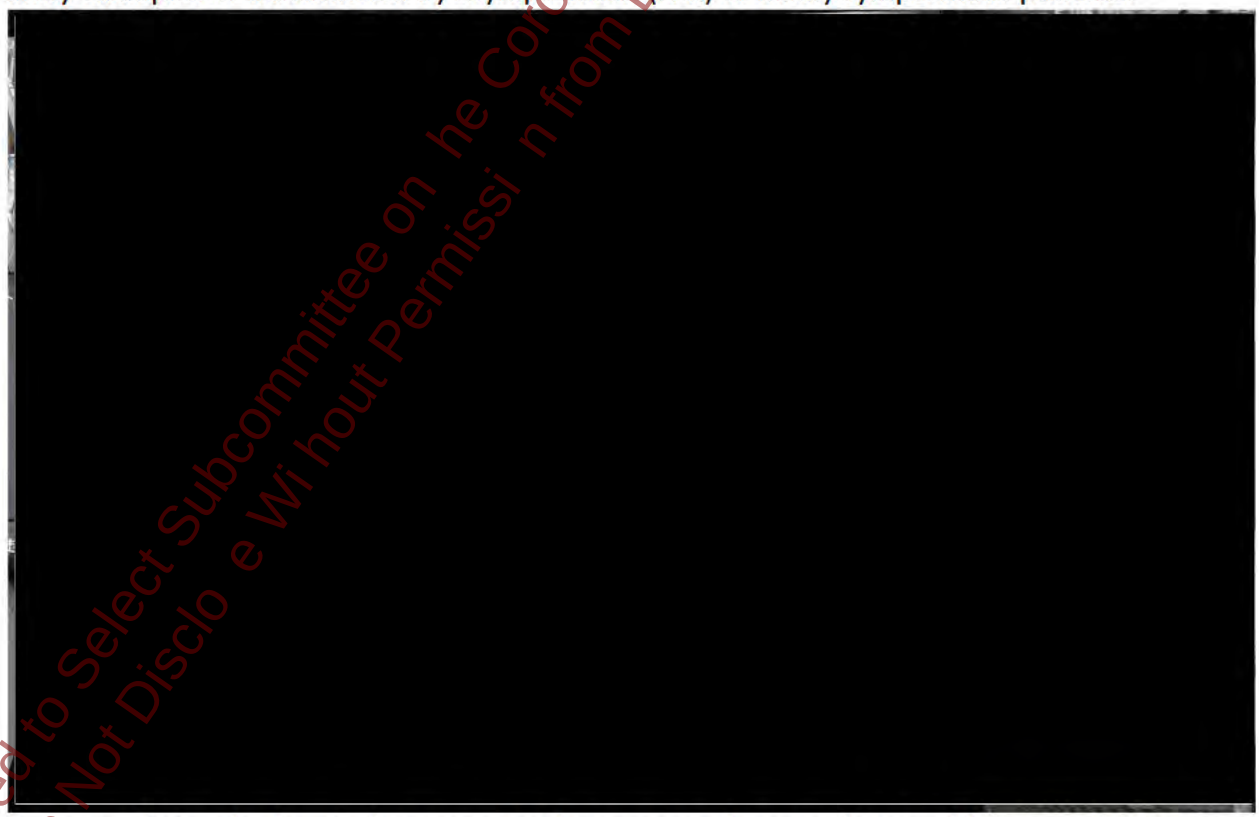
The day consisted of site visits in Beijing. The first stop was the Beijing Ditran Hospital (former First Infectious Diseases Hospital of Beijing) followed by the Anhuali Community Center and then the CCDC.

The hospital was founded in 1946 and moved to its present site in 2008. (Of note, there appears to be substantial new construction in the healthcare sector, and probably elsewhere, beginning around this time; likely a positive by-product of a large trade surplus.) It has 758 beds, 1300 employees and focuses on HIV/ID/TCM and clinical trials. In 2003 they cared for 329 patients with SARS, many of whom had protracted hospitalizations. They began an emerging infectious diseases screening program in 2014 and deployed medical staff to Guinea and Sierra Leone to help with the Ebola outbreak.

The opening comments by the Ditran Hospital Director noted the importance of the international community joining hands to deal with the COVID-19 outbreak. The hospital saw its first case on 01/19, at its peak was seeing 32 new cases per day and currently is seeing in the range of a case a day. President Xi made a visit to the hospital to highlight their work in COVID-19. They have seen a total of 375 cases with a current census of 90; there have been 4 deaths; 50% of their patients have an epi link to Wuhan. They have substantial lab capacity, are a major

state-of-the-art referral hospital, and can perform 4500 RT-PCRs per day with a 24-hour turnaround time. They have 20 ICU beds, 8 with negative pressure, and are expanding capacity to have a total of 70 ICU beds. There are a total of 1070 ICU beds in Beijing with plans to expand to 1660. This expansion of ICU bed capacity was a consistent theme throughout the trip. There is clearly a worry that the problems seen with COVID-19 are not time-limited. Criteria for hospital discharge include nucleic acid test (NAT) x 2 separated by 24 hrs, 3 d of normal temperature, no respiratory symptoms and improving CXR or CT. The average time to discharge was noted as 2 wks. Upper airway viral shedding was said to persist for 7-10 d up to 16 d for individuals with severe disease. The investigational products (IP) being used include Kaletra and TCMs. They noted these have effective antiviral effects but cause some GI upset.

Current procedures at the hospital (and virtually every public place) include temperature screening with febrile patients sent to the ER where they are triaged. Of note, while earlier case definitions required some degree of pneumonia, that has been dropped from the most recent case definition. 231 of their 375 cases originated from 75 family clusters (a consistent theme – it appears many of the current cases are from family clusters). They have an influenza-like illness screening program and found no evidence of COV-19 in 1910 ILI samples collected from 01/28-02/13, suggesting low prevalence of infection in the community. Among 144 paired throat and lower tract specimens, 58.3% of throat and 67.4% of lower tract samples were positive. Of 988 contacts under quarantine (higher risk), 133 became positive (attack rate = 13.4%; also, a consistent finding – lower attack rate than flu in a family). TCMs are targeted toward helping the lung. They see no evidence to support the use of steroids for ARDS. They have 10 years of experience with ECMO with 3 COVID-19 patients currently on ECMO – they noted all are expected to recover. A CCDC representative at the briefing noted that there are likely examples of transmission by asymptomatic (ASx) or mildly symptomatic patients.



One stop during the hospital tour was a video command center that would put any incident management center to shame. One could view the HCWs in extensive (Ebola-like) PPE and individual patients in the ICU.

After leaving the hospital we travelled to the Anhuali Community Center. This was an example of a typical Chinese residential community that runs a tight ship. There is controlled entrance and exit to the residential areas with temperature checks. There is a medical clinical for western and traditional treatments. Temperature checks were prevalent and our temperatures were checked before leaving the bus (common at most stops). If any of their members return form Wuhan, there is a mandatory 14-d quarantine in their apartment during which time they are brought food, etc. There was currently one person in their community under quarantine.

The next stop was the CCDC. A substantial set of facilities with state-of-the-art equipment.

Upon arrival we went to the cafeteria where we were the only guests. We were seated at separate tables to minimize any chance of contact with respiratory secretions. This became the norm at every meal, given that you need to remove your mask to eat.

During the CCDC briefing, a large amount of data was presented, covered in large part in the formal report. We heard from three different branches of the CCDC during our visit and all were quite similar and reflected a sophisticated public health system that was well-supported with modern information technology. Among some of the interesting points:

4 (12/08,10,15,16) of the first 5 cases had no connection to the market.

Buses are disinfected twice a day.

There have been 38 interim public health guidelines

It may take as few as two days following infection to become infectious

Contacts in quarantine are monitored by their community.

They use a web-based reporting system with 290,000 terminals and are supposed to get updated reports if a patient's condition changes.

In addition to surveillance they are involved in research. They have been developing small (hACE2 mice) and large animal (rhesus) models.

Recovered patients have neutralizing antibody.

Of 466 stool samples, 31% were positive by NAT, with prolonged positivity (up to 5 weeks).

Of 830 environmental samples from the Wuhan sewer system 67 were positive; of 67 samples from the west side of the market 57 were positive (did not look for mammalian RNA/DNA); of samples derived from 305 local animals all were negative. Some comment that the sequence of a sample from the Wuhan market had 99% homology to COV-19.

Symptoms typically appear 4-5 d after exposure (noted estimate of 2.6 d. from 20 chains on the cruise ship). Exposures during that 4-5 d period have led to infection. Of 80 transmission chains outside Wuhan (19 provinces), 9 had their exposure before the onset of illness in the index case.

They were not able to respond to a question about the sensitivity and specificity of the RT-PCR assays currently in use.

In studies of close contacts, 1.6-6.0 % became NP swab positive. Many patients are discharged at 2 wks (a time when the stool is still positive). A coronavirus with 85% similarity to COV-19 was obtained from a pangolin.

It was quite clear that robust research efforts are underway in China – getting these results out will be of great help in achieving a better understanding of pathogenesis.

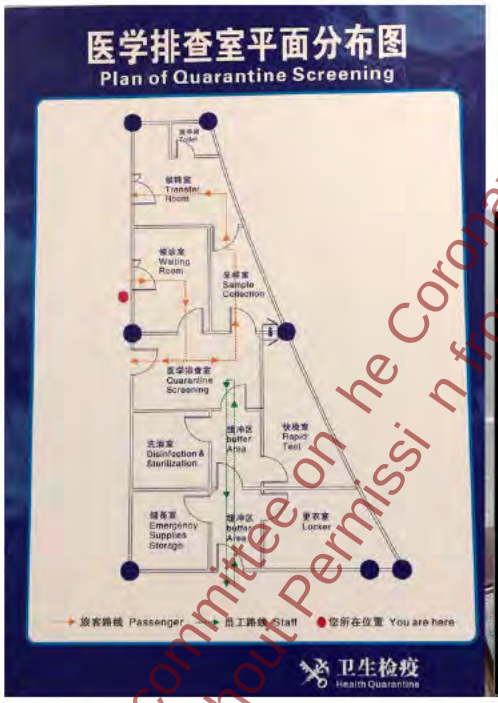
After the CCDC briefing, we returned to the WHO offices near the hotel for a debriefing and discussion about the logistics for the next part of the trip. Dale presented some unpublished data from Singapore on NP viral shedding that was very similar to the data published by the Hong Kong group with peak PCR day 2-6 with a lowest Ct of 30; in this cohort all but 1 had a Ct>35 by d 18. These kinetics are more like flu than SARS.

Day 4 (Tuesday)

The team broke up into two groups. My group ([redacted]) departed the hotel at 0700 to go to the airport and fly to Shenzhen, Guangdong while the other group went to Szechuan. The flight was about 3 hours and the snack was a hardboiled egg where the white was brown.

Upon arrival we met up with half of the Chinese members of the joint mission and had lunch at the airport. Of note the airport was extremely quiet and lunch took place in a VIP area of the airport with severe social distancing (1 table per person). This was the first time we had a chance to directly interact with the Chinese half of the joint mission. The tour of the airport revealed state-of-the-art technology for rapid, mass temperature screening as well as extensive facilities for medical evaluation.

[redacted]



[redacted]

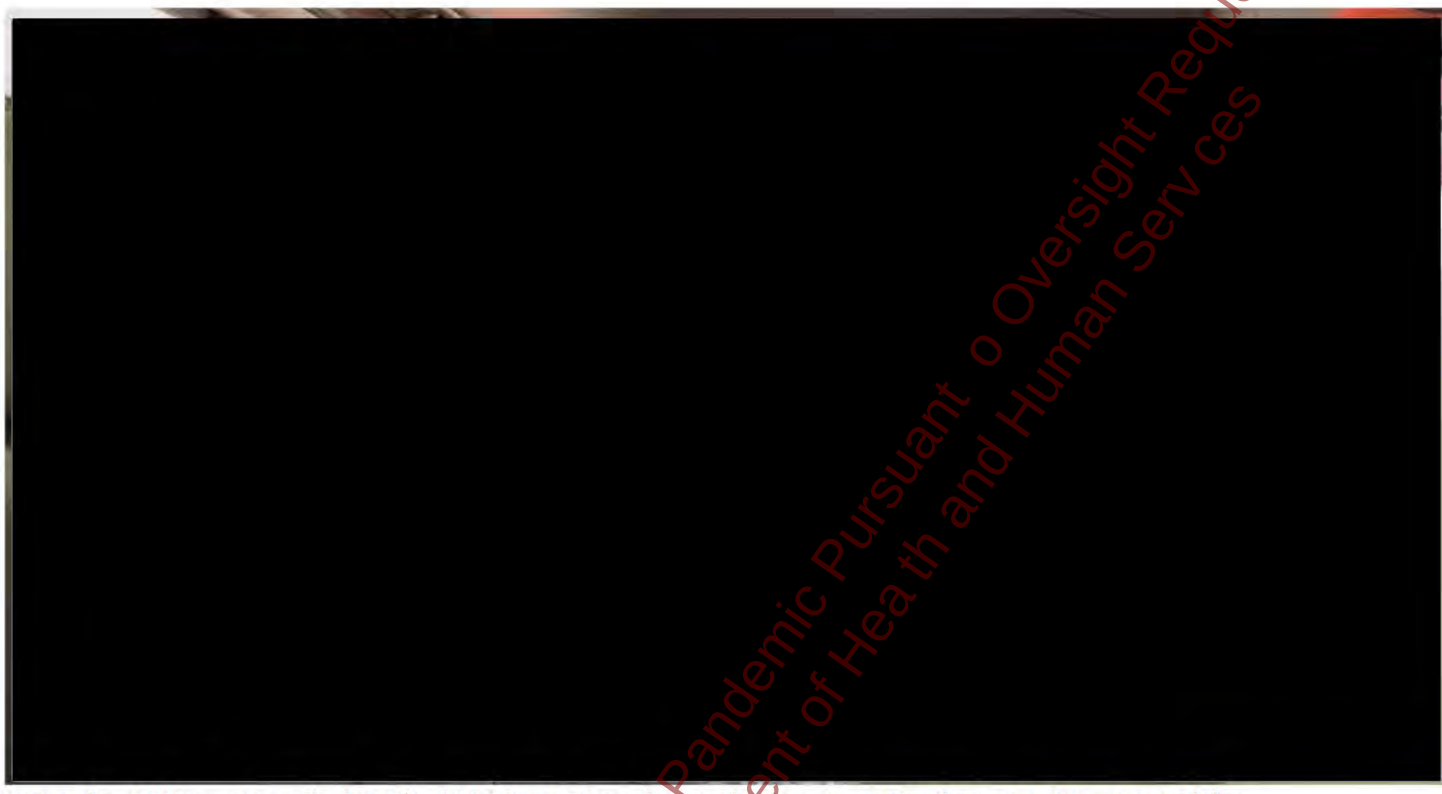
After the tour we travelled by bus to the Shenzhen No. 3 People's Hospital. A presentation by the hospital director noted that they had 1600 beds and 1636 employees, including 532 physicians. Everyone (including the delegation) undergoes temperature screening upon entering the hospital. Those with a fever are sent to fever clinic #1 for additional screening where they receive care or are sent to fever clinic #2 if they are suspicious for COV-19. The hospital has a BSL-3 lab and cared for 436 cases of SARS with no deaths in 2003. They have also cared for patients with H7N9. Their hospital is a dedicated hospital for COVID-19 and has the capacity to care for 1100 confirmed cases. They have admitted 416 confirmed cases of whom 262 are still hospitalized, 152 have been discharged and 2 have died. Patients have ranged in age from 1 year 7 mos. to 86 years. Eight percent are children; 82% have mild illness. A lung transplant was considered in one of the fatal cases. Of 71 severe and critically ill patients, 22

have been discharged, 38 have improved to mild disease, 9 are still critical and 2 have died. There have been no HCW infections. Among the investigational agents they have used are inhaled interferon, ribavirin, Kaletra, convalescent plasma, chloroquine, favipiravir + interferon (55 patients). In response to intense questioning about an individual patient who had been referred from Hong Kong by [redacted], an immediate videoconference was established with several teams to discuss the case in more detail. The doctors seemed a bit defensive about the case, which obviously was extraordinary to the point of considering lung transplantation. It was noted (?at post-mortem) that there was evidence of lung hemorrhage (?related to ECMO) and that a Ct = 35 was derived from a BAL of this patient. The chief MD claimed to have requested to be part of the WHO study on remdesivir but was refused. He noted that WHO R & D consultation was the first time he was aware of the drug. (At a later meeting with the city officials I noted we would be happy for him to be part of the study.) From a research perspective there seems to be a strong preference to be a single center as opposed to part of a multi-center trial. A common refrain was "we are too busy saving patients' lives to deal with research" – I indicated (on several occasions) the concerns about indiscriminate use of investigational products and the role of research during an outbreak.

The hospital was built in 2010 (another common theme – many new, state-of-the art facilities built around this time). It was very impressive with 6 buildings including a P3 lab capable of doing initial PCR testing (confirmatory testing done by CCDC).

The next stop was the Shenzhen CDC (these function in the way we would see a state public health lab but are much more connected to the central CCDC, with frequent mention of how often they follow national guidelines). This was another beautiful state-or-the-art building with impressive conference facilities. [redacted] did the briefing and gave an overview of the epi in Shenzhen. They had seen a total of 416 cases of whom 152 had been discharged, 262 were still hospitalized and 2 had died. Of 2409 individuals who had been placed in quarantine because of contacts, 3 developed infection, only 2 of whom developed symptoms. Screening of 40 cases of ILI did not reveal any positives. 71% of the cases were imported from Hubei. Overall 416/21,503 NP swabs; 2/3 anal swabs; and 13/44 bloods have been positive for COVID-19. The CDC provides support to 662 community health center and performs confirmatory PCR testing for 41 local labs. As of 01/20 approximately 50% of the cases were noted to be severe or critical; as of 02/17 this figure had dropped to approximately 10%.

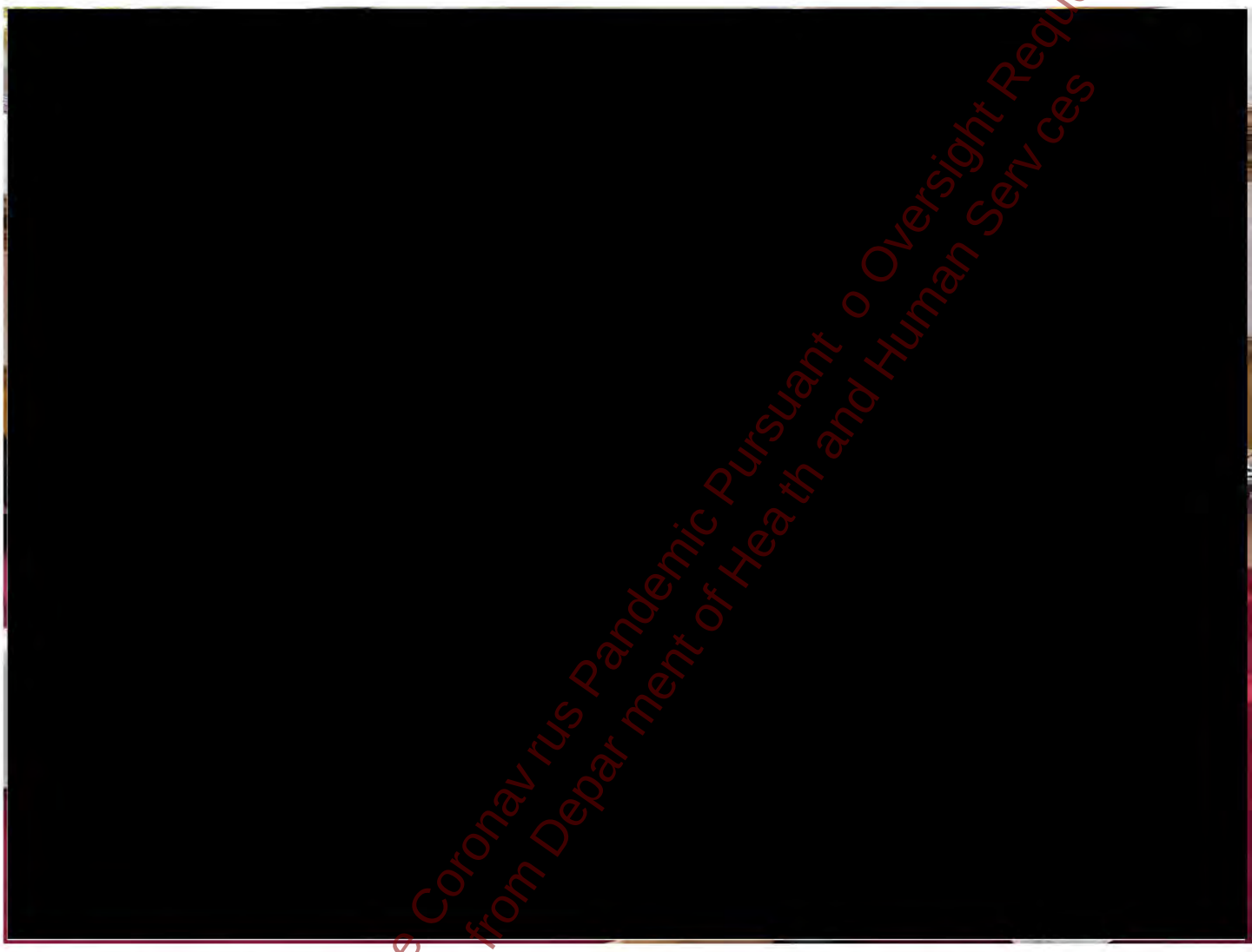
Their number of cases began to decline around 02/06 and plans are being made to gradually increase the level of activity in society, starting with the lowest prevalence areas – bringing back about 300,000 people at a time until reaching the total number of 10,000,000 expected back. It was noted that there have been no wild animal markets it the area since SARS. A comment was made toward the end of the presentation that some groups working on COVID-19 may be unwilling to share their unpublished data for fear of compromising publication (some things are universal).



From the CDC we travelled to the WuZhou Guest house by bus in a trip that was interrupted for a temperature check. The hotel is a luxurious, government-owned facility with stately gardens and a large auditorium-like room used for meetings and dining.

Immediately after checking-in we had a meeting (dress code formal) with [redacted], Director General of the Guangdong Health Commission, [redacted], Mayor of Shenzhen, and other officials. Shenzhen is a city of 30,000,000 people with 6700 residential communities and a current population of 22,000,000. Thus, 8,000,000 people are anticipated to return to the city once travel restriction are relieved. The government is working toward an orderly resumption of activities. They have only had 1 new case in the last 2 days and the prior day none of the positive fever screens turned out to be cases of COVID-19. Their first case was diagnosed 01/10. As of the date of the meeting, 33,000 individuals were under quarantine. It was at this meeting I made the offer to the No.3 hospital to be part of the NIAID-sponsored RCT (unlikely to be accepted!).

Following the meeting we had dinner – again with serious social distancing and an extensive array of food. The background music was as if one was in Vienna.



After dinner we made a visit to the Tencent company to hear about ways in which big data are supporting the outbreak effort. Tencent is a high-end IT company that has donated 300 million to the effort. They support an independent social media platform and provide real-time updates on the outbreak. They have created on-line classrooms to help mitigate the school closing and provide virtual meeting workspaces to support continuity of operations. In response to my question about whether they have ever used their platforms to support clinical research, they noted they have not, they could and that 30-50% of individuals have electronic medical records that could be accessed with the right permissions.

We returned to the hotel around 2300.

Day 5 (Wednesday)

We checked out of the hotel at 0800 and departed for the Community center, Qiaoxiang village, Futian District, Shenzhen. As in Beijing, these community centers contain medical facilities that are extensions of the primary hospitals (staff paid by the primary hospital, not the community center), are the core of the social structure and are playing a critical role in the whole of society approach to the COVID-19 outbreak. They monitor and provide exceptional material, social and moral support to their citizens on quarantine. At the site, they noted that they had no new

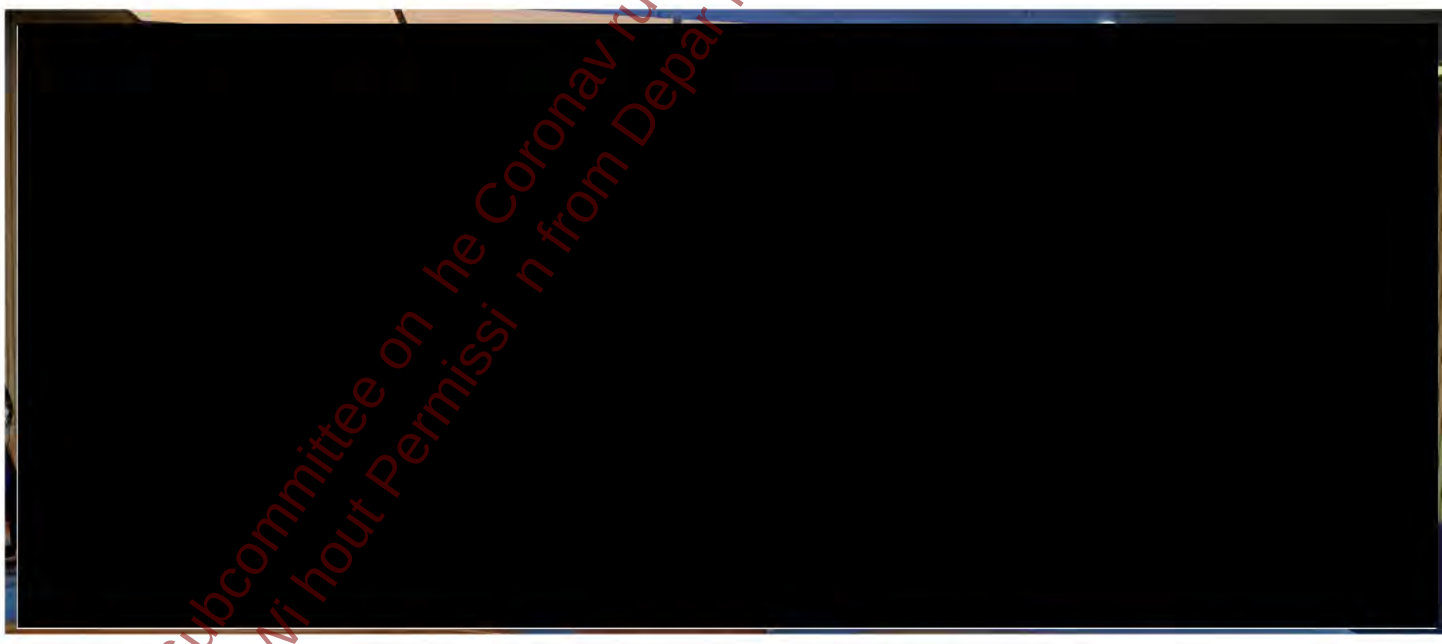
cases in their community since 02/03 and only 1 person on quarantine at that time. Of note, we did a video chat with the site physician and the individual on quarantine (and his wife). Everyone seemed to be supporting the program. It was noted that the community is resilient under their leader (Chairman Xi) and the word science was frequently used in discussing the measures that had been put in place to minimize spread of the infection.

Following the community center visit we went to the Guangzhou South Railway Station to view their surveillance and triage methods and took a very modern (empty) train to Guangzhou, Guangdong. Six of us had our own car. Of note, while we would be together with the Chinese part of the delegation at the site visits and formal briefings, we always travelled in separate groups. In this regard it appeared the Chinese delegation was in a separate car on the train. During the relatively short train ride, it should be noted that the floor was mopped once with a dilute bleach.

Upon arrival at the train station in Guangzhou we boarded a bus and headed to the Panyu Nursing home. Along the way we noted banners on the light polls with information about COVID-19 and were stopped several times for random temperature checks. The nursing home was a beautiful set of buildings around a pond with extensive landscaping. Six of the buildings (in purple) had been dedicated as quarantine facilities for close contacts of patients with COVID-19.

It was difficult to assess the actual capacity of the 6 buildings with different numbers noted by different individuals. My best guess is that each of the 6 buildings could accommodate approximately 20 individuals with plenty of extra room. They had quarantined a total of 264 individuals to date; 186 had been discharged; 9 sent to fever clinics of whom 5 were COV-19 positive. The staff live on the compound and work a 4-hour shift each day for 3 days; then they go into a 14-day quarantine, only to return for another 3-day period of work and repeat of the cycle.

After the tour we had lunch at the nursing home and then departed for the Guangzhou Regenerative Medicine and Health Guangdong Laboratory. Of note, every time we left a facility what seemed to be the entire staff we had met with came to wave as we departed in what seemed to be a genuine expression of friendship.



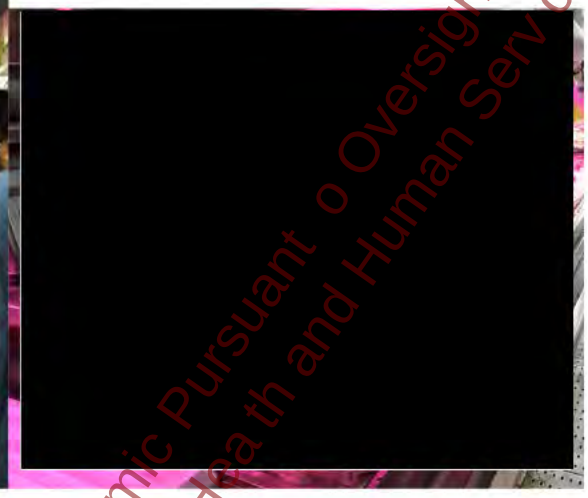
[redacted] led the briefing at the Laboratory. This is another state-of-the-art facility that is doing cutting-edge research in support of the outbreak. Of note, several of the scientists had foreign (including US) training and many of them spoke excellent English. The Laboratory was established in 2017 and goes by the nickname of Bio-island Lab due to its location. It is one of 4 similar labs in Guangdong and is part of the Chinese Academy of Sciences. It consists of 5 Divisions: Basic; Clinical; Infrastructure; Devices; Biosafety. They have an international board of advisors that includes [redacted] and 154 publications in the peer-reviewed literature. There are currently 8 main projects in COVID-19. They are involved in the chloroquine research; IgM detection using a colloidal gold platform; developing an artificial intelligence algorithm for evaluating CXR and CT; rAd5, 7, 26, 35 vaccines; novel approaches to therapy

(CRISPR-CAS, RNA knockdown, RNAi, Induced T and NK cell therapy); and TCMs. For vaccine development their main antigen is a stabilized pre-fusion form of the surface gene NB2. Their lead vaccine candidate is an AD5 recombinant. They have begun small animal studies and hope to get to monkeys by the end of the month; pre-clinical safety studies in March and phase 1 testing in humans in April (acknowledging this may be overly ambitious). They note a production capacity of 1-10 million doses / year.

