Chairman Rand Paul, M.D.

U.S. SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

On July 29, 2026, Dr. Anthony Fauci appeared before the Committee under subpoena at a hearing titled "Testimony of Anthony Fauci." He delivered an opening statement and then invoked the Fifth Amendment 111 times, refusing to answer the Committee's questions. Chairman Paul ruled that the privilege did not apply and ordered him to answer. He refused again. On August 6, 2026, the Committee voted to hold Dr. Fauci in contempt of Congress. The records below were released by Chairman Paul. Dr. Fauci refused to answer questions about them under oath.

WHAT THE DOCUMENTS SHOW

1 **FAUCI REPEATEDLY ASKED COLLEAGUES TO DELETE EMAILS HE SENT.**

Over nearly eleven years, Dr. Fauci closed sensitive emails by telling the recipient to delete them upon reading. The instructions appear in messages dated September 26, 2009; December 19, 2011; March 4, 2012; February 2, 2020; and July 20, 2020. In the 2012 email he asked that the message also be removed from the deleted items folder.

2 **FAUCI POINTED THE INTELLIGENCE COMMUNITY WORKING ON ASSESSING THE ORIGIN OF COVID-19 TO THE CONFLICTED AUTHORS OF THE PROXIMAL ORIGIN PAPER.**

A CIA memorandum records that Dr. Fauci encouraged the CIA to contact Robert Garry, Kristian Andersen, and Eddie Holmes. The CIA's own memo notes the common thread: "all three of whom have advocated for features of the virus that they judge to be consistent with a natural origin." Additionally, a July 12, 2021 email from ODNI states that Dr. Fauci had highlighted a scientific article and identified "the authors whose views he thought were particularly important": Edward Holmes, Kristian Andersen, and Andrew Rambaut.

3 **CIA TRANSFERRED FUNDS TO NIAID FOR WORK SHIELDED FROM PUBLIC RELEASE.**

Documents show that the CIA and NIAID had an interagency agreement under which the transfer of funds and the contractual relationship between the two agencies were unclassified but restricted from public release. The agreement provided that NIAID would not disclose the resulting data without the CIA's permission.

4 **IN SEPTEMBER 2015, THE CIA ASKED BSEG FOR INFORMATION ON MERS-COV MUTATION FREQUENCY AND AN ASSESSMENT OF HUMAN-PASSAGE RISK.**

A Biological Sciences Experts Group (BSEG) action request form, submitted by the CIA's Global Health Team on September 4, 2015, asked "for a paper outlining the rate of mutation, the number of passages from human to human to lock in these mutations (or to generate them), and the molecular genetic means through which this is likely to occur."

5 **CIA TOOK PANDEMIC ADVICE FROM A SITTING PFIZER BOARD MEMBER.**

On May 7, 2020, CIA Chief Operating Officer Andy Makridis led a briefing with Dr. Scott Gottlieb, the former FDA commissioner, in his capacity as a member of the agency's External Advisory Board. The agency's own summary of the meeting identifies Gottlieb as a member of the Board of Directors of Pfizer. Gottlieb would later also be consulted by the intelligence community during the Biden Administration's 90-day study on the origins of COVID-19.

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Statement of Work For Bioforensics R&D technical support [redacted]

1.0 INTRODUCTION

The Biologicial Technology Center (BTC) under the Centeral Intelligence Agency's Directorate of Science and Technology (DS&T) Department of Advanced Technologies and Programs (ATP) is supporting forensic microbiology research and development (R&D) efforts for the intelligence community (IC) in coordination with and with support from the Intelligence Technology Innovation Center (ITIC). Currently capabilities are robust for detection and identification of microbial pathogens of BW concern from a variety of matrices. However, detection and identification are only superficial levels of forensic analysis. Forensic comparative analyses carry with them a more stringent set of scientific requirements. To meet the forensic requirements significant R&D investments must be pursued. BTC is supporting work in this regard and leveraging partnerships across government agencies wherever possible to support and further develop robust forensic microbiology capability.

The goal of this project is to leverage the sequencing, functional genomics and bioinformatics capabilities that the National Institutes of Allergy and Infectious Disease (NIAID/NIH) has funded at the Institute for Genomic Research (TIGR). NIAID has a pre-existing relationship with TIGR to provide comprehensive genomic, bioinformatics, and functional genomics reagents, resources and data to the scientific community for conducting research on organisms considered agents of bioterrorism . TIGR has also sought to foster a specific capability in forensic microbiology by building a partnership with [redacted]. The collaborative efforts between TIGR and [redacted] are producing a research Program in Integrated Bio-threat Forensics-Systems Biology. Many of the underlying basic science questions relevant to forensic microbiology can be examined at the unclassified level through comparative genomic analyses and studies on agents of bio-terrorism supported by NIAID at TIGR to generate reagents, technologies and data for the scientific community. To date no such collaborative efforts exist anywhere else at the [redacted] level with this specific goal. This project will use BTC funds to leverage the pre-existing efforts funded by NIAID at TIGR to support BTC research requirements and add capacity to perform functional comparative genomics studies in a way that is of benefit to both NIAD and BTC. Unclassified basic scientific research on questions of forensic relevance such as technique validation strategies, mutational stability of genetic loci, and data interpretation will be used to augment and complement other BTC directed R&D efforts.

2.0 SCOPE

BTC requests that NIAID contract with TIGR under the NIAID Pathogen Functional Genomics Resource Center (PFRGC) contract [redacted] to conduct work to support BTC relevant forensic research needs and focus comparative genomic analysis of organisms considered agents of bioterrorism and use emerging genomic

 [redacted]

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technologies to study these organisms at a whole genome level not focused on one gene at a time. This collaboration between BTC and NIAID not only meets BTC scientific requirements but is also directly related to the mission of NIAID and fits well within the goals and capacities of the NIAID-funded PFGRC efforts. In carrying out this work TIGR should leverage any appropriate preexisting academic collaborations. The work shall encompass validation studies for existing bio-threat analytic methods as directed by BTC to include test and evaluation of comparative genomic analysis methods such as re-sequencing micro-arrays for bacterial pathogens using samples provided by NIAID and obtained from other government organizations when applicable with BTC approval and facilitation as necessary. Finally, using model pathogen systems that are scientifically comparable to existing classes of current bacterial threat agents (with BTC approval), conduct work to further development of comparative analysis analytic tools as forensic analytic tools, validate interpretive criteria to include in addition to traditional sequence-based genotyping approaches.

