Description of document:	National Institutes of Health (NIH) Emails to or from William B. Crews that contain any of the words: Fauci, Trump, Political, Covid, Redfield, or CDC, 2020
Requested date:	13-January-2024
Release date:	15-January- 2025
Posted date:	03-February-2025
Source of document:	FOIA Request NIH FOIA Office Building 1, Room 344 1 Center Drive, MSC 0188 Bethesda, Maryland 20892-0188 Fax: (301) 402-4541; NIH FOIA Request Portal

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Freedom of Information Office
Building 1, Room 344
1 Center Drive, MSC 0188
Bethesda, Maryland 20892-2107
phone: (301) 496-5633
fax: (301) 402-4541

January 15, 2025

This is the final response to your Freedom of Information Act (FOIA) request addressed to the National Institutes of Health (NIH) National Institute of Allergy and Infectious Diseases (NIAID), dated January 13, 2024, and received in this office on January 16, 2024. Your request was referred to the NIH FOIA Office because of our responsibilities under FOIA. You requested copies of emails (to, from and cc) in the electronic mail account of William B. Crews, that contain any of the following words: FAUCI, TRUMP, POLITICAL, COVID, REDFIELD, or CDC.

NIAID located 163 pages responsive to your request. I have determined to withhold portions of the enclosed pages under FOIA exemption (b)(6). The information being withheld is protected from release pursuant to Exemption 6 of the FOIA, 5 U.S.C. § 552 (b)(6); and section 5.31 (f) of the HHS FOIA Regulations, 45 CFR Part 5. Exemption 6 permits the withholding of privacy information, the release of which would constitute a clearly unwarranted invasion of personal privacy.

You have the right to appeal this determination to deny you access to information in the Agency's possession. Should you wish to do so, your appeal must be sent within ninety (90) days of the date of this letter, following the procedures outlined in Subpart F of the HHS FOIA Regulations (https://www.federalregister.gov/documents/2016/10/28/2016-25684/freedom-of-information-regulations) to the Assistant Secretary for Public Affairs at: https://requests.publiclink.hhs.gov/App/Index.aspx. Clearly mark the communication "Freedom of Information Act Appeal."

If you are not satisfied with the processing and handling of this request, you may contact the NIH FOIA Public Liaison and/or the Office of Government Information Services (OGIS):

NIH FOIA Public Liaison
Denean Standing-Ojo
Office of Communications and
Public Liaison
Building 31, 5B52S
31 Center Drive
Bethesda, MD 20892
301-496-5077 (phone)
nihfoia@mail.nih.gov (email)

OGIS
National Archives and Records Admin.
8601 Adelphi Rd – OGIS
College Park, MD 20740-6001
202-741-5770 (phone)
1-877-684-6448 (toll-free)
202-741-5769 (fax)
ogis@nara.gov (email)

In certain circumstances provisions of the FOIA and HHS FOIA Regulations allow us to recover part of the cost of responding to your request. Because no unusual circumstances apply to the processing of your request, there is no charge associated with our response.

If you have any questions about this response, please feel free to reach out via email nihfoia@od.nih.gov .

Sincerely,

Gorka Garcia-malene -S

Digitally signed by Gorka Garcia-malene -S
Date: 2025.01.15 01:31:44 -05'00'

Gorka Garcia-Malene
FOIA Officer, NIH

Enclosure: one pdf file (163 pages total)

From: (b)(6)
Sent: Tue, 22 Sep 2020 14:46:14 -0400
To: (b)(6)
Cc: Crews, William (NIH/NIAID) [E]; (b)(6) @gmail.com; (b)(6) (b)(6) @mindspring.com); (b)(6) (b)(6) @yahoo.com; (b)(6)
Subject: Re: At least watch the video . . .

I don't think the Federal Tort Claims Act would shield this guy from Covid liability either - his conduct in sowing misinformation about Covid and Dr. Fauci was intentional, and apparently done during his work hours. It may result in the NIH being named as a co-defendant

Of course, there is nowhere he can run and hide - because the rest of the world has shut their borders to the US. I think one of the first things he will try to do is to file a petition to change his name - no gimme if a judge thinks he's doing to defraud potential judgment creditors. Or move to some locale in the US with as many William Crews in the phone books as he can find.

But my bottom line question to him: who does he think he is? What a real traitor to this country.

(b)(6)

(b)(6)

On Tue, Sep 22, 2020 at 2:09 PM (b)(6) @calypso.com> wrote:

The managing editor of the prominent conservative website RedState has spent months trashing U.S. officials tasked with combating COVID-19, dubbing White House coronavirus task force member Dr. Anthony Fauci a "mask nazi," and intimating that government officials responsible for the pandemic response should be executed.

But that writer, who goes by the pseudonym "streiff," isn't just another political blogger. The Daily Beast has discovered that he actually works in the public affairs shop of the very agency that Fauci leads.

William B. Crews is, by day, a public affairs specialist for the National Institute of Allergy and Infectious Diseases. But for years he has been writing for RedState under the streiff pseudonym. And in that capacity he has been contributing to the very same disinformation campaign that his superiors at the NIAID say is a major challenge to widespread efforts to control a pandemic that has claimed roughly 200,000 U.S. lives.

From: (b)(6)
Sent: Tuesday, September 22, 2020 8:41 AM
To: (b)(6) @calvmso.com>; (b)(6) @gmail.com
Cc: (b)(6) @gmail.com>; (b)(6) @gmail.com> (b)(6) (b)(6) @mindspring.com) <(b)(6) (b)(6) @yahoo.com>; (b)(6) (b)(6) ; (b)(6) @hotmail.com>; (b)(6) (b)(6) @mindspring.com>; (b)(6) @gmail.com>; (b)(6) @yahoo.com; (b)(6) @hotmail.com> (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

This message has originated from an **External Source**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Mr. Crews:

You are a Trump dick-sucking Covid denier, to whom me and my family, after five weeks of dealing with this shit, just want to say FUCK YOU!!!

I am embarrassed that you are from Virginia.

How did the NIH even let your ass retire? They should'a fired your ass.

May you rot in hell.

(b)(6)

(b)(6)

On Tue, Sep 22, 2020 at 11:23 AM (b)(6) (b)(6) wrote:

Anyone know how to message William B. Crews - the NIH public affairs officer (and an ODU grad - ugh - way to trash your school) who's been undercutting Fauci, and just took retirement (which is ridiculous - his ass should'a been fired).

I was trying to tell him what an ignorant f*ck he is but Linked In won't let me message him or write him a review . . .

(b)(6)

(b)(6)

(b)(6)

On Sat, Aug 22, 2020 at 5:07 PM (b)(6) wrote:

probably because bookies dont know what to expect from a truncated baseball season and dont want that kind of risk, esp when every sport will be compressed within the same couple months now

Sent from my iPhone

On Aug 22, 2020, at 4:17 PM, (b)(6) @calypso.com> wrote:

In Tahoe and though they said on phone you can parlay the al and nl pennant winners

At the desk they say no

Seriously upset

From: (b)(6)
Sent: Wednesday, July 15, 2020 2:35 PM
To: (b)(6) @calypso.com>; (b)(6) @gmail.com>; (b) 6)
(b)(6) @gmail.com>
Cc: (b)(6) mindspring.com) (b)(6) @mindspring.com>; (b)(6)
(b)(6) @yahoo.com>; (b)(6) (b)(6) @hotmail.com>;
(b)(6) @mindspring.com>; (b)(6)
(b)(6) @gmail.com>; (b)(6) @yahoo.com (b)(6) @yahoo.com>;
(b)(6) @hotmail.com>; (b)(6) ;
(b)(6)
Subject: Re: At least watch the video . . .

So here's a response I posted to my neighborhood in response to a question I got about the concern we should have about illegal immigrants coming to this country and refusing to integrate into the US . . . gotten a few private replies, but no one in my 'hood - and we do have our fair share of Trumpers - has responded publicly . . .

(b)(6)

I started to compose a response to your thought provoking email, but it disappeared from my email eating Earthstink . . . so I'll try again, starting with a famous quote by Robert Orben - Gerald Ford's speechwriter:

"Illegal aliens have always been a problem in the United States. Ask any Indian."