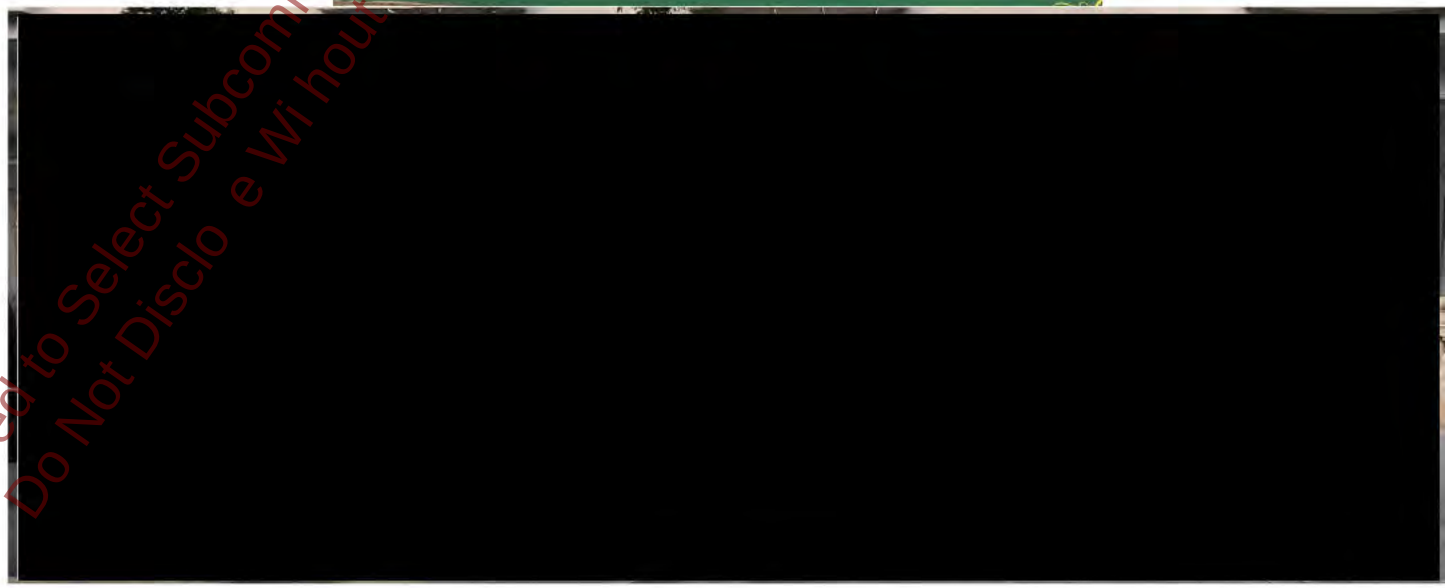
IgM turns positive 3d post-symptoms, 7d post-exposure. They were not developing monoclonal antibodies but suggested that was likely happening elsewhere. They bemoaned not having the PER C-6 cell line for their rVirus vaccine work. This is a transformed retinal cell line that appears developed by Crucell, licensed to Merck.

One of their missions is to facilitate inter-sector research and they have a relationship with the #2 Hospital. They are interested in international collaborations. In a display room they showed us some of the products that had come from the lab as well as a 3D-video of remdesivir docking into an RNA polymerase molecule.

Following the briefings at the lab we visited a wet market. The market we visited consisted of 60 booths, contained no bushmeat, serves 10,000 families and is open every day. They have had no live animals in the past 29 years and there has been no slaughter of live animals in Guangdong since SARS. The meat products undergo a series of random tests on site looking for pesticides and infectious agents. They get about 3 positives for pesticides each month.



From the market we went to the White Swan Hotel Shamian (colonial influence). The White Swan is a 5-star hotel at the mouth of the Pearl River in a very nice part of the city known as Shamian. Fever checks took place for everyone entering the area.



Because the restaurants are all closed, the only way to get breakfast is by room service. There is a heavy colonial influence on the architecture of the city despite the presence of Starbucks, McDonalds and 7-Elevens. As elsewhere, what you might have envisioned to be a bustling area was very quiet with temperature checkpoints going into the area. We checked into the hotel, had dinner and then a meeting led by the Governor of Guangdong (possibly the 3rd highest politician in China).

The Governor (Ma Xingrui), a former rocket scientist, gave a 50-minute rapid-fire presentation. Somewhat ironically,he noted we would get a more detailed briefing the next day by the Vice-Governor (Zhang Guangjun). He noted that Guangdong Province is one of the 34 provincial-level administrative units in China. It has the largest population, 115,000,000, and a land mass of 180,000 km. It is the largest economy in China with 10.9% of the GDP or 10.77 trillion yuan (1.5 trillion USD). It has exports of 7 trillion yuan (1 trillion USD), representing 23% of all of China's exports. It is a very market-oriented province with 12,000,000 businesses, a high migrant population (15,000,000) and 1 million healthcare workers.

They began to monitor the situation 12/31, saw their first case of COVID-19 01/14, activated their alarm system on 01/15, virus isolated 01/19, released laws and regulations on disease control in the Province on 01/23. As of 02/18 [yesterday] they had a total of 1331 confirmed cases. There had been 3 new cases yesterday and one new case today. Approximately 95% of the cases have been imported from Hubei or their contacts. There have been 5 deaths, only 1 of which was a local transmission. They follow all directives from the central government and Pres. Xi. They have built upon their 2003 SARS experience using scientific principles to guide the way. They have 30 designated hospitals with 10,000 beds, which is 10-fold more than they anticipate needing. The goal since 01/16 has been to prevent disease entry, community transmission and spread to other parts of the world. Temperature screening is in place at all departure points (rail, air, bus, road). They make use of big data, data sharing and science and technology. They use mobile phone technology to monitor the health of individuals entering the Province. There have been no healthcare worker infections and, at Pres. Xi's directive have made an extra effort to provide support to those who cannot travel home while sending their own staff to Hubei to help with the response.

Governor Ma noted that they have a robust research program to 1) improve testing methods, leading the provinces on genomic research on the virus, facilitated by the robust science infrastructure present in Guangdong (as noted to me privately, at the expense of investment in the science infrastructure of Hong Kong); 2) research on TCM, chloroquine and other treatments; 3) vaccine research involving 3 Institutes; and 4) population-based research. Guangdong is an expert-oriented province and they have provided help to Hubei in the form of

20 teams totaling 2147 people (we learned later these province-provided teams have basically taken over operations at individual healthcare settings in Wuhan). They have also sent medical supplies. Additionally, Guangdong has provided help to other outbreaks, including support to Guinea during the Ebola outbreak.

The meeting between WHO DGTedros and President Xi was noted as an important moment in the fight against COVID-19. Governor Ma noted that China appreciated the recent supportive comments from WHO (could have been reflecting different comments from the US). He went on to express that China overall, like Guangdong is open to sharing and working together with the international community. He indicated that he hoped WHO could do something about the false attacks on China through the internet on platforms like Facebook.

Towards the end Governor Ma stressed that this was a war of the entire Chinese people against COVID-19 in a war that would be driven by science. They are now looking for the final victory.

His remarks were followed by those of the WHO lead, [redacted], who noted that we are dealing with a unique virus and that China has mounted a unique response. He said that it was important to get the engine of Guangdong running again, that one part of our mission is to guide the global response, and he stressed the importance of global unity and a solidarity with science.

The evening ended earlier at 9:21PM.

Day 6 (Thursday)

The day began with a visit to the **Guangdong CDC** for a briefing on the situation in the Province. The Guangdong CDC was established in 1952. It moved to its current site in 2012 and is a WHO Coordinating Center. It is another relatively new, expansive and beautiful set of eco-friendly buildings. It has a staff of 325 which seems low for the size of the complex. Upon entering there is a large portrait with a representation of smallpox.

The briefing room is state-of-the-art with multi-panel, full wall computer displays.

Guangdong is a province of 115,000,000 with 30,000,000 immigrants.

The first case was confirmed on 01/14/2020 with symptoms that dated to 01/01/2020. Daily numbers peaked around 01/25; there had been 1328 cases reported by 02/17 and the CFR was 0.3%. 530 patients had been discharged; 69 hospitalized with mild disease; 640 with "normal" disease; 60 severe; 25 critical; 4 deaths. 3 cases diagnosed on 02/18 vs. 22 on 02/15 and 20 on 02/13.

Of 120,00 tests performed on 01/13, 1.16% were positive; this fell to 0.01% on 02/18.

81% of their cases can be traced to an imported case.

The province has the capacity for 4467 ventilator beds.

There have been 14 HCW infections; 9 with a link to Hubei; 4 due to community transmission; 1 unknown. Standard screening PPE includes N-95 + gown + face shield + goggles (it appeared most in the hospital were in full body suits as well).

Among 9075 close contacts being monitored there have been 565 (6.2%) infections noted with 2600 still under surveillance. 565/9075-2600 = 8.7%. PCR was noted to be positive 1-3 d prior to symptoms and 3-7 d following exposure.

There have been 88 cases in children (<15) with a mean age of 7. 48 have been discharged; 17 with mild disease; 23 with normal disease.

While not 100% sure, the OR for death for underlying disease was 4.8; for age 60-70 it was 27.2.

Regarding disease progression; among 1246 with mild disease: 143 progressed to severe disease; of these 18 to critical, and of these 2 deaths. Predictors of progression included age, obesity and T>39.0.

A range of 0-4 days was noted between 1st PCR and onset of symptoms. A range of 1-15 days between exposure and first positive PCR.

Relatives have been noted to be at the highest risk of transmission with an attack rate of approximately 10%. The secondary attack rate in a household has dropped from 10% - 3%. The interval between the primary and secondary infections is approximately 5 d.

57 patient samples have been sequenced and show a 99% homology to the Wuhan strain.

The largest amount of virus in NP swabs is noted 5-10 d following the onset of symptoms. Critically ill patients are noted to have the highest viral loads with values above 10,000,000 copies/ml. Stools have been noted to be positive in critically ill patients.

They have recently noted a decline in cases and most of the recent cases are imported. They reported details on one cluster of 10 cases from a restaurant where the position of chairs at the index table and neighboring tables correlated with infection. Infections were seen at 3 tables; the dinner lasted 2 hours.

The incidence of COVID-19 in their ILI surveillance has not changed (essentially 0). Of 15,538 pneumonia cases from 01/01-14 there has been one COVID-19, 0 SARS/MERS, 4 COV-43, 182 influenza.

Of 340,000 persons screened in 947 fever clinics; 355 (0.14%) have been positive for COV-19. Another figure given was 1300/1,500,000 (0.08%). Fever screening of 38,841 individuals in the community from 02/03-02/17 identified 27 cases (0.1%). At another time the numbers for 330,000 were reported as 0.5% positive on 01/30; 0.15% positive on 02/06; and 0.03% positive on 02/16 – an overall positive rate of 0.14% (consistent).

Disease is categorized as:
Mild – (guessing documented positive with few, modest or no symptoms)
Normal – pulmonary infiltrates
Severe – 1 of: RR>30; %sat <93; PaO2/FIO2 < 300.
Critical – 1 of respiratory failure; endo organ failure; need for ICU

Presentations by 3 CDC scientists:

[redacted] – feces PCR+ day 17-33; higher pfu in stool than NP; IgG begins to increase d. 10-17.

[redacted] on behalf of Prof. Zhong Nanshan (chief researcher) – extensive program on re-purposing antivirals; 150 clinical trials (128 enrolled in HO-chloroquine; remdesivir [n of 308, mild; 452, severe]; planning trial of kaletra); TCM (Lianhua and Qingwen).

[redacted] (women epi) – national control policies including extending the holiday season from 24 Jan to 9 Feb.; postponing school openings; barring mass gatherings. There has been a clear decrease in migration due to these policies. Current predictions are for a total of 122,122 cases with the outbreak over around the end of April.

In response to a direct question regarding the risk of transmission by asymptomatic individuals there was no clear answer.

Eight specific actions are being taken to let businesses begin to re-open (anticipate about 300,000 return to the Province/day): separate at lunch; no social interactions; algorithms for managing an employee with fever; algorithms for screening.

Following the CDC visit we went to the **Guangzhou Women and Children Medical Center**.

Any patients entering the hospital are subject to a temperature check and a 10-question survey. Prior to the outbreak they were seeing 5000 patients/day; that figure has now dropped to 300 patients/day. They are currently the only hospital in the city designated for children with COVID-19 and the only other service they are providing at the moment is an ER. They have a capacity of 500 beds for COVID-19 patients with 10 patients (mostly transfers) in the hospital at the moment. They are at version 14 of the COVID-19 handbook for care. They have screened a total of 350 patients for COV-19 and are currently conducting about 10 screenings per day. They can get PCR results within 3 hours. The staff work 4-hour shifts per day in full PPE for 1 week at a time. The hospital has an EMR with standard protocols and clinical pathways. They are using aerosolized interferon as a treatment. They presented the case of one patient with a normal CXR and grossly abnormal CT with a clinical course more consistent with the CXR. They have found COV-19 RNA in the GI track of 10/10 in a series of pediatric patients; noted that respiratory samples become negative in about 1 week and the GI samples become negative in about 2 weeks. Of note, the majority age in China is 14-15; children are still considered children until age 18. Of note, many of the signs at the hospital were in English, which seemed a bit strange.

Following the CDC briefings we returned to the hotel for **briefings by the Vice-Governor of Guangdong; the Mayor of Guangzhou; and a brief presentation by Professor Zhong Nanshan**

(of note it would have been very helpful to have had an in-depth discussion with him to hear more about their research but that was not possible – a US-China engagement with him could be very valuable).

The briefing began with an overview of the situation in the Province by Zhang Guangjun, the **Vice Governor of the Province**. It should be noted that these briefings and those of the prior evening were by very high-level government officials. They all appeared very well-informed.

He began by noting 2612 individuals were currently under observation; of their 1328 confirmed cases: 530 had been discharged; 794 were still hospitalized; 4 had died. Their peak inpatient census had been 1007; peak number of new cases in a day 126. He stressed the response was a whole-of-government response, that it was scientific and evidence-based and had its origins in the clear need for increased preparation that was noted post-SARS. They view confidence, solidarity, accuracy, timeliness and transparency as core values.

Their first case was 01/14 and by 01/15 Party Sec. Li Xi and Deputy Party Sec./Governor Ma began controlling efforts. A Response to Public Health Emergency was launched on 01/23 and the Party and Government have assumed a wartime combat stance.

There have been 10 cases in foreigners; all recovered and discharged.

Of 108,000,000 temperature screens performed in the community, 5287 fevers were detected. From 947 fever clinics; 320,000 NATs were performed of which 437 (0.14%) were positive. From 105 community centers; 131, 600 tests were performed of which 55 (0.04%) were positive.

The current interval from initial symptoms to diagnosis is 3 d.

Among 9075 close contacts from 283 events, 462 (5.09%) were positive (note above some still in follow-up).

Public gatherings have been banned. Staggered reopening of offices, factories and schools is anticipated. People are requested to change their masks every 4 hours. The translating devices we were give were collected at the end of each day, washed and returned the next day.

800,000 HCW have been trained and drilled on appropriate infection control procedures. 10,416 beds; 4,454 MDs; 6,659 nurses; and 5, 263 other staff have been specifically dedicated to COVID-19. Some of the staff from Guangdong have been deployed to Hubei.

TCMs have been provided to 1235 (93%) of confirmed cases. 10 specific measures have been identified for medical treatments.

There are 3 expert teams (96 persons) that are overseen by Prof. Zhong Nanshan.

There are 12 criteria to confer high priority to a patient: among them age >50, obesity, co-morbidity. There are novel isolation beds in 9 hospitals.

SARS-COV2 was isolated from a BAL on 01/27; chloroquine study was started 01/29; 168 have been enrolled, among them 93 are now PCR- with decreased pulmonary symptoms. They are also looking at anti-inflammatories; favipiravir; developing diagnostic tests; and developing vaccines with mRNA, adenovirus and protein platforms.

Emergency legislation was passed to protect the health and safety of the people; multi-lingual health information has been released; WeChat groups have been established; 24-hr hot lines are in place. Incentives have been provided for research and development and PPE has been stockpiled.

The **Mayor of Guangzhou** provided an overview of activities in his city.

Guangzhou is a city of 22 million people, 10 million of whom are short-term residents. The city supports 2.3 million different entities; 73.5 million airport passengers annually; 500,000 cruise passengers; 500,000 rail passengers. It is the 3rd largest medical hub in the country with 8 medical centers and 9 of the top 10 national hospitals. It has 5 COVID-19 designated hospitals.

They identified their first patient on 01/21 at which time a command center was established; on 01/28 schools were closed and gatherings not permitted as of 01/29.

They have seen a total of 339 cases; 51 severe and 17 critical. 157 had been discharged; 182 hospitalized and thus far no deaths. Of the 17 critical cases, 8 have improved; of the 51 severe cases 38 have improved with 11 discharges. 75% of cases are from outside the city. They noted the recovery of a 2-month-old.

They operate off 178 guidelines and 49 plans and circulars. There are prevention guidelines for schools; health videos throughout the city with the 4 Do's and 4 Don'ts. In a survey of the community, 99.7% expressed willingness to work with government in containment efforts.

They have received 90 million yeun (6 million USD) in donations as a reflection of the outpouring of community support.

There are 4300 quarantine beds available; 615 persons are currently in observation. Overall there have been 101,000 in home quarantine of which 89% have been released.

As of 01/26 there has been a requirement to wear masks when out of the house; on 01/24 (eve of lunar new year) visitor resorts, etc. were closed.

Chloroquine is the most frequent prescription for pneumonia. 4.2 million masks; 11,000 thermometers are being produced per day.

Markets are routinely screened; wildlife trade has been prohibited.

All decisions are "science-based."

Prof. Zhong provided an overview of the activities under his purview. This was to be a roundtable discussion but ended up being a brief set of remarks at the very end of the meeting. He noted that COVID-19 is highly contagious; that there are asymptomatic carriers; that there may be recurrent positivity; that some become symptomatic late; that this is the 3rd coronavirus outbreak in 2 decades and that there may be more. In addition he indicated there were approximately 100 COVID-19 trials under way – however, cautioned that "their primary responsibility was saving people"; RCTs are difficult to get passed; some of the trials are of low quality; they put clinical care first, research second; and there were no convincing data on the investigational products (including chloroquine). He made a comment along the lines of the data are not strict enough and that one needs to treat patients first.

The remdesivir trial was discussed separately with Prof. Zhong, who indicated that the enrollment in the two trials is decreasing. He noted the hospitals (and thus the two studies) are stratified by mild or severe; given that different staff (even from different provinces) staff the different hospitals, it has been difficult to consistently manage the studies. He noted that they might be looking at national level trials (was one of our recommendations); their main interests are antivirals and immunomodulators; and that some TCMs target both virus and inflammation.

The day ended with the first combined **meeting of the China and WHO** groups.

This began around 9:30 PM and ran to around 11:30 PM. During this time we also obtained an additional update on the situation in Wuhan (to be supplemented following the return of the small group that went to Wuhan). It was noted that the interval from symptom onset to confirmed diagnosed had decreased from 16 to 7 days; there were 615 new cases confirmed that day; the CFR was now 5% and declining; that 30,000 HCW had been deployed to Wuhan; that some hospitals had been enlarged and converted to COVID-19 dedicated hospitals; that the percent of severe cases had decreased; no effective drugs had been seen although good results were being seen with TCM (best in mild cases and in combination with western medicines); the number of individuals attending fever clinics had decreased from 100,000 to 24,000/? time interval.

Day 7 (Friday)

We began working on the report in joint breakout groups. I was assigned to the research group with [redacted] (Hong Kong University) and [redacted] (Chinese Academy of Medicine). [redacted] was a substantial senior figure and [redacted] was extremely bright and paid exquisite attention to detail, making sure anything we said was consistent with other messaging (not in a bad way – more wanting to make sure numbers were correct). To generalize, she was much more afraid of including something wrong than omitting something important. Consequently, our report ended up being a bit shorter than I might have liked. Our final work product is in the WHO-China joint report. We finished the first draft this day.

Day 8 (Saturday)

Continued working on reports, [redacted] returned to Hong Kong. Part of our group ([redacted] travelled to Wuhan with 3 members of the Chinese group.

Day 9 (Sunday) – Finalized initial draft of report.

Day 10 (Monday) – Group returned from Wuhan; final discussion and departure.

[redacted] Nigerian CDC) was the first to report out on the trip to Wuhan. He noted that Wuhan is a city the size of Lagos and that they observed an amazing public health response with the city shut down; their movement was restricted to the block just outside the hotel; things appeared much more severe than what had been seen elsewhere; there was an extreme level of community mobilization with everyone committed to the effort (something one might not see in most places of the world). He noted they visited two hospitals. The first was quite modern and the venue for severe cases with MDs and RNs providing the care and working in shifts of 4 hrs/day for 3 days before a break (assuming 14 days). The other hospital was a makeshift hospital in a stadium. This hospital was for mild cases; had morning exercises led by someone in PPE; contained mostly public health admissions given that most were fairly well and in the hospital for an average of 2-3 weeks. Multiple teams had come from outside Wuhan and appeared to be well-integrated to the overall system.

[redacted] (Infection control expert from Robert Koch Institute, Germany) also noted the impressive lockdown and compared the city to a ghost town. He noted that 40,000 HCW had come in from other provinces – compared to the 800 local HCW prior to the outbreak. Bed capacity had been increased by around 50,000 and ventilators had been brought in from other provinces. From 01/25-27 they were seeing 500/day in the fever clinics; at present it was down to 50/day. They were performing approximately 200 CT scans/day. Discharge criteria included no fever; improved respiratory symptoms; improved CT and 2 negative swabs. He felt there was a good surveillance program for HCW and noted that hospital traffic went through 3 areas: patient areas to "polluted/semi-polluted areas" to clean areas. In a meeting with the Wuhan CDC it was noted that bed capacity had been increased by 50,000 with the new hospitals; that the severe cases were managed in real hospitals while mild cases were managed in the makeshift hospitals (sports arenas) and contacts were managed in hotels. They reported no recent HCW infections and no outbreaks in the normal hospitals over the last 10 days.

[redacted] also talked about how when they arrived (midnight) they were met at the train station and their hosts apologized that the hotel was not fancy because all the better hotels were fully

occupied with HCWs and individuals under observation. He noted the hotel was adequate and a bargain at 200 yuan (14 USD)/night. Again, he noted the rapid expansion of 50,000 bed capacity; 40,000 HCW from outside Hubei and the fact that they were able to do 30,000 PCR samples/day. He reported they had 1827 5-person teams dedicated to their epidemiologic efforts. One stadium served as a makeshift hospital for 1000 patients with mild disease. Of their most recent 58 HCW infections, 15% were from inside the hospital; 75% community; 37 MDs, 12 nurses, 9 others. Of 1382 HCW tested, 87 (6%) were found to be positive. Of these only 4 were asymptomatic and only 1 stayed asymptomatic. There were felt to be 8 reasons for the earlier higher numbers of HCW infections: No early protection; no training in infection control; rapid expansion of cases; protection limited to certain areas of the hospital; overflow from the fever clinics to other areas; lack of adequate PPE supplies; second-line professionals not ID oriented; overworked staff. All of these have now been addressed.

[redacted] (WHO lead, outbreak response leader) described Wuhan as a ghost city with skyscrapers. Its population of 15,000,000 had been put on a total lockdown for 10 days. 30,000 individuals were being managed in stadiums. There was a good understanding of what needed to be done by the community and a positive, strong relationship between the patients and the HCWs. Due to the lockdown, families had been separated – however, this seemed to be accepted as needed for the good of the many.

He noted that most of the clusters that were able to be evaluated were in families. He also noted there was a strong sense by the people in Wuhan that with time they might be able to do a better job of figuring out exactly which animals were most likely to have been the vector given that there was fairly precise tracking of what sellers were at what stalls in the market and the fate of the animals could be traced. They know the identities of the earliest cases (early December) and there is an opportunity to do a better job of combining information from those doing the human epi with those who have precise knowledge of the layout of the market and the fate of the animals.

Despite the recent drop in cases there are still 51,000 infected people across China. One mystery is why some young, healthy people do progress (seems an ideal opportunity for host genomic studies). [redacted] was impressed by the profound sense of humanity accompanying this outbreak and that it was a matter of national pride to control the outbreak. He indicated the newly built hospitals (covered by the US media) were a bit outside the city and were real hospitals, caring for the more severely ill patients and that the national treatment guidelines were at version 6.

He was able to talk to [redacted] (Remdesivir study PI) on the phone. He noted that patients had to be transferred to select hospitals to be part of the RCT. At that time, 221 patients had been enrolled on the severe study; 48 on the mild. He noted it was difficult to enroll due to a fall in the number of new cases. He did not have any difficulties using the ordinal scale but the fact there were different teams from outside Hubei at different hospitals created an operational challenge for the research.

[redacted] (China Lead, National Health Commission) noted they were close to identifying and caring for all the patients in Wuhan; that there was adequate testing capacity; and that a well-established system for stratification of patients was in place with good allocation of medical expertise. He did then say it remained a critical moment for the country.

He noted there were a total of 45 designated hospitals (this included the new hospitals) – 6 for the critically ill patients; 39 for severely ill patients and patients over 65. There are 10 mobile/makeshift hospitals for mild or asymptomatic patients – if they deteriorate, they are moved to one of the 45 designated hospitals. There are 100 fever clinics, some but not all of them in the 45 designated hospitals. Suspected cases of COVID-19 are triaged to the 45 or 10 hospitals depending upon their condition. All hospitals can do CTs with approximately 200 CTs being performed per day. All hospitals have isolation capabilities in temporary holding facilities.

ILI studies in Wuhan yield approximately 20 samples per week. All were negative in Nov. and Dec. The first week in Jan 1/20 were positive for COVID-19; the second week 3/20 were positive – all the positives were in adults. Teams are currently in Wuhan performing serologic surveys to get a better sense of the overall spread of infection.

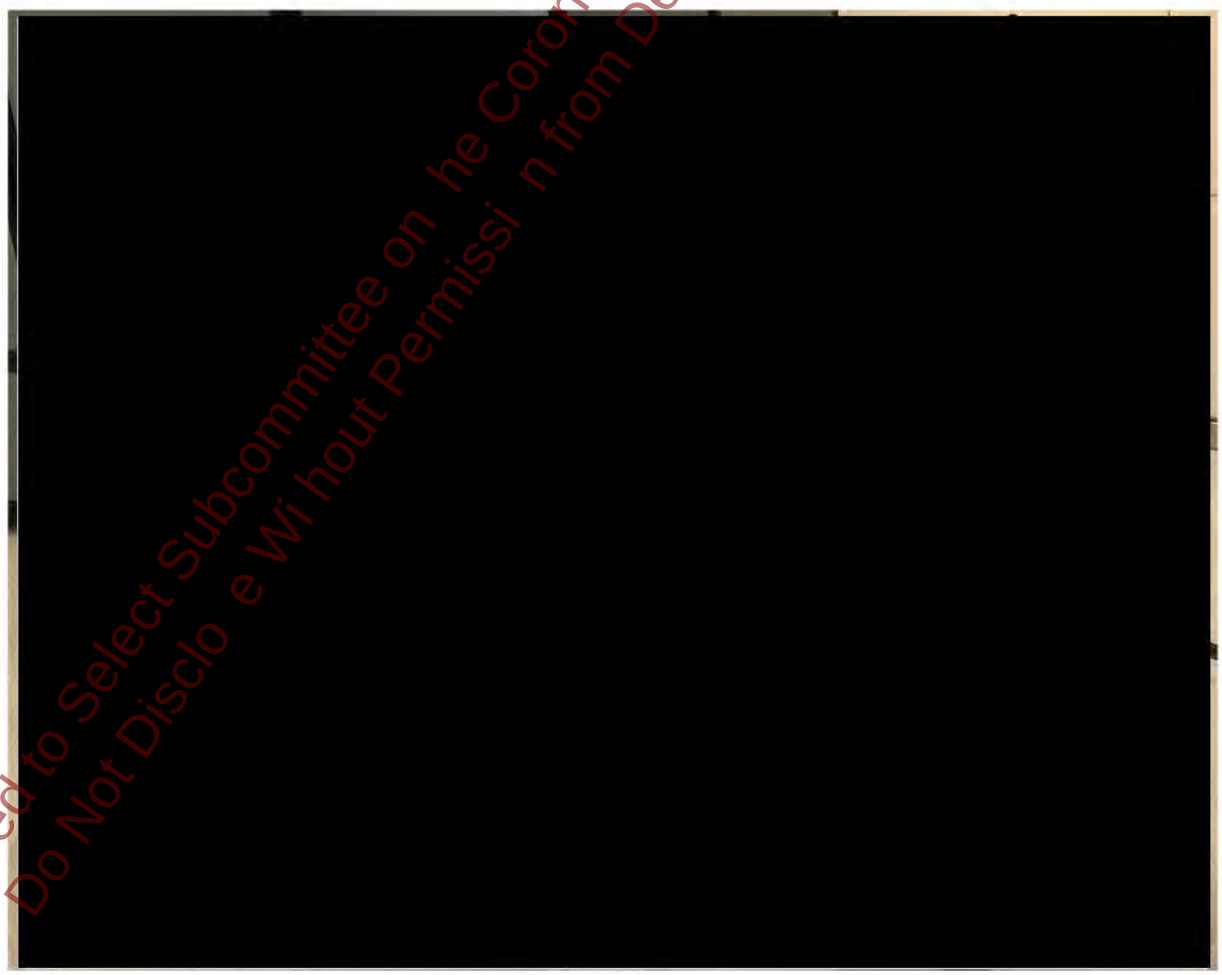
When the team returned from Wuhan they had NP swabs taken. A few hours later they received the results (all negative).

Following adjournment of the meeting there were many farewells and a group photo.

Upon my arrival at the airport I was informed I could not board the plane until the agent confirmed that ANA would let me board the flight from Bangkok to Tokyo and from Tokyo the flight to Dulles. After what seemed much longer than it was, I was informed all was okay, was issued my boarding pass, had a temperature check and went to the gate through an empty airport.

航班号 Flight	计划起飞 Schedule	终点站/经停站 To/Via	登机时间 Boarding	登机口 Gate	状态 Status
CZ6049	14:25	芽庄 NHA TRANG			航班取消 Flight Cancel
CZ311	14:25	多伦多 TORONTO			航班取消 Flight Cancel
CZ335	14:30	奥克兰 AUCKLAND			航班取消 Flight Cancel
CZ8335	14:45	哥打基纳巴卢 Sabah			航班取消 Flight Cancel
CZ3085	14:50	东京羽田 TOKYO			航班取消 Flight Cancel
CZ3063	15:40	暹粒 REP			航班取消 Flight Cancel
CZ363	15:50	曼谷 BANGKOK	15:10	A155	
CZ393	16:10	大阪 OSAKA			航班取消 Flight Cancel
CZ6037	16:15	拉合尔 LAHORE			航班取消 Flight Cancel

Upon arrival at Dulles (below) I was triaged to the health desk where my temperature was checked, and a series of questions was asked. I was given instructions to check my temperature and report in if I developed any of the targeted symptoms.



Date:	Thu, 27 Aug 2020 11:32:23 PM -0400
Sent:	Thu, 27 Aug 2020 11:32:20 PM -0400
Subject:	RE: STAT: NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference
From:	Peter Daszak [redacted]
To:	Morens, David (NIH/NIAID) [E] [redacted]@gmail.com >; Gerald Keusch [redacted] >;
Attachments:	image001.jpg

Very happy to see this announced today. Just hoping that the errant scheisters on One America News Network don't start banging the drum so loud that the Orange Blob decides to decapitate this one also….

Thanks for your kind words, and of course there's a kick-back. It starts with 5 more years of FoIA requests (Jean Patterson told me they received a nasty phone call over a month ago when it went up on NIHReporter.gov from the person who FoIA'd our R01). I just hope it doesn't culminate in 5 years in Federal jail, or even Chinese 're-education camp'….