3.0 TASKS

Task 3.1: Within 1 month of including budget and transfer IAA agreement, the contractor shall produce a detailed work execution plan for comparative analyses and validation studies using DNA resequencing microarrays specific for *Francisella tularensis* with the possibility to expand the studies to include other bioterror threat agents. The plan shall be presented to the government Sponsor (BTC) and NIAID during a Contract Initiation Review (CIR) meeting. The validation studies must include work to examine the mutational stability of genetic loci of forensic utility present in the genomes of these pathogens. NIAID will provide sample sets for this purpose that leverage other government collaborations and BTC will facilitate NIAID obtaining sample sets from other US Government entities as appropriate. This task should comprise approximately 15% of the overall effort under this contract. BTC shall take the lead to ensure NIAID success with respect to obtaining the required sample sets.

Task 3.2: Within two months of IAA award the contractor shall start the work outlined in Task 3.1 focusing initial studies first on *Francisella tularensis* and proceeding to the other pathogens. BTC will aid NIAID in obtaining the appropriate samples sets for conducting the analyses. By the end of the contract period the contractor shall produce a report that describes all of the results and interpretations from these studies. The report should also include extensive discussions on the impact of variations in mutational rates seen at different genetic loci and how this might impact forensic genetic comparison to include the limitations of interpretations. The government sponsors shall be kept informed of the progress on this task through quarterly reports and bimonthly meetings during which progress, data, and any project relevant difficulties are discussed and resolved with the government COTR. With the mutual consent of the government sponsors the frequency of the bimonthly meetings can be adjusted as progress on

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the effort warrants. This task represents 70% of the overall effort expected under this contract.

Task 3.3: In parallel to tasks 3.1 and 3.2, using model organisms that are appropriate surrogates for the organisms in task 3.1, develop analytic and interpretive criteria for the exclusion, inclusion, and 'matching' of bacterial samples from known and questioned sources based on forensic genetic comparisons. Where appropriate leverage information developed from Tasks 3.1 and 3.2. Describe the genetic loci informative and important to the criteria to include: what is known about these loci, the locus importance for forensic comparison to include the effects that loci genetic stability may have on forensic comparative analysis. If insufficient relevant research data is available for the organisms selected (and the actual pathogens listed in task 3.1) develop a research plan that would generate the relevant data and test the hypothetical approaches developed. Leverage relevant academic collaborations as necessary. The selection rationale for surrogate organisms and the draft research plan are to be presented to the government Sponsors in the form of a report that incorporates responses to Sponsor feedback, concerns and questions. This task should represent 15% of the overall effort under this contract.

4.0 DELIVERABLES

4.1 For Task 3.1: Within 1 month of IAA NIAID shall provide a detailed and fully explained work execution plan as outlined under task 3.1. The contractor shall provide 5 hardcopies of this plan for government review and one electronic copy in CD-rom format. All electronic documents shall be provided in Microsoft Word format and copies of any presentations provided in Microsoft powerpoint.

4.2 For task 3.2: The contractor shall provide the government sponsors with a quarterly report discussing the results and implications of all analyses produced as part of this task. The contractor shall also provide all raw data to the government as requested. The contractor shall provide 5 hardcopies of these reports for government review and one electronic copy in CD-rom format. All electronic documents shall be provided in Microsoft Word format and copies of any presentations prepared during bimonthly meetings shall be provided in Microsoft powerpoint.

4.3 For Task 3.3: The contractor shall provide a detailed and fully explained research plan as outlined under task 3.3. The contractor shall provide 5 hardcopies of this plan for government review and one electronic copy in CD-rom format. All electronic documents shall be provided in Microsoft Word format and copies of any presentations provided in Microsoft powerpoint. The deliverable for this task is a written plan that could be executed at a future date if the BTC is interested in pursuing it further.

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4.4 Progress, Status, and Management Reports.

The contractor shall meet quarterly with the government sponsor to discuss progress on the tasks and provide the government with Quarterly progress reports. These reports and the other delieverables are to be marked within the header and footer as "UNCLASSIFIED//FOUO", whereby FOUO carries the meaning 'For Official (government) Use Only." Upon completion of the the studies the contractor shall provide a final report which contains a detailed discussion of all results and analyses associated with all the tasks described in this SOW. All deliverables are to be sent by FEDEX to:

[redacted]

Alternatively the progress reports and deliverables can be provided directly in electronic format to the government sponsors at the quarterly meeting.

5.0 Presentation Material - Meeting Minutes/Conference Notes.

Quarterly progress reviews shall be held and attended by the representatives of the sponsors CIA and NIAID and appropriate government sponsor approved PFRGC-TIGR staff.

6.0 Markings/Distribution of Reports

6.1 Data Rights. The CIA considers all technical data developed using funds transferred to NIAID under this Interagency Agreement to be sensitive, but unclassified, with respect to National Security for the development of forensic attribution capabilities in bio-defense, and as such should not be used, modified, performed, displayed, released or disclosed, in whole or in part in any manner and for any purpose whatsoever without the CIA's permission. This information should be treated as For Official Use Only (FOUO). Accordingly, NIAID shall include the following clause in any contract for the development of technical data using CIA funds provided under this IAA. If a contractor refuses to accept this clause, or substantially similar terms, NIAID will promptly bring such refusal to the CIA's attention and will not proceed with the award of the contract without authorization of the CIA. NIAID will not authorize the contractor to use or disclose such data without the prior permission of the CIA. Unless required by law, regulation or court order, NIAID will not disclose such information in its possession or control without first seeking the CIA's permission. NIAID will make reasonable efforts to promptly inform the CIA of any request or requirement for disclosure.

6.2 Distribution/Release Limitation Statements. All data shall be protected from disclosure in accordance with the markings contained on each document and as described in the following text. All other information relating to the items to be delivered or

[redacted]

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services to be performed under this delivery order may not be disclosed by any means without prior approval by the CIA.

DISTRIBUTION STATEMENT B: Distribution authorized to U.S. Government Agencies only upon Central Intelligence Agency approval.

DESTRUCTION NOTICE – For unclassified, limited documents, destroy by any method that will prevent disclosure of contents or reconstruction of the document.

7.0 PERIOD OF PERFORMANCE

The Period of Performance for the base effort is one base year beginning at the date of execution of the IAA between CIA and NIAID and up to two one year option periods subsequent to the agreement execution. The base year will begin upon award of the contract with exercise of option year periods at the discretion of the Sponsor.

8.0 SECURITY

8.1 The transfer of funds from the Central Intelligence Agency and the contractual relationship of the CIA with NIAID will be UNCLASSIFIED//FOUO.

8.2 No data or other deliverables from this project shall be distributed, published, briefed or otherwise used without the express approval of the sponsor, CIA (DST/ATP/BTC).