I think the question you raise about how to balance the hordes of illegal immigrants refusing to integrate into this country when they get here, against the existential threat they purportedly pose to "our" country is a bit of a red herring (and not of your doing). Couching the issue in those terms is essential to the viability of any group premised on an anti-immigrant, anti-Muslim, build a wall, ultra-nationalist platform. To explain (and bear in mind that all of this nothing more than just one opinion, no more or less valid than anyone else's):

When Romney lost in 2012, the GOP Nat'l Committee did a post-mortem, and realized they needed to grow the party's appeal to minorities, immigrants, women, the college educated and suburbanites - basically, the bulk of the moderate population in the US (both center-left and center right) that aren't urban dwellers (who tend to be blue) and their rural brethren (who tend to be red).

But in the 2016 primaries, the GOP had 19 candidates pulling in all different directions - leaving an opening for a candidate willing to tether himself to a group hanging out on the fringe - "ultra-nationalists" (I use that term, because I can't think of an equivalent term that's more accurate or less pejorative) - and willing to push aside the GOP center right (leaving a lesson for why, in politics, chess, football, baseball and basketball, you always want to have a strong middle - to buffer the extremes, left or right).

Ultra-nationalism of course reduces everything and everyone to an "us" or "them" choice, "them" being anyone that doesn't look, act or think like "us." (I confess too that I have Pink Floyd's "Us and Them" on my bike commute playlist, and have the line "Black . . . and Blue . . . /Who knows which is which/And who is who" running through my head at the moment, but I totally digress . . .)

Anyway, if you consider yourself part of the "us" crowd, the President looks perfectly reasonable. But if you take a step back and look at ultra-nationalism through the lens of history, check out this list of leaders in the past century who have risen to and wielded power on the back of some form of ultra-nationalism: Hitler, Mussolini, Stalin, Hideki Tojo, Fidel Castro, Mao Tse Tung, Kim Il Sung, Kim Jong-Il, Kim Jong Un, Vlad Putin, Xi Jinping, Jair Bolsonaro, Boris Johnson . . .

The only real difference to me between the President and any of those guys (except for maybe Boris), is the President's inability to co-opt the American military into enforcing his rhetoric and domestic will on the 54% who didn't vote for him (though it didn't stop the Kemp(etai) from imposing martial-law lite on that dangerous, scary, lawless, hell-hole that (b)(6) ride to, work in, hike through, play in, and bike through every day known as . . (b)(6)

Of course, the President has already demonstrated that all he needs to stay in office is the 37% of the US voting population willing to ride on his ultra-nationalistic world view, and another 9% in swing voters in swing districts in key swing states. 46% - enough to win the Electoral College (an instrument itself created to give Southern slave states an equal voice in national politics relative to the North, and to compensate for their under-representation of eligible voters during the 50 extra years of domestic peace that the middle left and the middle right - though kind of oxymoronic to suggest that there was ever a moderate pro-slavery group in this country - got the young nation between the War of 1812 and the Civil War - but once again I'm totally digressing . . .)

Anyway, the one thing any ultra-nationalist group has to have in order to maintain power and unity is a patsy or a third party foil upon whom they can unleash their . . . well, I'll call it "fury." (I've seen it called "hate," "venom," and "raison d'etre," too). In 2016, that was the hordes of illegal immigrants and Muslims refusing to integrate into this country and threatening "our way of life."

For Hitler, it was anyone who was Jewish. For Tojo, it was any non-Japanese Asian. For Mao Tse Tung, it was the United States (in Korea, advancing to the Yalu River border with China in 1950 - Mao really needed that unifying device, because his Communist party had just come to power in 1949 over Chiang Kai Shek Nationalists after a 22 year civil war and things were shaky at home that first year); for Boris Johnston, it's any non-Brit European personified by Brexit.

But that's also why I think the United States is totally flailing with its Covid response (which has indisputably been the worst, by any quantifiable measure, of any developed nation in the entire world) and the resulting racial unrest - because there isn't a true patsy or a third party foil, except the President himself, that his ultra-nationalist base can rally against.

It's not for lack of effort - in just the past three months, the President has tried to make patsies out of Anthony Fauci, the CDC, the World Health Organization, W Bush, Obama, any Dem state governor, Tik-Tok, Twitter, Roger Goodell, Black Lives Matter, Jerome Powell, Antifa, the Cleveland Indians, the Washington Redskins, Bubba Wallace, mask-wearing, four current and prior chairmen of the US Joint Chiefs of Staff, the US Supreme Court, and anyone expressing caution or hesitation to fully re-opening all schools in three weeks. And that's not even a complete list.

But none of it's going to stick until the public believes the US has Covid under control, which isn't looking like till after November now. I think the President has decided the US is going to do it Sweden's way - but without universal health care (to cover the peeps who get sick - Covid bills are out the roof, especially if you have to go on a ventilator), without a strong social safety net (Sweden has some of the most generous universal leave policies in the world already in place, the US does not), and with the understanding that the mortality rate among the elderly who get sick is going to be excessive.

It also bears mentioning - in Sweden, the risk of going back to work is the same for everyone, because they all have the same strong health and social safety net underneath, whether you're a doctor, taxi driver, or unemployed for any reason. In the US, the risk is not the same, because many "essential" workers in non-health care jobs - servers,

drivers, de ivery people, meat packers, nursing assistants, nannies, grocery store workers - don't have or can't afford health insurance, can't afford not to work, and have a much higher rate of exposure than the rest of "us" that can stay home and have those workers do our dirty work for "us."

If "we" get sick, "we" have health insurance, sick leave at good jobs, and easier access to better health care. If "they" get sick, they have mountains of uncovered medical expenses, can't pay rent, or can't buy food. Doesn't it amaze you that the President is trying to get Obamacare struck right now (without offering an adequate replacement) - which I read would resu t in 23 m llion Americans not hav ng any health nsurance?! Serious y, he fee s l ke he has to do th s now?

When the US does (if ever) get Covid under control, the purported dilemma of i egal mmigration that you mention has dropped way down the l st of concerns - behind Covid, racia unrest, ungod y national debt (Obama and Bush regarded pandemic preparation as a national security issue, more than a public health issue, simply because of the antic pated cost to the country - $6 tri ion in 2016 - and I'm hearing the actual price tag wi be more than double that for Covid), accelerating deterioration of the environment, and both China (str pping Hong Kong's freedoms previously guaranteed for the next 27 years) and Russia (with Vlad doctoring the r Constitution and guaranteeing he stays n office for 16 more years) doing whatever they want.

But here's the one that got my attention: I read three weeks ago that a Siberian town north of the Arctic Circle recorded its f rst ever 100 degree+ day. I also read a ot of Jack London grow ng up - "Call of the W ld," "White Fang," "To Bu ld a F re," and others of h s classics. I get cold just thinking about those stories. But none of them wou d ever work in 100 degree weather, don't you think? That's the k nd of question/dilemma I think we should be discuss ng.

Anyway, so sorry for the long w nded response - but I appreciate you (and anyone else reading to th s point) lett ng me continue the conversation. Please give (b)(6) and the rest of your fam ly all my best -

(b)(6)

p.s. I love tha (b)(6) write each other letters. Letter writing is at the heart of the one book I think every h gh schooler in this country should read - "Founding Brothers" - but it amazes me how quickly it has become a lost art.

p.p.s. I'll leave anyone whose read to this point with one last Orben quote:

"If you think education in this country is expensive, try ignorance."