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

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From: Morens, David (NIH/NIAID) [E] [redacted]
Sent: Thursday, August 27, 2020 7:54 PM
To: Peter Daszak [redacted]; Gerald Keusch [redacted]
Subject: Fwd: STAT: NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference

Ahem.... do i get a kickback???? Too much fooking money! DO you deserve it all? Let's discuss.... Seriously, this is great news. Well deserved..., There is still justice in a Trump-infected universe.... d

Sent from my iPhone
David M Morens
OD, NIAID, NIH
Begin forwarded message:

> **From:** "Folkers, Greg (NIH/NIAID) [E]" [redacted]
> **Date:** August 27, 2020 at 18:04:15 EDT

To: NIAID COGCORE [redacted] NIAID OCGR Leg [redacted] NIAID OD AM [redacted]
Subject: STAT: NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference

NIH awards $7.5 million grant to EcoHealth Alliance, months after uproar over political interference

By HELEN BRANSWELL @HelenBranswell AUGUST 27, 2020
Reprints

YE AUNG THU/AFP VIA GETTY IMAGES

The National Institutes of Health has awarded a $7.5 million grant to EcoHealth Alliance, a nonprofit organization focused on finding unknown viruses in nature, months after the cancellation of an earlier award to the group prompted an outcry over political interference.

EcoHealth had previously established a partnership with a virology laboratory in Wuhan, China — the city where the Covid-19 pandemic is believed to have begun — under the terms of a five-year grant from the NIH. That grant was due to run through 2024 but was abruptly canceled in April.

At the time, conspiracy theories were emerging that suggested that SARS-CoV-2, the virus that causes Covid-19, was either accidentally or deliberately released from the lab in Wuhan. There is no proof to support the theories, but the chairman of the Joint Chiefs of Staff confirmed in April

that U.S. intelligence was investigating the claims. And at a news conference that month, President Trump, when asked about the EcoHealth grant, pledged to "end that grant very quickly."

The NIH later told EcoHealth Alliance that its project — part of which involved looking for new coronaviruses in bats and other animal species in China — no longer fit with the NIH's priorities and program goals.

The cancellation was roundly criticized, with 77 U.S. Nobel laureates and 31 scientific societies writing to NIH leadership in protest, demanding that the decision be reviewed.

Earlier this summer the NIH told EcoHealth its grant could be restored if the organization met a number of prerequisites, including securing access to the Wuhan Institute of Virology for U.S. investigators, and a virus sample from Wuhan — conditions the organization is unlikely to be able to meet.

The suggestion that EcoHealth's work no longer fit NIH priorities appears to be at a minimum ironic, given that at the time its award was canceled, the group was in an evaluation process for the grant announced Thursday. Research teams and institutes that wanted to be considered for part of a new network — called the Centers for Research in Emerging Infectious Diseases or CREID — had to apply in the spring of 2019.

EcoHealth was chosen as one of 11 institutions or research teams to be funded for work to determine how and where viruses and other new pathogens emerge from nature to begin infecting people. EcoHealth's portion of the five-year, $82 million award will focus on Southeast Asia and the emergence of coronaviruses; filoviruses, the family responsible for Ebola; and paramyxoviruses, a family of viruses that includes measles and mumps.

Anthony Fauci, director of the National Institute of Allergies and Infectious Diseases, part of the NIH, said the new network will help the world prepare for future Covid-19 like events.

"The CREID network will enable early warnings of emerging diseases wherever they occur, which will be critical to rapid responses," Fauci said in a statement.

EcoHealth President Peter Daszak, the principal investigator for the organization's grant, was not immediately available for comment.

But researchers heading other centers in the network, were enthusiastic about the project.

"By improving our knowledge of how new and old pathogens emerge — while building out our capacity for detecting them rapidly — we're going to be in a much better place," said Kristian Andersen, an immunologist at the Scripps Research Institute in La Jolla, Calif., whose center will focus on West Africa.

Nikos Vasilakis, of the University of Texas Medical Branch, in Galveston, was named principal investigator of a center that will focus on the emergence of arboviruses — viruses that are spread by mosquitoes or other insect vectors — in Central and South America.

Vasilakis said the need for better coordination of this kind of work became apparent during the 2015-2016 Zika outbreak. "Zika made it that we need a more coordinated effort on a global scale," he said.

Date:	Thu, 25 Jan 2024 11:35:58 PM -0500
Sent:	Thu, 25 Jan 2024 11:35:27 PM -0500
Subject:	NY Post: GOP pols demand Pentagon probe into more than $50M spent on Chinese pandemic research labs
From:	"Folkers, Greg (NIH/NIAID) [C]" <gfolkers@niaid.nih.gov>
Attachments:	image001.jpg; image002.jpg; image003.jpg; image004.jpg; image005.jpg; image006.jpg; image007.jpg; image008.jpg

GOP pols demand Pentagon probe into more than $50M spent on Chinese pandemic research labs

Josh Christenson
Published Jan. 25, 2024, 11:02 a.m. ET

Sen. Joni Ernst and Rep. Mike Gallagher are demanding the Defense Department's inspector general probe more than $50 million in defense grants to Chinese pandemic research institutions — including those based in Wuhan, the city where COVID-19 emerged in 2019.

"A comprehensive review of these matters is crucial for identifying potential national security threats that could result either from Pentagon procurement of technology from Chinese companies or dangerous experiments being conducted in foreign laboratories with substandard safety conditions," Ernst (R-Iowa) and Gallagher (R-Wis.) wrote in a Thursday letter to Pentagon watchdog Robert Storch.

The 2024 National Defense Authorization Act, which passed last month, included an amendment from the lawmakers that directed the IG's office to review Pentagon funding of risky research on pathogens of pandemic potential or "chimeric versions" of viruses in foreign nations over the past decade.

"Tens of millions of Department of Defense dollars have been given to our enemies. This is not just a massive accounting error, but a waste of taxpayer dollars and a threat to our national security," Gallagher told The Post.

Sen. Joni Ernst and Rep. Mike Gallagher demanded that the Pentagon's inspector general probe more than $50 million in grants to Chinese pandemic research labs. Getty Images

"Our amendment that became law last year requires the Pentagon Inspector General to get to the bottom of this, and it's time we move with a sense of urgency to fix this problem, protect taxpayer dollars, and ensure not a single cent is funding our adversaries like the Chinese Communist Party."

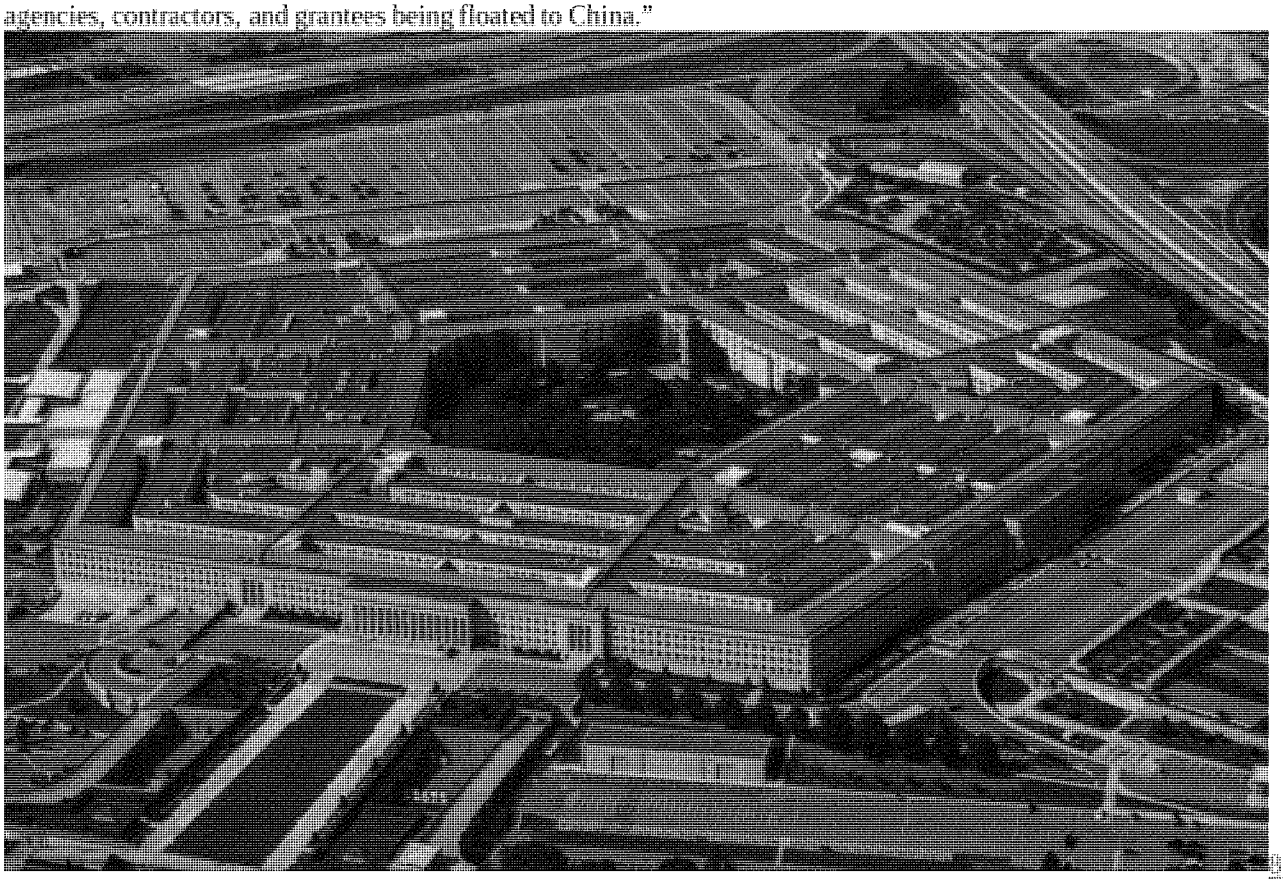
The law specifically targets Chinese government-linked research at the now-infamous Wuhan Institute of Virology and the Academy of Military Medical Sciences in Beijing.

“Tens of millions of Department of Defense dollars have been given to our enemies. This is not just a massive accounting error, but a waste of taxpayer dollars and a threat to our national security,” Gallagher told The Post. AP

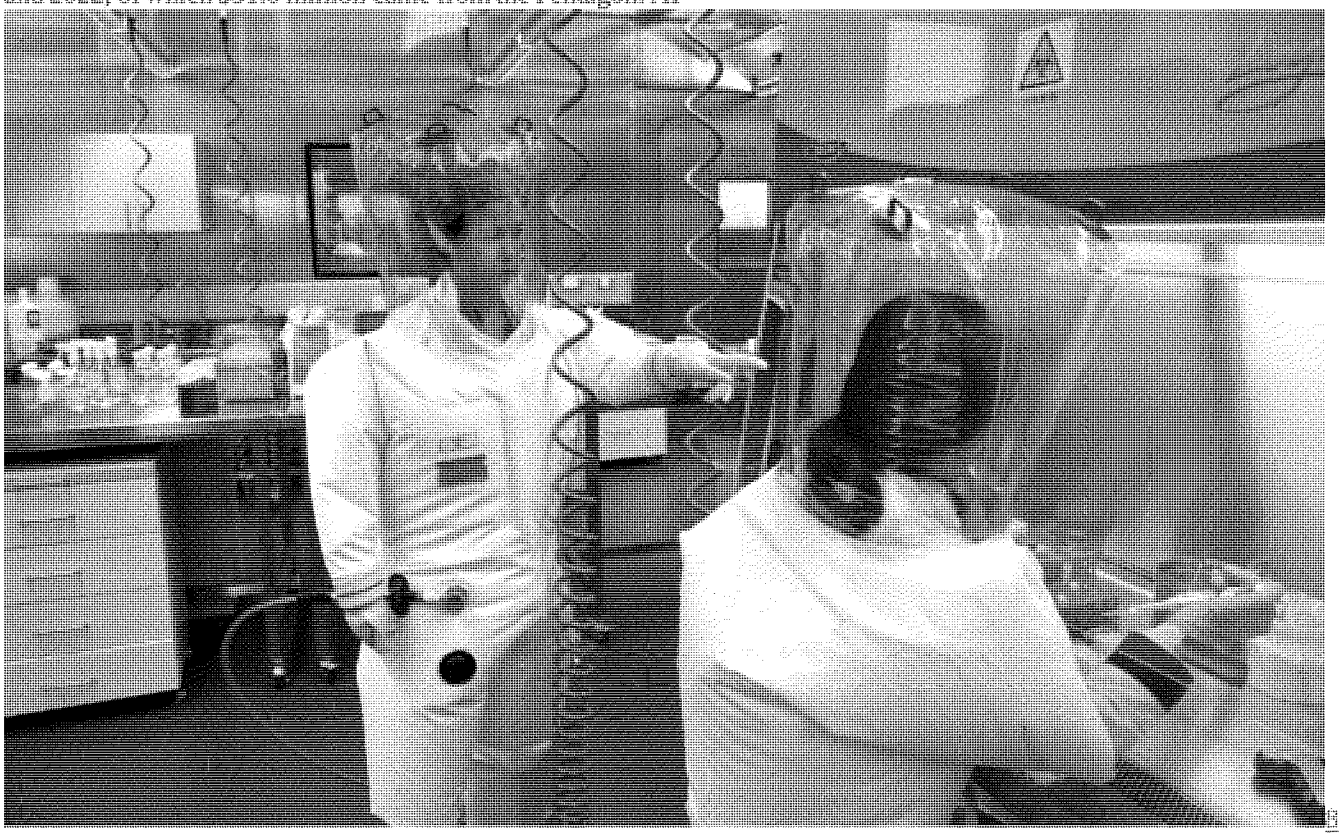
“Due to the lack of accuracy and completeness of federal spending data, only the DOD OIG has the capabilities to conduct these investigations,” the lawmakers told Storch before laying out past attempts to quantify the topline amount.

In May 2023, Ernst’s office announced that a joint investigation with taxpayer watchdog OpenTheBooks found more than $490 million in US funds flowed to Chinese organizations between 2017 and 2022, of which $51.6 million came from the Department of Defense.

But Ernst and Gallagher say “this may be just the tip of the iceberg of the taxpayer dollars from DOD and other government agencies, contractors, and grantees being floated to China.”



In May 2023, Ernst's office announced that more than $490 million in US funds flowed to Chinese organizations between 2017 and 2022, of which $51.6 million came from the Pentagon. AP



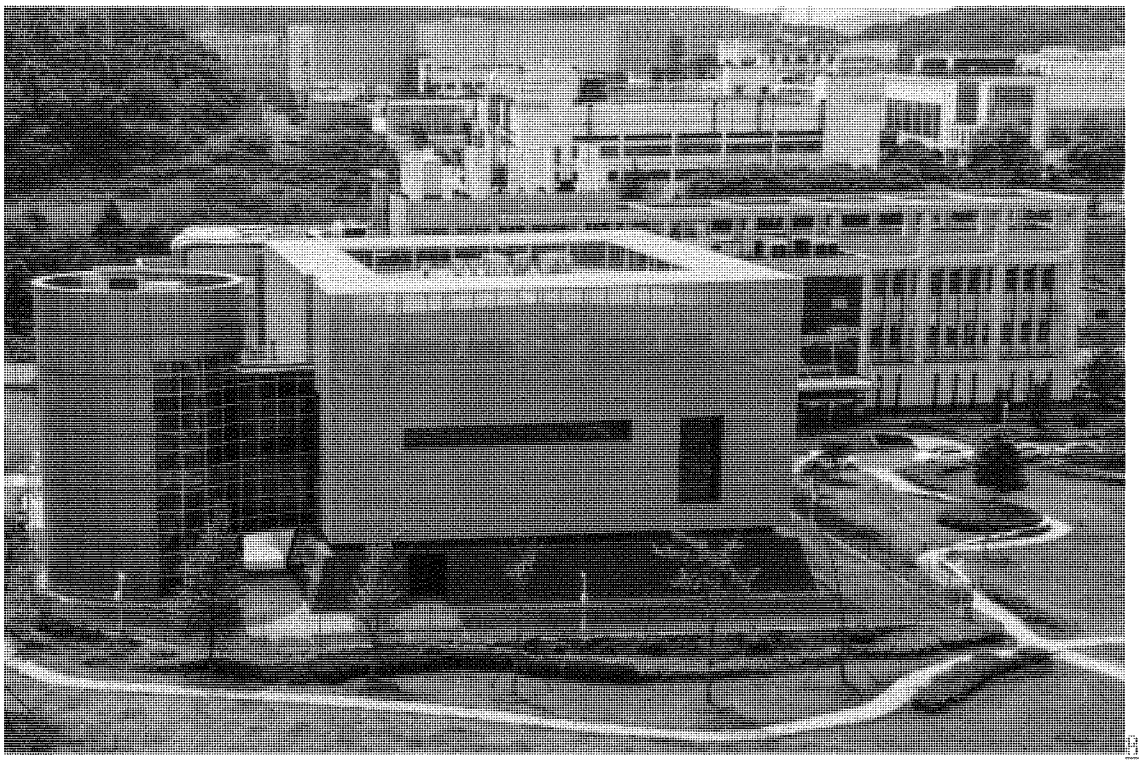
The Manhattan-based EcoHealth Alliance used American taxpayers' money to fund more than $1.4 million in research at the Wuhan Institute of Virology from 2014 to 2021, including risky gain-of-function experiments on bat coronaviruses. AP

Through grants from the US Agency for International Development and the National Institutes of Health (NIH), the Manhattan-based EcoHealth Alliance used American taxpayers' money to fund more than $1.4 million in research at the Wuhan Institute of Virology from 2014 to 2021, including risky gain-of-function experiments on bat coronaviruses.

The Government Accountability Office confirmed the funding amounts last year after the watchdog group White Coat Waste first exposed the grants in April 2020.

However, those were not disclosed to USAspending.gov, a public database of all government grants, and EcoHealth has a "record of circumventing federal reporting rules" and concealing the scope of its research plans, Ernst and Gallagher said.

An EcoHealth Alliance spokesperson argued the non-profit "did not conceal spending through a subgrant," claiming that "these grants were a matter of public record" and it "filed regular progress reports of its activities with the NIH."

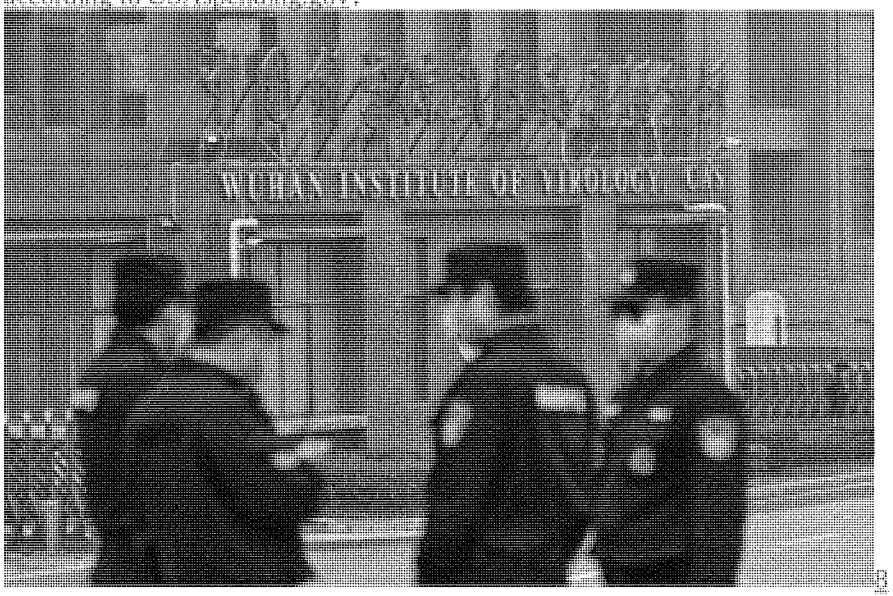


EcoHealth has received more than $47 million in research funding from the Pentagon, according to USAspending.gov. AFP via Getty Images

In 2018, EcoHealth submitted a grant proposal called Project DEFUSE to a Pentagon subagency that would have tested the ability to increase the transmissibility of bat coronaviruses to humans.

The proposal had omitted plans to conduct the experiments on the SARS-like viruses at the Wuhan Institute of Virology, according to the documents obtained by US Right To Know, with EcoHealth president Peter Daszak saying he would "downplay the non-US focus of this proposal" by leaving out the Chinese researcher involved.

The grant request was rejected, but EcoHealth has received more than $47 million in research funding from the Pentagon, according to USAspending.gov.

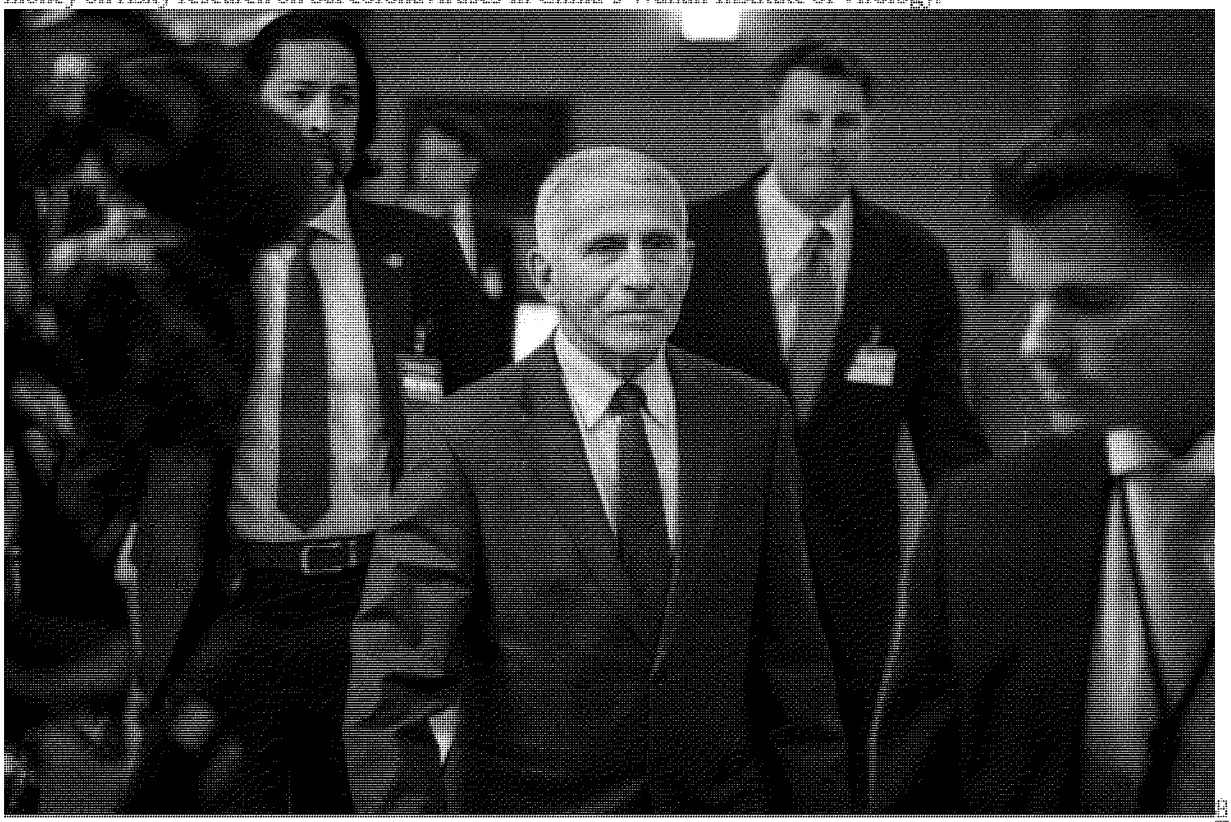


A January 2023 federal audit also found that EcoHealth hid nearly $600,000 in funding for the Wuhan Institute — and failed to immediately notify NIH when its research "showed evidence of enhanced virus growth." AFP via Getty Images

A January 2023 audit by the US Health and Human Services IG's office also found that EcoHealth hid nearly $600,000 in funding sent to the Wuhan Institute — and failed to immediately notify NIH when its research "showed evidence of enhanced virus growth."

Both officials who oversaw the grants — former NIH director Francis Collins and former National Institute of Allergy and Infectious Diseases director Anthony Fauci — have repeatedly denied that these experiments constituted "gain-of-function" research.

In total, Ernst and Gallagher said the scientific research nonprofit "concealed spending more than $1 million of US taxpayer money on risky research on bat coronaviruses in China's Wuhan Institute of Virology."

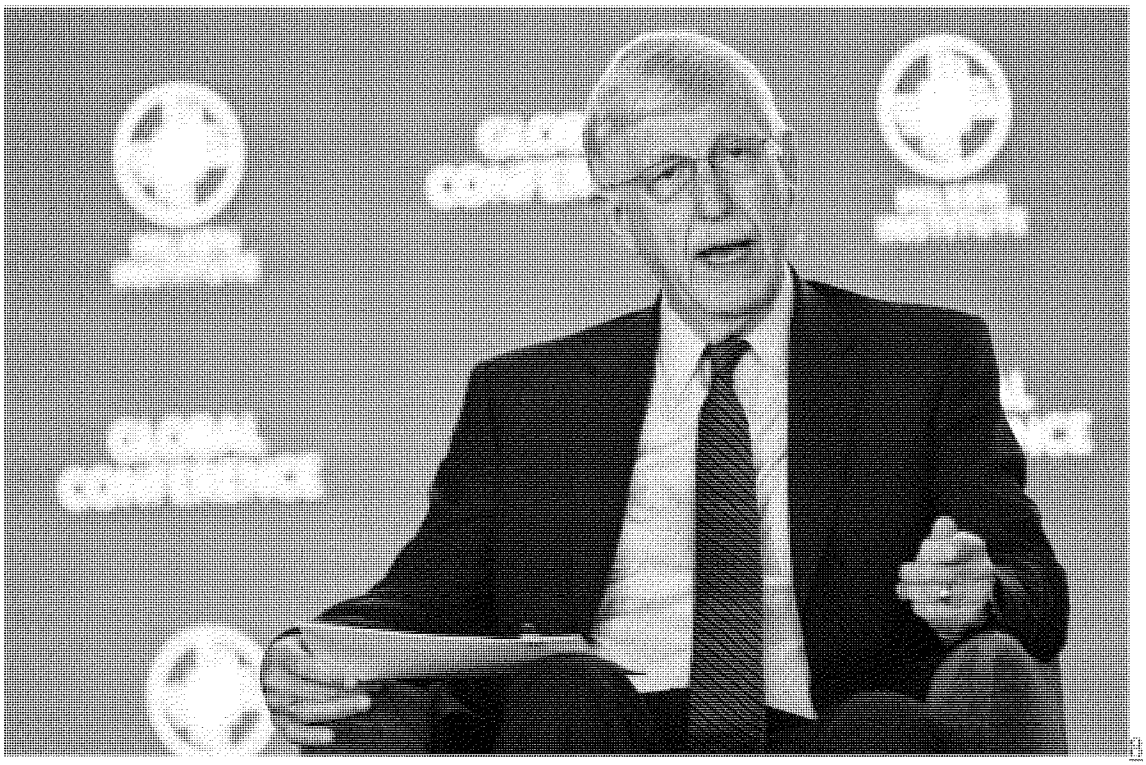


Officials who oversaw the grants — including former National Institute of Allergy and Infectious Diseases director Anthony Fauci — have denied that these experiments constituted "gain-of-function" research. Getty Images

They pointed out that the Department of Defense "is currently providing $3 million to EcoHealth to study 'viral spillover from wildlife in the Philippines,' $3 million for viral spillover biosurveillance in India, and $5 million to study 'high-risk pathogens' in Liberia."

"Taxpayers deserve to know how much of their money is being shipped to China and why Washington continues collecting and creating deadly super viruses — both of which could pose threats to our national security," Ernst told The Post.

"COVID-19, which likely hegan hy heing leaked from China's Wuhan Institute, should have given pause to tampering with pathogens of pandemic potential, yet the Biden administration continues financing risky research around the world."



The Government Accountability Office confirmed the NIH funding under then-director Francis Collins last year after the watchdog group White Coat Waste first exposed the grants in April 2020. AFP via Getty Images

Last year, both the Energy Department and FBI concluded that an accidental lab leak was the most likely explanation for the COVID-19 pandemic, while other US intelligence agencies were either unable to determine the virus' origin or said it "was not laboratory-adapted."

"We cannot trust the mad scientists at EcoHealth to get their hands on taxpayer money or bats ever again," Ernst added. "This investigation is the first step to bringing long overdue transparency and accountability to the indefensible ways Washington is spending our defense dollars."

The Pentagon inspector general's office did not immediately respond to a request for comment.

The EcoHealth spokesperson told The Post that it "has never conducted gain-of-function research, despite repeated unsubstantiated allegations to the contrary. These assertions are based either on misinterpretation, or willful misrepresentation of the actual research conducted."

"Because the SARS-related research conducted by EcoHealth Alliance and the Wuhan Institute of Virology dealt with bat coronaviruses that had never been shown to infect people, let alone cause significant morbidity and/or mortality in humans, by definition it was not gain-of-function research," the rep added.

But the House Select Subcommittee on the Coronavirus Pandemic has previously disclosed documents showing that Fauci's NIAID worked around a government-wide pause on gain-of-function research to restart experiments in Wuhan in 2017.

"EcoHealth's claim that it never conducted gain-of-function research is untruthful. Knowingly, willfully, and brazenly untruthful," Dr. Richard Ebright, a molecular biologist at Rutgers University, told The Post, adding that the Wuhan-based experiments "met the official, legally controlling definition" that were in effect between 2014 and 2018.

It also violated the definition of "enhanced potential pandemic pathogen research" stated in federal policy from 2018 to the present, he said, which are defined as experiments that are "reasonably anticipated to create, transfer, or use" such pathogens.

"Nothing in the definitions limits coverage to pathogens previously shown to infect humans," Ebright also pointed out.

EDITOR'S NOTE: An earlier version of this story incorrectly stated that EcoHealth Alliance has provided more than $47 million in funding to research projects at the Wuhan Institute of Virology since 2008. In fact, that is the amount EcoHealth Alliance has received in research funding from the Pentagon over that period.

Date: Fri, 11 Dec 2020 1:40:46 PM -0500
Sent: Fri, 11 Dec 2020 1:40:44 PM -0500
Subject: RE: An amusing article for your Friday read...
From: "Keusch, Gerald T" [redacted]
To: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com>; Peter Daszak [redacted]
CC: Aleksei Chmura [redacted]

Amen and Awomen

From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com >
Sent: Friday, December 11, 2020 1:17 PM
To: Peter Daszak [redacted] Keusch, Gerald T [redacted]
Cc: Aleksei Chmura [redacted]
Subject: Re: An amusing article for your Friday read...