9.0 NIAD Points of Contact for this Effort.

Technical Project Manager:
[redacted]
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
6610 Rockledge Drive, [redacted]
Bethesda, MD 20892
[redacted]@niaid.nih.gov

NIH/NIAID Administrative POC:
[redacted]
Administrative Officer
National Institute of Allergy and Infectious Diseases
6610 Rocklege Drive, [redacted]
Bethesda, MD 20892-6609
[redacted]@niaid.nih.gov

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For the IAA:
The CIA considers all technical data developed using funds transferred to NIAID under this Interagency Agreement to be sensitive, but unclassified, with respect to National Security for the development of forensic attribution capabilities in bio-defense, and as such should not be used, modified, performed, displayed, released or disclosed, in whole or in part in any manner and for any purpose whatsoever without the CIA's permission. This information should be treated as For Official Use Only (FOUO). Accordingly, NIAID shall include the following clause in any contract for the development of technical data using CIA funds provided under this IAA. If a contractor refuses to accept this clause, or substantially similar terms, NIAID will promptly bring such refusal to the CIA's attention and will not proceed with the award of the contract without authorization of the CIA. NIAID will not authorize the contractor to use or disclose such data without the prior permission of the CIA. Unless required by law, regulation or court order, NIAID will not disclose such information in its possession or control without first seeking the CIA's permission. NIAID will make reasonable efforts to promptly inform the CIA of any request or requirement for disclosure.

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ATTACHMENT

DETERMINATION AND FINDINGS MEMORANDUM

MEMORANDUM FOR THE RECORD

SUBJECT:
(U) Determinations and Finding National Institutes of Health (NIH)/ National Institute of Allergy and Infectious Disease (NIAID) ACQUIRE Request Number [redacted]

1. I have reviewed the requirement for the Bioforensics R&D Technical Support funding award that the Central Intelligence Agency intends to place with the National Institutes of Health (NIH)/ National Institute of Allergy and Infectious Disease (NIAID), as an interagency order under the Economy Act. My review produced the following findings:

a. Use of an interagency acquisition is in the best interest of the Government;

b. The supplies or services cannot be obtained as conveniently or economically by contracting directly with a private source;

c. The requirement is a bona fide need of the Agency;

d. The Agency is legally authorized to acquire the supplies or services;

e. Adequate funds are available;

2. If this Economy Act order requires contracting action by the Institute for Defense Analyses, I find that at least one of the following circumstances is applicable:

[X] a. The acquisition will appropriately be made under an existing contract of the servicing agency, entered into before placement of the order, to meet the requirements of the servicing agency for the same or similar supplies or services;

 [redacted]

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[ ] b. The servicing agency has capabilities or expertise to enter into a contract for such supplies or services which is not available within the requesting agency; or

[ ] c. The servicing agency is specifically authorized by law or regulation to purchase such supplies or services on behalf of other agencies.

[redacted] Date

COTR
DST/ATP/BTC

[redacted] Date

Chief
DST/ATP Contracts

[redacted] Date

Director of Advanced Technologies
and Programs (ATP)

[redacted]

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NIAID/USAMRIID Coordinating Meeting Minutes:
11 March 2002

- A meeting between NIAID and USAMRIID/USAMRMC Program Managers was held at USAMRIID on 11 March 2002 (see enclosure).

- An overview of the USAMRIID program was provided by LTC Korch. It included a comparison of the similarities and the differences in the DOD vs. HHS program objectives.

- Dr. Heilman outlined the major goals of the NIH Bioterrorism Response Program
    - Reagent repository
    - Development of scientific expertise with specific threat agents
    - Regional centers of excellence
    - Emphasize a broader definition of what constitutes a threat agent
    - Utilize large funding stream to simultaneously support multiple efforts

- Areas of potential collaboration were discussed. Dr. Fauci emphasized the importance of making a quick win that can show the public the value added by a NIAID-USAMRIID collaboration. Goal will be to ensure that efforts of NIAID satisfy requirements of the DOD program as indicated in their Operational Requirements Document (ORD).

    - rPA vaccine (highest priority for both NIAID and DOD)
        - Work on this effort is proceeding
        - NIAID supporting Phase I clinical trial
        - Long-term rate limiting step to licensure is a potency assay
            - USAMRIID working on mouse immuogenicity model

    - Orthopoxvirus therapeutics
        - Leverage NIAID funded contract to screen antivirals
        - Contractors have BSL-3 capability
        - Proposed transfer of Monkeypox virus from USAMRIID to contractors to use in screening program

    - Diagnostics
        - Weak point for NIAID
        - NIAID has been communicating with DARPA
        - USAMRIIID weak in microarray
        - Leverage existing NIAID contract with TIGR to do array work

    - Reagent Repository
        - USAMRIID has many strains and reagents that could be provided
        - NIAID would fund expansion of reagents, including QC, similar to what was done for the AIDS program

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- USAMRIID could leverage repository for their own use

- Animal Testing
  - Animal holding space: major limiting factor
  - Availability of NHPs: another problem
  - USAMRIID
    - Has extensive aerosol capability
    - Established SOPs and animal models that could be leveraged
    - Could be used
  - USAMRIID asked to provide cost estimate for expanded animal holding space to NIAID
  - Alternate models: area of potential investment by NIAID
  - Assays: USAMRIID has established SOPs that could be leveraged by NIAID

- Rift Valley Fever Virus (RVF)
  - NIAID considers it an important pathogen
  - Interested in pursuing further development of the USAMRIID products
  - NIAID requesting assistance in identifying potential international study sites

- Plague Vaccine: potential area of collaboration

- Botulinum neurotoxin
  - NIAID interested in transfer of USAMRIID heptavalent equine product

- Proteomics: NIAID could leverage funding to support large-scale effort and share results/information with USAMRIID

- Clinical Trials: NIAID's existing investment in clinical trial centers could be leveraged by USAMRIID to conduct Phase I studies for their mature vaccine products

- Dr. Heilman emphasized that NIAID is very interested in collaborating with USAMRIID in this effort. Proposed a series of follow-on meetings to discuss details.

- **ACTION ITEMS:**
  - USAMRIID and NIAID will each exchange lists of potential areas of collaboration that they see ([redacted] and Heilman)
  - USAMRIID will provide NIAID with a cost estimate for additional animal holding space [redacted])

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- USAMRIID will prepare a set of guidelines to NIAID regarding their ability to accept funding through Interagency Agreements ([redacted])
- USAMRIID will provide NIAID a copy of the Requirements document for the rPA vaccine ([redacted])

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From: Alan S. Macdougall-DNI-
Sent: Monday, July 12, 2021 3:14 PM
To: James Murphy-DNI-; Stuart H. Schwark-DNI-
Cc: Kelly B. Chafin-DNI-; Kathryn H. Brinsfield-DNI-; Terrance H. SHIPPENSBERG-DNI-; James Mcevers-DNI-; Sarah J. Lawrence-DNI-
Subject: FW: Covid origins - Dr. Fauci recommendations
Attachments: Holmes_et_al-preprint_v1.0_converted.pdf

Classification: UNCLASSIFIED//FOUO

Murph and Stu,

(U//FOUO) FYSA from last week's IC Weekly Update. We can discuss further based on my chat with Charles.