(b)(6)

(b)(6)

On Mon, Jun 29, 2020 at 3:09 PM (b)(6) (b)(6) wrote:

Career risk manager Billy Ray - who I've never forgiven for what he did to the McCrary family on appeal - at least stayed consistent to his pro city government roots:

https://www.law.com/dailyreportonline/2020/06/26/federal-judge-affirms-citys-right-to-bar-confederate-battle-flag-from-parade/?kw=Federal%20Judge%20Affirms%20City%27s%20Right%20to%20Bar%20Confederate%20Battle%20Flag%20From%20Parade&utm_source=email&utm_medium=enl&utm_campaign=pmalert&utm_content=20200629&utm_term=dro

(b)(6)

(b)(6)

(b)(6)

On Fri, Jun 26, 2020 at 9:12 PM (b)(6) (b)(6) wrote:

I thought NY, NJ and Conn were giving Fla the middle finger in requiring all visitors from there to quarantine, but yikes, it actually looks like it's justified

Sent from my iPhone

On Jun 26, 2020, at 5:53 PM (b)(6) @calypso.com> wrote:

Last 5 days

2908
3261
5435
4981
8850

From: (b)(6)
Sent: Saturday, June 13, 2020 9:54 AM
To: (b)(6) (b)(6)
Cc: (b)(6) @mindspring.com) (b)(6) (b)(6) (b)(6) @yahoo.com> (b)(6) (b)(6) @hotmail.com>; (b)(6) @mindspring.com> (b)(6) (b)(6) @gmail.com>; (b)(6) @yahoo.com (b)(6) (b)(6) @hotmail.com> (b)(6) (b)(6) (b)(6)
Subject: RE: At least watch the video . . .

Florida cases last 5 days increasing

1070
1331
1677
1885
2248

From: (b)(6)
Sent: Friday, June 5, 2020 12:50 PM
To: (b)(6) (b)(6)
Cc (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6)
(b)(6) @yahoo.com>; (b)(6) (b)(6) (b)(6) @hotmail.com>;
(b)(6) @mindspring.com> (b)(6)
(b)(6) (b)(6) (b)(6)
(b)(6) (b)(6) (b)(6) (b)(6)
(b)(6)
Subject: RE: At least watch the video . . .

The site linked below does show the increase in some states 9-10 days after memorial day which started on may22nd. Protests started on may 26th. So possibly cases go up even more in next week even more

From: (b)(6)
Sent: Friday, June 5, 2020 12:39 PM
To: (b)(6))(6)
Cc (b)(6) @mindspring.com) (b)(6) @mindspring.com> (b)(6)
(b)(6) @yahoo.com>; (b)(6) (b)(6) (b)(6) @hotmail.com>;
(b)(6) @mindspring.com> (b)(6)
(b)(6) @gmail.com> (b)(6) yahoo.com; (b)(6)
(b)(6) @hotmail.com> (b)(6) (b)(6) (b)(6)
(b)(6)
Subject: RE: At least watch the video . . .

Still tracking floridas site and since 9 days after memorial day cases have doubled according to the site. 700 on may 24th 1292, 1408, 1292 last 3 days

This site says they are doubling every month so possibly its escalating.

https://www.cnn.com/interactive/2020/health/coronavirus-us-maps-and-cases/

We may not be out of the woods yet.

From: (b)(6)
Sent: Monday, June 1, 2020 4:24 PM
To: (b)(6) (b)(6)
Cc (b)(6) @mindspring.com) (b)(6) mindspring.com> (b)(6)
(b)(6) @yahoo.com>; (b)(6) (b)(6) @hotmail.com>;
(b)(6) @mindspring.com> (b)(6)
(b)(6) @gmail.com>; (b)(6) @yahoo.com (b)(6)
(b)(6) (b)(6)
(b)(6)
Subject: RE: At least watch the video . . .

Well this seems spot on.

https://www.cnn.com/2020/06/01/opinions/trump-america-more-like-china-opinion-mackinnon/index.html

Also, trump is protected by the Secret Service

Kind of scary but I think he is so much stupider than adolf

From: (b)(6)
Sent: Friday, May 29, 2020 11:50 AM
To: (b)(6) @calypso.com>
Cc: (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6) (b)(6) @yahoo.com>; (b)(6) (b)(6) @hotmail.com>; (b)(6) @mindspring.com>; (b)(6) (b)(6) @gmail.com>; (b)(6) @yahoo.com (b)(6) (b)(6) @hotmail.com>; (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

It's amazing how politics, not science - or even freakin' common sense - the more you raise your voice, the more forceful and the higher the volume of shit spit that comes out of your mouth - is guiding what the public should do.

I hear too that there's a Trumpian undercurrent that suggests masks don't do anything, so don't require anyone to wear them.

(b)(6)

(b)(6)

On Fri, May 29, 2020 at 2:21 PM (b)(6) @calypso.com> wrote:

Looks like cdc has caved into the white house.

"Consider suspending or at least decreasing use of a choir/musical ensembles and congregant singing, chanting, or reciting during services or other programming, if appropriate within the faith tradition," the original guidance read. "The act of singing may contribute to transmission of COVID-19, possibly through emission of aerosols."

By Sunday, that language was removed from the guidance, which now makes no mention of the risk of the spread of infection due to singing.

The new guidance now says that it's "not intended to infringe on rights protected by the First Amendment to the U.S. Constitution."

"In addition, we must balance mitigation strategies with the potentially profound significance to communities and individuals, including as a right protected by the First Amendment," the new CDC guidance says. "State and local authorities are reminded to take this vital right into account when establishing their own re-opening plans."

From: (b)(6)
Sent: Friday, May 29, 2020 9:24 AM
To (b)(6) (b)(6)
(com> @mindspring.com)
(b)(6) @mindspring.
Cc: (b)(6) @yahoo.com>; (b)(6) >; (b)(6)
(b)(6) @hotmail.com>; (b)(6) @mindspring.com>; (b)(6)
(b)(6) @gmail.com>; (b)(6) @yahoo.com (b)(6)
(b)(6) @hotmail.com>; (b)(6)
Subject: RE: At least watch the video . . .

At least we don't have to worry about monkeys..

New Delhi (CNN)A troop of monkeys snatched the blood samples of suspected coronavirus patients at a government hospital in the Meerut district of the north Indian state of Uttar Pradesh.

The incident happened on Thursday when a lab assistant working with the Covid-19 facility of the hospital was carrying blood samples due for testing, Dr Dheeraj Baliyan, medical superintendent of Lala Lajpat Rai Memorial Medical College and Hospital, told CNN.

The monkeys attacked the lab assistant and stole the sample box with three samples, added Baliyan.

India has an unlikely new type of period health educators: men

S.K. Garg, head of the hospital, told a local newswire that the samples were blood samples, and not the swabs usually taken to test for Covid-19. Garg said that the samples belonged to people who had tested positive for Covid-19, but were taken as part of routine blood tests for the patients.

The monkeys climbed the trees with the samples and threw them after chewing the packets, Baliyan added.

The medical superintendent confirmed to CNN that no individual came into contact with the samples, and the hospital authorities have sanitized the area and disposed of the samples snatched by the monkeys.

From: (b)(6)
Sent: Thursday, May 28, 2020 12:31 PM
To: (b)(6) @mindspring.com) (b)(6) @mindspring.com>
Cc: (b)(6) @yahoo.com>; (b)(6)
(b)(6) @calypso.com>; (b)(6) @hotmail.com>; (b)(6)
(b)(@mindspring.com>; (b)(6) @gmail.com>;
(b)(6) @yahoo.com; (b)(6) hotmail.com>; (b)(6)
(b)(6) (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

That's right - Bromage describes it as "viral load" - his equation was "infection viral load x duration of exposure" - and viral load is severely diluted in the outdoors in a way that it is not indoors.

Viral load is nothing more than the amount of spit/mucous droplets that come flying out of a sick person's mouth and nose - and exponentially way more comes out and travels much further when you are yelling (to be heard over the sound of machinery such as in a meat packing plant) or singing (such as choir practice).

(b)(6)

(b)(6)

On Thu, May 28, 2020 at 3:15 PM (b)(6) @mindspring.com> wrote:

That Atlantic article also points out that the number of virus particles a person is exposed to matter a lot, both in terms of whether you get sick or not and also how sick you get.

Outdoor areas are less likely to have people transmitting a lot of the virus particles, vs indoor spots where a lot of particles can get spread more easily.

-----Original Message-----
From: (b)(6)
Sent: May 28, 2020 11:55 AM
To: (b)(6) @mindspring.com)"
Cc: (b)(6)
(b)(6) @yahoo.com" , (b)(6)
Subject: Re: At least watch the video . . .