Great story, great snark (snark is good!). Beverage is always good, and best delivered by a blonde nymphomaniac, if you can manage that. Actually, at my age I'll take a brunette. Even a red head. Any hair at all.... d

On 12/11/2020 12:34 AM, Peter Daszak wrote:

> First, just delighted to see that the honorable Dr. Fauci ("The Fautch") made the cover of Time as the 2020 "Guardian of the Year". Well done David on supporting him in doing what he does – he raises us all, no matter how much he drives you senior advisors crazy!
>
> Second, I thought you'd like this amusing piece in the Independent. It's a moral lesson, somehow. It started with me getting irritated last week when I heard Giuliani was getting Remdesivir, which was tested on bat-CoVs discovered under our NIH grant, now terminated, reinstated and suspended etc. It pissed me off because I remembered Giuliani causing trouble for our grant early on and now here he is being cured using the results of the work. I didn't say much, but then today I saw a piece in the Independent that bizarrely linked Giuliani's outrageous witness Melissa Carone who he had to hush in court last week, banging on about the conspiracy linking Obama, our NIH grant, and a Wuhan bioengineered virus that caused the 'Plandemic'. That was too much, so I tweeted a snarky comment letting Giuliani know he's welcome for the research, and wishing him well (not really of course). I then spotted an error in the piece that said we shipped live bats to the Wuhan lab. I contacted the reporter, showed him my tweet correcting this (by now the conspiracists were tweeting offensive responses). The nice reporter not only corrected my article, but incorporated my snarky tweet in it…Careful what you tweet for these days!
>
> https://www.independent.co.uk/news/world/americas/us- election-2020/giuliani-melissa-carone-obama-wuhan-covid-b1768921.html
>
> Hope all's well – just finished the copy edited version of our Health Affairs piece – thanks for your review David – most of which was incorporated into our appendix. You really deserve authorship, but I hope some form of beverage-by-post will suffice!
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

--
david PS, I will be on Public Health Service deployment from 10 December 2020 until 23 January 2021. During this time I will have limited access to email and phone contact. Ty, dmm

Date: Wed, 22 Jul 2020 7:33:09 PM -0400
Sent: Wed, 22 Jul 2020 7:33:05 PM -0400
Subject: Re: Thanks! and a couple requests.... FW: Manuscript submitted - AJTMH-20-0849
From: "Morens, David (NIH/NIAID) [E]" [redacted]
To: Tom Monath [redacted]
David Morens [redacted]@gmail.com >; Keusch, Gerald T [redacted]
CC: [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]; Breman, Joel (NIH/FIC) [V] [redacted]
James Leduc [redacted]; Laura D Kramer [redacted]; Peter Doherty [redacted]; Hahn, Beatrice [redacted];
Attachments: image001.gif; image002.jpg; image001.gif; image002.jpg

Tom, very kind of you! Serious?? Moi??? I try not to be, else i might get depressed. But any kind of tini, quarantini, or any other ini, would be good in my current state Of working 14-16 hour days 7 days a week. Thanks to you and our co authors in moving this forward. I am beginning to think that science is a form of ethics. D

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Jul 22, 2020, at 19:02, Tom Monath [redacted] > wrote:

You are funny Dave but also SERIOUS. I wish I could buy you a tini at a real bar instead of your Quarantini

Thomas P Monath MD FASTMH
Principal Investigator, CEPI Nipah vaccine program
Managing Director & CSO
Crozet BioPharma LLC
94 Jackson Road Suite 108
Devens MA 01434
[redacted]

From: David Morens [redacted]@gmail.com >
Sent: Wednesday, July 22, 2020 5:59 PM
To: Keusch, Gerald T [redacted]
Cc: [redacted] Morens, David (NIH/NIAID) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]; Breman, Joel (NIH/FIC) [V] [redacted] Tom Monath [redacted] James Leduc [redacted] Laura D Kramer [redacted] Peter Doherty [redacted] Hahn, Beatrice [redacted]
Subject: Re: Thanks! and a couple requests.... FW: Manuscript submitted - AJTMH-20-0849

I am actually imbibing a double, or is it a triple???, martini at the moment. Not sure of the amount of EtOH because i just poured until my elbow got sore. But the olive at the bottom is hard to see. No hot tub in my condo. I tried to nNegotiate a jacuzzi but they balked, and i caved. In any case now that i am divorced what good is a hot tub or jacuzzi? If i am lucky enough to find a girlfriend i will spring for a jacuzzi, upgrade my wine cooler, get a mattress that will take more of a pounding, and stop working so hard. In the meantime, i will work at my job of trying to make the boss look good. D

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Jul 22, 2020, at 17:38, Keusch, Gerald T [redacted] wrote:

Maybe a communal hot tub but individual strong drinks? Just one caveat, I will pass on the chlorox or other disinfectant cocktail.

Jerry

From: [redacted]
Sent: Wednesday, July 22, 2020 5:10 PM
To: 'David Morens' [redacted]@gmail.com>
Cc: 'Morens, David (NIH/NIAID) [E]' [redacted] 'Taubenberger, Jeffery (NIH/NIAID) [E]' [redacted] 'Breman, Joel (NIH/FIC) [V]' [redacted] 'James Leduc' [redacted] Laura D Kramer' [redacted] Keusch, Gerald T [redacted] 'Peter Doherty' [redacted] 'Hahn, Beatrice' [redacted]
Subject: RE: Thanks! and a couple requests.... FW: Manuscript submitted - AJTMH-20-0849

You have it wrong. One does not off a tall building, one jumps over a tall building: "Faster than a speeding bullet! More powerful than a locomotive! Able to leap tall buildings in a single bound!" I am sure you can do it, but certainly not because some phylogeneticist suggests it.

Go take a hot bath and a strong drink. All will be well.

Charlie

From: David Morens [redacted]@gmail.com>
Sent: Wednesday, July 22, 2020 3:00 PM
To: [redacted]
Cc: Morens, David (NIH/NIAID) [E] [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]; Breman, Joel (NIH/FIC) [V] [redacted]; James Leduc [redacted]; Laura D Kramer [redacted]; Keusch, Gerald T [redacted]; Peter Doherty [redacted]; Hahn, Beatrice [redacted]
Subject: Re: Thanks! and a couple requests.... FW: Manuscript submitted - AJTMH-20-0849

If there is a single mistake, don't blame me. Forgive. I spent a huge amount of time with several hundred coauthor emails, often at cross purposes, trying to get things right. Cathi Siegel dropped everything to pitch in, preventing me from jumping off a tall building. Even so, Beatrice emailed me at the last minute with an overlooked mistake. I am learning that phylogeneticists are people who have an endless supply of "gotchas" up their sleeves.

Thanks also for your schoolmarmishness. Getting things absolutely-freaking-right is always worth it, no matter the pain. I am a bit OCD i guess. D

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Jul 22, 2020, at 16:24, "calisher@cybersafe.net" <calisher@cybersafe.net> wrote:

Ya done good, son. Your and others' hard work paid off.

I look forward to seeing it in print, or whatever one calls it these days.

Charlie

From: Morens, David (NIH/NIAID) [E] [redacted]
Sent: Wednesday, July 22, 2020 1:50 PM
To: Taubenberger, Jeffery (NIH/NIAID) [E] [redacted] Breman, Joel (NIH/FIC) [V] [redacted] Charles H Calisher < [redacted]; James Leduc [redacted] Laura D Kramer < [redacted] Keusch, Gerald T [redacted] Peter Doherty < [redacted] Hahn, Beatrice [redacted]>
Cc: David Morens [redacted] [redacted]@gmail.com>
Subject: RE: Thanks! and a couple requests.... FW: Manuscript submitted - AJTMH-20-0849

Dear colleagues,

The American Journal of Tropical Medicine and Hygiene will publish our paper on the origin of COVID-19 by putting up a pre-print version at 5 PM today, Eastern Standard time (www.astmh.org).

Thank you all for your contribution to this effort, which is a small step in defending the importance of what we do as scientists.

Also at 5 PM today the Journal will publish a "go-with" editorial from ASTMH leadership which is very hard hitting in criticizing governmental steps to stifle scientific and public heath freedom as well as international cooperation, specifically mentioning the termination of the important NIH grant on coronaviruses that has been of particular concern to all of us (and which is inferentially mentioned strongly in the text and references of our paper), as well as the recent US decision to withdraw from WHO.

You have all had a chance to see the galley of our paper, and I have made all of the corrections you suggested. Editor Phil Rosenthal and Managing Editor Cathi Siegel have been wonderful in turning this around quickly. They assure us that if we find errors we missed they can still be corrected before the article appears in "hard copy", although this applies only to minor things, not addition of new ideas. One of you actually caught a last-minute one-word error I hadn't been aware of, and although this will be visible on tonight's posting they will fix it in the morning.

Thanks to all!

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520

[redacted](assistants: Kimberly Barasch; Whitney Robinson)

[redacted]

Date: Thu, 18 Nov 2021 10:14:33 PM -0500
Sent: Thu, 18 Nov 2021 10:14:32 PM -0500
Subject: RE: Opinion for WaPo
From: "Keusch, Gerald T" [redacted]
To: David Morens [redacted]@gmail.com>;

Hi David,

Many thanks for the Worobey article. Its an important step forward in building the evidence base. FYI the Task Force continues its work and is currently structuring a report and beginning to write.

I will be in touch with others about this paper and other pertinent matters. I presume this is your optimal email address.

Jerry

Gerald T. Keusch, M.D.
Professor of Medicine
Associate Director
National Emerging Infectious Diseases Laboratory
Boston University, Boston MA 02118

-----Original Message-----
From: David Morens [redacted]@gmail.com >
Sent: Thursday, November 18, 2021 5:07 PM
To: Keusch, Gerald T [redacted]
Subject: Re: Opinion for WaPo

Jerry,

I am updating you on my computer and gag order situation.

With the help of our IT folks, I went over the whole computer and phone situation. They loaded some ant-hacking software on my phone and discussed the situation with me.

Basically, my gmail is now safe from FOIA and hacking on all of my devices, including government computer and phone, and my private computer and iPad.

Thus it should be safe to communicate safely with you, Peter, and others, as long as we use my private gmail.

You may have noticed that I have intentionally forwarded you news clips I get daily, sent from my govt email, but that is ok as long as you don't reply to that email. I have done this because this should not show up in a FOIA, is innocuous as it's just forwarding a third party item already in the public domain, and because it saves me forwarding to my own gmail and then on to you.

Please pass this on to Peter and I ask you both that NOTHING gets sent to me except to my gmail, and make sure that what gets sent to my gmail doesn't have a cc to another government employee who could be FOIA'd.

Today is day 2 of the Trop Med meetings and Peter gave a great if pre-recorded talk. I congratulated him on the talk with my name signed in the chat session associated with his talk.

On Tuesday and again today I had face to face meetings with Tony to discuss science issues. He seems much

less alarmed and even a bit philosophical about the whole thing. He asked how Peter was doing, as he often does, and seemed to commiserate with him to a degree.

You may be amused at the following aside that was a big surprise to me. He was asking my opinion about what is wrong with CDC and in the process said, out of the blue, that it was HE who got Rochelle Wolensky her job as CDC director by lobbying for her to Ron Klain.
Well, she does wear a skirt.... I poured a little cold water on her
but he was undeterred in thinking she is the cat's pajamas....

His main interest at the moment is making "universal" coronavirus vaccines, the COVID-19 end game, and things related to COVID immunity.
He's asked me to co-write with him 2 or 3 papers on these subjects, this being in the context of giving him ideas to communicate in his weekly WH press conferences and meeting with Biden's higher ups on a regular basis, plus being on TV.

Please give my best wishes to you-know-who david David M. Morens, MD[redacted]
[redacted]

[redacted]@gmail.com
[redacted](work)
[redacted](cell)

IMPORTANT: My gmail frequently sends incoming messages to Trash, which is apparently not correctable. If you don't hear from me in a reasonable time, please try again, call, or use my NIH email address

IMPORTANT: For US Government-related email, please also reply to my NIAID address

On Fri, Nov 12, 2021 at 11:24 PM Keusch, Gerald T[redacted] wrote:
>
> Hi David,
>
>
>
> On the basis of the Holden Thorpe piece in Science you sent I revised my last version of the Opinion and didn't mind going over the suggested word count by 125 words. I figured if what I wrote was compelling enough they would allow the small change increase in words.
>
>
>
> So although it was my intention I didn't work with the edited version you spent time on. My thanks for doing it, but with the Science editorial I felt the window to submit was closing as there would be other follow up editorials and letters etc. I also felt I couldn't let EHA off the hook entirely, as Thorpe points out there were missteps on the part of both EHA and NIH. But my focus was squarely on NIH, Collins and Tabak. And besides, NIH dealt in misinformation, and EHA was not in front of the inevitable attacks they could and should have anticipated, or as Thorpe says "a self-inflicted wound" but not arising from the deception NIH was engaged in.
>
>
>
> I sent it on to WaPo this afternoon. I will let you know what, if anything they say.
>
>

>
> Jerry

From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com>
Sent: Tuesday, March 30, 2021 4:25 PM
To: Roberts, Rich [redacted]>; Keusch, Jerry [redacted]; Peter Daszak <[redacted]
Subject: Fwd: FW: (FYI only): Origin of COVID-19 - Possible Interview

Guys, see below..... The Biden admin apparently won't let any of us at NIH, including Tony, discuss the WHO report....

On the surface this sounds bad, but there is the possibility they just want one org to manage the message because they are trying to put out a fire. Or am I just Pollyanna? d

-------- Forwarded Message --------
Subject: FW: (FYI only): Origin of COVID-19 - Possible Interview
Date: Tue, 30 Mar 2021 17:43:09 +0000
From: Morens, David (NIH/NIAID) [E] [redacted]
To: David Morens [redacted]@gmail.com) [redacted]@gmail.com>

<image001.gif>
David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted](assistants: Kimberly Barasch; Whitney Robinson)
[redacted]

<image002.jpg>

From: Hoffman, Hillary (NIH/NIAID) [E] [redacted]
Sent: Tuesday, March 30, 2021 1:32 PM
To: Morens, David (NIH/NIAID) [E] [redacted]
Cc: NIAID OCGR NSWB [redacted]
Subject: (FYI only): Origin of COVID-19 - Possible Interview

Hi Dr. Morens –

For your awareness (and in case she also reaches out to you directly), Mariana Lenharo followed up today on her request to speak with you or another NIAID expert about the WHO report, which as you know came out today.

We've been asked to refer requests for comment about the report to the National Security Council, and we will be directing her there.

Best,
Hillary

From: Hoffman, Hillary (NIH/NIAID) [E]
Sent: Wednesday, March 17, 2021 11:57 AM
To: Morens, David (NIH/NIAID) [E][redacted]
Subject: RE: Origin of COVID-19 - Possible Interview

Thanks for the background! Once we know what the WHO report says, we'll be better poised to make decisions about how to handle requests to discuss it… as you note, it is a bit of a hot issue.

From: Morens, David (NIH/NIAID) [E] [redacted]
Sent: Wednesday, March 17, 2021 11:46 AM
To: Hoffman, Hillary (NIH/NIAID) [E] [redacted]
Subject: RE: Origin of COVID-19 - Possible Interview

That's fine, although I think she wants me because I spoke to her before, and because I published the major paper dealing with it, along with Breman at FIC and ex-FIC director Keusch, and other authors.

Also, just off the record, we may want to not give this to Tony as he has been unfairly criticized over some of the issues. It could be a hot subject for him….d

---

From: Hoffman, Hillary (NIH/NIAID) [E] [redacted]
Sent: Wednesday, March 17, 2021 11:08 AM
To: Morens, David (NIH/NIAID) [E] [redacted]; NIAID COGCORE <
[redacted]>
Subject: RE: Origin of COVID-19 - Possible Interview

Hi Dr. Morens,

Thanks for sending. I'll write back to this reporter and ask her to send a fresh request to the press office once the WHO report is available – we can at that time better assess whether it makes sense for you or another NIAID expert to speak with the media about it.

Best,
Hillary

Hillary Hoffman, Ph.D., Writer/Editor
Office of Communications and Government Relations, NIAID, NIH
5601 Fishers Lane #6G38
Rockville, MD 20852
[redacted]

From: Morens, David (NIH/NIAID) [E][redacted]
Sent: Tuesday, March 16, 2021 6:26 PM
To: NIAID COGCORE [redacted]
Subject: Fwd: Origin of COVID-19 - Possible Interview

Sent from my iPhone
David M Morens
OD, NIAID, NIH
Begin forwarded message:

From: Mariana Lenharo [redacted]
Date: March 16, 2021 at 18:21:42 EDT
To: "Morens, David (NIH/NIAID) [E]" [redacted]
Subject: Origin of COVID-19 - Possible Interview

Dear Dr. Morens,

I hope you are doing well. It's been a few months since we spoke for the article on the origins of SARS-CoV-2.

Now, as the WHO mission to study the origins of the virus is about to publish their report, I'm planning to write a new article on the topic to analyze the mission's conclusions.

I was wondering if you would be available for a new interview on this topic once the full report is published (it should be either this week or the next one).

I'm very interested to get a sense of how the scientific community is evaluating the mission's effort into finding the origin of SARS-CoV-2.

Thank you so much,

Mariana Lenharo
Science and Health Journalist
[redacted]
Email | Twitter | LinkedIn | Portfolio

On Wed, Oct 21, 2020 at 11:02 AM Morens, David (NIH/NIAID) [E] [redacted] wrote:

> Thanks, you did a great job!
>
> <image001.gif>
> David M. Morens, M.D.
> CAPT, United States Public Health Service
> Senior Advisor to the Director
> Office of the Director
> National Institute of Allergy and Infectious Diseases
> National Institutes of Health
> Building 31, Room 7A-03
> 31 Center Drive, MSC 2520
> Bethesda, MD 20892-2520
> [redacted](assistants: Kimberly Barasch; Whitney Robinson)
> [redacted]
>
>
>
> <image002.jpg>
>
> **From:** Mariana Lenharo [redacted]
> **Sent:** Wednesday, October 21, 2020 9:18 AM
> **To:** Morens, David (NIH/NIAID) [E] [redacted]

Subject: Re: FW: approved RE: (Origin of COVID-19 article) FW: Possible interview - Dr. David M. Morens

Dear Dr. Morens,

The story for which I interviewed you was published this morning. Here is the link: https://elemental.medium.com/why- covid-19s-origin-story-is-still-a-mystery-46b0b336f122

Thank you again for the collaboration and I hope to be able to interview you again for future stories.

Kind regards,

Mariana

On Wed, Sep 30, 2020 at 1:07 PM Morens, David (NIH/NIAID) [E] <[redacted]> wrote:

> I will be at [redacted] my cell…. ty
>
> <image001.gif>
> David M. Morens, M.D.
> CAPT, United States Public Health Service
> Senior Advisor to the Director
> Office of the Director
> National Institute of Allergy and Infectious Diseases
> National Institutes of Health
> Building 31, Room 7A-03
> 31 Center Drive, MSC 2520
> Bethesda, MD 20892-2520
> [redacted](assistants: Kimberly Barasch; Whitney Robinson)
> [redacted]
>
>
>
> <image002.jpg>
>
> **From:** Mariana Lenharo <[redacted]>
> **Sent:** Tuesday, September 29, 2020 2:44 PM
> **To:** Morens, David (NIH/NIAID) [E] <[redacted]>
> **Subject:** Re: FW: approved RE: (Origin of COVID-19 article) FW: Possible interview - Dr. David M. Morens
>
> Thank you, Dr. Morens. How about we schedule the call for tomorrow, Wednesday, at 12:30?
>
> Should I reach you at your office number [redacted]?
>
> Thank you very much!
>
> Best,
>
> Mariana

On Tue, Sep 29, 2020 at 3:04 PM Morens, David (NIH/NIAID) [E] [redacted] wrote:

Mariana, it looks like I have tomorrow from about 1215 to 130

Late Thu might work after 4 or 5, not sure when earlier meeting will be done.

Friday looks good except about 1 to about 4

<image001.gif>
David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted](assistants: Kimberly Barasch; Whitney Robinson)
[redacted]

<image002.jpg>

From: Mariana Lenharo [redacted]
Sent: Tuesday, September 29, 2020 12:37 PM
To: Morens, David (NIH/NIAID) [E] [redacted]
Subject: Re: FW: approved RE: (Origin of COVID-19 article) FW: Possible interview - Dr. David M. Morens

Dear Dr. Morens,

Thank you so much for getting back to me. I have a pretty open schedule in the next few days. These are the times I'll be available:

Wednesday: anytime after 8 am
Thursday: from 8 am to 9 am OR anytime after 1 pm
Friday: from 8 am to 3 pm

Please let me know if any of those work for you and how would you prefer to be contacted at that time.

Thank you.

Kind regards,

Mariana Lenharo

Science and Health Journalist
[redacted]
Email | Twitter | LinkedIn | Portfolio

On Tue, Sep 29, 2020 at 1:03 PM Morens, David (NIH/NIAID) [E] [redacted] wrote:

> Hi Mariana,
>
> Our media office indicated you would like to speak to me at some point this week. Let me know when. I am always busy and moving between various offices and meetings, bu5t I do have spaces of free time here and there. In general, mid afternoons, eg, from 130 until 330 or later, are not good….
>
> TY
>
> <image001.gif>
> David M. Morens, M.D.
> CAPT, United States Public Health Service
> Senior Advisor to the Director
> Office of the Director
> National Institute of Allergy and Infectious Diseases
> National Institutes of Health
> Building 31, Room 7A-03
> 31 Center Drive, MSC 2520
> Bethesda, MD 20892-2520
> [redacted](assistants: Kimberly Barasch; Whitney Robinson)
> [redacted]
>
>
>
> <image002.jpg>
>
> **From:** Mariana Lenharo [redacted]
> **Sent:** Monday, September 28, 2020 2:50 PM
> **To:** NIAID NEWS (NIH/NIAID) [redacted]
> **Subject:** Possible interview - Dr. David M. Morens
>
> Hello!
>
> My name is Mariana Lenharo, I'm a science and health journalist and I'm working on a story about the work of scientists investigating the origin of the Covid-19 pandemic. This story will be published in Elemental (https://elemental.medium.com/), a Medium publication focused on science-backed health coverage.
>
> As I was reading about this topic, I came across this very interesting article, "The Origin of COVID-19 and Why It Matters" and I'd love to interview one of the authors, Dr. David M.

Morens. This would be a 20-30-minute interview by phone/skype/zoom preferably this week. Please let me know if you think this would be possible.

Thank you very much!

Kind regards,

Mariana Lenharo
Science and Health Journalist
[redacted]
Email | Twitter | LinkedIn | Portfolio

Disclaimer

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[redacted]
Twitter: @peterhotez

Skype: **p.hotez**

Linkedin Peter Hotez

Amazon Author Center: https://www.amazon.com/Peter- J.-Hotez/e/B001HPIC48

Like us on Facebook
https://www.facebook.com/BCMNationalSchoolOfTropicalMedicine/

Senior Coordinator / Executive Assistant: Douglas Soriano

[redacted]

Phone: [redacted]

Fax: [redacted]

<Outlook-whaa4ygz.png>

From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com>
Sent: Sunday, July 25, 2021 3:10 PM
To: Peter Daszak [redacted]; Keusch, Gerald T [redacted] Roberts, Rich [redacted]; Hotez, Peter Jay [redacted]
Cc: Robert Kessler [redacted]
Subject: Re: explicit language warning!

He probably doesn't know how to F*%$ himself, as he claerly failed anatomy. And all the other med school subjects. d

On 7/25/2021 3:20 PM, Peter Daszak wrote:

> Here's a story, not for the faint-hearted.
>
> It's a question for Senator (Dr.) Rand Paul, from a member of the public who called into one of his public Q&A sessions.
>
> Obviously, one doesn't condone this base level of

public discourse, but I found myself curiously buoyed by it after his months of continued attacks…

Here's a story:

https://goodwordnews.com/senator- rand-paul-said-to-get-fucked-at-virtual-town-hall/

Here's the video on Twitter:

https://twitter.com/phil_lewis_/status/1418676246003818496?s=10

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: Peter Daszak [redacted]
Sent: Sunday, July 25, 2021 3:07 PM
To: 'Keusch, Gerald T' [redacted] 'Roberts, Rich' [redacted]; 'Hotez, Peter Jay' < [redacted]
Cc: 'David Morens' [redacted]@gmail.com >; Robert Kessler [redacted]>
Subject: Fauci defending the funding of EcoHealth's grant with WIV in the Right wing press

Good to see Tony speaking up and defending NIAID's decision to fund this work (article attached as pdf).

Date: Tue, 7 Sep 2021 11:11:43 AM -0400
Sent: Tue, 7 Sep 2021 11:11:16 AM -0400
Subject: Stories today re. FoIA'd grants, but not being widely amplified
From: Peter Daszak [redacted]
To: David Morens [redacted]@gmail.com >;
CC: Robert Kessler [redacted]>; Keusch, Jerry [redacted] Jeff Sturchio [redacted]
Attachments: image006.jpg; image007.jpg; image008.jpg; image041.png; image042.gif; image043.jpg; image044.jpg; image045.jpg; image001.png; image002.png; image003.png; image004.png; image005.png; image013.png; image021.png; image022.png; image023.png; image024.png; image025.png; image026.png; image027.png; image028.png; image029.png; image030.png

---

The stories are sputtering forth slowly today but only in a few hard right outlets. The comments online are that this is largely a non-story and actually points to a very carefully designed study that considers the risks correctly.

Great quote from our spokesperson here – Robert Kessler, by the way: Asked about the grant materials, Robert Kessler, communications manager at EcoHealth Alliance, said, "We applied for grants to conduct research. The relevant agencies deemed that to be important research, and thus funded it. So I don't know that there's a whole lot to say."

https://theintercept.com/2021/09/06/new- details-emerge-about-coronavirus-research-at-chinese-lab/

Richard Ebright's trying to cause trouble on Twitter re. Dr. Fauci lying before congress – as is Josh Hawley and Rand Paul. I suspect it'll go nowhere fast.

By the way – on the Ebright issue – the definition of a P3CO-worthy expt is to "enhance virulence or transmission in people". If a virus has never been found in people, it's virulence or transmission cannot, by definition, be enhanced. Again – these are bat viruses, never found in people.

There are copycat stories in other journals, all based on this one.

This should go away if Rand Paul doesn't amplify it too much, so finger's cross on that.

Cheers,

Peter

NEW DETAILS EMERGE ABOUT CORONAVIRUS RESEARCH AT CHINESE LAB

More than 900 pages of materials related to US.-funded coronavirus research in China were released following a FOIA lawsuit by The Intercept.

Sharon Lerner, Mara Hvistendahl
September 6 2021, 9:06 p.m.

NEWLY RELEASED DOCUMENTS provide details of U.S.-funded research on several types of coronaviruses at the Wuhan Institute of Virology in China. The Intercept

has obtained more than 900 pages of documents detailing the work of EcoHealth Alliance, a U.S.-based health organization that used federal money to fund bat coronavirus research at the Chinese laboratory. The trove of documents includes two previously unpublished grant proposals that were funded by the National Institute of Allergy and Infectious Diseases, as well as project updates relating to EcoHealth Alliance's research, which has been scrutinized amid increased interest in the origins of the pandemic.

The documents were released in connection with ongoing Freedom of Information Act litigation by The Intercept against the National Institutes of Health. The Intercept is making the full documents available to the public.

"This is a road map to the high-risk research that could have led to the current pandemic," said Gary Ruskin, executive director of U.S. Right To Know, a group that has been investigating the origins of Covid-19.

One of the grants, titled "Understanding the Risk of Bat Coronavirus Emergence," outlines an ambitious effort led by EcoHealth Alliance President Peter Daszak to screen thousands of bat samples for novel coronaviruses. The research also involved screening people who work with live animals. The documents contain several critical details about the research in Wuhan, including the fact that key experimental work with humanized mice was conducted at a biosafety level 3 lab at Wuhan University Center for Animal Experiment — and not at the Wuhan Institute of Virology, as was previously assumed. The documents raise additional questions about the theory that the pandemic may have begun in a lab accident, an idea that Daszak has aggressively dismissed.

The bat coronavirus grant provided EcoHealth Alliance with a total of $3.1 million, including $599,000 that the Wuhan Institute of Virology used in part to identify and alter bat coronaviruses likely to infect humans. Even before the pandemic, many scientists were concerned about the potential dangers associated with such experiments. The grant proposal acknowledges some of those dangers: "Fieldwork involves the highest risk of exposure to SARS or other CoVs, while working in caves with high bat density overhead and the potential for fecal dust to be inhaled."

Alina Chan, a molecular biologist at the Broad Institute, said the documents show that EcoHealth Alliance has reason to take the lab-leak theory seriously. "In this proposal, they actually point out that they know how risky this work is. They keep talking about people potentially getting bitten — and they kept records of everyone who got bitten," Chan said. "Does EcoHealth have those records? And if not, how can they possibly rule out a research-related accident?"

According to Richard Ebright, a molecular biologist at Rutgers University, the documents contain critical information about the research done in Wuhan, including about the creation of novel viruses. "The viruses they constructed were tested for their

ability to infect mice that were engineered to display human type receptors on their cell," Ebright wrote to The Intercept after reviewing the documents. Ebright also said the documents make it clear that two different types of novel coronaviruses were able to infect humanized mice. "While they were working on SARS-related coronavirus, they were carrying out a parallel project at the same time on MERS-related coronavirus," Ebright said, referring to the virus that causes Middle East Respiratory Syndrome.

Read Our Complete Coverage **The Coronavirus Crisis**

Asked about the grant materials, Robert Kessler, communications manager at EcoHealth Alliance, said, "We applied for grants to conduct research. The relevant agencies deemed that to be important research, and thus funded it. So I don't know that there's a whole lot to say."

The grant was initially awarded for a five-year period — from 2014 to 2019. Funding was renewed in 2019 but suspended by the Trump administration in April 2020.

The closest relative of SARS-CoV-2, which causes Covid-19, is a virus found in bats, making the animals a focal point for efforts to understand the origins of the pandemic. Exactly how the virus jumped to humans is the subject of heated debate. Many scientists believe that it was a natural spillover, meaning that the virus passed to humans in a setting such as a wet market or rural area where humans and animals are in close contact. Biosafety experts and internet sleuths who suspect a lab origin, meanwhile, have spent more than a year poring over publicly available information and obscure scientific publications looking for answers. In the past few months, leading scientists have also called for a deeper investigation of the pandemic's origins, as has President Joe Biden, who in May ordered the intelligence community to study the issue. On August 27, Biden announced that the intelligence inquiry was inconclusive.

Biden blamed China for failing to release critical data, but the U.S. government has also been slow to release information. The Intercept initially requested the proposals in September 2020.

"I wish that this document had been released in early 2020," said Chan, who has called for an investigation of the lab-leak origin theory. "It would have changed things massively, just to have all of the information in one place, immediately transparent, in a credible document that was submitted by EcoHealth Alliance."

The second grant, "Understanding Risk of Zoonotic Virus Emergence in Emerging Infectious Disease Hotspots of Southeast Asia," was awarded in August 2020 and

extends through 2025. The proposal, written in 2019, often seems prescient, focusing on scaling up and deploying resources in Asia in case of an outbreak of an "emergent infectious disease" and referring to Asia as "this hottest of the EID hotspots."