VR,
Alan

From: Charles E. Luftig-DNI-[redacted]@dni.ic.gov>
Sent: Monday, July 12, 2021 2:50 PM
To: Alan S. Macdougall-DNI-[redacted]@dni.ic.gov>
Cc: Morgan Muir-DNI-[redacted]@dni.ic.gov>; Meghan L. BLIZNIAK-DNI-[redacted]@dni.ic.gov>
Subject: Covid origins - Dr. Fauci recommendations

Classification: UNCLASSIFIED//FOUO

Alan – The article that Dr. Fauci highlighted last week is attached, and the authors whose views he thought were particularly important were:

- Edward Holmes
- Kristian Anderson
- Andrew Rambaut

As discussed, it might be worth considering the article and talking with these individuals in connection with the 90-day study. In addition, the COVID report rollout is scheduled to be discussed on Friday at the IC Weekly. Please provide any materials or information you want the DNI to convey NLT Thursday COB.

Thanks,

Charles

Charles Luftig
Chief of Staff, ODNI
[redacted]@dni.gov (low side)

[redacted]

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BIOLOGICAL SCIENCES EXPERTS GROUP
Action Request Form

Background

(U) The National Counterproliferation Center (NCPC) has formed a Biological Sciences Experts Group (BSEG) that will provide advice and counsel on scientific and technical issues relevant to the Intelligence Community's (IC's) mission to counter the threat posed by the proliferation of biological threat agents. The functions of this Expert Group are: (1) to support the IC customers in the design, execution, or interpretation of results of scientific/technical experimental protocols, intelligence analyses, or collection methodologies; (2) to undertake technical assessments or performance review of the IC's scientific or technical experimental protocols, intelligence analyses, or collection methods; and (3) to address other relevant issues needed to counter biological threat agents.

Process

(U//FOUO) Any IC entity may identify a need and then request the assistance of the BSEG by submitting this form. All issues and relevant data must be clearly identified and the scope of the BSEG must be bounded. NCPC's Biological Issue team will oversee the process of prioritizing requests, assigning them to specific BSEG members and receiving feedback from them. For additional information, please contact the Biological Issue Team at DNI-NCPC-Bio.

NOTE: Please remember to classify this document with appropriate project classification.

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BIOLOGICAL SCIENCES EXPERTS GROUP
Action Request Form (U//FOUO)

Requestor Entity Name/Agency/Office: CIA/MPH/Global Health Team

POC Name/Title: [redacted] PhD/Global Health Analyst

Contact information:
Secure line [redacted] Unclass line [redacted] ICemail [redacted]@cia.ic.gov

Project Title: Request for Mutation Frequency of MERS-CoV and Assessment of human passage risk

Request Date: 4 September 2015
Project Start Date: As soon as available
Project Due Date: 30 September 2015
Estimated hours of work/BSEG member(s): 8

Approval Status:
Date Approved/Disapproved: _____
Date Completed: _____

Topic/Subject Area:
(U) Infectious Diseases and Pandemic Potential

Level of requester involvement: (please check one)
__ None (send in for complete outside action/review)
X Minimal (consult when needed)
__ Equal (partner with group on all parts/steps of process)
__ Lead (task out questions/projects for collaborative review sessions)

Abstract: (please limit to 300 words or less):

(U) Rapid advances in biotechnology demand that the intelligence community (IC) considers their impact in the overall biological threat spectrum. Recently interest has focused on the threat from MERS-CoV. The virus, because of its low human to human transmission, is not considered a pandemic threat. However, the ability of the organism to pass from human to human suggests that there may be mutants that would allow the virus to become more efficient at human to human transfer. The mutants can be generated from point mutation, crossover events, or from co-infection with another coronavirus, however, the rate of the events, and thus their relative risk has not been described well in our community. We ask for a paper outlining the rate of mutation, the number of passages from human to human to lock in these mutations (or to generate them), and the molecular genetic means through which this is likely to occur. Also, an opinion of

[redacted]

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relative risk of these events (likely to unlikely to impossible-nearly impossible) is requested. Most of the information was presented at a previous BSEG meeting, but a consolidated effort on this one topic is requested.

Approved by NCPC COTR on 09 Sept 2015.

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EXSUM on VTC (7MAY20 -1200-1300 hrs) with Dr. Scott Gottlieb, EAB Member

Meeting was led by COO Andy Makridis and arranged by [redacted]
Representatives from OGI and WCPMC attended.

BLUF

Dr. Gottlieb primarily provided his thoughts on the state of US based medical countermeasures/prophylaxis development arranged into 3 broad types: mRNA based protein expression, DNA adenovirus shell vaccine delivery and traditional recombinant protein vaccines. He answered a broad range of questions regarding the current clinical manifestations of COVID-19, implications of seasonality, state of US seroprevalence, asymptomatic infected individuals and comparisons to foreign countries' COVID-19 responses. The biggest takeaway is that he believes the PRC will be first to market with a vaccine against COVID-19 and is concerned that this will have positive geopolitical repercussions for the PRC even if the product proves to be marginally effective.

Speaker Bio

Dr. Scott Gottlieb is an American physician and investor who served as the 23rd commissioner of the FDA from 2017 until April 2019. In April 2020 he joined Maryland Governor Larry Hogan's COVID-19 Response Team. He also advises Massachusetts Governor Charlie Baker on COVID-19 and serves as an Advisor on the Reopen Connecticut Advisory Group. Gottlieb is presently a resident fellow at the American Enterprise Institute (AEI), a partner at the venture capital firm New Enterprise Associates, a member of the Board of Directors of Pfizer and a contributor to the cable financial news network CNBC. Before becoming FDA commissioner, he was a clinical assistant professor at New York University School of Medicine, the FDA deputy commissioner for medical and scientific affairs, a venture partner with New Enterprise Associates, a member of the policy board of the Leukemia & Lymphoma Society, and a senior official at the Centers for Medicare and Medicaid Services.

Selected Details

Dr. Gottlieb believes that cases will continue to rise in the US through May based on a R_0 (BRR) value of 3 for SARS-CoV-2. Current testing is estimated to be detecting between 1 in10 and 1 in 20 infections, suggesting that the US could experience 300,000 cases.

The trends also suggest a seasonality to COVID-19 waning with the warmer months in the US, similar to H1N1, but returning in the fall season. He is closely following cases as Brazil enters their winter season to determine if COVID-19 will track as a seasonal respiratory viral infection.

He mentioned several treatment modalities all as marginal or ineffective. He sees the most promise in Remdesivir as the most promising (although also of moderate efficacy) treatment option due to Regeneron's complete in-house capability to produce the drug from lab to industrial scale. Other manufacturers outsource significant portions of scale production.