This from the Atlantic - which basically parrots what Erin Bromage said about no large gatherings indoors, in close proximity, for extended periods . . .

https://www.theatlantic.com/health/archive/2020/05/how-stay-safe-during-coronavirus-summer/612151/

(b)(6)

(b)(6)

On Thu, May 28, 2020 at 2:52 PM (b)(6) wrote:

Backside of the first wave . . . unless you're in Brazil or Sweden, neither of which have shut anything down.

(b)(6)

(b)(6)

On Thu, May 28, 2020 at 2:03 PM (b)(6) wrote:

Below is a link that shows a 7-day rolling average for Covid death rates in different countries:

https://ourworldindata.org/grapher/daily-covid-deaths-per-million-7-day-average?time=2020-03-21..&country=BRA~DEU~ITA~SWE~GBR~USA

You can see that death rates have been declining dramatically here over the past month:

-----Original Message-----
From: (b)(6)
Sent: May 22, 2020 12:04 PM
To: (b)(6)
Cc: (b)(6) (b)(6) @mindspring.com)" (b)(6), (b)(6) (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

Injury liability for Covid is no more likely than any other disease. Workers' comp is an exclusive remedy, which means no jury trials, and no claims for anything beyond income replacement payments (i.e., no pain and suffering or other typical non-economic damages) for when you're hurt.

The only people, on a practical level, who are freaking out about increased spending on defense costs are worker's comp insurance companies, and like I said, many large businesses are already way ahead of the consumer on this - it was total bullshit for (b)(6) to try and make my client sign a release in March (and threaten her job if she didn't) for Covid-liability and also make her handle Covid patients (she is a long term, elder care nurse, not an ER or infectious disease nurse) without properly equipping her.

It's shit like this that makes me have absolutely NO sympathy for big business and their fear of defense costs, forcing the least of those among us to take on a disproportionate share of risk by forcing them back to work.

(b)(6)

(b)(6)

(b)(6)

On Fri, May 22, 2020 at 2:55 PM (b)(6) @yahoo.com> wrote:

Yes, hard to win the case. Doesn't stop people from suing. When you are sued, you're forced to spend money to respond or defend. You lose either way when you're on the defense side.

Sent from my iPhone

On May 22, 2020, at 2:03 PM, (b)(6) wrote:

Talked to a comp attorney. Pretty hard to

Prove You got it work and not somewhere else

Sent from my iPhone

On May 22, 2020, at 11:50 AM, (b)(6) wrote:

On an individual level, no - not unless it's intentional like spitting on someone. I've never seen anyone with say HIV or some infectious disease get sued by someone they infected through consensual conduct.

With Covid, many of the super-spreaders don't even know their sick. Now if you are sick, and you've been diagnosed, and then knowingly go out and spread it, I think you'd be held criminally liable - which is an even higher standard to prove.

What McConnell and the buttfuckers in the US Senate are talking about is insulating employers from mainly worker's comp liability in making people go back to work in elevated risk/super-spreader jobs - bus drivers, meat packing plants, call centers, etc.

But already, private institutions like hospitals are insulating themselves from Covid worker's comp claims by their employees by doing what an RN client's hospital (b)(6) (b)(6) did to her after making her handle Covid infected patients - when she reported feeling sick, they admitted her to their own hospital and kept her close - then didn't give her a Covid diagnosis even when she checked all the boxes for it.

By instead diagnosing her with viral pneumonia (an illness common to the public) rather than Covid (not yet classified as an illness common to the public), they've at least stalled her ability to get worker's comp until buttfuck McConnell can get legislation passed killing it entirely - even though (b)(6) made our client handle Covid patients without giving her an N95 mask and gown (they didn't have enough and reserved those for physicians) or providing Hepa filter

(b)(6)

(b)(6)

On Fri, May 22, 2020 at 1:32 PM (b)(6) @yahoo.com> wrote:

Good stuff (b)(6)

Question. If you loosen the privacy law, then, wouldn't the peeps who tested positive be subject to potential lawsuits if a decedent's family member finds out their loved one who died from it, and decides to link their cause of death to the infected person and wants to take out their grievances on someone or something?

Sent from my iPhone

On May 22, 2020, at 1:01 PM, (b)(6) wrote:

No - quarantining is intended to keep everyone from getting sick at the same time so that the health care system doesn't become overwhelmed.

Also - did you read that Erin Bromage blog I forwarded a week or two ago about how corona spreads? He based his piece entirely on actual "superspreader" events that have occurred around the world since March.

One huge takeaway I got from that blog was that your chances of contracting corona from a sick person outdoors is extremely slim; if you read the blog, he didn't identify a single super-spreader event that originated from anywhere outdoors.

On the other hand, if you look at the places he identified to watch for: public bathrooms, churches, enclosed open floor plan offices, indoor restaurants, funerals, birthday parties, nursing homes - they are all indoors, involving close proximity with others, for more than a passing moment.

50 minutes seems to be about the minimum amount of time needed for an asymptomatic infected to pass on enough of a viral load at regular conversation (such as might be had from multiple employees talking on the phone at a call center); singing (i.e., the choir) or yelling (like you would need to do at a meat packing plant to be heard over the sound of machinery) exponentially increases the amount of virus droplets that get shot out from an infected person.

The math model of infection: Infection = viral load multiplied by time (duration of exposure).

Being outdoors dilutes viral load hugely in a way that doesn't happen in still indoor air. If the US could get everyone in large indoor groups to wear masks, the infection rate would really drop.

Of course, if the US could have gotten everyone to relax their medical privacy rights to allow test and trace (tracing is contacting people that infecteds were in contact with, which requires infecteds to waive their privacy rights so that people can be told who it was they were in contact with that was sick and be quarantined), they could have just closed down specific buildings/businesses like S. Korea and let the rest of the country stay open.

Of course, I'm just an ambulance chaser, so what the hell do I know . . .

(b)(6)

On Thu, May 21, 2020 at 7:38 PM (b)(6) @mindspring.com> wrote:

That's terrible. This kind of death is the type that quarantining was supposed to prevent, right?

-----Original Message-----
From: (b)(6)
Sen May 21, 2020 10:53 AM
To: (b)(6)
Cc: (b)(6) (b)(6) @mindspring.com)" , (b)(6)
(b)(6) (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

I appreciate the thought, but don't send condolences to me - send them to (b)(6) - they really are the gold standard in Atlanta for dispute resolution.

A large number of their mediators are former judges - my personal favorite is (b)(6)
(b)(6)
Ohio, and father of (b)(6)

(b)(6)

(b)(6)

On Thu, May 21, 2020 at 1:26 PM (b)(6) @calypso.com> wrote:

Sorry to hear that dan.

art

From: (b)(6)
Sent: Thursday, May 21, 2020 9:12 AM
To: (b)(6)
Cc: (b)(6) @calypso.com>; (b)(6) @yahoo.com>; (b)(6)
(b)(6) @yahoo.com>; (b)(6) @mindspring.com) (b)(6) @mindspring.com> (b)(6)
(b)(6) @hotmail.com> (b)(6) @mindspring.com> (b)(6)
(b)(6) @gmail.com> (b)(6) @yahoo.com; (b)(6)
(b)(6) @hotmail.com>; (b)(6)

(b)(6)
Subject: Re: At least watch the video . . .

This message has originated from an **External Source**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

He died (b)(6) - which means he contracted it the first week of April - right after scheduling our two cases then.

Given that (b)(6) shut down quickly in March and went to zoom, I'm wondering where he got it.

(b)(6)

(b)(6)

On Thu, May 21, 2020 at 12:00 PM (b)(6) wrote:

He fought it for five weeks. Left (b)(6)

(b)(6)

(b)(6)

On Thu, May 21, 2020 at 11:56 AM (b)(6) wrote:

He was (b)(I have an email from him March 27 scheduling us for two zoom mediations in April. And I just mediated another case by zoom with them on Monday.

(b)(6)

(b)(6)

On Thu, May 21, 2020 at 11:55 AM (b)(6) wrote:

Wow how old. Jesus.