Peter Daszak
President

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: David Morens [redacted]@gmail.com>
Sent: Sunday, September 5, 2021 5:05 PM
To: Peter Daszak [redacted]
Cc: Robert Kessler [redacted]>; Keusch, Jerry [redacted]
Subject: Re: ASF --- foia

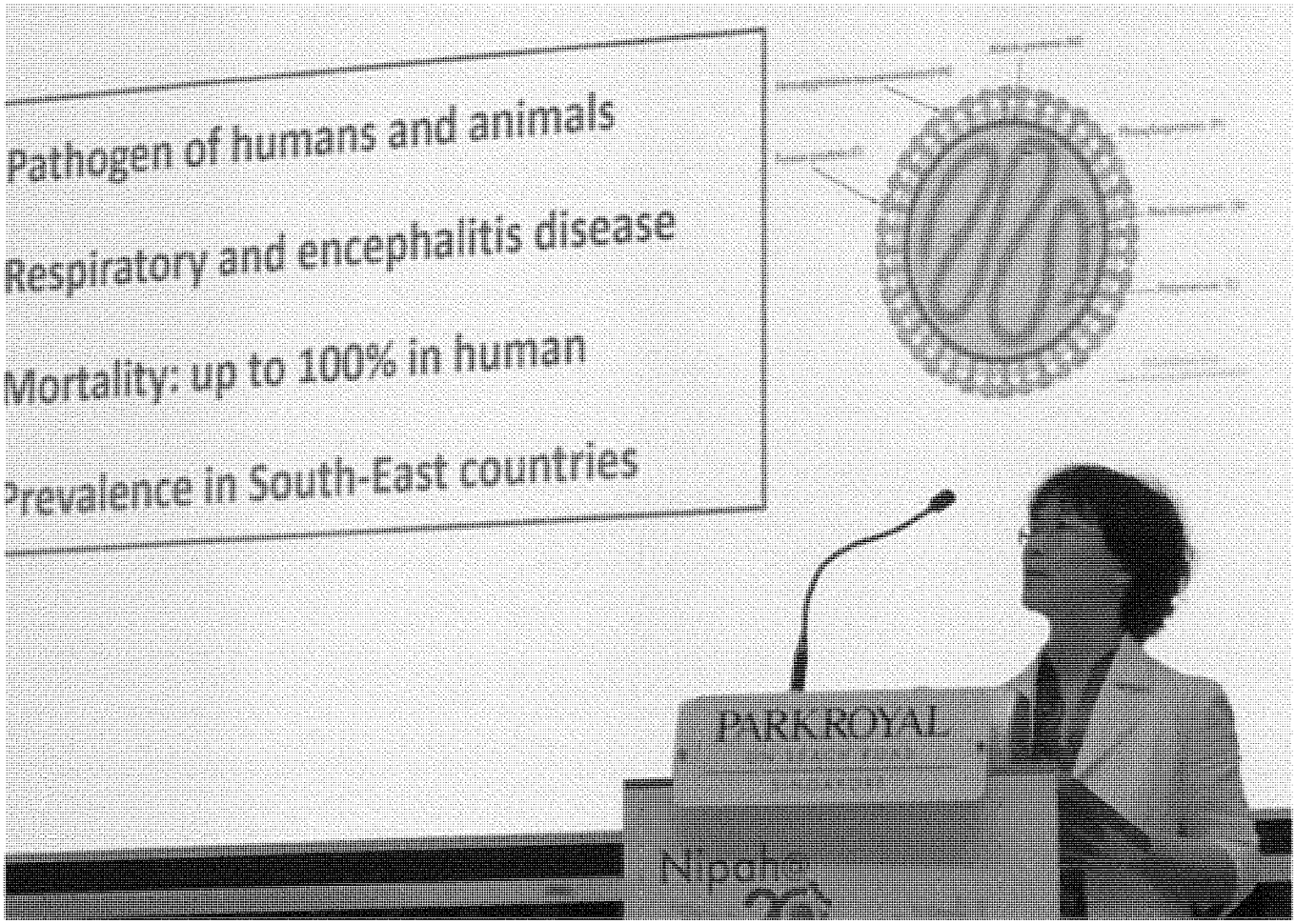
Yes! I think the conspiracy wackos might be running out of gas. Let's PRAY they are. Reality is in your side, don't ever forget that. My sense is that there is a new push back opportunity. As i mentioned, in rate stolen minutes i have been amassing several hundred papers on the origin of S2 andxreading-dissecting-making notes. The aim is an editorial that says F the bullshit, here is what we, we internstional scientists, need to do collaboratively to get on top of this. d

Sent from my iPhone
David M Morens
OD, NIAID, NIH

> On Sep 5, 2021, at 14:33, Peter Daszak [redacted] wrote:
>
> You're right – at some point this becomes so boring and repetitive that it doesn't get traction, but some of these reporters are really good at making up stories – checkout this doozie below…
>
> https://thenationalpulse.com/breaking/daszak- deletes-tweet-from-wuhan-fauci-conerence/
>
> I deleted it after the lab leakers started their craziness because it has Zhengli's email address in it. The fact that I was at the conference is public knowledge and I regularly mention it to reporters – it was December 2019 just before the first cases of COVID were happening.
>
> Cheers,
>
> Peter

EcoHealth's Peter Daszak Deletes Tweet Revealing Wuhan Lab Researchers At Fauci-Funded Conference.

AUGUST 28, 2021 NATALIE WINTERS



SHARE THIS NEWS

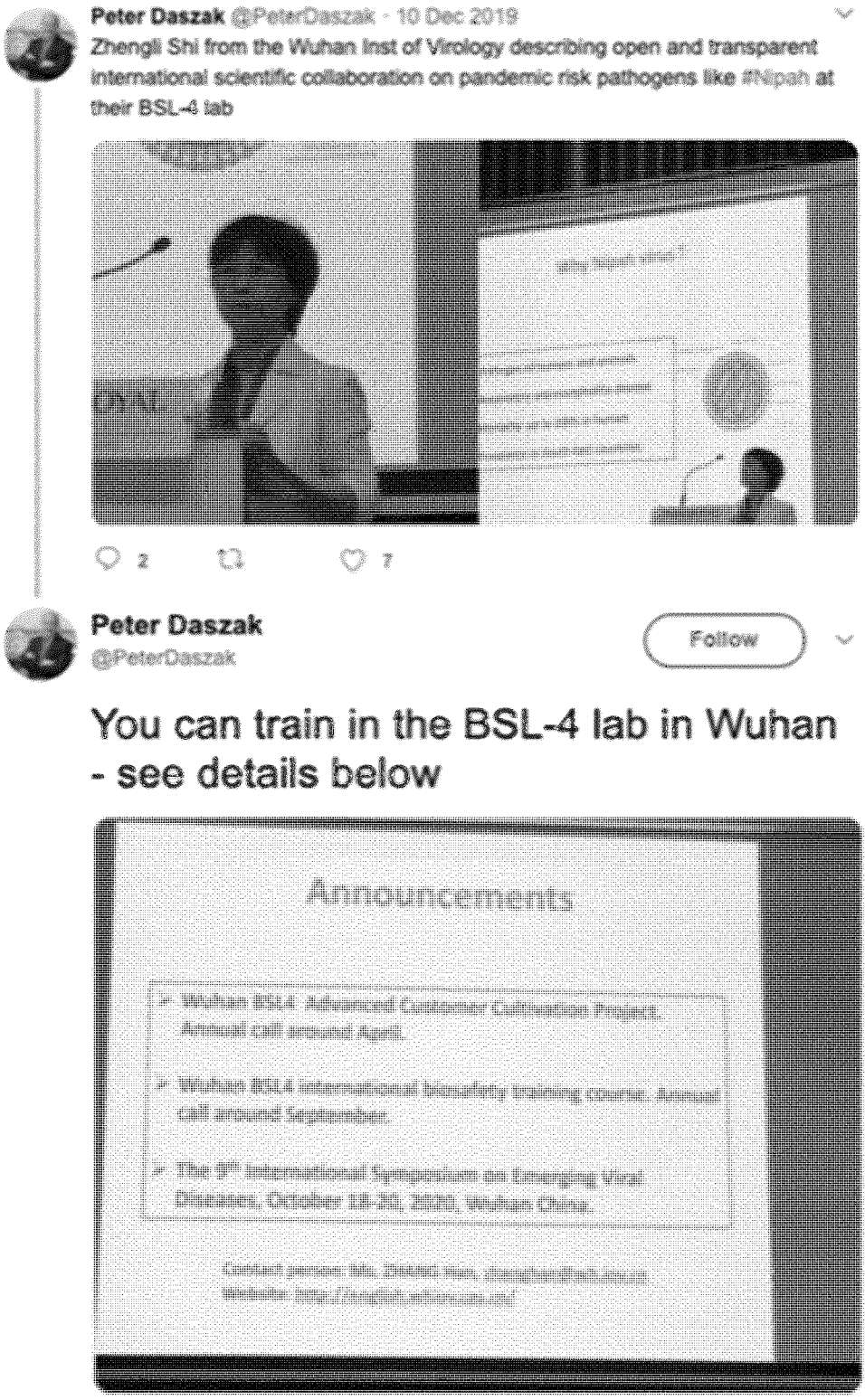
EcoHealth Alliance President Peter Daszak – the disgraced proponent of the COVID-19 "natural origins" theory and longtime collaborator of the Chinese Communist Party – deleted a tweet revealing his attendance at an event sponsored by Anthony Fauci's National Institute of Allergy and Infectious Diseases featuring Wuhan Institute of Virology researchers.

Posted on December 10th, 2019, just weeks before the Chinese government reported its first case of COVID-19, the tweet revealed Daszak's attendance at the Nipah Virus International Conference in Singapore.

"The two-day session was co-hosted by Duke-NUS Medical School (Duke-NUS) and the Coalition for Epidemic Preparedness Innovations (CEPI). Also listed as organizers are the World Health Organization and the National Institute

of Allergy and Infectious Diseases," reports the site Some Bitch Told Me. CEPI was founded with a sizable investment from the Bill & Melinda Gates Foundation.

In the now-deleted tweet, Daszak details how Shi Zhengli, the Wuhan Institute of Virology's "bat lady," calls for "open and transparent international scientific collaboration on pandemic risk pathogens" at her lab's Biosafety Level 4 (BSL-4) facility. He follows up with a slide explaining how "you can train in the BSL-4 lab in Wuhan."



NOW-DELETED TWEET.

Daszak's deletion of the tweet follows The National Pulse unearthing the scientist's extensive conflicts of interest with the Chinese Communist Party and its Wuhan Institute of Virology. These ties ultimately led to his recusal from the *Lancet* COVID-19 commission, where he used his position to

discredit the “lab leak” theory and spread disinformation about the origins of the virus.

The unearthed post also follows Fauci, whose NIAID sponsored the event, denying affiliation with the Wuhan lab.

SHARE THIS NEWS

Should Joe Biden Resign? *

- Not Sure
- No
- Yes

Your e-mail is required to confirm your vote. This is to stop spammers. If you use a fake email, your vote won't be counted.

Email *

Submit

Natalie Winters

Natalie Winters is an Investigative Reporter at the National Pulse and contributor to The National Pulse podcast.

Peter Daszak
President

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Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com>
Sent: Sunday, September 5, 2021 1:34 PM
To: Peter Daszak [redacted]; Robert Kessler [redacted]; Keusch, Jerry < [redacted]
Subject: Re: FW: ASF --- foia

But I think that's the important thing: since there is nothing to find, there is little they can do with it. Maybe at some point these nutters will move on to another conspiracy.... d

On 9/5/2021 1:19 PM, Peter Daszak wrote:

> Thanks for the heads-up. The 900 pages of grant material I think is the stuff we’ve been processing through with our lawyers. It includes the full proposal for our grant in China, reports etc. as well as our current U01. It’s extremely upsetting that these will now be dragged through the mud, but the truth is, there’s nothing unusual or embarrassing in there – everything is completely normal and above board, and both were highly scored by reviewers.

In my view, this sort of stuff isn't going to get them the same level of interest that it did at the beginning of summer, so hopefully this will be another non-event, but let's see what drama they can dream up from it.

Cheers,

Peter

Peter Daszak
President

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Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

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From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com>
Sent: Sunday, September 5, 2021 1:07 PM
To: Peter Daszak [redacted]>; Robert Kessler [redacted]>; Keusch, Jerry [redacted]
Subject: Fwd: FW: ASF --- foia

Peter, have a stiffdrink before you read. But do not worry, this is thd new normal and there will be no "there" there..... d

-------- Forwarded Message --------
Subject: FW: ASF --- foia
Date: Sun, 5 Sep 2021 16:57:49 +0000
From: Morens, David (NIH/NIAID) [E] [redacted]
To: David Morens [redacted]@gmail.com) [redacted]@gmail.com >

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted](assistant: Whitney Robinson)

[redacted]

From: Folkers, Greg (NIH/NIAID) [E] [redacted]
Sent: Friday, September 3, 2021 9:29 AM
To: NIAID OD AM [redacted]
Subject: RE: ASF --- foia

Further on FOIA

900 pages of EcoHealth Alliance grant materials are going out (with redactions) today under a lawsuit with First Look Institute (The Intercept). In OD.

ASF --- I do not think you need to look at this

Also, as folks may be aware, and apropos of my email late last night, Congress does not have to go through the FOIA. So the tranche from last night was not in the usual NIH FOIA channel.

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Friday, September 3, 2021 12:09 AM
To: [redacted]
Subject: ASF --- foia

We have closely monitored foia document releases with an eye toward items that are new/different/potentially problematic in terms of people using them to cause mischief. Nothing recently has fallen into those categories

NOW -- What is new and will be released soon, perhaps tomorrow

Unredacted emails requested by minority members of House Committee on Oversight and Reform

In OD, please see

HOGR minority requested emails 9/2/2021 9:03 PM

ASF I think it would be helpful for you to eyball **all** the redacted emails now being released in un-redacted form
For instance, for this entry, look at at the top one

NIH 2157 - 2161
NIH 2157 - 2161 redacted

We have gone through these, and the ones that might be worth a first look are:

- 2157-2161
- 2314-2324
- #14 and 15

Disclaimer: Any third-party material in this email has been shared for internal use under fair use provisions of U.S. copyright law, without further verification of its accuracy/veracity. It does not necessarily represent my views nor those of NIAID, NIH, HHS, or the U.S. government.

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Date:	Wed, 8 Sep 2021 3:54:42 PM -0400
Sent:	Wed, 8 Sep 2021 3:54:40 PM -0400
Subject:	RE: FW: For urgent review: Question raised by EcoHealth Alliance Grant proposal
From:	"Keusch, Gerald T" [redacted]
To:	Peter Daszak [redacted]>; Morens, David (NIH/NIAID) [E] [redacted]@gmail.com >; Robert Kessler [redacted]
Attachments:	image001.gif; image002.jpg; image003.png; image004.png

And I appreciate the significant of the word “almost” in Peter’s note.

From: Peter Daszak [redacted]
Sent: Wednesday, September 8, 2021 3:50 PM
To: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com >; Robert Kessler [redacted]>; Keusch, Gerald T [redacted]
Subject: RE: FW: For urgent review: Question raised by EcoHealth Alliance Grant proposal

Your words bring almost as much solace as half a bottle of a very good red wine would.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

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From: Morens, David (NIH/NIAID) [E] [redacted]@gmail.com >
Sent: Tuesday, September 7, 2021 3:29 PM
To: Peter Daszak [redacted]>; Robert Kessler [redacted]>; Keusch, Gerald T < [redacted]>
Subject: Fwd: FW: For urgent review: Question raised by EcoHealth Alliance Grant proposal

'Tis for crap like this that good Scotch whiskey is made, and tall glasses to pour it in..... Do Not Worry, behind the scenes NIH is sticking up for EcoHealth. d

-------- Forwarded Message --------
Subject: FW: For urgent review: Question raised by EcoHealth Alliance Grant proposal
Date: Tue, 7 Sep 2021 19:27:20 +0000
From: Morens, David (NIH/NIAID) [E] [redacted]
To: David Morens [redacted]@gmail.com) [redacted]@gmail.com>

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted](assistants: Kimberly Barasch; Whitney Robinson)
[redacted]

From: Deatrick, Elizabeth (NIH/NIAID) [E] [redacted]
Sent: Tuesday, September 7, 2021 3:13 PM
To: Embry, Alan (NIH/NIAID) [E] [redacted] Haskins, Melinda (NIH/NIAID) [E] [redacted]
Selgrade, Sara (NIH/NIAID) [E] [redacted]
Cc: NIAID FOG [redacted] NIAID Media Inquiries [redacted] NIAID OCGR NSWB
[redacted]
Subject: For urgent review: Question raised by EcoHealth Alliance Grant proposal

Good afternoon,
We received some follow-up questions from The Intercept regarding the GoF research documents they received (full inquiry below). DMID suggested the following language in order to respond to the reporter's questions. Her deadline is 5:00 PM today; would you be able to comment on these draft responses?

-

- Does this fit the NIH's definition of Gain of Function research?
    - The award to EcoHealth Alliance was reviewed by NIAID in the context of both the Gain-of-Function Research Funding Pause and the subsequent HHS P3CO Framework. In 2016, NIAID determined that the work was not subject to the Gain-of-Function (GoF) research pause because the proposed chimeras contained only S glycoproteins from distantly related bat coronaviruses, and also because contemporaneous data published at the time demonstrated that similar chimeric viruses exhibited reduced pathogenicity compared to wild type viruses. NIAID subsequently reviewed the work in the context of the P3CO Framework and determined it was not subject to P3CO because 1) P3CO requires a pathogen be highly transmissible and highly pathogenic in humans. Such chimeric work done in backbones of animal CoVs or mouse adapted CoVs (e.g. in WIV1 or SARS-CoVMA15) are performed in viral backbones unable to readily infect human cells; and 2) insertion of spike proteins from more distantly related animal CoVs would not be anticipated to increase pathogenicity or transmissibility in humans.
- Was anyone at NIH was aware of the work described above (and in the update presumably sent to you in late 2018 or early 2019)?
    - NIAID reviewed the work for compliance with both the GoF Research Funding Pause and the P3CO Framework as described above. Progress reports are reviewed and approved annually by NIAID staff.
- And if NIH was aware of the work, why was it allowed to continue?
    - This work was allowed to continue because it was not reasonably anticipated to increase pathogenicity or transmissibility either in mammals (Gain-of-Function Research Funding Pause) or in humans via the respiratory route (P3CO). These types of studies are important to understand whether newly discovered viruses have the potential to infect and cause disease in humans.
- She also wants to know: "was this process described above — the immediate stopping of working and notification of the NIAID Program Officer Grants Management Specialist, and appropriate institutional biosafety committee — set in motion on the case I wrote about earlier (ie the case of the novel coronaviruses replicating at 100s of times the rate compared to the original virus?"
    - It is not accurate to say that the chimeras replicated "at 100s of times the rate compared to the original virus." The figure you referenced clearly demonstrates that viral titers are equivalent by the end of the experimental time-course.
- Lastly, for awareness, she also sent one final follow-up which I have not had a chance to run past DMID yet: "And actually I found this similar statement, which was made in the 2017 NOA, which would pertain to the time period the research was being done: 'Per the letter dated July 7, 2016 to Mr. Aleksei Chmura at EcoHealth Alliance, should any of the MERS-like or SARS-like chimeras generated under this grant show evidence of enhanced virus growth greater than 1 log over the parental backbone strain you must stop all experiments with these viruses and provide the NIAID Program Officer and Grants Management Specialist, and Wuhan Institute of Virology Institutional Biosafety Committee with the relevant data and information related to these unanticipated outcomes.' So my question is the same, but refers to the above warning: Were all experiments with these viruses stopped and did WIV provide the NIAID Program Officer and Grants Management Specialist, and Wuhan Institute of Virology Institutional Biosafety Committee with the relevant data and information related to these unanticipated outcome?"

From: Sharon Lerner [redacted]
Sent: Tuesday, September 7, 2021 11:43 AM
To: NIAID NEWS (NIH/NIAID) [redacted]
Subject: Question raised by EcoHealth Alliance Grant proposal

Hi NIH Press-

I am writing about EcoHealth Alliance grant proposals you recently released to us (see p 684 in the that you released to us over the weekend). In particular in this story, I am noting that, in an annual report on work conducted between June of 2017 and the end of May 2018 under a NIH grant to the EcoHealth Alliance called "Understanding the Risk of Bat Coronavirus Emergence ,"scientists describe creating new coronaviruses based on an original bat coronavirus called "WIV1," and injecting the new "chimeric" viruses, as they are called, into mice that were engineered to respond to them similarly to humans.
Once inside the lungs of the altered mice, the novel viruses reproduced at a hundreds of times the rate than the original virus that was used to create them, according to a table shown on the next page (685) in the documents. (I am sending a screenshot FYI.)
My questions to you:

Does this fit the NIH's definition of Gain of Function research?
Was anyone at NIH was aware of the work described above (and in the update presumably sent to you in late 2018 or early 2019)?
And if NIH was aware of the work, why was it allowed to continue?
Please get me your responses by 2 pm today.

Thank you,
Sharon

PI: Daszak, Peter

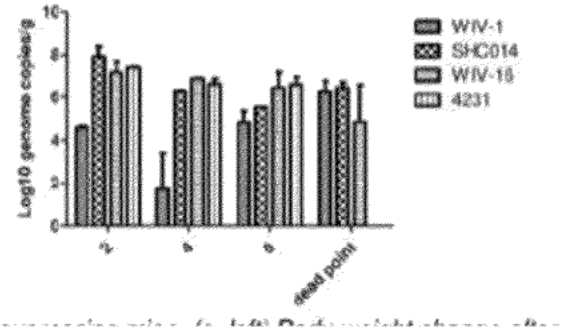

Figure 3f. SHC014-GD2014-S02 RBD analysis (a) and DPP4-binding assay (b)

In Vivo Infection of Human ACE2 (hACE2) Expressing Mice with SARSr-CoV S Protein variants

Using the reverse genetic methods we previously developed, infectious clones with the WIV1 backbone and the spike protein of SHC014, WIV16 and Rs4231, respectively, were constructed and recombinant viruses were successfully rescued. In Year 4, we performed preliminary in vivo infection of SARSr-CoVs on transgenic mice that express hACE2. Mice were infected with 10^5 pfu of full-length recombinant virus of WIV1 (rWIV1) and the three chimeric viruses with different spikes. Pathogenesis of the 4 SARSr-CoVs was then determined in a 2-week course. Mice challenged with rWIV1-SHC014S have experienced about 20% body weight loss by the 6th day post infection, while rWIV1 and rWIV-4231S produced less body weight loss. In the mice infected with rWIV1-WIV16S, no body weight loss was observed **(Fig. 3f&a)**. 3 and 4 days post infection, the viral load in lung tissues of mice challenged with rWIV1-SHC014S, rWIV1-WIV16S and rWIV1-Rs4231S reached more than 10^5 genome copies/g and were significantly higher than that in rWIV1-infected mice **(Fig. 3f&b)**. These results demonstrate varying pathogenicity of SARSr-CoVs with different spike proteins in humanized mice.

Sharon Lerner
Investigative Reporter
The Intercept
mobile/signal [redacted]
@fastlerner
https://theintercept.com/staff/sharonlerner/

PGP:
CB29 D9FF 9285 3205 087E 83A1 0C30 2F39 4F30 8BFE

Date: Sat, 20 Apr 2024 11:31:27 AM -0400
Sent: Sat, 20 Apr 2024 11:30:52 AM -0400
Subject: Re: Today's news...
From: Hotez, Peter Jay [redacted]
To: Peter Daszak [redacted]
CC: Keusch, Gerald [redacted] kuuipo9 [redacted] Jeff Sturchio [redacted] Roberts, Rich [redacted] Aleksei Chmura [redacted] John Feigelson [redacted]

It's so gross, all political theater to stoke the faux outrage machine of the base, with no thought of the long term damage to American science

Peter Hotez, MD, PhD, DSc (hon), FASTMH, FAAP

Texas Children's Hospital: Endowed Chair of Tropical Pediatrics | Co-Director, Texas Children's Hospital Center for Vaccine Development | Donate to our COVID-19 Vaccine Development

Baylor College of Medicine: Dean, National School of Tropical Medicine | Professor, Departments of Pediatrics, Molecular Virology & Microbiology | Health Policy Scholar

Baylor University, University Professor
Rice University, Baker Institute Fellow in Disease & Poverty
Texas A&M University, Faculty-Senior Fellow, Hagler Inst for Advanced Study & Scowcroft Institute of Intl Affairs

E-mail | Twitter | LinkedIn | Skype: p.hotez
Amazon Author Center | Daily Beast Contributor

Senior Coordinator & Executive Support: Douglas Soriano
[redacted] | Phone: [redacted] | Fax: [redacted]

Media Inquiries:
[redacted]
[redacted]@tchteam.com
iPhone

On Apr 20, 2024, at 9:17 AM, Peter Daszak [redacted] > wrote:

Great strategy Jerry. Each day of delay helps - They're trying to book David in for a public hearing between mine (May 1st) and Fauci's (June 3rd). David's lawyers are trying to negotiate and delay his til after Tony.

We're getting continued tightening of the screws from the SSCP – we responded to their demands for an outrageous dump of emails and documents before my hearing, giving them a few docs, but letting them know that most are already in the NIH FoIA library (https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/freedom-information-act-office/nih-foia-library/ - click on "Past productions of COVID-19 records" for tons of EcoHealth docs).

The SSCP are outraged by our response, threatening a subpoena, and we're now trying to make sure they get enough material so that we can avoid a subpoena, because as you all saw with David's they use a subpoena to create faux anger in press releases – e.g. stating that David Morens "abruptly ceased cooperating" etc.

It's a Stalinesque game of ginning up the public and wheeling out alleged 'traitors' to be insulted and humiliated for their entertainment.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Keusch, Gerald <[redacted]
Sent: Saturday, April 20, 2024 9:57 AM
To: Peter Daszak [redacted] Hotez, Peter Jay <[redacted]
Cc: kuuipo9 <[redacted] Jeff Sturchio <[redacted] Roberts, Rich <[redacted] Aleksei Chmura <[redacted]; John Feigelson <[redacted]
Subject: RE: Today's news...

In the meanwhile, I have not responded to their letter requesting emails with David, anybody at NIH, a long list of scientists including a bunch of Chinese names, with only two (including Shi) I even recognize, and it would seem everyone else in the world I have ever emailed. I am not sure if BU has responded to them (to say the letter was received) because the legal team and the BU DC-based government affairs liaison are away this week, but they said they would. And I am about to head to LA for Passover with my transplanted family but without my laptop, so the earliest I will connect with BU will be the week of the 29th. On the advice of the lawyers, however, I have stopped deleting anything that could be construed to be on the subcommittee's request list, as I continue to try to reduce my email in and sent folders below the current total of 30,000 items.

My plan – but not necessarily one that the lawyers will concur is reasonable – is to tell the subcommittee that my views are well known from publications, that I have the right to have private conversations about scientific issues with anyone, including government employees so long as we are assessing the scientific database (eg the scientific method), and to cite key sentences from John Stuart Mill's "On Liberty", the cogent but dense bible of what liberty means and the consequences of constraining it.

Peter H, I would quote your new tome to be were it already in print.

Jerry

From: Peter Daszak <[redacted]
Sent: Saturday, April 20, 2024 9:39 AM
To: Hotez, Peter Jay [redacted]
Cc: kuuipo9 [redacted] >; Keusch, Gerald [redacted]; Jeff Sturchio [redacted]
Roberts, Rich [redacted]; [redacted]; Aleksei Chmura [redacted] John
Feigelson [redacted] >
Subject: RE: Today's news...

Glad you're honing in on this. The parallels to McCarthy hearings are clear.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
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Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Hotez, Peter Jay [redacted]
Sent: Friday, April 19, 2024 8:18 PM
To: Peter Daszak [redacted]
Cc: kuuipo9 [redacted] >; Keusch, Gerald T [redacted] Jeff Sturchio [redacted]
Roberts, Rich [redacted]; Aleksei Chmura [redacted] >; John
Feigelson [redacted]
Subject: Re: Today's news...

So glad it worked out with Michael Mann! Our book is coming along nicely along with calling out the evil of the House Subcommittee hearings

Peter Hotez, MD, PhD, DSc (hon), FASTMH, FAAP

Texas Children's Hospital: Endowed Chair of Tropical Pediatrics | Co-Director, Texas Children's Hospital Center for Vaccine Development | Donate to our COVID-19 Vaccine Development

Baylor College of Medicine: Dean, National School of Tropical Medicine | Professor, Departments of Pediatrics, Molecular Virology & Microbiology | Health Policy Scholar

Baylor University , University Professor
Rice University , Baker Institute Fellow in Disease & Poverty
Texas A&M University , Faculty-Senior Fellow, Hagler Inst for Advanced Study & Scowcroft Institute of Intl Affairs

E-mail | Twitter | LinkedIn | Skype: p.hotez

Amazon Author Center | Daily Beast Contributor

Senior Coordinator & Executive Support: Douglas Soriano
D[redacted] | Phone: [redacted] | Fax: [redacted]

Media Inquiries:
[redacted]
iPhone

On Apr 19, 2024, at 7:13 PM, Peter Daszak <[redacted]> wrote:

Had a very successful EcoHealth Alliance benefit last night – sorry some of you couldn't be there.

Michael Mann was our main honoree, and he was great! We raised well above our expectation – all critical to keeping us afloat given the increased pressure we're under right now.

Speaking of which – here's the latest attempt from the SSCP to smear David Morens, EcoHealth Alliance and others as being involved in a 'cover up'

https://nypost.com/2024/04/19/us- news/ex-fauci-adviser-shared-confidential-nih-info-with-ecohealth-about-covid-biosafety-levels-docs/

Basically, they've found an email from me to David, Jerry others when the allegations that EcoHealth expts were conducted at an insufficient BSL level first came out. Tony Fauci was interviewed and said that he would look into it. I sent David M. a review I'd done of the BSL rules for Bat CoVs in various countries, which clearly show that we were operating at the correct biosafety levels.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance

520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: kuuipo9[redacted]
Sent: Wednesday, April 17, 2024 7:16 AM
To: Peter Daszak <[redacted] Keusch, Gerald T[redacted] Jeff Sturchio <[redacted] Roberts, Rich[redacted] Hotez, Peter Jay[redacted]
Cc: Aleksei Chmura[redacted]
Subject: Re: Testimony from Science Editor, Holden Thorp in front of the SSCP today

Peter, my thought is that it could have been worse, and he does blame Collins as well.... d

Sent from Proton Mail Android

-------- Original Message --------
On 4/16/24 20:59, Peter Daszak wrote:

> Unpleasant to see him criticize me and EcoHealth today, in a pretty shoddy attempt to curry favor with the SSCP:
>
> https://x.com/COVIDSelect/status/1780332154620092505
>
> Here's the text of the tweet:
>
> **Select Subcommittee on the Coronavirus Pandemic**
>
> @COVIDSelect
>
> <image005.png>
> <image005.png>
> <image005.png>
> @ScienceMagazine
> AGREES that EcoHealth Alliance may have misled the U.S. government about its highly controversial DEFUSE proposal — which some believe created a blueprint for COVID-19. WATCH
> <image005.png>
> <image005.png>
>
> You can see the video of him criticizing our work here:
>
> https://youtu.be/Oru0-fYGcJU

The relevant section starts at 1hour, 31 minutes and 30 seconds into the video

Cheers,

Peter

Peter Daszak
President

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USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: Peter Daszak [redacted]
Sent: Tuesday, April 16, 2024 3:22 PM
To: 'kuuipo9' [redacted]>; 'Keusch, Gerald T' [redacted] 'Jeff Sturchio' < [redacted] 'Roberts, Rich' [redacted]; 'Hotez, Peter Jay' [redacted]>; ' [redacted]
Cc: Aleksei Chmura < [redacted]>; John Feigelson < [redacted]>
Subject: COVID Select Subcommittee subpoena to David Morens for correspondence etc.
Importance: High

Here is today's subpoena & a cover letter to David Morens from the SSCP for all correspondence with the following people, related to WIV, EcoHealth or COVID origins or "regarding or referencing the following people". He has to produce this by April 30th

No direct demand for public hearing has been made public yet.