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He firmly believes the US must have domestic production of medical countermeasures as prior epidemics led to predictable nationalization of such resources in other countries. Dr. Gottlieb described 3 broad methods for vaccine development a) mRNA based using exogenous expression of the S (or spike) protein independently being pursued by Pfizer & Moderna, b) adenovirus based DNA based vaccine delivery pursued by Johnson & Johnson, Oxford, & Astra-Zeneca and c) recombinant protein vaccine pursued by Innova, Sanofi/GlaxoSmithKline. This last approach seems to require an adjuvant as the protein being expressed is apparently not very immunogenic.

Dr. Gottlieb has not been following the international medical countermeasures field as closely as US ones, but believes that the PRC has several candidates in clinical trials and that they will be the first to market what is likely to be a substandard vaccine. He is concerned that being "first" has prestige (even if relatively ineffective) and will be use to advantage by the PRC geopolitically.

Queried about the experience other countries are having, his general impression is that smaller countries such as the Republic of Korea, the governing authorities on Taiwan, the semi-autonomous region of Hong Kong and the Republic of Singapore were all successful as they could impose restrictions on civil liberties that would not be acceptable to US citizens. Comparing Stockholm to NYC, he sees that the rate and scale of infections is about the same (from a Journal of the American Medical Association manuscript published this week by the Karolinska Institute), so the jury is out on whether locking down (or not) was effective; he believes Stockholm did effectively lockdown even if not declared.

On asymptomatic carriers, nasopharyngeal swabs have been obtained from patients from which virions were recovered and suggest between 30 – 60% of infected individuals could be shedding virus with no apparent symptoms. These individuals appear to be mounting an immune response from seroprevalence studies with an age dependence implying that SARS-CoV-2 may not be strongly immunogenic.

On "herd immunity" Dr. Gottlieb discounts the 2 major studies from Los Angeles and Santa Clara counties showing high seroprevalence. He believes nationally, the seroprevalence is about 20-25% which is insufficient for herd immunity at the R_0 (BRR) value of 3.

[redacted]

Released by Chairman Rand Paul

Entered into the record by Chairman Rand Paul at the July 29, 2026 HSGAC Hearing titled, "Testimony of Anthony Fauci".

On Friday 4 June, WCPMC met with the Director of the National Institute of Allergy and Infectious Diseases Dr. Anthony Fauci to present our analysis on the COVID origins topic as well as our approach to the intelligence question.

Dr. Fauci was particularly interested in the WIV's work on pangolins and asked for specifics on the type of experiments the Chinese were conducting on pangolin samples in the fall of 2019. He keyed in on specifics about Vero cell passaging and experiments on transgenic mice. He did not appear to be aware of a coronavirus outbreak among pangolins in a specific region in southern China in 2019 or the fact that WIV had obtained samples from these animals.

He highlighted the importance of getting samples from the individuals at WIV who were ill in the fall of 2019. He encouraged the IC to examine their medical records and seek blood samples to perform serology tests to determine whether there was evidence of prior COVID-19 infection. Dr. Fauci wondered aloud whether the USG had formally made this request to China in diplomatic or public health channels.

Dr. Fauci and CIA experts agreed on the importance of understanding whether SARS COV-2 originated from single or multiple viral lineages. He encouraged CIA to contact Tulane professor and virologist Dr. **Robert Garry** who noted in a recent publication that the joint WHO-China team identified two clades of SARS COV-2 in people that visited two different wet markets in China, a finding that we are currently evaluating with CIA SMEs and NCPC's Biological Sciences Expert Group. He also directed CIA to Scripps Institute researcher **Dr. Kristian Andersen** who has done innovative modeling and other work on the origin of the COVID-19 pandemic. Dr. Fauci also suggested the IC connect with Australian researcher **Ed Holmes**, all three of whom have advocated for features of the virus that they judge to be consistent with a natural origin.

Dr. Fauci expressed concern about Beijing's quick and thorough cleaning of the Huanan Seafood Market. He noted that Beijing may have made a serious epidemiological misstep that could have destroyed key clues as to how the pandemic began. He offered his opinion that the Chinese have shown they are better scientists than epidemiologists. In Dr. Fauci's view, it is not surprising that Chinese have not found evidence of a zoonotic transfer or an intermediate host of the virus, because the search for natural reservoir of the SARS virus took over a decade, and in the case of some strains of Ebolavirus, still has not been found. If the virus jumped to humans from an animal reservoir, he said it would be like "searching for a needle in a haystack."

Released by Chairman Rand Paul

From: "Fauci, Anthony (NIH/NIAID) [E]" </O=NIH/OU=NIHEXCHANGE/CN=NIAID/CN=AFAUCI>
To: "Folkers, Greg (NIH/NIAID) [E]" <GFOLKERS@niaid.nih.gov>
Subject: FW: NYT: If AIDS Went the Way of Smallpox
Date: Sat, 26 Sep 2009 17:02:01 -0400
Importance: Normal
Inline-Images: image001.jpg

It is truly amazing how people let their own self-interest drive them to make stupid statements.. Note the "rival" AIDS vaccine specialist. It is almost as if they would rather have no vaccine at all than have a vaccine lead that they had originally disagreed with. They are truly amazing. From a scientific standpoint, I feel that it is likely that the binding antibody response actually did work to a slight to modest degree only because we were looking at a relatively low risk population whose exposure was low dose virus at the mucosal surface. I do not think that this vaccine would have worked at all with gay men getting virus deposited on a frayed rectal mucosa or IDUs shooting the virus right into their blood stream. If these guys would just try to look at this situation in a more analytic sense rather than getting angry because their letter in Science has made fools of them, they might learn something and help the field along.

Please delete this e-mail after you have read it.

Anthony S. Fauci, MD
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From: Folkers, Greg (NIH/NIAID) [E]
Sent: Saturday, September 26, 2009 4:33 PM
Subject: NYT: If AIDS Went the Way of Smallpox

If AIDS Went the Way of Smallpox

Stephen Shames/Polaris

LOST AIDS has killed an estimated 25 million people over nearly 30 years, including Victorious, 13, not long after this photograph was taken in Uganda, in 2000.

By DONALD G. McNEIL Jr.
Published: September 26, 2009

What would an AIDS vaccine mean to the world?

In some ways, it would outshine a cure for the common cold. After all, even if the cold and its stealth wingman, pneumonia, kill more people, they don't do it quite so grimly.

People with AIDS tend to die after years of suffering, often screaming from the agony of cryptococcal meningitis or choking on thrush fungus. In poor countries, they too often leave behind a blighted harvest of orphans, coldly furious infected spouses and spiteful neighbors cackling with schadenfreude and lying about their own H.I.V. status.

Those who slip away from pneumonia are usually very old and weak or very young and weak. Families may be bereft, but less often financially and spiritually broken.