From: (b)(6)
Sent: Thursday, May 21, 2020 9:54 AM
To: (b)(6) @calypso.com>
Cc: (b)(6) (b)(6) yahoo.com> (b)(6)
(b)(6) @yahoo.com> (b)(6) @mindspring.com) (b)(6) @mindspring.com> (b)(6)
(b)(6) @hotmail.com>; (b)(6) @mindspring.com>; (b)(6)
(b)(6) @gmail.com>; (b)(6) @yahoo.com; (b)(6)
(b)(6) @hotmail.com>; (b)(6)
(b)(6)
Subject: Re: At least watch the video . . .

Just sent a condolence letter to (b)(6) and each of the four mediators that we've settled cases with since the shutdown - their president, (b)(6) just freakin' died from Covid.

(b)(6)

(b)(6)

(b)(6)

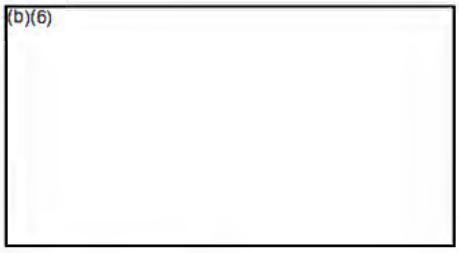
On Thu, May 21, 2020 at 10:40 AM (b)(6) @calypso.com> wrote:

I love the big island – we rented kayaks near capt cooks and we paddled over to the bay and I recall being in pretty deep water and snorkeling and later thinking that could of gone really bad. But that must have been a rush seeing tiger sharks

From: (b)(6)
Sent: Wednesday, May 20, 2020 2:31 PM
To: (b)(6) @calypso.com>
Cc: (b)(6) @yahoo.com>; (b)(6) @yahoo.com>; (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6) @hotmail.com>; (b)(6) @mindspring.com> (b)(6) @gmail.com>; (b)(6) @yahoo.com; (b)(6) @hotmail.com> (b)(6) (b)(6) (b)(6)
Subject: Re: At least watch the video . . .

(b)(6) ook me scuba diving off the (b)(6) for my (b)(6) - and we ran into two Tiger sharks near the end of the dive - biggest fish by far either of us have ever seen without being separated by acrylic glass. The female was a 14 foot silver box car looking thing, the juvenile was 8-9 feet (with the classic stripes). Fortunately for us, they looked well-nourished . . .

Bull sharks scare me the most because they are so aggressive, and can survive in brackish river water. If we see one of those, corona will be the least of our worries , . . . but (b)(6) will go check out the Emerald Coast scene for us first next week, so we won't be going in totally blind.



(b)(6)

On Wed, May 20, 2020 at 1:41 PM (b)(6) @calypso.com> wrote:

I heard that the virus has infected bull sharks also not just tigers so be careful in the water ☹

From: (b)(6)
Sent: Wednesday, May 20, 2020 9:21 AM
To: (b)(6) alypso.com>
Cc: (b)(6) (b)(6) @yahoo.com>; (b)(6) @yahoo.com>; (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6) @hotmail.com>; (b)(6) @mindspring.com>; (b)(6) (b)(6) @gmail.com>; (b)(6) @yahoo.com; (b)(6) @hotmail.com> (b)(6) (b)(6) (b)(6) (b)(6) @gmail.com>
Subject: Re: At least watch the video . . .

I'm such an idiot - during the time it took me compose my last email - which I got from reading AJC articles and an article from Orlando, this article appeared in my google newsfeed:

https://www.cnn.com/2020/05/20/us/florida-georgia-covid-19-test-data/index.html

(b)(6)

(b)(6)

On Wed, May 20, 2020 at 11:41 AM (b)(6) (b)(6) wrote:

Well, we're headed off to (b)(6) week after next - right as it turns out that Georgia and Florida have both been doctoring their Covid numbers since re-opening to make it look like a steep decline in cases since reopening.

Georgia Dept of Public Health did it by jumbling the "x"-axis of dates on their graph - they placed May 2 week data - which had an upward spike in cases and deaths (that was the week of re-opening) - in front of April 26 week data (the last week of shutdown) - which was lower on both counts - to make it look like a straight downhill slope, instead of the up and down roller coaster that it is.

Not sure what Florida's deal was, only that they removed the woman who had been running their case count dashboard for ambiguous reasons. She came out and said that it was because she was being too transparent and that the people replacing her won't be.

Be that as it may, case counts seem to be trending down slightly, if not dramatically, perhaps with the onset of summer weather. But everyone and their mom is expecting a second wave - December seems to be the consensus, although the 1918 Spanish flu second wave started at the end of September.

(b)(6)

(b)(6)

On Wed, May 20, 2020 at 10:37 AM Art Hebert (b)(6) wrote:

Well the way trump seems to be following hitlers playbook – I can understand not giving up privacy too easily. But if they have to lockdown again then we will be starting all over. I have a friend who just told me his buddies were driving from Fremont to san jose and were pulled over and fined $1000 each for non essential travel. The cities share a border kind of crazy. I drove a week ago to (b)(6) to pick up a 48 foot wheelchair ramp in my truck but didn't stop except to pick it up and didn't even think about it being non essential travel.

From: (b)(6)
Sent: Tuesday, May 19, 2020 8:38 PM
To: (b)(6) @calypso.com>
Cc: (b)(6) @msdlawgroup.com> (b)(6) (b)(6) (b)(6) @yahoo.com> (b)(6) @yahoo.com>; (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6) @hotmail.com>; (b)(6) (b)(6) @mindspring.com>; (b)(6) @gmail.com>; (b)(6) @yahoo.com; (b)(6) @hotmail.com>; (b)(6) (b)(6) (b)(6) @gmail.com>
Subject: Re: At least watch the video . . .

There will be hotspots that keep popping up . . . sad that fed govt cant step up with mobile test and trace team like s korea that just goes to hotspots and locks down a building at a time, but as a country we're not willing to pay the price of giving up medical privacy for the collective benefit of old people.

Im only sad to see the return of car traffic and the dipshit driving that comes with reopening - i almost got hit head on this morning while riding to work by an impatient dipshit yuppie in a black chevy canyon pickup truck that couldnt wait behind a garbage truck in front of him, and swerved into my lane to go around it just as i was coming through. i yelled "dumbass!!!" at the driver who looked away, worker hanging on back of garbage truck totally agreed . . .

what's nuts is that i got hit by a chick at that same intersection a year ago (glancing blow to my left hand) after she cut a left turn short and into my lane . . .

Sent from my iPhone

On May 19, 2020, at 4:44 PM, (b)(6) @calypso.com> wrote:

More fake news from anti trump people who oppose our right to practice our religion.

The Centers for Disease Control and Prevention tracked a cluster of coronavirus cases in rural Arkansas back to a church pastor and his wife, indicating that faith-based organizations and events could be sources of Covid-19 transmission, according to a new study published Tuesday.

"This outbreak highlights the potential for widespread transmission of SARS-CoV-2, the virus that causes COVID-19, both at group gatherings during church events and within the broader community," the researchers wrote. "Faith-based organizations that are operating or planning to resume in-person operations, including regular services, funerals, or other events, should be aware of the potential for high rates of transmission of SARS-CoV-2."

From: (b)(6)
Sent: Monday, May 18, 2020 9:50 AM
To: (b)(6) (b)(6) @calypso.com>; (b)(6) (b)(6) @yahoo.com>; (b)(6) @yahoo.com>; (b)(6) @mindspring.com) (b)(6) @mindspring.com>; (b)(6) @hotmail.com>; (b)(6) (b)(@mindspring.com>; (b)(6) @gmail.com>; (b)(6) @yahoo.com
Cc: (b)(6) @hotmail.com>; (b)(6) (b)(6) (b)(6) (b)(6) @gmail.com>
Subject: Re: At least watch the video . . .

Thank God school is out!!!!!

https://www.nytimes.com/2020/05/13/opinion/parenting-coronavirus-burnout.html

My favorite quote from the mom is also a general counsel: "I've become a mediocre parent and a subpar employee . . ." Sounds about right . . .