Cheers,

Peter

Peter Daszak
President

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: kuuipo9[redacted]
Sent: Monday, April 15, 2024 8:39 PM
To: Peter Daszak[redacted]>; Keusch, Gerald T[redacted]; Jeff Sturchio <[redacted] Roberts, Rich[redacted]; Hotez, Peter Jay[redacted]; [redacted]
Cc: Aleksei Chmura[redacted]
Subject: Re: COVID select subcommittee is now threatening to call David in for a public hearing

Guys,my lawyer called and i am to be subpoenaed to testify in public hearing on camera. They want me b4 Tony but after Peter. The Dems reached out to my lawyer and asked WTF is going on. Not sure why they don't know. d

Sent from Proton Mail Android

------- Original Message -------
On 4/12/24 16:12, Peter Daszak wrote:

> Here's the COVID committee (SSCP) threatening to call David in for a public hearing based on the emails they claim show that we all used gmail inappropriately (based on a Washington Examiner report today)…
>
> Tweet here: https://x.com/COVIDSelect/status/1778859503796056214
>
> Washington Examiner BS article here:
> https://www.washingtonexaminer.com/policy/healthcare/2964227/ecohealth- alliance-email-release-confirms-fauci-aide-used-private-account-discuss-covid/
>
> Full text of tweet:
>
> **Post**
> See new posts
> **Conversation**
> Pinned
> <image006.jpg>
>
> **Select Subcommittee on the Coronavirus Pandemic**

@COVIDSelect

<image005.png>
BREAKING
<image005.png>
@EcoHealthNYC

President Dr. Peter Daszak CONFIRMS whistleblower allegations that Dr. David Morens — a top advisor to Dr. Fauci — used Gmail to hide COVID-19 information. We are beginning the process to secure Dr. Morens's public testimony.
<image007.jpg>

[redacted]

From washingtonexaminer.com

Cheers,

Peter

Peter Daszak
President

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: kuuipo9[redacted]
Sent: Friday, April 12, 2024 1:37 PM
To: Peter Daszak [redacted]; Keusch, Gerald T [redacted]; Jeff Sturchio [redacted] Roberts, Rich [redacted]; Hotez, Peter Jay < [redacted]
Cc: Aleksei Chmura [redacted] >; [redacted]
Subject: Re: My email to Michael Hiltzik with an EcoHealth Statement and Email release today

Again. this is excellent. We need more of these stand-up-to-bullies fusillades. d

Sent from Proton Mail Android

-------- Original Message --------
On 4/12/24 11:20, Peter Daszak wrote:

> Please read the email I just sent to Michael Hiltzik. It has links to a statement from EcoHealth and the release of the full text (slight redactions) of emails that involve David and Jerry, and were reported in the NY Post and other Right wing outlets yesterday, amplified by Republicans on the COVID Committeee…

Cheers,

Peter

Peter Daszak
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Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: Peter Daszak [redacted]
Sent: Friday, April 12, 2024 11:19 AM
To: 'Michael Hiltzik' [redacted]
Cc: 'Aleksei Chmura [redacted]
Subject: EcoHealth Statement and Email release today has relevance to NIH and Michael Lauer issues
Importance: High

Good to talk with you yesterday Michael. We got more negative press yesterday, this time related to emails that allegedly show coverups and inappropriate behavior among scientists. The Republicans released only the subject line and addresses etc. (https://oversight.house.gov/release/wenstrup- reveals-emails-from-whistleblower-alleging-additional-attempts-by-fauci-advisor-to-subvert-transparency-about-covid-19-origins/), leading to BS stories in the usual right wing press. We released the full text of the emails

today:

https://www.ecohealthalliance.org/2024/04/ecohealth- alliance-releases-emails-that-are-the-subject-of-false-allegations-in-the-press

These are all from me to senior NIAID staffmember David Morens and former NIH Center Director Jerry Keusch, trying to make sense of the termination of our grant by Trump, and to find a way to get it reinstated. In the end NIH did reinstate the grant (May 2023). One of the chains shows emails that refer to the pressure from Michael Lauer, and the fact NIH instructed me not to talk with our program officer (Erik Stemmy) and direct all communications to Grants Management (Emily Linde). That was another highly unusual move from NIH and is part of the pattern that I was talking with you about.

Here is that particular set of emails: https://www.ecohealthalliance.org/wp-content/uploads/2024/04/Emails- 01.pdf

Cheers,

Peter

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Michael Hiltzik [redacted]
Sent: Tuesday, April 9, 2024 6:01 PM
To: Peter Daszak [redacted]
Subject: Re: Call tomorrow?

Absolutely. That time is good...I can call then...

MH

On Tue, Apr 9, 2024 at 2:59 PM Peter Daszak [redacted] wrote:

> Hi Michael – just following up on this – are you available tomorrow at 5:30pm my time, 2:30pm West Coast time?
>
> I can send a zoom link or call my cellphone [redacted]
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*
>
> EcoHealth Alliance
> 520 Eighth Avenue, Suite 1200
> New York, NY 10018-6507
> USA
>
> Tel.: +1-212-380-4474
> Website: www.ecohealthalliance.org
> Twitter: @PeterDaszak
>
> *EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*
>
> ---
>
> **From:** Peter Daszak [redacted]
> **Sent:** Sunday, April 7, 2024 9:34 AM
> **To:** 'Michael Hiltzik' [redacted]
> **Cc:** 'Aleksei Chmura [redacted]
> >; 'Alison Andre [redacted]
> **Subject:** RE: Confidential - NIH still hampering EcoHealth's ability to conduct work 4 years since the termination of our grant
> **Importance:** High
>
> I have good answers for you on all of those – it's ugly and political. There are also others who are well-placed who you can talk with.
>
> I can do Wednesday at 5:30pm my time if that works for you (2:30pm West Coast). I have other times as well… cc'ing Alison who will make sure we find a time that works.

Cheers,

Peter

Peter Daszak
President

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Michael Hiltzik [redacted]
Sent: Saturday, April 6, 2024 6:50 PM
To: Peter Daszak [redacted]
Subject: Re: Confidential - NIH still hampering EcoHealth's ability to conduct work 4 years since the termination of our grant

Peter,

Let's set up a time to talk next week (Wednesday or later best for me). On first glance, it strikes me that I'm glad I'm not in the grants-application business, because the bureaucratic behavior here seems incomprehensible, at least to a layman.

What's the overarching theme in their relations with you? Is it pressure from the lab-leak crowd, the FOIAing from Tobias, which as far as I can tell has yielded nothing of any substance? A spillover from the Trump era?

I read the Science piece, which was thorough in detailing what was done to the Chinese researchers but silent on what provoked it....what was the question I was left with--Why did NIH do all this?

MH

On Sat, Apr 6, 2024 at 12:03 PM Peter Daszak < [redacted] > wrote:

> Hi Michael, I'm just contacting you off the record in case you or others are interested in reporting on what's going on at NIH with respect to EHA's grants. We were trying to deal with this privately, without it becoming public, but we found out last week that some of our recent correspondence with Emily Erbelding asking for her help is in a batch of FoIA's emails that

will be released to Jimmy Tobias in the next couple of weeks. Tobias is in the habit of simply dumping these on the internet, so we wanted to get these to a bona fide reporter before that happens.

As you probably know, our organization has been funded by NIAID for around 20 years, conducting successful research on emerging diseases, and working closely with communities, scientists and governments in emerging disease hotspot countries to try to reduce the risk of disease emergence. Prior to the termination of our R01 grant in April 2020 that would have had the Wuhan Institute of Virology as a subrecipient, we had never had any issues with NIH or NIAID, and had been lauded by program officers for our cutting edge research into viral emergence, and the many papers in Science, Nature, NEJM and others based on NIH funding.

After the termination of our grant, the HHS OIG was called in to audit our work and NIH's oversight. They reported back after an 18 month audit with recommendations for both us, and for NIH, most of which were minor and easily addressed. We rapidly complied and NIH's DFAS group confirmed that all audit findings were resolved. However, we continued to receive further actions from the Office of the Director (Michael Lauer, who *Science* wrote about re. NIH's actions on grantees with China connections https://www.science.org/content/article/pall- suspicion-nihs-secretive-china-initiative-destroyed-scores-academic-careers), and the NIH group that manages oversight (OPERA) directly under Michael Lauer. In April 2023, Michelle Bulls from Opera and Emily Linde from NIAID placed 4 Specific Award Conditions (SACs) on our grants. At the time, Michael Lauer had contacted Tufts University who oversaw our IACUC approvals to conduct wildlife sampling because EHA doesn't have an animal facility. This led to Tufts canceling our interinstitutional agreement. The only way for us to proceed was to request an Animal Welfare Assurance from OLAW (based at NIH), but this was denied because of these SACs. One of the SACs stated that all of our subcontracts must be reviewed and revised by NIH reviews. We worked extremely hard to rapidly respond (often within days) to every single request, despite many of them being contradictory or having no material impact on the contracts. In the original letter NIH set a deadline of September 2023 to resolve the SACs, which due to repeated delays by NIH grants management staff in responding to us, continued further requests and shifting of the goalposts means we still do not have resolution. Furthermore, grants management are now suggesting that we are beyond the period of work and our subcontractees won't be able to be reimbursed. Additionally, during the past 12 months, NIH has only reimbursed EcoHealth for around $50K of the now nearly $2 million we are expecting and have expended.

As you can imagine, this puts us in a very difficult position, with institutions like UNC and Uniformed Services University likely to be outraged that their funding is threatened, and with us unable to do our work fully – work that has been reviewed, scored well, and is critical to pandemic prevention. We've tried every possible avenue to get a fair and reasonable rapid resolution. We've informed Emily Erbelding of these issues (hence the FoIA'd email), and Program staff at NIAID remain supportive of our work, but we still have no resolution. Every time we try to seek a meeting or resolution, we get a hard response from NIH that we're out of compliance and they set further deadlines and further minor issues for us to fix. Right

now I believe we're probably in greater compliance with NIH rules and just about any other institution in the US, given the level of scrutiny we've gone through. I've attached some of the many recent letters between NIH OPERA, NIAID Grants managements and EcoHealth Alliance to give you an indication of the levels of detailed work that we've gone through to try and resolve these issues.

We don't know the reasons why this is happening – all our subcontracts prior to April 2023 covered every single requirement in NIH's grants management guidance, subrecipients had to sign that they would adhere to these. The stonewalling, and shifting of goalposts by NIH is linked to emails that they send us stating that we're 'delinquent' or 'out of compliance', or that they're 'concerned' etc. and seem to us designed ready to be FoIA'd (which they are being) or to be used when NIH has to show Congressional Republicans that EcoHealth is being treated in the way they are calling for. Meanwhile, important findings can't be reported, including a novel SARS-CoV-2 related virus able to bind well to human ACE2 that we have found in one of our country sites, but are now unable to publish because our subrecipient is concerned they don't yet have an approved contract. This is hurting our ability to conduct pandemic prevention work, and the US's ability to be informed about public health threats that could emerge and threaten our citizens.

If you want to report on this, I'm happy to talk on-the-record on some issues, and there are others who are aware of these problems that I can put you in touch with, including at NIH and senior people from outside.

Cheers,

Peter

Peter Daszak
President

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

Date: Sat, 20 Apr 2024 11:31:27 AM -0400
Sent: Sat, 20 Apr 2024 11:30:52 AM -0400
Subject: Re: Today's news...
From: Hotez, Peter Jay <hotez@bcm.edu>
To: Peter Daszak <daszak@ecohealthalliance.org>;
CC: Keusch, Gerald <keusch@bu.edu>; kuuipo9 <kuuipo9@proton.me>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; kmartin@cugh.org; Aleksei Chmura <chmura@ecohealthalliance.org>; John Feigelson <feigelson@ecohealthalliance.org>;

It's so gross, all political theater to stoke the faux outrage machine of the base, with no thought of the long term damage to American science

Peter Hotez, MD, PhD, DSc (hon), FASTMH, FAAP

Texas Children's Hospital: Endowed Chair of Tropical Pediatrics | Co-Director, Texas Children's Hospital Center for Vaccine Development | Donate to our COVID-19 Vaccine Development

Baylor College of Medicine: Dean, National School of Tropical Medicine | Professor, Departments of Pediatrics, Molecular Virology & Microbiology | Health Policy Scholar

Baylor University, University Professor
Rice University, Baker Institute Fellow in Disease & Poverty
Texas A&M University, Faculty-Senior Fellow, Hagler Inst for Advanced Study & Scowcroft Institute of Intl Affairs

E-mail | Twitter | LinkedIn | Skype: p.hotez
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Senior Coordinator & Executive Support: Douglas Soriano
Douglas.SorianoOsejo@bcm.edu | Phone: 713-798-1199 | Fax: 713-798-2299

Media Inquiries:
homa.shalchi@bcm.edu
press@tchteam.com
iPhone

On Apr 20, 2024, at 9:17 AM, Peter Daszak <daszak@ecohealthalliance.org> wrote:

Great strategy Jerry. Each day of delay helps - They're trying to book David in for a public hearing between mine (May 1st) and Fauci's (June 3rd). David's lawyers are trying to negotiate and delay his til after Tony.

We're getting continued tightening of the screws from the SSCP – we responded to their demands for an outrageous dump of emails and documents before my hearing, giving them a few docs, but letting them know that most are already in the NIH FoIA library (https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/freedom-information-act-office/nih-foia-library/ - click on "Past productions of COVID-19 records" for tons of EcoHealth docs).

The SSCP are outraged by our response, threatening a subpoena, and we're now trying to make sure they get enough material so that we can avoid a subpoena, because as you all saw with David's they use a subpoena to create faux anger in press releases – e.g. stating that David Morens "abruptly ceased cooperating" etc.

It's a Stalinesque game of ginning up the public and wheeling out alleged 'traitors' to be insulted and humiliated for their entertainment.

Cheers,

Peter

Peter Daszak
President

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Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Keusch, Gerald <keusch@bu.edu>
Sent: Saturday, April 20, 2024 9:57 AM
To: Peter Daszak <daszak@ecohealthalliance.org>; Hotez, Peter Jay <hotez@bcm.edu>
Cc: kuuipo9 <kuuipo9@proton.me>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; kmartin@crugh.org; Aleksei Chmura <chmura@ecohealthalliance.org>; John Feigelson <feigelson@ecohealthalliance.org>
Subject: RE: Today's news...

In the meanwhile, I have not responded to their letter requesting emails with David, anybody at NIH, a long list of scientists including a bunch of Chinese names, with only two (including Shi) I even recognize, and it would seem everyone else in the world I have ever emailed. I am not sure if BU has responded to them (to say the letter was received) because the legal team and the BU DC-based government affairs liaison are away this week, but they said they would. And I am about to head to LA for Passover with my transplanted family but without my laptop, so the earliest I will connect with BU will be the week of the 29th. On the advice of the lawyers, however, I have stopped deleting anything that could be construed to be on the subcommittee's request list, as I continue to try to reduce my email in and sent folders below the current total of 30,000 items.

My plan – but not necessarily one that the lawyers will concur is reasonable – is to tell the subcommittee that my views are well known from publications, that I have the right to have private conversations about scientific issues with anyone, including government employees so long as we are assessing the scientific database (eg the scientific method), and to cite key sentences from John Stuart Mill's "On Liberty", the cogent but dense bible of what liberty means and the consequences of constraining it.

Peter H, I would quote your new tome to be were it already in print.

Jerry

From: Peter Daszak <daszak@ecohealthalliance.org>
Sent: Saturday, April 20, 2024 9:39 AM
To: Hotez, Peter Jay <hotez@bcm.edu>
Cc: kuuipo9 <kuuipo9@proton.me>; Keusch, Gerald <keusch@bu.edu>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; kmartin@cugh.org; Aleksei Chmura <chmura@ecohealthalliance.org>; John Feigelson <feigelson@ecohealthalliance.org>
Subject: RE: Today's news...

Glad you're honing in on this. The parallels to McCarthy hearings are clear.

Cheers,

Peter

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From: Hotez, Peter Jay <hotez@bcm.edu>
Sent: Friday, April 19, 2024 8:18 PM
To: Peter Daszak <daszak@ecohealthalliance.org>
Cc: kuuipo9 <kuuipo9@proton.me>; Keusch, Gerald T <keusch@bu.edu>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; kmartin@cugh.org; Aleksei Chmura <chmura@ecohealthalliance.org>; John Feigelson <feigelson@ecohealthalliance.org>
Subject: Re: Today's news...

So glad it worked out with Michael Mann! Our book is coming along nicely along with calling out the evil of the House Subcommittee hearings

Peter Hotez, MD, PhD, DSc (hon), FASTMH, FAAP

Texas Children's Hospital: Endowed Chair of Tropical Pediatrics | Co-Director, Texas Children's Hospital Center for Vaccine Development | Donate to our COVID-19 Vaccine Development

Baylor College of Medicine: Dean, National School of Tropical Medicine | Professor, Departments of Pediatrics, Molecular Virology & Microbiology | Health Policy Scholar

Baylor University, University Professor
Rice University, Baker Institute Fellow in Disease & Poverty
Texas A&M University, Faculty-Senior Fellow, Hagler Inst for Advanced Study & Scowcroft Institute of Intl Affairs

E-mail | Twitter | LinkedIn | Skype: p.hotez

Amazon Author Center | Daily Beast Contributor

Senior Coordinator & Executive Support: Douglas Soriano
Douglas.SorianoOsejo@bcm.edu | Phone: 713-798-1199 | Fax: 713-798-2299

Media Inquiries:
homa.shalchi@bcm.edu
press@tchteam.com
iPhone

On Apr 19, 2024, at 7:13 PM, Peter Daszak <daszak@ecohealthalliance.org> wrote:

Had a very successful EcoHealth Alliance benefit last night – sorry some of you couldn't be there.

Michael Mann was our main honoree, and he was great! We raised well above our expectation – all critical to keeping us afloat given the increased pressure we're under right now.

Speaking of which – here's the latest attempt from the SSCP to smear David Morens, EcoHealth Alliance and others as being involved in a 'cover up'

https://nypost.com/2024/04/19/us- news/ex-fauci-adviser-shared-confidential-nih-info-with-ecohealth-about-covid-biosafety-levels-docs/

Basically, they've found an email from me to David, Jerry others when the allegations that EcoHealth expts were conducted at an insufficient BSL level first came out. Tony Fauci was interviewed and said that he would look into it. I sent David M. a review I'd done of the BSL rules for Bat CoVs in various countries, which clearly show that we were operating at the correct biosafety levels.

Cheers,

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Sent: Wednesday, April 17, 2024 7:16 AM
To: Peter Daszak <daszak@ecohealthalliance.org>; Keusch, Gerald T <keusch@bu.edu>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; Hotez, Peter Jay <hotez@bcm.edu>; kmartin@cugh.org
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>; feigelson@ecohealthalliance.org
Subject: Re: Testimony from Science Editor, Holden Thorp in front of the SSCP today

Peter, my thought is that it could have been worse, and he does blame Collins as well.... d

Sent from Proton Mail Android

-------- Original Message --------
On 4/16/24 20:59, Peter Daszak wrote:

> Unpleasant to see him criticize me and EcoHealth today, in a pretty shoddy attempt to curry favor with the SSCP:
>
> https://x.com/COVIDSelect/status/1780332154620092505
>
> Here's the text of the tweet:
>
> **Select Subcommittee on the Coronavirus Pandemic**
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> @COVIDSelect
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> <image005.png>
> <image005.png>
> <image005.png>
> @ScienceMagazine
> AGREES that EcoHealth Alliance may have misled the U.S. government about its highly controversial DEFUSE proposal — which some believe created a blueprint for COVID-19. WATCH
> <image005.png>
> <image005.png>
>
> You can see the video of him criticizing our work here:
>
> https://youtu.be/Oru0-fYGcIU

The relevant section starts at 1hour, 31 minutes and 30 seconds into the video

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Peter Daszak <daszak@ecohealthalliance.org>
Sent: Tuesday, April 16, 2024 3:22 PM
To: 'kuuipo9' <kuuipo9@proton.me>; 'Keusch, Gerald T' <keusch@bu.edu>; 'Jeff Sturchio' <j_sturchio@msn.com>; 'Roberts, Rich' <roberts@neb.com>; 'Hotez, Peter Jay' <hotez@bcm.edu>; 'kmartin@cugh.org' <kmartin@cugh.org>
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>; John Feigelson <feigelson@ecohealthalliance.org>
Subject: COVID Select Subcommittee subpoena to David Morens for correspondence etc.
Importance: High

Here is today's subpoena & a cover letter to David Morens from the SSCP for all correspondence with the following people, related to WIV, EcoHealth or COVID origins or "regarding or referencing the following people". He has to produce this by April 30th

No direct demand for public hearing has been made public yet.

Cheers,

Peter

Peter Daszak
President

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USA

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Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: kuuipo9 <kuuipo9@proton.me>
Sent: Monday, April 15, 2024 8:39 PM
To: Peter Daszak <daszak@ecohealthalliance.org>; Keusch, Gerald T <keusch@bu.edu>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; Hotez, Peter Jay <hotez@bcm.edu>; kmartin@cugh.org
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>; feigelson@ecohealthalliance.org
Subject: Re: COVID select subcommittee is now threatening to call David in for a public hearing

Guys,my lawyer called and i am to be subpoenaed to testify in public hearing on camera. They want me b4 Tony but after Peter. The Dems reached out to my lawyer and asked WTF is going on. Not sure why they don't know. d

Sent from Proton Mail Android

-------- Original Message --------
On 4/12/24 16:12, Peter Daszak wrote:

> Here's the COVID committee (SSCP) threatening to call David in for a public hearing based on the emails they claim show that we all used gmail inappropriately (based on a Washington Examiner report today)…
>
> Tweet here: https://x.com/COVIDSelect/status/1778859503796056214
>
> Washington Examiner BS article here: https://www.washingtonexaminer.com/policy/healthcare/2964227/ecohealth- alliance-email-release-confirms-fauci-aide-used-private-account-discuss-covid/
>
> Full text of tweet:
>
> **Post**
> See new posts
> **Conversation**
> Pinned
> <image006.jpg>
>
> **Select Subcommittee on the Coronavirus Pandemic**

@COVIDSelect

<image005.png>
BREAKING
<image005.png>
@EcoHealthNYC

President Dr. Peter Daszak CONFIRMS whistleblower allegations that Dr. David Morens — a top advisor to Dr. Fauci — used Gmail to hide COVID-19 information. We are beginning the process to secure Dr. Morens's public testimony.

<image007.jpg>

From washingtonexaminer.com

Cheers,

Peter

Peter Daszak
President

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: kuuipo9 <kuuipo9@proton.me>
Sent: Friday, April 12, 2024 1:37 PM
To: Peter Daszak <daszak@ecohealthalliance.org>; Keusch, Gerald T <keusch@bu.edu>; Jeff Sturchio <j_sturchio@msn.com>; Roberts, Rich <roberts@neb.com>; Hotez, Peter Jay <hotez@bcm.edu>; kmartin@cugh.org
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>; feigelson@ecohealthalliance.org
Subject: Re: My email to Michael Hiltzik with an EcoHealth Statement and Email release today

Again. this is excellent. We need more of these stand-up-to-bullies fusillades. d

Sent from Proton Mail Android

-------- Original Message --------
On 4/12/24 11:20, Peter Daszak wrote:

> Please read the email I just sent to Michael Hiltzik. It has links to a statement from EcoHealth and the release of the full text (slight redactions) of emails that involve David and Jerry, and were reported in the NY Post and other Right wing outlets yesterday, amplified by Republicans on the COVID Committeee…
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*
>
> EcoHealth Alliance
> 520 Eighth Avenue, Suite 1200
> New York, NY 10018-6507
> USA
>
> Tel.: +1-212-380-4474
> Website: www.ecohealthalliance.org
> Twitter: @PeterDaszak
>
> *EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*
>
> **From:** Peter Daszak <daszak@ecohealthalliance.org>
> **Sent:** Friday, April 12, 2024 11:19 AM
> **To:** 'Michael Hiltzik' <hiltzik@gmail.com>
> **Cc:** 'Aleksei Chmura (chmura@ecohealthalliance.org)' <chmura@ecohealthalliance.org>
> **Subject:** EcoHealth Statement and Email release today has relevance to NIH and Michael Lauer issues
> **Importance:** High
>
> Good to talk with you yesterday Michael. We got more negative press yesterday, this time related to emails that allegedly show coverups and inappropriate behavior among scientists. The Republicans released only the subject line and addresses etc. (https://oversight.house.gov/release/wenstrup- reveals-emails-from-whistleblower-alleging-additional-attempts-by-fauci-advisor-to-subvert-transparency-about-covid-19-origins/), leading to BS stories in the usual right wing press. We released the full text of the emails

today:

https://www.ecohealthalliance.org/2024/04/ecohealth- alliance-releases-emails-that-are-the-subject-of-false-allegations-in-the-press

These are all from me to senior NIAID staffmember David Morens and former NIH Center Director Jerry Keusch, trying to make sense of the termination of our grant by Trump, and to find a way to get it reinstated. In the end NIH did reinstate the grant (May 2023). One of the chains shows emails that refer to the pressure from Michael Lauer, and the fact NIH instructed me not to talk with our program officer (Erik Stemmy) and direct all communications to Grants Management (Emily Linde). That was another highly unusual move from NIH and is part of the pattern that I was talking with you about.

Here is that particular set of emails: https://www.ecohealthalliance.org/wp-content/uploads/2024/04/Emails- 01.pdf

Cheers,

Peter

Peter Daszak
President

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Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Michael Hiltzik <hiltzik@gmail.com>
Sent: Tuesday, April 9, 2024 6:01 PM
To: Peter Daszak <daszak@ecohealthalliance.org>
Subject: Re: Call tomorrow?

Absolutely. That time is good...I can call then...

MH

On Tue, Apr 9, 2024 at 2:59 PM Peter Daszak <daszak@ecohealthalliance.org> wrote:

> Hi Michael – just following up on this – are you available tomorrow at 5:30pm my time, 2:30pm West Coast time?
>
> I can send a zoom link or call my cellphone 845-641-0899
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*
>
> EcoHealth Alliance
> 520 Eighth Avenue, Suite 1200
> New York, NY 10018-6507
> USA
>
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> Website: www.ecohealthalliance.org
> Twitter: @PeterDaszak
>
> *EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*
>
> **From:** Peter Daszak <daszak@ecohealthalliance.org>
> **Sent:** Sunday, April 7, 2024 9:34 AM
> **To:** 'Michael Hiltzik' <hiltzik@gmail.com>
> **Cc:** 'Aleksei Chmura (chmura@ecohealthalliance.org)' <chmura@ecohealthalliance.org>; 'Alison Andre (andre@ecohealthalliance.org)' <andre@ecohealthalliance.org>
> **Subject:** RE: Confidential - NIH still hampering EcoHealth's ability to conduct work 4 years since the termination of our grant
> **Importance:** High
>
> I have good answers for you on all of those – it's ugly and political. There are also others who are well-placed who you can talk with.
>
> I can do Wednesday at 5:30pm my time if that works for you (2:30pm West Coast). I have other times as well… cc'ing Alison who will make sure we find a time that works.

Cheers,

Peter

Peter Daszak
President

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Michael Hiltzik <hiltzik@gmail.com>
Sent: Saturday, April 6, 2024 6:50 PM
To: Peter Daszak <daszak@ecohealthalliance.org>
Subject: Re: Confidential - NIH still hampering EcoHealth's ability to conduct work 4 years since the termination of our grant

Peter,

Let's set up a time to talk next week (Wednesday or later best for me). On first glance, it strikes me that I'm glad I'm not in the grants-application business, because the bureaucratic behavior here seems incomprehensible, at least to a layman.

What's the overarching theme in their relations with you? Is it pressure from the lab-leak crowd, the FOIAing from Tobias, which as far as I can tell has yielded nothing of any substance? A spillover from the Trump era?

I read the Science piece, which was thorough in detailing what was done to the Chinese researchers but silent on what provoked it....what was the question I was left with--Why did NIH do all this?

MH

On Sat, Apr 6, 2024 at 12:03 PM Peter Daszak <daszak@ecohealthalliance.org> wrote:

> Hi Michael, I'm just contacting you off the record in case you or others are interested in reporting on what's going on at NIH with respect to EHA's grants. We were trying to deal with this privately, without it becoming public, but we found out last week that some of our recent correspondence with Emily Erbelding asking for her help is in a batch of FoIA's emails that

will be released to Jimmy Tobias in the next couple of weeks. Tobias is in the habit of simply dumping these on the internet, so we wanted to get these to a bona fide reporter before that happens.

As you probably know, our organization has been funded by NIAID for around 20 years, conducting successful research on emerging diseases, and working closely with communities, scientists and governments in emerging disease hotspot countries to try to reduce the risk of disease emergence. Prior to the termination of our R01 grant in April 2020 that would have had the Wuhan Institute of Virology as a subrecipient, we had never had any issues with NIH or NIAID, and had been lauded by program officers for our cutting edge research into viral emergence, and the many papers in Science, Nature, NEJM and others based on NIH funding.

After the termination of our grant, the HHS OIG was called in to audit our work and NIH's oversight. They reported back after an 18 month audit with recommendations for both us, and for NIH, most of which were minor and easily addressed. We rapidly complied and NIH's DFAS group confirmed that all audit findings were resolved. However, we continued to receive further actions from the Office of the Director (Michael Lauer, who *Science* wrote about re. NIH's actions on grantees with China connections https://www.science.org/content/article/pall- suspicion-nihs-secretive-china-initiative-destroyed-scores-academic-careers), and the NIH group that manages oversight (OPERA) directly under Michael Lauer. In April 2023, Michelle Bulls from Opera and Emily Linde from NIAID placed 4 Specific Award Conditions (SACs) on our grants. At the time, Michael Lauer had contacted Tufts University who oversaw our IACUC approvals to conduct wildlife sampling because EHA doesn't have an animal facility. This led to Tufts canceling our interinstitutional agreement. The only way for us to proceed was to request an Animal Welfare Assurance from OLAW (based at NIH), but this was denied because of these SACs. One of the SACs stated that all of our subcontracts must be reviewed and revised by NIH reviews. We worked extremely hard to rapidly respond (often within days) to every single request, despite many of them being contradictory or having no material impact on the contracts. In the original letter NIH set a deadline of September 2023 to resolve the SACs, which due to repeated delays by NIH grants management staff in responding to us, continued further requests and shifting of the goalposts means we still do not have resolution. Furthermore, grants management are now suggesting that we are beyond the period of work and our subcontractees won't be able to be reimbursed. Additionally, during the past 12 months, NIH has only reimbursed EcoHealth for around $50K of the now nearly $2 million we are expecting and have expended.