On a larger scale, a vaccine would mean so many things: The end of an age of fear that has loomed since the 1980s and has gnawed at Africa the way the Black Death once gnawed at Europe, only more slowly. The savings of billions of dollars. An excuse for the vast new disease-specific institutions like UNAids, the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria to hold their medal ceremonies, play their anthems, pack up and head home. (Fat chance, since bureaucracies are immortal — though, admittedly, there is no UNSmallpox.) But there is nothing to suggest in the news from Thailand this past week that such an age is dawning.

A vaccine is not just around the corner, and no expert will say it is. In the '80s, top officials embarrassed themselves by predicting one in five years. At the time, the epidemic had killed a few hundred gay American men, hemophiliacs, drug users and transfusion recipients. No one imagined its death march would entrain 25 million as it circled the globe.

Still, for vaccinologists, last week's news was momentous — after 20 years of constant failure, a vaccine appeared to have, for the first time, offered some protection. And it was the largest-ever clinical trial of its type.

But only the numbers that could be wedged into headlines were big. "One Third Protected" was a common one.

In the data itself, the real margin of success was razor-thin: 23 Thais out of 16,395.

That is, three years after getting the vaccine or a placebo, 74 in the placebo arm of the trial became infected while only 51 in the vaccine arm did.

Bloggers with a taste for biostatistics — and one rival AIDS vaccine specialist who declined to be quoted — said it would take only a handful more infected Thais in the vaccine column to shift the results from "statistically significant" to meaningless. Even one more would have weakened the data enough to make headlines saying "One Quarter Protected" more likely, given the way journalists round off numbers.

Which is to say: something as simple as a couple of broken condoms could have altered the conclusions of the trial.

Moreover, even the experts overseeing it — the United States Army, the National Institutes of Health and Thailand's health ministry — could not say why blending two experimental vaccines that had previously failed had suddenly worked. Or sort of worked.

More oddly, the infected people in both arms of the trial had the same amount of virus in their bloodstream. That's unexpected, because normally even a weak vaccine kills some virus.

A few skeptics began to grumble that even faintly rosy conclusions sounded too good to be true.

"One dud plus one dud doesn't make a firecracker," said Gregg Gonsalves, a longtime AIDS activist, referring to the two vaccines by Sanofi-Aventis and Genentech. "They performed pitifully in the past. It's biologically implausible that they would do so well now."

Other groups began to express doubts, not about the data, but about the real-world practicality of what it took to generate it.

This trial was nothing like the recent swine flu vaccine trials: one shot and bingo, protection for a year. Nor like the long-established measles vaccine: one shot and bingo, protection for life (though most children now get a booster to make sure). This was six shots, spaced out over months, ending in weak protection. The next step, some experts suggested, might be even more shots, or the addition of a third vaccine.

That might be practical in rich countries, but the burden of AIDS is in the poorest ones.

"Millions of children across Africa still die of measles simply because the vaccine doesn't reach them," said Barry Coleman, founder of Riders for Health, a British charity that buys and fixes motorcycles for African health workers. People with AIDS don't need, he added, "another breakthrough that does not reach those who need it most."

The next scientific step is obvious. Any time researchers declare a miracle — cold fusion, stem-cell cloning — the first test is whether a rival laboratory can reproduce the results. But this trial defies reproduction: it took six years and $105 million of U.S. taxpayers' money. And there aren't many Thailands in the world — countries that have AIDS circulating widely, but where the health care system is so good and the population so dependable that 90 percent of patients can stick with a study for six years.

So researchers will have to come up with another model. Until then, a vaccine for AIDS remains a dream deferred.

Released by Chairman Rand Paul

From: "Fauci, Anthony (NIH/NIAID) [E]" </O=NIH/OU=NIHEXCHANGE/CN=NIAID/CN=AFAUCI>
To: "Lane, Cliff (NIH/NIAID) [E]" <CLANE@niaid.nih.gov>
Subject: FW: help! H5N1 taskings mishegoss
Date: Mon, 19 Dec 2011 21:26:30 -0500
Importance: Normal

I do not want to put down in an e-mail what I think of all of this. Entirely predictable, however. We should discuss at your convenience. Please delete e-mail after you read it.

Anthony S. Fauci, MD
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From: Patterson, Amy (NIH/OD) [E]
Sent: Monday, December 19, 2011 8:25 PM
To: Collins, Francis (NIH/OD) [E]; Hudson, Kathy (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Burklow, John (NIH/OD) [E]
Subject: help! H5N1 taskings mishegoss

Francis,

I just had a concerning discussion with Kris Beardsley of NSS. There is considerable confusion at the EOP level about the different workstreams in play and consequently who the leads are and what the next steps are. In the confusion, issues have been conflated, and unrealistic and potentially unwise taskings and deadlines are being mandated.

By the end of the call 5 issues/workstreams had been identified and discussed, including timeframes and processes that are new to us and especially concerning. I have outlined them in the table below in terms of Issue, Time Frame, Lead agency, other players, Status/Next Steps, and Comments. Of particular note are items #2 and #3 in the table below. According to her staff, Heidi Avery (NSS) has said that within the next two weeks, not only does a USG-wide mechanism have to be developed by NIH for the “upstream” Federal review of as-yet unfunded research for its dual use potential, but that all of our funded life sciences research must be assessed for its dual use concerns and presumably plans made for managing any concerns identified. NSS staff further report that this was agreed upon in a conversation with Sally Howard (this was not my interpretation of Sally’s email to you this morning in which she recounted her conversation with Heidi.)

I hope that, with your leadership, we can work out very quickly a clearer, more informed, and feasible set of directions on the tasks, timeframes, and who has the lead. In addition, I think you need to know that

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tomorrow's sub-IPC meeting is focused on federal decisions about funding research that may raise dual use concerns.

Regards,
Amy

Issue/Workstream	Timeframe	Lead	Other Players	Status/Next Steps	Assumptions, Caveats, Questions, Comments
1. Develop a mechanism for secure distribution of information withheld from published H5N1 manuscripts	Immediate	NIH	• Other HHS components (CDC, OS/ASPR) • Other USG components (State, Commerce, other science agencies, security agencies)	• Comments received from CDC, OGC, and ASPR • Revisions will be finalized 12/20/11 • After HHS position developed, need to convene interagency discussion	Assumes that the journals will publish an abridged version of both manuscripts. This is not 100% certain. Has the HHS position been finalized and is NIH responsible for convening the interagency discussion? Kris and Diane DiEuliis seemed to think so.
2. Develop a formal, USG-wide "upstream" process by which science funding agencies assess the dual use potential of research being considered for funding and determine whether any conditions need to be set for those determined to be DURC (dual use research of concern). For example, should the work be conducted at all, does the work need to be classified, should there be notice of potential restrictions on communication or sharing of research materials?	Very short term (within 2 weeks)	NIH?		Sub-IPC is discussing this Tuesday, Dec 20.	Kris said that Heidi is very adamant about this and that whatever NIH decides will be a USG-wide process.
3. Assess all current life sciences research funded by USG agencies and identify those that may pose DUR concerns.	Very short term (within 2 weeks)	All agencies that fund life sciences research			This is simply not feasible in a 2 week period. Program staff will need to be trained about DUR and what to look for.
4. Develop a mechanism for disseminating any DURC information determined to warrant restricted communication.	Mid-term	???	• Other HHS components (CDC, OS/ASPR) • Other USG components	NSABB is currently deliberating on the attributes of what information should not be broadly disseminated and the	

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			(State, Commerce, other science agencies, security agencies)	characteristics of a mechanism for securely sharing information that should not be published	
5. Develop a USG policy for local oversight of dual use life sciences information	Longer term	NIH/HHS	Trans-USG	Draft policy exists, being refined. Plan is to publish it in FR for public comment in early 2012.	