(b)(6)

(b)(6)

On Fri, May 15, 2020 at 10:08 AM (b)(6) wrote:

This is that Bromage article I mentioned to a couple of you this morning - excellent discussion of how spread happens . . .

https://www.erinbromage.com/post/the-risks-know-them-avoid-them?campaign_id=9&emc=edit_nn_20200511&instance_id=18384&nl=the-morning&regi_id=92525217&segment_id=27239&te=1&user_id=a79bde0c31483afaadb25006e0a85142

The office building spread scenario Bromage describes came from a call center in a mixed use high rise in Seoul:

https://www.businessinsider.com/south-korean-call-center-covid-19-outbreak-seating-chart-2020-4

And just highlights the difference b/t S. Korea , which hasn't shut anything down, and the US - SK government moved in on that office building quickly, isolated and tested all 1100 occupants of that building and traced their contacts.

(b)(6)

(b)(6)

On Thu, May 14, 2020 at 4:43 PM (b)(6) wrote:

I stumbled on this article - I thought it worth reading:

https://www.wired.com/story/how-much-is-human-life-worth-in-dollars/

I liked the conclusion - how the only choices the US has to deal with Covid are to go back to work and deal with increased death as a necessary by-product, or stay at home and give up the economy - because the US has no social safety net, like say Sweden (universal health care, generous leave policies, government protection of unemployed/underemployed) that makes the risk of either choice any more palatable.

And it talks too about how we, as a nation, have been half-baked about robust social distancing designed to save lives, and equally half-baked about re-opening the economy, designed to save the economy - the result of which we will save neither.

I also liked the articulation of the "paradox of prevention" - i.e., if a preventative measure actually works (i.e., social distancing), people immediately assume that the thing that the measure was designed to prevent - Covid - must not be that bad.

And on a far lighter note, DW forwarded me this Bob Dylan parody - best four minutes of my day today by far:

https://www.youtube.com/results?search_query=everybody+must+stay+home+parody

(b)(6)

(b)(6)

From: (b)(6)
Sent: Tue, 22 Sep 2020 11:59:28 +0000 (UTC)
To: Crews, William (NIH/NIAID) [E]
Cc: Fauci, Anthony (NIH/NIAID) [E]; oliver.darcy@cnn.com;
(b)(6)
Subject: Early Retirement

Dear Mr. Crews,
I hope your "retirement" will give you the opportunity to reflect on your evil deeds. There is no room for politics and public health. Shame on you.

(b)(6)

NIH official to 'retire' after being ID'd as author of anti-Fauci posts on right-wing blog

https://www.cnn.com/2020/09/21/media/fauci-redstate-nih/index.html

Sent from Yahoo Mail on Android

From: (b)(6)
Sent: Tue, 22 Sep 2020 01:01:49 -0400
To: Crews, William (NIH/NIAID) [E]

This employee needs to to go jail!
https://www.thedailybeast.com/redstate-covid-troll-streiff-is-actually-bill-crews-and-he-actually-works-for-dr-anthony-fauci

From: Darcy, Oliver
Sent: Mon, 21 Sep 2020 18:23:15 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: Re: *CNN Request for Comment*

Hey William, NIH says you will now retire. I wanted to check back in with you and see if you have comment.

// oliver

From: "Darcy, Oliver" <Oliver.Darcy@turner.com>
Date: Monday, September 21, 2020 at 1:22 PM
To: (b)(6)
Subject: *CNN Request for Comment*

Hey William,

The Daily Beast is reporting that you are the person behind an anonymous RedState account that has referred to Dr. Anthony Fauci as a "mask Nazi," among other things.

I wanted to check in with you. Is the report accurate? Are you the person behind this account? And either way, do you have a comment?

Please do let me know.

Thank you,
Oliver

--
Oliver Darcy
senior media reporter | CNN
559.451.6306 | @oliverdarcy

From: Nidhi Subbaraman
Sent: Mon, 21 Sep 2020 17:44:04 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: News query from Nature

Mr. Crews, I report on the NIH for the news team at Nature, based in Washington DC. I am writing to ask if you are commenting on any of the claims in this report from the Daily Beast: https://www.thedailybeast.com/redstate-covid troll-streiff-is actually bill crews-and-he-actually works-for-dr-anthony-fauci ref=home Do you dispute any of the claims made in this report?

Please let me know, you can try me at (b)(6), or at this email.

Thank you, Nidhi

--

Nidhi Subbaraman (she/her)
Senior reporter, *Nature*
https://www.nature.com/news
O: +1 202 626 2523 | C: (b)(6) | @nidhisubs

From: Lachlan Markay
Sent: Mon, 21 Sep 2020 10:38:42 -0400
To: Crews, William (NIH/NIAID) [E]
Subject: Fwd: Need to chat

Just forwarding this here in the interest of being thorough.

---------- Forwarded message ---------
From: **Lachlan Markay** <lachlan.markay@thedailybeast.com>
Date: Mon, Sep 21, 2020 at 9:38 AM
Subject: Re: Need to chat
To: streiff <(b)(6)

Okay, well in the interest of giving you a fair chance to respond, I'll just put my questions here and if you change your mind you can feel free to call or send some replies.

Our story is looking at your dual roles at RedState and NIAID, in light of the highly critical things you've written about the federal public health bureaucracy in general and Dr. Fauci in particular. We'll be identifying you by name (William Crews), and reaching out to NIAID's press shop for comment.

Some questions I was hoping you could address:

Is NIAID aware that you're writing at RedState? Are they aware you're writing about NIH? Do you have to/did you request any sort of official sign-off from the agency?

A lot of your RS posts seem to go up during normal business hours. How are you ensuring that writing doesn't conflict with ethics rules regarding the use of federal resources for outside employment and political activity?

You've written some pretty inflammatory stuff lately about Fauci in particular. Have you raised your concerns internally?

Do you think your writing is undermining the work that NIAID/NIH/Fauci are doing? Is that the goal?

You've repeatedly referred to an anti-Trump coup within the federal government. Do you think NIAID/NIH/Fauci are part of or complicit in that?

Do you think your writings on the coronavirus in particular have held up? I'm thinking specifically of your March 4 post, "When Covid-19 Kills 18,000 People Call Me, But Until Then Stop the Scaremongering," and your June 7 post, which said, "When Texas and Georgia and Florida released the totalitarian controls the 'scientists' predicted a huge spike in infections and deaths. This, to say the least, did not happen." We're obviously way past 18k deaths now, and

TX, GA, and FL did see spikes.

Did you ever communicate with Michael Caputo while he was at HHS regarding COVID messaging?

On Mon, Sep 21, 2020 at 9:09 AM streiff <(b)(6)> wrote:
Thanks, but no thanks

On Mon, Sep 21, 2020 at 8:44 AM Lachlan Markay <lachlan.markay@thedailybeast.com> wrote:
Hi Streiff,

We're working on a story about you and would like to jump on the phone this morning to ask you about it if you have a few minutes. Please give me a call when you can.(b)(6)

Thanks,

Lachlan

--
Lachlan Markay
The Daily Beast
(b)(6)

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Sat, 19 Sep 2020 22:00:06 +0000
To: Undisclosed recipients:
Subject: AZ protocol Phase III Randomized, Double-blind, Placebo-controlled Multicenter Study in Adults to Determine the Safety, Efficacy, and Immunogenicity of AZD1222, a Non-replicating ChAdOx1 Vector Vaccine, for the Prevention of COVID-19

https://bit.ly/3ch4Svf

Clinical Study Protocol	
Study Intervention	AZD1222
Study Code	D8110C00001
Version	Amendment 2
Date	17 September 2020

TITLE PAGE

A Phase III Randomized, Double-blind, Placebo-controlled Multicenter Study in Adults to Determine the Safety, Efficacy, and Immunogenicity of AZD1222, a Non-replicating ChAdOx1 Vector Vaccine, for the Prevention of COVID-19

From: Crews, William (NIH/NIAID) [E]
Sent: Wed, 9 Sep 2020 18:17:24 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Interview season
Attachments: 2020 Current NIH ID Fellows-wbc.docx, 2020 ID website update.docx, ID Fellowship graduates 2020--wbc.docx, Research Project Examples.docx

there wasn't a lot to do on them.

"Current fellows" was a replacement current page with new.
Fellowship projects hadn't been updated in several years so it is 100% new.
Fellowship graduates added four names to the list.
Webpage update was already in TrackChanges, but only had one minor change plus replacing image of fellows.