As you can imagine, this puts us in a very difficult position, with institutions like UNC and Uniformed Services University likely to be outraged that their funding is threatened, and with us unable to do our work fully – work that has been reviewed, scored well, and is critical to pandemic prevention. We've tried every possible avenue to get a fair and reasonable rapid resolution. We've informed Emily Erbelding of these issues (hence the FoIA'd email), and Program staff at NIAID remain supportive of our work, but we still have no resolution. Every time we try to seek a meeting or resolution, we get a hard response from NIH that we're out of compliance and they set further deadlines and further minor issues for us to fix. Right

now I believe we're probably in greater compliance with NIH rules and just about any other institution in the US, given the level of scrutiny we've gone through. I've attached some of the many recent letters between NIH OPERA, NIAID Grants managements and EcoHealth Alliance to give you an indication of the levels of detailed work that we've gone through to try and resolve these issues.

We don't know the reasons why this is happening – all our subcontracts prior to April 2023 covered every single requirement in NIH's grants management guidance, subrecipients had to sign that they would adhere to these. The stonewalling, and shifting of goalposts by NIH is linked to emails that they send us stating that we're 'delinquent' or 'out of compliance', or that they're 'concerned' etc. and seem to us designed ready to be FoIA'd (which they are being) or to be used when NIH has to show Congressional Republicans that EcoHealth is being treated in the way they are calling for. Meanwhile, important findings can't be reported, including a novel SARS-CoV-2 related virus able to bind well to human ACE2 that we have found in one of our country sites, but are now unable to publish because our subrecipient is concerned they don't yet have an approved contract. This is hurting our ability to conduct pandemic prevention work, and the US's ability to be informed about public health threats that could emerge and threaten our citizens.

If you want to report on this, I'm happy to talk on-the-record on some issues, and there are others who are aware of these problems that I can put you in touch with, including at NIH and senior people from outside.

Cheers,

Peter

Peter Daszak
President

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Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

Date: Thu, 18 Nov 2021 5:06:31 PM -0500
Subject: Re: Opinion for WaPo
From: David Morens [redacted]
To: Keusch, Gerald T [redacted]

Jerry,

I am updating you on my computer and gag order situation.

With the help of our IT folks, I went over the whole computer and phone situation. They loaded some ant-hacking software on my phone and discussed the situation with me.

Basically, my gmail is now safe from FOIA and hacking on all of my devices, including government computer and phone, and my private computer and iPad.

Thus it should be safe to communicate safely with you, Peter, and others, as long as we use my private gmail.

You may have noticed that I have intentionally forwarded you news clips I get daily, sent from my govt email, but that is ok as long as you don't reply to that email. I have done this because this should not show up in a FOIA, is innocuous as it's just forwarding a third party item already in the public domain, and because it saves me forwarding to my own gmail and then on to you.

Please pass this on to Peter and I ask you both that NOTHING gets sent to me except to my gmail, and make sure that what gets sent to my gmail doesn't have a cc to another government employee who could be FOIA'd.

Today is day 2 of the Trop Med meetings and Peter gave a great if pre-recorded talk. I congratulated him on the talk with my name signed in the chat session associated with his talk.

On Tuesday and again today I had face to face meetings with Tony to discuss science issues. He seems much less alarmed and even a bit philosophical about the whole thing. He asked how Peter was doing, as he often does, and seemed to commiserate with him to a degree.

You may be amused at the following aside that was a big surprise to me. He was asking my opinion about what is wrong with CDC and in the process said, out of the blue, that it was HE who got Rochelle Wolensky her job as CDC director by lobbying for her to Ron Klain. Well, she does wear a skirt.... I poured a little cold water on her but he was undeterred in thinking she is the cat's pajamas....

His main interest at the moment is making "universal" coronavirus vaccines, the COVID-19 end game, and things related to COVID immunity. He's asked me to co-write with him 2 or 3 papers on these subjects, this being in the context of giving him ideas to communicate in his weekly WH press conferences and meeting with Biden's higher ups on a

regular basis, plus being on TV.

Please give my best wishes to you-know-who
david
David M. Morens, MD


IMPORTANT: My gmail frequently sends incoming messages to Trash, which is apparently not correctable. If you don't hear from me in a reasonable time, please try again, call, or use my NIH email address

IMPORTANT: For US Government-related email, please also reply to my NIAID address

On Fri, Nov 12, 2021 at 11:24 PM Keusch, Gerald T [redacted] wrote:
>
> Hi David,
>
>
>
> On the basis of the Holden Thorpe piece in Science you sent I revised my last version of the Opinion and didn't mind going over the suggested word count by 125 words. I figured if what I wrote was compelling enough they would allow the small change increase in words.
>
>
>
> So although it was my intention I didn't work with the edited version you spent time on. My thanks for doing it, but with the Science editorial I felt the window to submit was closing as there would be other follow up editorials and letters etc. I also felt I couldn't let EHA off the hook entirely, as Thorpe points out there were missteps on the part of both EHA and NIH. But my focus was squarely on NIH, Collins and Tabak. And besides, NIH dealt in misinformation, and EHA was not in front of the inevitable attacks they could and should have anticipated, or as Thorpe says "a self-inflicted wound" but not arising from the deception NIH was engaged in.
>
>
>
> I sent it on to WaPo this afternoon. I will let you know what, if anything they say.
>
>
>
> Jerry

Date: Tue, 16 Jun 2020 2:22:55 PM -0400
Sent: Tue, 16 Jun 2020 2:22:54 PM -0400
Subject: Re: Two reporters might contact you in the next couple of weeks.
From: "Morens, David (NIH/NIAID) [E]" <[redacted]
To: Peter Daszak <[redacted]
CC: Gerald Keusch [redacted] Robert Kessler <[redacted] Aleksei Chmura <[redacted]

The FOIAs are dreadful and paranoia-inducing. In the old days we had to do them ourselves, by hand. I mean finding and printing out thousands of emails coming in and going out. Now they sometimes FOIA text messages too. Many FOIAs turn up thousands of pages of docs, and of course, most of meaningless. We are all smart enough to know to never have smoking guns, and if we did we wouldn't put them in emails and if we found them we'd delete them. In my 22 years at NIAID I have never seen a FOIA that turned up useful information d

On 6/16/2020 9:32 AM, Peter Daszak wrote:

> Didn't realize there were so many FoIAs, and a bunch targeting our grant. I'll pass that info on to the reporters.
>
> Maybe you can redirect these foia requests to my home address. I can print off all my emails, plus the grants, and for a small fee can just leave them out on the doorstep. Sounds like a good way to monetize research!
>
> Seriously, sounds like this FoIA malarky is a huge time sink for folks at NIH.
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*
>
> EcoHealth Alliance
> 520 Eighth Avenue, Suite 1201
> New York, NY 10018-6507
> USA
>
> Tel.: +1-212-380-4474
> Website: www.ecohealthalliance.org
> Twitter: @PeterDaszak
>
> *EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*
>
> **From:** David Morens [redacted]
> **Sent:** Tuesday, June 16, 2020 7:58 AM
> **To:** Peter Daszak <[redacted]
> **Cc:** Gerald Keusch [redacted] Robert Kessler <[redacted] Aleksei Chmura <[redacted]
> **Subject:** Re: Two reporters might contact you in the next couple of weeks.
>
> Peter, if you are in contact with with these guys about their foias you should tell them to be aggressive. We (NIAID) are way behind on responding to foias, and one or two groups is already suing us. Good! I myself have about 5 foias related

to your grant, and i believe tony has more. In fact, in most cases foias to me also cover Tony, Hugh, and several front office staff

Our reason for being slow is that we respond with sophisticated computer searches done by our IT people, and we just don't have enough of them to cover 100+ ongoing foias, probably 5-10 of which deal with your grant

On a related subject i did a first draft of our astmh piece and ran it by joel breman, astmh president. I had originally decided to NOT address the conspiracy theories head on but thinks that should be added. So, i wrote two additional paras on that, and sent it to Jeff Taubenberger for his input on the molecular evidence.

D

Sent from my iPhone
David M Morens
OD, NIAID, NIH

> On Jun 15, 2020, at 21:02, Peter Daszak [redacted] wrote:
>
> Hi David and Jerry,
>
> I've been thinking of a way to get ahead of the curve, just in case NIH really is investigating EHA or me. This goes back to NIH telling folks who FOIA them that they can't reveal info on my grant and Wuhan because of a law enforcement clause and a pending investigation (https://www.nationalreview.com/corner/nih- we-cant-release-our-papers-about-the-wuhan-institute-of-virology-because-of-a-pending-investigation/). I've been wondering if that's a real investigation maybe by another org seeing if NIH acted legally? Is it them investigating Wuhan (not really possible)? Is it related to the NIH Director's pushing the agenda of investigating scientists who have been taking funds from China etc. (https://www.sciencemag.org/news/2020/06/fifty- four-scientists-have-lost-their-jobs-result-nih-probe-foreign-ties). What concerns me is that it seems that Francis Collins is personally involved in the investigation, and that his key henchman is Michael Lauer. It's actually Lauer who gave the talk to the ACD meeting last week (https://www.acd.od.nih.gov/meetings.html , click on "ACD Working Group on Foreign Influences in Research Integrity (Update)". I think it would be convenient for Collins if they could try to dig up some China dirt on EHA, and it's probably no skin off his nose to ask his henchmen to investigate (they've already got 399 "Scientists of Possible Concern") what's one more between friends.
>
> So for that reason, I want to let you know that I've spoken with two good reporters off the record over the last few days and given them both your contact. One is Jim Rainey from the LA Times who did a good piece on the origins of COVID about EHA's work and others. He's now trying to dig into the handling of the termination by NIH and will be filing a FoIA, but right now would love to talk about the details. The other is Peter Aldhous from Buzzfeed. He did file a foia for Michael lauer's communications and some others. He said he will be appealing their decision not to release the files.
>
> I'm hoping that these two reporters will dig out some interesting stuff and maybe then I'll know whether this 'investigation' is just Francis Collins trying to fob off the foia requests, or it's because we've appealed, or another group has filed a motion with NIH re. their decision to terminate.
>
> Anyway – hope they contact you, and hope it leads to something.
>
> Cheers,
>
> Peter
>
> **Peter Daszak**
> *President*

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

[redacted]

Date: Tue, 5 Oct 2021 7:39:18 PM -0400
Sent: Tue, 5 Oct 2021 7:38:52 PM -0400
Subject: Can you call my cell sometime?
From: Peter Daszak [redacted]
To: David Morens [redacted]
CC: Aleksei Chmura [redacted]

I want to just check on the scope of the foIA and who's doing it. There are plenty of things that we said in emails back and forth to your NIH address that would be a bit embarrassing, but not horrific. Mainly from the point of view that I'm talking about political attacks.

Maybe it's not that bad if the dates are tightly grouped, and if the scope (subject) is v. narrow.

Can't the NIH FoIA group actually help to reduce the scope and make some useful redactions.

The fact that we're contesting our NIH funding termination/suspension might make that redactible based on a "law enforcement" category?

Cheers,

Peter

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From: David Morens [redacted]
Sent: Tuesday, October 5, 2021 6:28 PM
To: Peter Daszak [redacted]
Subject: Re: Talking with Elizabeth Warren's staff

Peter, i just got news that a foia picked up an email i sent you saying that tony commented he was braindead, jokingly of course. However, Ron Johnson is all over it and now after me. Tony will be pissed, rightly so. I deleted that email but i now learn that every email i ever got/sent since 1998 is captured and will be turned over, whether or not i instantly deleted it.

Gmail, phone, text…. i need to scrupulously rely on those exclusively. d

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Oct 5, 2021, at 18:21, Peter Daszak [redacted] wrote:

Rich – let me know if you need any information at all prior to talking with Sen. Warren's staff. I'm happy to join you in case they have questions about the work and the negative press from the Right.

Let me know and I'll send any information that might help.

Cheers,

Peter

Peter Daszak
President

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Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: Roberts, Rich [redacted]
Sent: Saturday, October 2, 2021 12:33 PM
To: Peter Daszak <[redacted]>; Gerald "Jerry" Keusch [redacted] David Morens <[redacted]> Aleksei Chmura <[redacted]>; peter hotez <[redacted]>
Subject: RE: Please help!

Peter:

Finally located a good contact at Elizabeth Warren's office.

Rich

Richard J. Roberts
New England Biolabs
240 County Road
Ipswich, MA 01938-2723
USA
[redacted]

From: Peter Daszak [redacted]
Sent: Saturday, October 2, 2021 10:55 AM
To: Gerald "Jerry" Keusch [redacted]; Roberts, Rich [redacted] David Morens <[redacted]>; Aleksei Chmura <[redacted]>; peter hotez <[redacted]>
Subject: Please help!

EXTERNAL SENDER

Sorry to do this but I'm under pressure here and Jeff sachs' latest discrediting of our name publicly is not helping. Apparently a letters been sent to my board calling on them to fire me.

It's being reported in the NY Post today. Let me know if you can't read it on this link.

https://www.google.com/amp/s/nypost.com/2021/10/01/calls- grow-for-ouster-of-wuhan-lab-tied-daszak-as-head-of-nyc-health-nonprofit/amp/

My board chair is Nancye green - she's v supportive but everyone has limits. Her email address is nancye@dgtwo.com

Would you be willing to write an email to her this week to express your support for me and disgust at the way we are being attacked? It might be good to also mention that ecohealth has a critical mission that needs to stay the course through these ugly politics.

Sorry to be so blatant but I'm worried that this level of attack is hard to stand up against.

Cheers,

Peter

Peter Daszak
(Sent from my iPhone)

President
EcoHealth Alliance

460 West 34th Street, New York, NY10001, USA

www.EcoHealthAlliance.org

Disclaimer

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our website.

Disclaimer

Date: Wed, 24 Feb 2021 2:11:47 PM -0500
Sent: Wed, 24 Feb 2021 2:11:45 PM -0500
Subject: RE: Briefing Tony
From: "Keusch, Gerald T" [redacted]
To: Peter Daszak [redacted], David Morens [redacted]

Trash stuff. Any news outlet with a heading for Patriots on their banner is one I would normally avoid. I think this, and the republicans gambit mentioned in the article (which of course is full of innuendo, hyperbole, and out of context associations), make it even more important to brief Tony on the WHO team visit to China.

Before there is a knee jerk response to the provocation, it would be wise to think more carefully about any next step to take.

Jerry

From: Peter Daszak [redacted]
Sent: Wednesday, February 24, 2021 1:53 PM
To: David Morens [redacted]
Cc: Keusch, Gerald T [redacted]
Subject: Re: Briefing Tony

Apologies - here's the story: https://dailycaller.com/2021/02/23/gop- lawmakers-demand-nih-investigation-wuhan/

Cheers,

Peter

Peter Daszak
(Sent from my iPhone)

President
EcoHealth Alliance

460 West 34th Street, New York, NY10001, USA

www.EcoHealthAlliance.org

> On Feb 24, 2021, at 1:14 PM, Peter Daszak [redacted] wrote:
>
> Here's the latest bullshit from the Republicans. My problem is that the White House says "no plans to continue funding". It's very disappointing. I mean there is actually still NO evidence that the virus escaped from the lab, for F's sake!
>
> Cheers,
>
> Peter
>
> Peter Daszak
> (Sent from my iPhone)
>
> President

EcoHealth Alliance

460 West 34th Street, New York, NY10001, USA

www.EcoHealthAlliance.org

On Feb 24, 2021, at 9:21 AM, David Morens [redacted] wrote:

You are right, i need to be more careful. However, as i mentioned once before, i learned from our foia lady here how to make emails disappear after i am foia'd but before the search starts, so i think we are all safe. Plus i deleted most of those earlier emails after sending them to gmail. D

Sent from my iPhone

David M Morens

OD, NIAID, NIH

On Feb 23, 2021, at 21:53, Keusch, Gerald T [redacted] wrote:

We need you alive and well, so pay attention to the email address you use. If you get FOIA'ed and have to respond it will have Peter and, of lesser importance, me on the correspondence. The less we provide the enemy the better.

That said, thanks for planting the seed for this conversation to be. It will provide Tony with insights and it will be Peter who provides them - pointing out how amazingly connected (and important) he, Peter, is. Tony too.

Jerry

Gerald T. Keusch, M.D.

Professor of Medicine

Associate Director

National Emerging Infectious Diseases Laboratory

Boston University, Boston MA 02118

-----Original Message-----

From: Morens, David (NIH/NIAID) [E] [redacted]

Sent: Tuesday, February 23, 2021 2:36 PM

To: Keusch, Gerald T [redacted]

Cc: Peter Daszak [redacted]

Subject: Re: Briefing Tony

Thanks for reminding me, but I am pretty sure it is OK now to use my NIH email because 1) I haven't been a bad boy, and 2) the brown shirts have left town, and 3) it is no loger a cardinal sin to know Dr. Daszak!

However, your point is well taken, as I often do say subversive things without realizing it.....

I wonder what Tony is thinking about Peter's grant situation. He hasn't told anyone as far as I know, and we won't bring it up. he might do so, but I would be surprised.

Also, Peter, I heard t5hat he want's Cliff Lane to be on that call. You may remember that Cliff went to China last spring to look at the COVID situation. david

--

david..... PS, I will be on Public Health Service deployment from 10 December 2020 until 23 January 2021. During this time I will have limited access to email and phone contact. Ty, dmm

Date: Mon, 7 Jun 2021 12:02:58 AM -0400
Sent: Mon, 7 Jun 2021 12:02:50 AM -0400
Subject: RE: ASF and all this may come up in interviews
From: Roberts, Rich <[redacted]
To: Peter Daszak [redacted]; Morens, David (NIH/NIAID) [E] [redacted]; Keusch, Jerry <[redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] <[redacted]
Attachments: image001.gif; image002.jpg

Peter:

My wife and I watched the 60 Minutes coverage, which was better than I had remembered. My wife thought you were very good!

Rich

Richard J. Roberts
New England Biolabs
240 County Road
Ipswich, MA 01938-2723
USA
[redacted]

From: Peter Daszak [redacted]
Sent: Sunday, June 6, 2021 11:54 PM
To: Morens, David (NIH/NIAID) [E] [redacted]; Keusch, Jerry [redacted]; Roberts, Rich [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] [redacted]
Subject: RE: ASF and all this may come up in interviews

EXTERNAL SENDER

Wonderful that you're able to get information up the chain and I'm really relieved and hope that it will be useful and that this won't be weaponized politically.

The quote came out in the Financial Times on Saturday (attached PDF). The relevant quote is here:

'But he [Fauci] also admits that some of the work undertaken at the Wuhan lab using NIH money could have violated safety standards — even if he says responsibility for that lies with EcoHealth Alliance, the non-governmental group that performed the work. "We will have to go back and look at that," he said of accusations that some of the coronavirus work was undertaken at biosafety level two, roughly equivalent to that in a dentist's office. "But that is something that should have been monitored by EcoHealth Alliance." EcoHealth Alliance said: "As with all research organisations, EcoHealth Alliance must follow the local laws of the countries in which we work."'

Of course, for EHA this is very concerning because even though we've followed the appropriate rules, their complexity means that the public may not understand, and when you add comments like the journalists have above: "work…could have violated safety standards", it's just used to cast doubt and try and besmirch our name as usual.

Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance
520 Eighth Avenue, Suite 1200
New York, NY 10018-6507
USA

Tel.: +1-212-380-4474
Website: www.ecohealthalliance.org
Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

---

From: Morens, David (NIH/NIAID) [E] [redacted]
Sent: Saturday, June 5, 2021 11:43 AM
To: Peter Daszak [redacted]; Keusch, Jerry [redacted] Rich Roberts [redacted]; Taubenberger, Jeffery (NIH/NIAID) [E] < [redacted]
Subject: FW: ASF and all this may come up in interviews

Peter, the below CONFIDENTIAL email went to Tony and to our OD staff, so that Tony will be prepared to speak to the subject of BSL…

This was what I was typing up when we spoke last night. I am sure he will "get" this and be able to respond to the crazies if necessary….

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted]

From: Folkers, Greg (NIH/NIAID) [E] <[redacted]>
Sent: Friday, June 4, 2021 9:36 PM
To: NIAID OD AM <[redacted]>; Billet, Courtney (NIH/NIAID) [E] <[redacted]>; Routh, Jennifer (NIH/NIAID) [E] <[redacted]>; Stover, Kathy (NIH/NIAID) [E] <[redacted]>
Subject: ASF and all this may come up in interviews

In the recent Bulletin of the Atomic Scientists article, we have this quote

"It is clear that some or all of this work was being performed using a biosafety standard—biosafety level 2, the biosafety level of a standard US dentist's office—that would pose an unacceptably high risk of infection of laboratory staff upon contact with a virus having the transmission properties of SARS-CoV-2…."

My understanding is that human coronaviruses including sarbecoviruses are routinely worked at in BSL-2 around the world as are many other viruses that can cause problems for people. The BSL level designation is decided by each country and is not related to perceived pandemic potential but largely to risk to the BSL workers.

For example, BSL-4 designation generally means deadly virus, infectious by aerosol, no vaccine against it, and no treatment for it. So, although rabies is 100% fatal in humans, it can be prevented by a vaccine and prevented by a post exposure serum, and (probably if not totally) not infectious by aerosol, thus it is BSL-2 even though among the deadliest of human viruses. Working with non-human coronaviruses at BSL-2 is widespread since these viruses are not known to infect humans.

David, Alan and others may have additional thoughts.

Attached is a fact sheet that I think comes from Ec~Health

Date: Tue, 7 Dec 2021 2:03:29 PM -0500
Sent: Tue, 7 Dec 2021 2:03:27 PM -0500
Subject: Re: Peter Daszak and the Salem Witch Trials
From: Nancye Green [redacted]
To: David Morens [redacted]

David,
Yes! I do remember you. And I cannot thank you enough for this wonderful note. I am the EHA Board Chair, beginning this role about a year before the outbreak. Have been by Peter's side throughout, brainstorming first all of the accolades and then all of the crazies.

Our board has been incredibly supportive of Peter and I have not heard a word otherwise since the craziness began. We have worked to keep them as well informed as we can, but no one has wavered. In other words, we know that Peter is a great scientist, a deeply honest man, and always does what he believes is right. I work myself in biotech and know how unclear science is by its very nature - and how the picture can change with more evidence. We are living in a world of polarities and it doesn't suit the scientific process very well.

You are thoughtful and generous to have shared your valuable perspective. I appreciate it and, with your permission, would love to forward it to our board. If that doesn't work for you, no problem. You should know that we have no one FOIA-able on our board. We have made sure to only use personal addresses. And if you would like me to send your comments unattributed to you personally, that would work too. It never hurts to support Peter with so many untruths flying around.

I hope to meet you again in the coming months and thank you so much for your thoughtful words. It means a lot to all of us. We are very proud of EHA and the incredible work all of our scientists do around the world - often at great risk to themselves. They are committed to the work as are we!

All the best,
Nancye

Nancye Green
Donovan/Green

[redacted]

www.donovangreen.com <http://www.donovangreen.com >

EcoHealth Alliance Chair
www.ecohealthalliance.org <http://www.ecohealthalliance.org >

On 12/7/21, 1:43 PM, "David Morens" [redacted] wrote:

Hi Nancye, you may not remember that we met a couple years ago, I can't exactly remember where, but I am writing you because I believe you are on the EcoHealth Board, and want to put in a word for Peter and the EcoHealth team, and all the great work they have been doing.

I am a scientist at NIH but because of death threats and general harassment of me and more particularly my boss, Tony Fauci, we have to keep all communications like this on private email so that it can't be

retrieved via a FOIA, as we have been FOIA's so many times we've all lost count, and we have had to set up a special FOIA team just over the issue of Peter and related matters.

I have known Peter for over 15 years, have published scientific papers with him, have published in the EcoHealth journal, and have even nominated him to the Cosmos Club.

Peter is an exceptional scientist, literally the world's top expert in coronavirus emergences, and a scrupulously honest man. It is horrifying and heart-breaking to see all this unfold.

What has been happening over the past year is pure evil politics: the charges against him and against EcoHealth are false. It is sad that many in the media have elevated political charges without merit into the realm of false equivalency (e.g., lab leaks and man-made Frankenstein viruses are given equal weight to the obvious natural origin of the SARS-CoV-2 virus), but this is the new world we live in. Guilty until proven innocent, even when the charges are false to the point of being crazy.

The vast majority of us in the science community know the truth but, sadly, most don't speak out for fear they will be attacked too. My boss Tony Fauci is covered by secret service 24-7, and when we go up onto the 7th floor of our building, all staff, people like me, are met with armed police. Friends of mine are lying low because of threats to them and their families, and so many have told me they'd love to defend Peter but they are afrai9d the wrath of the conspiracy crazies will turn to them. What Peter has been experiencing is terrible but no longer unique.

Which leads me to say: I hope the Board will support Peter through this. Remember that HE is the good guy in this story, and some day, when the history books are written about this, Peter and EcoHealth will be the heroes, not the villains. Even though it's not apparent, there is much love and goodwill out there in the scientific community for Peter and EcoHealth. Please stand up for what is good and right, and support Peter until this ends.

Thanks, david morens

David M. Morens, MD
[redacted]

IMPORTANT: My gmail frequently sends incoming messages to Trash, which

is apparently not correctable. If you don't hear from me in a reasonable time, please try again, call, or use my NIH email address

IMPORTANT: For US Government-related email, please also reply to my NIAID address

Date: Wed, 16 Jun 2021 1:10:19 PM -0400
Sent: Wed, 16 Jun 2021 1:03:57 PM -0400
Subject: FW: anders$n
From: "Morens, David (NIH/NIAID) [E]" [redacted]
To: David Morens [redacted]
Attachments: image001.gif; image002.jpg

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted]

From: Morens, David (NIH/NIAID) [E] [redacted]
Sent: Monday, June 7, 2021 11:33 AM
To: Folkers, Greg (NIH/NIAID) [E] [redacted] NIAID OD AM [redacted]
Subject: RE: anders$n

Greg, FYI, there is a coordinated international effort to harass, send death threats to, send envelopes with white powder to, harass the spouses and children of, publish the home and work addresses and contact info for, organize 24-hour phone calling

harassment, and encircle the homes of and chant threats against, and generally intimidate, a number of scientists who have stated that scientific evidence shows that SARS-CoV-2 arose in nature and not leaked or manufactured. Many of the threats seem really unhinged and violent, and are terrifying to people who have no means of protection living and working openly in their communities. In some cases scientists have had to hire armed security guards, and seek counseling support for traumatized family members. Even Jeff and I have received email threats and obscenities, although thankfully not a coordinated barrage, so far at least. Some of our American scientists like Peter D are being protected by the FBI but others not. Eddie Holmes had to go into hiding last year, and is just now seeing if he can resurface, and now Kristian may be at least lying low.

This is not just a few flakes, there are hundreds or thousands of people doing this in a coordinated fashion, and the scientists targeted have been really traumatized, especially those with families who have been targeted as well.

Nothing we can do, I know, but sympathize and support our colleagues….

David

David M. Morens, M.D.
CAPT, United States Public Health Service
Senior Advisor to the Director
Office of the Director
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 31, Room 7A-03
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
[redacted]

From: Folkers, Greg (NIH/NIAID) [E] [redacted]
Sent: Monday, June 7, 2021 8:11 AM
To: NIAID OD AM [redacted]
Subject: anders$n

Caroline Orr Bueno, Ph.D
@RVAwonk

Virologist Kristian Andersen, who was among those in communication with Dr. Fauci about the origins of #COVID19, appears to have deactivated his Twitter account.

He has been targeted & harassed pretty heavily since Fauci's emails were released. pic.twitter.com/xLHIwHJW4O

6/6/21, 6:03 PM

Date: Thu, 9 Sep 2021 5:48:40 PM -0400
Sent: Thu, 9 Sep 2021 5:48:39 PM -0400
Subject: Re: here's the latest line of attack today...
From: "Jason Gale (BLOOMBERG/ NEWSROOM:)" [redacted]
To: dmmorens[redacted]
Attachments: Untitled attachment 08439.jfif; Untitled attachment 08442.jfif; Untitled attachment 08445.jfif; Untitled attachment 08448.jfif; Untitled attachment 08451.jfif; Untitled attachment 08454.jfif

---

Ughhh. Sorry, David. Did you get a chance to see the Stanford auto-antibody stuff? Not sure how important it is. They have now sent me the paper, in case you have to look. Thanks a lot.
jason

From: dmmorens[redacted] At: 09/10/21 07:35:15 UTC+10:00
To: [redacted]

Cc: Jason Gale (BLOOMBERG/ NEWSROOM:), rfgarry[redacted], kga1978[redacted], edward.holmes[redacted], angela.rasmussen[redacted], kessler[redacted], u6025689[redacted]

Subject: Re: here's the latest line of attack today...

Peter and colleagues,

As you know, I try to always communicate on gmail because my NIH email is FOIA'd constantly.

Yesterday my gmail was hacked, probably by these GoF assholes, and until IT can get it fixed I may have to occasionally email from my NIH account.

It spent a couple hours today but couldn't fix it.

Stuff sent to my gmail gets to my phone, but not my NIH computer.

Don't worry, just send to any of my addresses and I will delete anything I don't want to see in the New York Times.

d

David M. Morens, MD
[redacted]

IMPORTANT: My gmail frequently sends incoming messages to Trash, which is apparently not correctable. If you don't hear from me in a reasonable time, please try again, call, or use my NIH email address

IMPORTANT: For US Government-related email, please also reply to my NIAID address

On Thu, Sep 9, 2021 at 5:10 PM Peter Daszak [redacted] wrote:

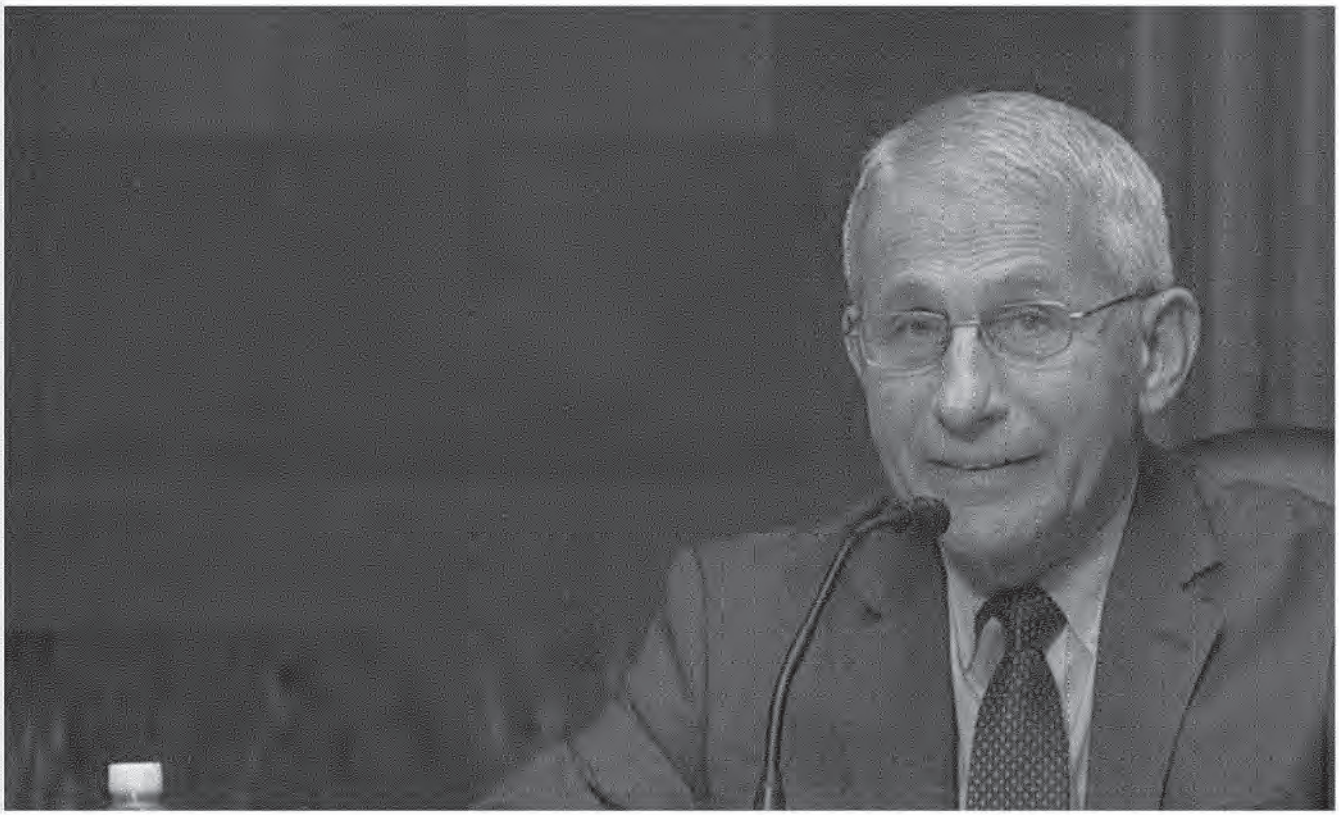
Here's a report in the Daily Caller that goes after the GoF argument that the chimeric bat viruses yielded more virus in humanized mice than the parental bat virus strain. https://dailycaller.com/2021/09/09/ecohealth- alliance-gain-of-function-higher-viral-load-anthony-fauci/

There's a good response from NIH: 'An NIH spokesperson told the DCNF the agency "never approved any research that would make a coronavirus more dangerous to humans." "The research we supported in China, where coronaviruses are prevalent, sought to understand the behavior of coronaviruses circulating in bats that have the potential to cause widespread disease," the spokesperson said. "The body of science produced by this research demonstrates that the bat coronavirus sequences published from that work NIH supported were not SARS-CoV-2. More importantly, because of similar research to understand coronaviruses, we were able to move swiftly to develop vaccines against SARS-CoV-2 and save lives."'