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From: "Fauci, Anthony (NIH/NIAID) [E]" <AFAUCI@niaid.nih.gov>
To: "Lane, Cliff (NIH/NIAID) [E]" <CLANE@niaid.nih.gov>
Subject: FW: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD
Date: Sun, 04 Mar 2012 07:55:51 -0500
Importance: Normal

Cliff:
The article below relates to an editorial in today's N.Y. Times. Clearly, people are getting to Phil Boffey and he is swallowing it. I predicted this. The NSABB will circle the wagons and claim that their decision in no way was influenced by the fact that they did not realize that the aerosol-transmitted virus did not kill any ferrets or that the engineered virus was poorly transmissible compared to seasonal H1N1 or that the tracheal experiments required 100 X to 1000X the usual challenge dose to kill the ferrets or that prior infection with seasonal flu (even H3N2) protected the animals against tracheal challenge. They will say that it was the mere fact that the virus was made transmissible in ferrets when it was not transmissible before engineering and passage. If this is the case and they do not change their recommendation, the field of research on influenza transmissibility and host adaptability has a very serious problem. Please delete this e-mail and then delete from the deleted file.
Tony

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Saturday, March 03, 2012 8:48 PM
To: Collins, Francis (NIH/OD) [E]
Subject: FW: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD

Francis:
Phil Boffey is really off base here. See yellow highlight. What is he talking about the NIH's reputation being on the line? The NSABB overwhelmingly agreed that the research was important and should have been funded by NIH. They recommended that the publication be restricted. We accepted their recommendation and began to implement it. Now we have additional and clarifying information from the Geneva Meeting and the ASM meeting and we want to give the NSABB the benefit of all of the information and time for further discussion. We are not asking them to change their mind; we just want them to have all of the information. We cannot say this publicly, but it is clear that essentially no one on the NSABB (certainly not its Chair) appreciated that the animals infected by aerosol did not get seriously ill and none of them died. The NSABB may well say that this confusion did not influence their decision and that they stick by their recommendation. That is their choice. But what does that have to do with the NIH's reputation? I had spoken to Phil Boffey after the ASM meeting since he called me to clarify some points about what was discussed at the ASM meeting. He e-mailed me tonight to give me a heads-up that the editorial was coming on Sunday. I called him up but got voice mail. I will give him a call first thing next week and find out what is on his mind. He is acting like a mischievous guy.

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Talk to you tomorrow at 4:00 PM.
Thanks,
Tony

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Saturday, March 03, 2012 6:14 PM
Subject: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD

Editorial

The Truth About the Doomsday Virus?

Published: March 3, 2012

Two months ago we warned that a new bird flu virus — modified in a laboratory to make it transmissible through the air among mammals — could kill millions of people if it escaped confinement or was stolen by terrorists. Now Ron Fouchier, the Dutch scientist who led the key research team, is saying that his findings, which remain confidential, were misconstrued by the press.

Related

- **Genetically Altered Bird Flu Virus Not as Dangerous as Believed, Its Maker Asserts (March 1, 2012)**
- **Health Guide: Avian Influenza**

He says that the virus did not spread easily and was not lethal when transmitted from one ferret to another by coughing or sneezing, and that it became highly lethal only when big doses were injected into the animals' windpipes.

That is hard to square with his original assertions. Experts who read his original manuscript say it reported that the new virus spread through the air and remained as virulent as the natural virus, which has killed 60 percent of the humans it has infected.

Dr. Fouchier's new claims are only the latest bizarre twist in a global health debate that badly needs an objective, independent arbiter. The public needs to know whether this virus is a potentially big killer, and if so, how it should be contained. It needs to know what details can be published without giving terrorists a recipe for a biological weapon. And it needs to know that a mechanism will be put in place to assess all the risks and benefits of such research before it is approved — not after a new virus has been created.

The debate became public after a federal advisory board, the National Science Advisory Board for Biosecurity, recommended that papers prepared by Dr. Fouchier's group and researchers doing similar work at the University of Wisconsin-Madison be published only after omitting details that might help terrorists. That drew charges of censorship from some scientists, and others warned that restricting the information would make it harder to track and combat an outbreak of a similar strain.

The World Health Organization convened a closed meeting of 22 experts last month, which concluded that the research should eventually be published in full. The group was dominated by participants with a clear stake in

publication — including the researchers who made the viruses, the journals that want to publish their papers in full, and developing countries that want access to full details in exchange for having contributed the viruses that were studied.

Now this country's National Institutes of Health, which financed the research and has its own reputation on the line, is asking the biosecurity advisory board to reconsider its call to redact details before publication.

We welcome a new appraisal from a board that has already shown considerable independence. We hope it will look beyond the security and terrorism issues and voice its opinion on what safety precautions should be required to prevent the virus from escaping and whether the work should proceed at multiple labs or possibly be halted.

These issues need to be resolved by experts who do not have institutional biases or turf to protect. The World Health Organization should be in the best position to oversee a response to what is a global problem. Its first effort was one-sided and disappointing, but it has pledged to convene further meetings with a much broader range of experts and interested parties. It must ensure that these forums are not rubber stamps for what the narrower special-interest group just concluded.

These are complicated issues, and the stakes are enormous. Governments and scientists have a clear responsibility to get this judgment and future efforts right.

Released by Chairman Rand Paul

From: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
To: "Collins, Francis (NIH/OD) [E]" <collinsf@od.nih.gov>
Subject: FW: 2019nC-V
Date: Sun, 02 Feb 2020 14:15:16 -0500
Importance: Normal

I agree with you. Mike and Bernhard are good people but they really slow things down, particularly Mike Ryan whose main concern is not offending anyone. Please delete this e-mail after you read it.