From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, September 9, 2020 1:43 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Interview season

Oh, wow, okay—I'll take a look! Can you send me the documents with changes tracked so I can see where changes were made?

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, September 9, 2020 1:42 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

These four pages are live:

https://www.niaid.nih.gov/about/current-nih-infectious-disease-id-fellows

https://www.niaid.nih.gov/about/fellowship-program-project

https://www.niaid.nih.gov/about/infectious-diseases-fellowship-program

https://www.niaid.nih.gov/about/infectious-diseases-fellowship-program-graduates

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From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Friday, September 4, 2020 8:34 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Interview season

I have been trying to look at these pages since last Thursday and haven't had a chance. Argh! Could you help me out with reviewing the attached documents and determining what changes are needed to the

live site? I'd like to put a package together for the box that uses track changes to show them where the changes are.

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Thursday, August 27, 2020 10:29 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

Thanks so much for all your help, I love the ideas. I have attached the web updates. Please let me know if there is a better way to do this to make it easier for you. I have just been doing it like they did it in the past. I am happy to change.
Julie

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, August 24, 2020 at 12:55 PM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Hi Julie,

Because of the limited audience size, I suggest that you not hold up for any kind of official review from my office. I'm attaching here my overall recommendations for making the document more readable (which are in comments). Then you can plan to send the file directly to the applicant.

If you're concerned about the file size, you might consider using Box to share the file: https://inside.niaid.nih.gov/sites/default/files/box.pdf. Note that if you have any questions about how to use Box, NIAID IT Help can help!

As soon as you have the updates ready for the public website, you can send them to me and I'll get them posted! Let me know if you have any other questions.

Thanks,
Catherine

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 9:03 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

- How many applicants do you anticipate sending this to?
    - 40ish
- Are you aware of applicants who might not be able to access this material due to a disability (e.g., who might require a screen reader tool because of limited vision)?
    - No, but on their application getting though med school and residency there is normally mention of

- Can this content be made publicly accessible, or does the audience need to be restricted to only applicants?
    - Restricted to only applicants, most is on the website

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 21, 2020 at 8:49 AM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Thanks for sending this, Julie. I have a couple of initial questions:

- How many applicants do you anticipate sending this to?
- Are you aware of applicants who might not be able to access this material due to a disability (e.g., who might require a screen reader tool because of limited vision)?
- Can this content be made publicly accessible, or does the audience need to be restricted to only applicants?

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 8:35 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

Thanks, I hope all is okay. Here is the interview binder that we normally have printed and hand to the applicant when they come to NIH. Since all interviews will all be virtual I thought we could email them the file but need to make it as user friendly as possibly. Let me know what you think and how we should proceed. I know that our website will need to updated as well. I am able to send you those updates when you are able to make them.

Regarding any meetings Dr. Zerbe would be available to make the turnaround time shorter.

Thanks so much and I hope you are back up to full speed soon,

Julie Hoehl
Fellowship Program Coordinator
Infectious Disease NIAID
National Institutes of Health
10 Center Drive Room 12C103
Bethesda, MD 20892
Phone: (b)(6)
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 21, 2020 at 8:16 AM

To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Good morning, Julie,

Thanks for your patience and for following up. I'm still easing back into a not-quite-full-time schedule and catching up with everything.

If you have content already written that you can send me, that would be very helpful in terms of making recommendations for how to incorporate it into the public website, determining if we should meet to discuss options, and inviting the appropriate other people to that meeting.

I saw that you mentioned making the content interactive—what kind of actions do you want the audience to take? (This also might require different levels of technical support.)

If the content is not yet written, then I will send you a few initial intake questions for your consideration and set up a meeting to discuss more.

Thanks so much,
Catherine

Catherine Roan Bullis, Ph.D.
Chief, Communication Services Branch
OCGR, NIAID, NIH
5601 Fishers Lane, Room 6G40
Rockville, MD 20852
(b)(6)

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 7:49 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

I am just checking to see when you might be able to meet regarding our website and interview binder.

Julie Hoehl
Fellowship Program Coordinator
Infectious Disease NIAID
National Institutes of Health
10 Center Drive Room 12C103

Bethesda, MD 20892
Phone: (b)(6)
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 14, 2020 at 12:16 PM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: Automatic reply: Interview season

I am out of the office with little access to email for at least the next week.

For assistance with the public website or the intranet, submit a request to http://inside.niaid.nih.gov/policies/Pages/webrequest.aspx.

For NIAID Announcements, please review the criteria for sending an announcement at https://inside.niaid.nih.gov/communications-media/niaid_announcements-criteria and then contact Cynthia Fabry if your request meets these criteria.

For requests related to social media or clinical trials, please contact Dina Perry.

For requests related to intramural scientist profile pages on the NIAID public website, please contact Bill Crews.

Current NIH Infectious Disease (ID) Fellows

Christina Kozycki, M.D., MPH (2021)
Third-year fellow
Undergraduate: Georgia Institute of Technology
Graduate: Harvard School of Public Health
Med School: Medical College of Georgia at Augusta University
Residency: Tulane University

Renata Medina, M.D. (2021)
Third-year fellow
Undergraduate: Rice University
Med School: St. Louis University of Medicine
Residency: University of New Mexico

William Sears, M.D., M.S. (2021)
Third-year fellow
Undergraduate: University of Kentucky
Med School: University of Louisville
Graduate: Johns Hopkins School of Public Health
Residency: Indiana University

Gregory Mak, M.D. (2022) Med-Peds ID
Third-year fellow
Undergraduate: Cornell University
Med School: SUNY Upstate Medical Center
Residency: University of Rochester School of Medicine

Peter Finin, M.D. (2022)
Second -year fellow
Undergraduate: Massachusetts Institute of Technology
Med School: University of Michigan Medical School
Residency: University of Pittsburgh Medical Center

Andrew Platt, M.D., Ph.D. (2022) ID- Critical Care
Second -year fellow
Undergraduate: Williams College
Med School: Boston University School of Medicine
Residency: Boston Medical Center

Joseph Rocco, M.D. (2022)
Second-year fellow
Undergraduate: Indiana University of Pennsylvania
Med School: University of Pittsburgh Medical Center
Residency: University of Pittsburgh Medical Center

Brian Epling (2023)
First-year fellow

Undergraduate: University of Connecticut
Med School: University of Connecticut

Residency: George Washington University

Joel Goldberg M.D., Ph.D. (2023)
First-year fellow
Undergraduate: Tufts University
Med School: Tulane University
Graduate: Scripps Research Institute
Residency: Case Western Reserve University

Janitzio Guzman M.D. (2024) Med-Peds
First-year fellow
Undergraduate: The Ohio State University
Med School: The University of Texas Health Science Center
Residency: University of Oklahoma School of Medicine Hospital

Camila Odio M.D. (2023)
First-year fellow
Undergraduate: Kenyon College
Med School: Case Western Reserve University
Residency: Yale University

Christina Yek M.D. (2023) ID- Critical Care
First-year fellow
Undergraduate: University of Cambridge
Med School: University of Cambridge
Residency: University of Texas Southwestern

Content last reviewed on July 1, 2020

NIAID Infectious Diseases Fellowship Program

Major Elements of the Program

- Three- to four-year, ACGME-accredited, clinical and research fellowship program for those interested in pursuing academic careers in infectious diseases.
- Develops outstanding clinical and research skills in physicians who are already well rounded in clinical medicine
- First year spent in clinical rotations at both the National Institutes of Health (NIH) Clinical Center and other local academic hospitals, allowing fellows to gain a diverse, hands-on experience that will prepare them for successful careers in a rapidly evolving field
- First and second years include a weekly continuity clinic, facilitating the development of clinical skills in HIV care and general outpatient infectious diseases management
- Second and third years focus on a research project, under the direction of a faculty research mentor, allowing fellows to take advantage of the staggering breadth of research opportunities at NIH, including collaborative projects both within NIH and around the world
- Primarily located in the Clinical Center, a ~~234~~200-bed clinical research hospital
- **Combined Internal Medicine-Pediatrics Infectious Diseases Fellowship:** In conjunction with Dr. Bernhard Wiedermann, director of the Infectious Diseases Fellowship Program at Children's National Medical Center, we are accepting applications from highly qualified graduates of US and Canadian internal medicine-pediatrics residencies for our joint four-year fellowship program. The fellow would spend one year each in clinical pediatric infectious diseases and clinical adult infectious diseases, with the remaining two years of training focusing on a research topic chosen by the fellow. Interested applicants should contact Dr. Zerbe directly.