This story is particularly irritating because if you look at the P3CO rules, it's clear they are meant for pathogens that occur in humans and might be made more dangerous. These were bat viruses that have never been shown to occur in humans. L et's also not forget that the virus with a higher viral load in mice was actually because it had the spike protein of a bat virus being flown around every night by tens of thousands of bats in rural china – not something new created by us to enhance virulence - In fact, the opposite: the fact that we could do this work with a chimera means that we don't have to isolate and culture every single new bat cov we find. It reduces risk!

INVESTIGATIVE GROUP

Fauci-Funded Wuhan Lab Viruses Exhibited Over 10,000 Times Higher Viral Load Than Natural Strain, Documents Show



DAILY CALLER NEWS FOUNDATION

ANDREW KERRINVESTIGATIVE REPORTER

September 09, 20213:25 PM ET

- **U.S. and Chinese researchers funded by the National Institutes of Allergy and Infectious Diseases created viruses in a Wuhan lab that exhibited over 10,000 times higher viral load in humanized mice, records released by the agency show.**
- **Rutgers University professor Richard Ebright said the data was a "bona fide bombshell" that proves the NIAID, under Dr. Anthony Fauci's leadership, violated federal policies, endangered the public and lied to the public.**
- **Fauci testified before the Senate in June that his agency never funded gain-of-function research at the Wuhan Institute of Virology.**

U.S. and Chinese researchers funded by Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases (NIAID) created viruses in a Wuhan lab that exhibited over 10,000 times higher viral load in humanized mice than the natural virus they were based on, according to an infectious disease professor citing documents recently released by the agency.

The U.S. nonprofit group EcoHealth Alliance notified the NIAID in two reports that between June 2017 and May 2018 it had created three lab-generated chimeric SARS-related coronaviruses in China that exhibited "significantly higher" viral loads, documents first reported by The Intercept show, but the agency continued to fund the project with taxpayer dollars without flagging it for review by an independent federal committee created in late 2017 to oversee gain-of-function research.

Rutgers University professor Richard Ebright, a vocal opponent of gain-of-function research, said the data was a "bona fide bombshell" that proves the NIAID, under Fauci's leadership, violated federal policies, endangered the public and lied to the public.

"Three EcoHealth/[Wuhan Institute of Virology] lab-generated viruses exhibited >10x to >10,000x higher viral load than the starting bat virus in humanized mice," Ebright tweeted. "One EcoHealth/WIV lab-generated virus exhibited higher pathogenicity than the starting bat virus in infection studies with humanized mice."

"The results demonstrate–unequivocally–a gain in function," he said.

In comparison, the viral load for people infected with the delta variant is roughly 1,000 times higher than those infected with the original strain of the virus, according to Nature science journal.

Ebright added on Twitter that the gain-of-function research activity that NIAID allowed EcoHealth Alliance to conduct in China could have yielded the virus that causes COVID-19 or a progenitor of that virus.

EcoHealth Alliance first notified the NIAID it created the three lab-generated SARS-related coronaviruses in a progress report detailing its research activities between June 2017 and May 2018.

"Using the reverse genetic methods we previously developed, infectious clones with the WIV1 backbone and the spike protein of SHC014, WIV16 and Rs4231, respectively, were constructed and recombinant viruses were successfully rescued," the group said in its progress report. "2 and 4 days post infection, the viral load in lung tissues of mice challenged with rWIV1-SHC014S, rWIV1-WIV16S and rWIV1-Rs4231S … were significantly higher than that in rWIV1-infected mice."

"These results demonstrate varying pathogenicity of SARSr-CoVs with different spike proteins in humanized mice," the report added.

EcoHealth Alliance included a chart visualizing the increased viral load of their lab-created viruses. The chart is presented in a Log scale, meaning each tick of the chart represents a 100-fold increase in viral load in mice with

humanized cells, Ebright explained to the Daily Caller News Foundation.

B.2 (Year 4 NIAID CoV Report_Final for eRA Commons.pdf)

1R01AI110964 Year 4 Report P

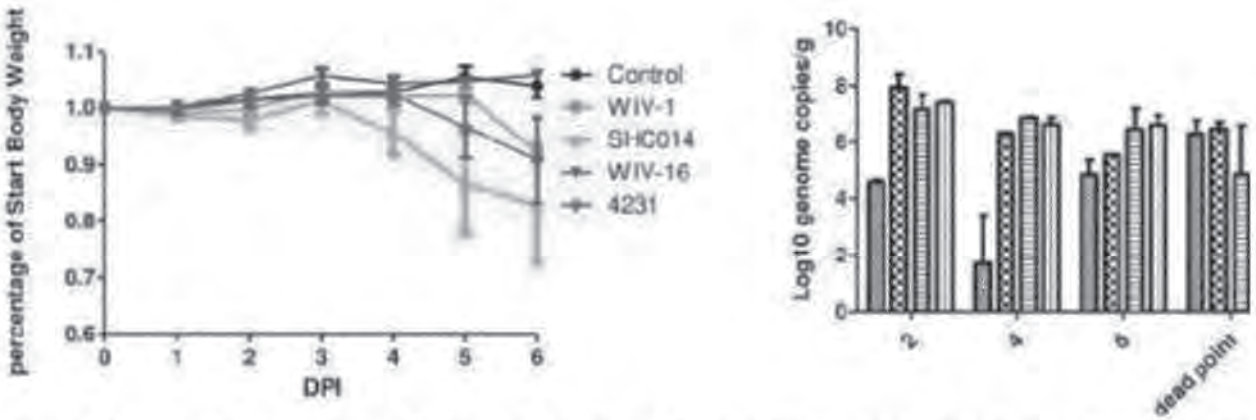


***Figure 35.** In vivo infection of SARSr-CoVs in hACE2-expressing mice. (a, left) Body we infection; (b, right) Viral load in lung tissues*

Charts submitted by EcoHealth Alliance to the National Institute of Allergy and Infectious Diseases showing loss of body weight (right) and viral load (left) of mice with humanized cells infected with the natural WIV1 viral strain and three EcoHealth lab-created virus strains. The viral load chart is presented in Log scale, meaning each tick of the graph represents a 100-fold increase in viral load, Rutgers University professor Richard Ebright explained to the DCNF. (Screenshot)

"Each tick in the chart on the right represents an increment of 100x," Ebright told the DCNF. "The day 4 data show greater-than-10,000x higher viral loads for the lab-generated viruses."

The viral load for humanized mice infected with the natural virus caught up with the lab-created strains by the end of the experiment, the chart shows, but Ebright said that viral loads in the early stages of an infection are important figures to consider when assessing a pathogen's transmissibility.

"In terms of assessing potential for transmissibility, the viral load at all time points, particularly at early time points, is relevant. (See Delta variant)," Ebright told the DCNF.

EcoHealth Alliance provided another chart in its progress report showing that humanized mice infected with EcoHealth's lab-created viruses lost more bodyweight than humanized mice infected with the natural WIV1 strain.

EcoHealth Alliance included the same two charts in a 2018 request to the NIAID requesting additional funding for its research in China, the document trove released by The Intercept shows.

Federal funding for gain-of-function experiments that increase the transmissibility or pathogenicity of potential pandemic pathogens was temporarily suspended in 2014 due to widespread scientific concerns it risked leaking supercharged viruses into the human population.

Funding for gain-of-function research was resumed in late 2017, but only for projects that went through the new Potential Pandemic Pathogens Control and Oversight (P3CO) Framework, which includes a review by an HHS review board tasked with critically evaluating whether grants that involve enhancing dangerous pathogens, such as coronaviruses, are worth the risks and that proper safeguards are in place.

The NIAID opted not to flag the EcoHealth Alliance grant for P3CO after determining on its own accord that the project "did not involve the enhancement of the pathogenicity or transmissibility of the viruses studied," a National Institutes of

Health spokesperson previously told the DCNF. **(RELATED: US Grant To Wuhan Lab To Enhance Bat-Based Coronaviruses Was Never Scrutinized By HHS Review Board, NIH Says)**

Fauci said during a congressional hearing in May that the NIH and NIAID "categorically has not funded gain-of-function research to be conducted at the Wuhan Institute of Virology," a claim that led Republican Sen. Rand Paul of Kentucky in July to send a criminal referral to the Department of Justice to investigate whether Fauci lied before Congress.

The P3CO framework defines an "enhanced" potential pandemic pathogen as any lab-created virus that exhibits any level of boosted transmissibility and/or virulence. Funding agencies such as the NIAID are required to flag any research grant that is "reasonably anticipated to create, transfer, or use enhanced PPPs" for P3CO review.

Despite this, documents released by The Intercept suggest that the NIAID authorized EcoHealth Alliance to conduct gain-of-function experiments on bat coronaviruses up to a certain threshold.

The NIAID informed EcoHealth Alliance in a June 2018 award notice that it must notify the agency only if it creates a virus "with enhanced growth by more than [10 times] compared to wild type strains," according to documents released by The Intercept. The NIAID linked to the P3CO review process, which contains no such mention of a 10 times allowance, in the very next sentence, the document shows.

SECTION IV – AI Special Terms and Conditions – 5R01AI110964-05

Clinical Trial Indicator: No
This award does not support any NIH-defined Clinical Trials. See the NIH Grants Polic
Section 1.2 for NIH definition of Clinical Trial.

Page-5

If any experiments proposed in this award result in a virus with enhanced growth by n
log compared to wild type strains, you must notify your NIAID Program Officer and Gr
Management Specialist immediately. Further research involving the resulting virus(es
require review by the Department of Health and Human Services in accordance with t
Framework for Guiding Funding Decisions about Proposed Research Involving Enhai
Potential Pandemic Pathogens (https://www.phe.gov/s3/dualuse/Documents/P3CO.p

NIAID notice to EcoHealth Alliance in June 2018 saying it must notify the agency only if it produces a lab virus that exhibits more than 10 times enhancement over wild-type strains. (Screenshot)

An NIH spokesperson told the DCNF the agency "never approved any research that would make a coronavirus more dangerous to humans."

"The research we supported in China, where coronaviruses are prevalent, sought to understand the behavior of coronaviruses circulating in bats that have the potential to cause widespread disease," the spokesperson said. "The body of science produced by this research demonstrates that the bat coronavirus sequences published from that work NIH supported were not SARS-CoV-2. More importantly, because of similar research to understand coronaviruses, we were able to move swiftly to develop vaccines against SARS-CoV-2 and save lives."

Cheers,

Peter

Peter Daszak

President

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Tel.: +1-212-380-4474

Website: www.ecohealthalliance.org

Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Peter Daszak [redacted]
Sent: Wednesday, September 8, 2021 8:29 PM
To: 'Garry, Robert F' [redacted] 'Kristian G. Andersen' [redacted]
Cc: 'David Morens' [redacted]; 'Edward Holmes' [redacted]; 'Jason Gale' [redacted] 'Rasmussen, Angie' [redacted]; Robert Kessler [redacted]

[redacted]; 'Stephen Goldstein' [redacted]
Subject: RE: The Intercept report on coronavirus research at Chinese labs

That's interesting about Jesse Bloom – I wasn't aware of that work and hadn't really heard of him before this year to be honest. I suspect that like many people his view of his own research is that it's highly professionally managed and carefully controlled re. biosafety. He clearly has a different view of the work at WIV & by other leading Chinese scientists and seems suspicious of their motives in many of his public comments. This can't be based on their published work – it's often excellent. It just seems like a difficulty people have teasing apart their viewpoint about the Chinese Govt from their opinion about individual scientists. Anyone who's been on the ground in China rapidly realizes that the two are not the same.

Cheers,

Peter

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Garry, Robert F [redacted]
Sent: Wednesday, September 8, 2021 4:12 PM
To: Peter Daszak [redacted]; Kristian G. Andersen [redacted]

Cc: David Morens [redacted]; Edward Holmes [redacted]; Jason Gale [redacted]; Rasmussen, Angie [redacted]; Robert Kessler [redacted]; Stephen Goldstein [redacted]
Subject: Re: The Intercept report on coronavirus research at Chinese labs

Sorry this is happening. The anti-science attacks are just getting more and more extreme.

Unfortunately, there exists a small vocal group of scientists that see virtually every experiment done by virologists as risky and potentially GoF. Many of those ppl are quoted in the Intercept article.

WRT Jesse Bloom it is rather ironic I must say. One need not look too hard at his influenza virus publications to identify quite a number that could be considered "risky" at least by a Relman/Ebright definition. Selecting drug resistant influenza virus mutants, and creating influenza virus SARS-CoV-2 recombinants to name two. Just saying…

From: Peter Daszak [redacted]
Date: Wednesday, September 8, 2021 at 2:49 PM
To: Kristian Andersen [redacted]
Cc: David Morens [redacted] Robert Garry [redacted], Edward Holmes [redacted], Jason Gale [redacted] "Rasmussen, Angie" [redacted] Robert Kessler [redacted], Stephen Goldstein [redacted]
Subject: RE: The Intercept report on coronavirus research at Chinese labs

External Sender. Be aware of links, attachments and requests.

Great to see your email Kristian – right on every point. The isolate vs. sequence vs. sample misnomer is something that really has plagued me with this stuff – Zhengli's group repeatedly used 'isolate' for 'sample' on Genbank and I've made that mistake here also.

Re. the MERS work, you're dead right – we proposed it, explained that it would likely need review by the P3CO committee equivalent, and then pushed it to Yr4. In the end we didn't do this work – there was already a ton of other more interesting work directly on SARSr-CoVs to do.

The latest line of attack that will be coming out in a follow-up article in the *Intercept* tonight is that in the Y4 report, we show one of the chimeras having more than a log virus output than the parent strain (WIV-1). The NoA was updated in Y3 to say that if this happened we had to report to NIH and cease expts. Ironically, the way *Intercept* found this out is because they now have a copy of our "report to NIH" in which we show this, but of course that's not going to stop them saying we broke the rules on GoF.

The other line of attack is the one Jesse Bloom's pursuing – that we didn't publish sequence data within 6 months of the "final version being received" as per our proposal. Jesse sneakily suggested this in an email to me last night in which he asked for the sequences so he can do SARS-CoV-2 origin analyses, while at the same time tweeting an accusation that we broke the rules in a chain with Alina Chan and the "Seeker". I'm not sure whether to respond at all, but I might just let him

know that all SARSr-CoV sequences we had are already published in our 2020 paper in Nat. Comm. Again – the problem with these accusations is that just being accused of this by the press causes us seven levels of hell, and arguing back is even worse.

Cheers,

Peter

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Kristian G. Andersen <[redacted]
Sent: Tuesday, September 7, 2021 10:30 PM
To: Peter Daszak <[redacted]
Cc: David Morens [redacted]; Garry, Robert F <[redacted] Edward Holmes <[redacted] Jason Gale <[redacted] Rasmussen, Angie <[redacted] Robert Kessler <[redacted] Stephen Goldstein <[redacted]
Subject: Re: The Intercept report on coronavirus research at Chinese labs

It's harassment, plain and simple - it has absolutely nothing to do with trying to find the truth of how SARS-CoV-2 emerged in the human population.

The way I see it though, we now have (a) the entire US IC having completed their investigation, (b) unredacted grants and annual reports from EcoHealth, and (c) old theses from the WIV.

This is *exactly* the type of information that Ebright, Metzl, Relman, Bloom, Chan, and the rest of the lot have been requesting. Now this work has been completed, what was unearthed? Nothing. Nada. Zilch. No evidence of the virus (or sequence) at the WIV (or anywhere else) prior to the pandemic. No gain-of-function work (despite what Ebright says). The same cloning system used again and again (WIV1). Vero cells used for virus isolation (SARS-CoV-2 loses the FCS in those cells), and no previously unreported viruses isolated (although I note the repeated use of "isolates" in one of the annual reports to describe 11 samples - I myself have made that mistake before). So again, there's nothing.

This absence of evidence is *in fact* evidence of absence in this particular case - there would have been *some* evidence for SARS-CoV-2 in *some* of these documents had it been at the WIV. Yet, nothing.

As for GOF work, again nothing. I note the mention of work with recombinant MERS in the year 3 report for work proposed in year 4 - depending on the nature of work, that could be considered GOF/DURC. However, when reading the year 4 report, I don't see any of that work mentioned - just work with pseudotyped viruses, which is clearly not GOF (or DURC).

Of course, people will take stuff out of context to make *anything* fit a particular narrative. However, there's an expiration date on bullshit and I suspect we're well past due.

K

On Tue, Sep 7, 2021 at 6:28 PM Peter Daszak [redacted] wrote:

> Here's one of the "journalists" who got the "Scoop". Basically they just FoIA'd NIH, then sued when NIH refused to release, then dumped the documents online and asked for "people with relevant expertise to get in touch". Cue Drs. Ebright, Relman, Chan, Bloom and others to start their attempt at a character assassination…
>
> **Mara Hvistendahl**
>
> @MaraHvistendahl

.

15h

NEW: We obtained hundreds of pages from NIH detailing EcoHealth Alliance's work with the Wuhan Institute of Virology. We are publishing them in full. With

@fastlerner and @theintercept legal team, which filed a FOIA lawsuit for the documents' release

New Details Emerge About Coronavirus Research at Chinese Lab

More than 900 pages of materials related to US.-funded coronavirus research in China were released following a FOIA lawsuit by The Intercept.

theintercept.com

Mara Hvistendahl

@MaraHvistendahl

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15h The full documents are here: “Understanding the Risk of Bat Coronavirus Emergence”
https://documentcloud.org/documents/21055989- understanding-risk-bat-coronavirus-emergence-grant-notice…

"Understanding Risk of Zoonotic Virus Emergence in Emerging Infectious Disease Hotspots of Southeast Asia"
https://documentcloud.org/documents/21055988- risk-zoonotic-virus-hotspots-grant-notice…

Mara Hvistendahl

@MaraHvistendahl

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7h

There is a lot here. @fastlerner and I are interested in hearing feedback from people with relevant expertise.

Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance

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Twitter: @PeterDaszak

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

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From: David Morens <[redacted]
Sent: Tuesday, September 7, 2021 9:07 PM
To: Peter Daszak <[redacted]
Cc: Garry, Robert F [redacted]; Kristian G. Andersen [redacted] Edward Holmes <[redacted] Jason Gale [redacted]; angela.rasmussen[redacted] Robert Kessler [redacted]u6025689[redacted]
Subject: Re: The Intercept report on coronavirus research at Chinese labs

Do not rule out suing these assholes for slander. d

Sent from my iPhone

David M Morens

OD, NIAID, NIH

On Sep 7, 2021, at 20:39, Peter Daszak <[redacted] wrote:

To be honest, this whole process is beyond a joke. We're spending a huge amount of staff time dealing with the BS from these FoIA requests even though the grant's been terminated, suspended and funds are still unavailable.

The lab leakers are already stirring up bullshit lines of attack that will bring more negative publicity our way – which is what this is about – a way to line up the GoF attack on Fauci, or the 'risky research' attack on all of us.

Jesse Bloom's now trying to claim we weren't following our proposed rules for data release (not true – all SARSr-CoV RdRp sequences on Genbank in summer 2020, despite the grant being terminated) – he's tagging Alina Chan and 'The Seeker' on Twitter. Ebright's trying to claim we were working on MERS as a 'shadow' line of work. There'll be more to come – just a free-for-all effort to find a few sentences that they can take out of context.

Cheers,

Peter

Peter Daszak

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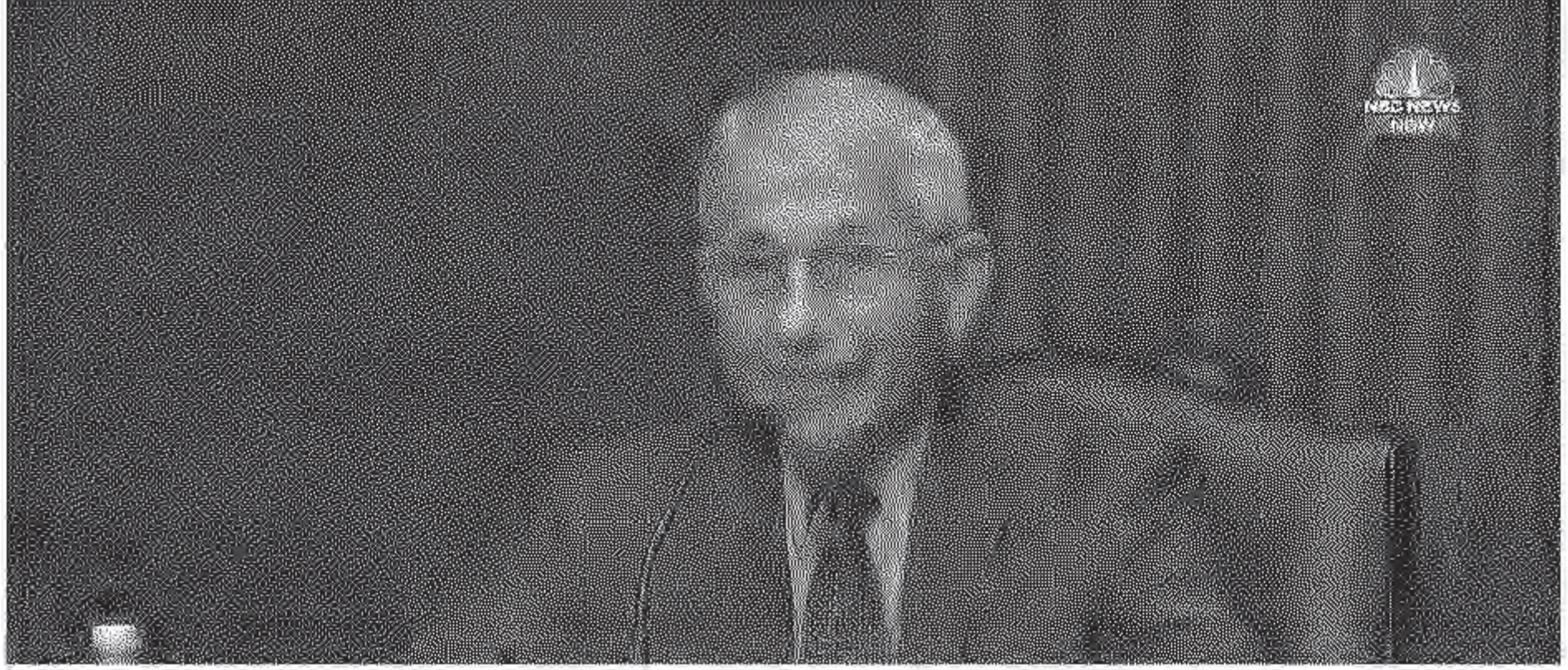
From: Garry, Robert F [redacted]
Sent: Tuesday, September 7, 2021 8:08 PM
To: Kristian G. Andersen [redacted] Edward Holmes [redacted]
Cc: Jason Gale [redacted] angela.rasmussen[redacted] daszak@[redacted]
dmorens@[redacted]; kessler@[redacted]; u6025689@[redacted]
Subject: Re: The Intercept report on coronavirus research at Chinese labs

Totally - that the real story of the FOIAed grants - no SC2 or anything close that could have been converted to it.

Metzl, Chan and others wanted a "forensic investigation.' The grants that they thought would be private and written before the pandemic do not mention a new SARS-like virus. YOu can be sure that a new virus 76% similar to SC1 would have been front and center in the applications and progress reports.

My guess this is part of the info the IC used to conclude no bioweapon, likely no engineering - NO SC2 before the pandemic. This GoF debate now very clearly has nothing to do with the origin of SC2.

<


NBC NEWS
NOW

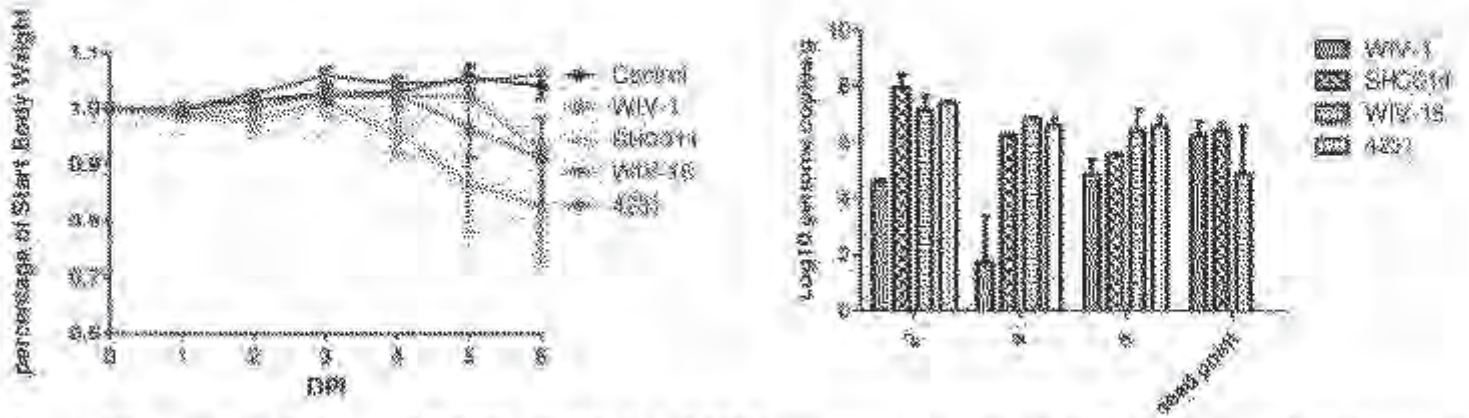


Figure 35. *In vivo infection of SARSr-CoVs in hACE2-expressing mice. (a, left) Body-weight change after infection; (b, right) Viral load in lung tissues*

Clinical Trial Indicator: No
This award does not support any NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

If any experiments proposed in this award result in a virus with enhanced growth by more than 1 log compared to wild type strains, you must notify your NIAID Program Officer and Grants Management Specialist immediately. Further research involving the resulting virus(es) may require review by the Department of Health and Human Services in accordance with the Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogens (https://www.phe.gov/s3/dualuse/Documents/P3CO.pdf).

Subject: RE: MDR for final sign off
Date: Thursday, July 9, 2020 at 9:39:33 AM Eastern Daylight Time
From: [redacted]
To: [redacted]
CC: [redacted]

Pls send around final for approval

From: [redacted]
Sent: Tuesday, July 07, 2020 4:32 PM
To: [redacted]
Cc: [redacted]
Subject: Re: MDR for final sign off

Will make sure it spelled out in guidance.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: [redacted]
Sent: Tuesday, July 7, 2020 4:03 PM
To: [redacted]
Cc: [redacted]
Subject: Re: MDR for final sign off

i think on this one, i would also add properly cohort patients, ppe, etc -- all of the things that we restated in our april 29 letter

- The nursing home must be in full compliance with all state and federal requirements, have access to adequate testing, have agreements with laboratories to process tests, and have no staffing shortages.

From: [redacted]
Sent: Tuesday, July 07, 2020 3:01 PM
To: [redacted]
Cc: [redacted]
Subject: MDR for final sign off

Nursing Homes

- Criteria to allow visitation:
  - Nursing Home must be in phase 3 region.

    - No COVID cases among residents or staff for 28 days (currently 146 nursing homes would qualify*)
    - The nursing home must be in full compliance with all state and federal requirements, have access to adequate tesng , have agreements with laboratories to process tests, and have no staffing shortages.
    - A formal copy of visitaon plan mus t be posted to website and broadcast to visitors
- Visitaon is limit ed to outdoor areas, except under certain circumstances where visitaon ma y be inside in a well-venla ted space with no more than 10 individuals
- The number of visitors must not exceed ten percent (10%) of the resident census at any me and only one visitor will be allowed per resident at any one me.
- Visitors must wear proper PPE and must be screened for signs and symptoms of COVID-19 prior to visitaYon
- The Department can halt visitaon a t the nursing home at any me due t o community or facility spread of infecon or when the Departmen t idenfies tha t the NH has failed to comply with visitaon r equirements.

Pediatric Nursing Homes

- Same criteria as for allowing visitaon as N ursing Homes except, pediatric nursing homes in all regions of the state are eligible, regardless of phase
- Same procedures for visitaon as nur sing homes plus:
    - Visitaon is limit ed to parents or legal guardians of the resident and immediate family ages 18 and older.
    - Two visitors per resident are permi ed at one me (c ompared to one for nursing homes)

Adult Care Facilities

- Visitaon crit eria is the same as for nursing homes plus ACF must have undergone an infecon control survey since May 1, 2020 and must have been found to be in substanal c ompliance
    - Currently 328 ACFs would qualify*
- When those criteria are met, ACFs may have the same visitaon as nur sing homes plus:
    - resume congregate acvies tha t do not include eang and drinking
    - allow salon services that abide by NY Forward guidance specific to salons and barbershops

*Number of facilies c ould change as pending staff and resident test results come back

Subject: RE: on track for noon?
Date: Monday, June 22, 2020 at 12:29:51 PM Eastern Daylight Time
From: [redacted]
To: [redacted]

Can you shoot over? He's asking

From: [redacted]
Sent: Monday, June 22, 2020 11:55 AM
To: [redacted]
Subject: Re: on track for noon?

I will get you what I have. Howard's people will need to fill in section and McKinsey isn't done yet, but I will get you where it is.

From: [redacted]
Date: Monday, June 22, 2020 at 11:54 AM
To: [redacted]
Subject: on track for noon?