From: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Sent: Sunday, February 2, 2020 1:45 PM
To: Jeremy Farrar <J.Farrar@wellcome.ac.uk>
Cc: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Tabak, Lawrence (NIH/OD) [E] <lawrence.tabak@nih.gov>
Subject: Re: 2019nC-V

Sounds mostly encouraging though I don't understand the choice of working through Mike and Bernhard and not just going straight to Tedros. But that's fine as long as these next steps are initiated very quickly!
FC

Sent from my iPhone

On Feb 2, 2020, at 12:48 PM, Jeremy Farrar <J.Farrar@wellcome.ac.uk> wrote:

Mike and Bernhard
Thank you for phoning – very helpful, copying in Francis and Tony as well as Tedros.

Fully agree with your summary.

- Best is if this is addressed under the umbrella of WHO
- Has to be framed as 'To understand the source and evolution of the 2019n-CoV"
    - Within that a number of issues to be addressed including – Environmental and animal sampling, human viral genome sequencing and analysis, and more
- Quickest is via a Working Group within an established structure rather than set something new up
- Multiple options for this within WHO
- Mike and Bernhard will work out best approach
- Appreciate the urgency and importance of this issue in midst of a very troubling epidemic
- Gathering interest evident in the science literature and in mainstream and social media to the question of the origin of this virus
- Critical that responsible, respected scientists and agencies get ahead of the science and the narrative of this and are not reacting to reports which could be very damaging.
- I am sure I speak for Francis and Tony when I say we are here and ready to play any constructive role in this
- Do think this is an urgent matter to address (among many we appreciate)
- Fully agree to your comments on the GCM.

Hope that is a reasonable summary

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From: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
To: "Greg Folkers (GFOLKERS@niaid.nih.gov)" <GFOLKERS@niaid.nih.gov>
Subject: FW: rand paul tweet // Not really fair to compare states with countries, but NY death rate is hugh
Date: Mon, 20 Jul 2020 20:27:00 -0400
Importance: Normal
Inline-Images: image001.jpg; image003.jpg; image004.jpg

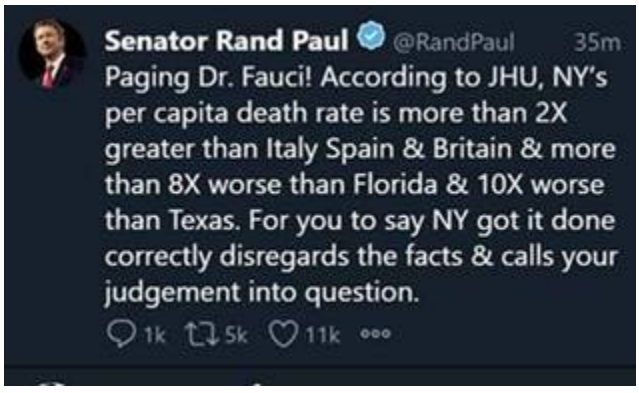
Greg:
As usual he s full of s..t. Mark Meadows curiously had to same response and was upset when I said that NY got things right by finally getting the numbers down and successfully began opening up. I will paste in a note I sent to Mark:

I am sorry, Mark. I do not think you are missing anything and I understand what you are saying, but I guess we are just looking at this from different perspectives. NY certainly made mistakes, but we learned a lot from the difficult experience that they went through that hopefully benefitted cities and states that subsequently got hit. I am just talking about the fact that they got the numbers down and now they seem to be opening safely and successfully. Also, please forgive me because I am not trying to be contrary, but let us look at the numbers. The NY Metropolitan area has a population of 20.3 million. With 32,000 deaths, the death rate at the population level is 0.0016. Miami Dade county has a population of 2,717,000. With 5000 deaths, the death rate at the population level is 0.0018, and they are not out of it yet. And so on a population level Florida may ultimately turn out not to be too different from NY.

I do not want to engage any more with this nonsense. An so, please delete this e-mail after you read it/

Thanks,
ASF

From: Folkers, Greg (NIH/NIAID) [E] <gfolkers@niaid.nih.gov>
Sent: Monday, July 20, 2020 2:33 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>; Haskins, Melinda (NIH/NIAID) [E] <haskinsm@mail.nih.gov>; Selgrade, Sara (NIH/NIAID) [E] <sara.selgrade2@nih.gov>; Crawford, Chase (NIH/NIAID) [E] <chase.crawford@nih.gov>
Subject: rand paul tweet // Not really fair to compare states with countries, but NY death rate is hugh



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Now | Yesterday | Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Source	Projections
USA Total	3,928,642	+30,092	143,536	+247	1,970,948	11,869	434	48,610,322	146,858		
New York	434,633	+469	32,582	+12	156,796	22,342	1,675	5,164,812	265,494	[view by county] [1] [2] [3]	[projections]
California	391,084		7,716	+3	278,628	9,898	195	6,286,852	159,112	[view by county] [1]	[projections]
Florida	360,394	+10,347	5,075	+90	316,879	16,780	236	3,052,106	142,106	[view by county] [1] [2]	[projections]
Texas	339,210		4,063		162,211	11,699	140	3,207,857	110,631	[view by county] [1] [2]	[projections]

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	14,753,029	+117,477	610,867	+2,298	8,805,686	5,336,476	59,701	1,893	78.4			
1	USA	3,928,642	+30,092	143,536	+247	1,814,158	1,970,948	16,550	11,865	434	48,610,322	146,813	331,102,850
2	Brazil	2,102,559	+2,663	79,590	+57	1,371,229	651,740	8,318	9,888	374	4,911,063	23,096	212,636,496
3	India	1,153,824	+35,717	28,099	+596	724,702	401,023	8,944	836	20	14,047,908	10,175	1,380,678,271
4	Russia	777,486	+5,940	12,427	+85	553,602	211,457	2,300	5,328	85	25,251,614	173,030	145,937,857
5	South Africa	364,328		5,033		191,059	168,236	539	6,139	85	2,471,747	41,651	59,344,794
6	Peru	353,590		13,187		241,955	98,448	1,293	10,717	400	2,063,240	62,534	32,993,724
7	Mexico	344,224	+5,311	39,184	+296	217,423	87,617	378	2,668	304	821,922	6,372	128,999,581
8	Chile	333,029	+2,099	8,633	+130	303,992	20,404	1,764	17,414	451	1,420,390	74,271	19,124,453
9	Spain	307,335		28,420		N/A	N/A	617	6,573	608	6,026,446	128,892	46,755,761
10	UK	295,372	+580	45,312	+12	N/A	N/A	142	4,350	667	13,459,190	198,208	67,904,526
11	Iran	276,202	+2,414	14,405	+217	240,087	21,710	3,583	3,286	171	2,175,217	25,882	84,044,752
12	Pakistan	265,083	+1,587	5,599	+31	205,929	53,555	1,552	1,199	25	1,740,768	7,874	221,084,562
13	Saudi Arabia	253,349	+2,429	2,523	+37	203,259	47,567	2,196	7,272	72	2,728,424	78,315	34,839,236
14	Italy	244,624	+190	35,058	+13	197,162	12,404	47	4,046	580	6,262,302	103,583	60,456,923