

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Mon, 13 Apr 2020 02:17:18 +0000
To: (b) (6) (NIH/NHLBI) [E]
Cc: Redfield, Robert R. (CDC/OD)
Subject: RE: Comparison of COVID-19 statistics in US vs. China

(b) (6)

Thank you for your note. This pandemic has been extremely challenging for many countries around the globe including China and the USA. I can only say that I (and I am sure that Bob Redfield feels the same way) prefer to look forward and not to assign blame or fault. There are enough problems ahead that we must face together.

Best regards,

Tony

From: (b) (6) (NIH/NHLBI) [E] (b) (6) >
Sent: Sunday, April 12, 2020 9:51 PM
To: Redfield, Robert R. (CDC/OD) (b) (6) Fauci, Anthony (NIH/NIAID) [E]
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Cc: (b) (6) (NIH/NHLBI) [E] (b) (6) >
Subject: RE: Comparison of COVID-19 statistics in US vs. China

Dear Dr. Redfield and Dr. Fauci,

After some hesitation, I decided to write you this message anyway and hope you don't mind.

I am concerned about the recent fight between the US and WHO because it may adversely impact the current global efforts in controlling the spread of COVID-19. As we all know, US has been leading WHO's efforts for decades and essentially WHO's role is mostly coordinating responses in low- and middle-income countries with support from the US and other high income countries. Frankly I was looking for leadership from the US CDC rather than WHO when I was doing (b) (6). Until COVID-19 is controlled in all countries, the infection could come back to hit us in this country again. Therefore it is now the worst time to undermine WHO's global coordinating capabilities.

What I learned from my former colleagues and friends in (b) (6) where I attended medical school and obtained my MSc in epidemiology might offer some explanation for the differences in COVID-19 statistics in US vs. China. Please find attached a couple of articles published by my former colleagues (b) (6), of which the 1st attachment is a more updated version.

- First, the maximum lockdown in Wuhan that started on January 23 and also in the rest of the entire Hubei province of 59 million people during the subsequent 2-3 days, coupled with maximum efforts in early identification, immediate isolation of identified infected individuals and close monitoring of contacts, did work and had to work according to epidemiological principles. China did it by invoking level 1 public health response that was historically reserved for smallpox, plague or cholera, which essentially enabled the entire country to be completely locked down for several weeks. Many villages and townships set up checkpoints to refuse