Clinical Training

Clinical training in the first year consists of rotations at the NIH Clinical Center and four outside affiliated academic medical centers (Johns Hopkins University Hospital, Washington Hospital Center, George Washington University Hospital, and Georgetown University Hospital, Children's National Medical Center), as well as a private practice ambulatory setting. This blend of general and specialized infectious diseases experiences offers a unique and unmatched array of diverse infectious disease pathologies, allowing fellows to gain comprehensive training in the pathophysiology of infectious diseases, including microbiology, mechanisms of pathogenesis and antimicrobial resistance, host immune response, and antimicrobial treatment.

Orientation Month

First-year fellows spend the month of July building their knowledge base in preparation for their clinical rotations. During the month, fellows attend the Johns Hopkins infection control and hospital epidemiology course. The remaining three weeks of July are spent in a comprehensive course taught by NIH infectious diseases and microbiology faculty. Interactive and hands-on sessions cover a thorough overview of bacterial, viral, fungal, and parasitic microbiology. Faculty give didactic presentations and case-based discussions on topics such as common consult questions and dilemmas, pharmacology of antimicrobial drugs, transplant infectious diseases, and host immune response to infection.

Continuity Clinic

During the first year, fellows attend a weekly HIV continuity clinic at the NIH Clinical Center. Each clinic session begins with an HIV-related case discussion or lecture. Clinic is precepted by a set of expert faculty and staffed with a multidisciplinary group including case managers, a social worker, and an HIV pharmacist.

In the second year, fellows attend a weekly infectious diseases clinic at one of the hospitals at which they rotated in the first year, usually George Washington University Hospital and Washington Hospital Center. In these busy urban clinics, second-year fellows see a high volume of patients and a great diversity of cases and, in each site, are precepted by full-time faculty.

At the end of these rotations the fellows gain confidence in the care of a wide range of pediatric infectious disease.

Teaching Conferences

There are four regular infectious diseases teaching conferences each week:

1. Tuesday HIV clinic begins with an HIV-related lecture or case discussion on topics such as antiretroviral medications; opportunistic infections; immune reconstitution inflammatory syndrome; neoplastic, neurologic, and metabolic complications of HIV/AIDS; coinfection with viral hepatitis; and preventive care issues such as vaccination.
2. Every Wednesday, journal club and core curriculum lectures occur on alternating weeks. The lectures are broadcast to the Washington Hospital Center, whose fellows and faculty give some of the talks.
3. Each Thursday, the weekly Infectious Disease Consultation Service management conference takes place with the participation of the infectious diseases and microbiology faculty, fellows, and colleagues of other departments (e.g., hospital epidemiology, nursing, critical care, hematology. The group

discusses the management of interesting, difficult, or controversial cases that are presented by the consult fellow.

4. Each Friday, ID fellows, faculty, and members of the Microbiology Service attend an interactive noon case conference in which the Washington Hospital Center and Georgetown University Hospital fellowship programs also participate remotely. The three programs alternate weeks to present and discuss a wide variety of cases.

Because Wednesday and Friday conferences are broadcast, NIH fellows are able to participate in these conferences at three of their five rotation sites. In addition, fellows participate in teaching conferences specific to their outside rotations, including both didactic and case-based sessions.

In addition to the above scheduled weekly conferences/lectures, there are weekly teaching conferences centered on topics relevant to the NIAID inpatient ward, HIV clinic, and parasitology service. Additional clinical talks include the weekly NIAID Grand Rounds; the weekly NIH Clinical Center Grand Rounds; and the monthly meeting of the Greater Washington Infectious Disease Society (GWIDS), in which all infectious diseases programs of the metropolitan Washington, DC, area rotate in presenting their more interesting cases. Numerous other conferences and didactic lectures are offered on a wide range of research and clinical subjects on a daily basis at NIH.

Vacation

During the first year, fellows have three weeks of vacation and one week dedicated to exploring potential research options for the subsequent years of the fellowship via meetings with potential research mentors.

Transportation

Free parking is available (NIH fellows during the NIH rotations and at all outside hospital rotations. NIH, George Washington University, and Washington Hospital Center are easily accessible by public transportation (Metro rail and bus), and the other hospitals are accessible to varying degrees.

Training Rotations

NIH Infectious Diseases Consultation Service Rotation

Fellows rotate for two to three months on the NIH Infectious Diseases Consultation Service, which serves adult and pediatric patients undergoing stem cell transplantation, intensive and investigational chemotherapy, surgery, or immunomodulatory treatment for cancer, autoimmunity, or immunodeficiency at the NIH Clinical Center. The service is also consulted for patients with ophthalmic, neurologic, endocrine, pulmonary, cardiac, and genetic disorders.

The consult team consists of an ID fellow, visiting residents and/or students, and an attending physician and typically receive 40 to 60 consults per month on patients with neutropenic fever and a diverse array of opportunistic bacterial, viral, and fungal infections. Through the integrated daily rounds with the stem cell transplant service, the fellows acquire superior training in transplant medicine and become familiar with concepts such as conditioning regimens, types of transplantation, graft-versus-host disease, and the mechanism of action and immunomodulatory effects of commonly used immunosuppressive agents. By the end of the rotation, fellows feel confident in their ability to manage infectious diseases in the setting of stem cell transplantation, malignancy, and other immunocompromised states.

Daily microbiology rounds in the Clinical Center's outstanding Microbiology Service are the highlight of this rotation. The rounds enhance patient care and bolster the fellows' knowledge of medical microbiology. On a daily basis, these 30-minute microbiology rounds review all pertinent patient microbiology data and include daily teaching presentations, simulations, and demos prepared for the consult team. These clinically relevant and hands-on presentations teach fellows to recognize and identify common pathogens under the microscope by interpreting various microbiological stains and provide meaningful training in the range of diagnostic assays and techniques used in the clinical microbiology laboratory. The Microbiology Service has an incredible array of in-house expertise, including extensive molecular diagnostic capabilities, mycology, and mycobacteriology.

NIAID Inpatient Ward Rotation

The two-month NIAID Inpatient Ward rotation at the Clinical Center affords the unique opportunity to evaluate and manage opportunistic infections in adult and pediatric patients with a range of inherited and acquired immune defects. The NIAID inpatient ward admits 40 to 60 patients per month who are enrolled in various infectious diseases and immunology clinical research protocols. Fellows on the ward service supervise and teach four internal medicine residents from the George Washington University and Georgetown University Hospital who have patient care and night call responsibilities.

Some of the conditions that fellows see during this rotation include but are not limited to HIV/AIDS and immune reconstitution syndrome; tuberculosis (drug-sensitive and -resistant); parasitic infections; chronic granulomatous disease and hyper-IgE (Job) syndrome with invasive bacterial and fungal opportunistic infections; immune disorders that cause susceptibility to disseminated mycobacterial infections; bronchiectasis disorders that lead to increased susceptibility to pulmonary mycobacterial infections; chronic active Epstein-Barr virus infection; X-linked agammaglobulinemia; X-linked severe combined immunodeficiency, leukocyte adhesion deficiencies; hyper-immunoglobulin (Ig)M syndromes; and GATA-2 mutations resulting in increased susceptibility to both infectious and hematopoietic complications.

The inpatient ward team also manages and evaluates patients admitted with opportunistic infections due to as-yet-undefined immune defects. Through exposure to

this unique array of conditions, fellows acquire an in-depth understanding of immunology and how dysregulation of specific arms of the immune system confer particular infection susceptibilities.

Outside Hospital Rotations

Fellows rotate for about seven months at four affiliated academic hospitals. The outside hospital rotations provide superb and complementary infectious diseases training experiences that expose fellows to a broad spectrum of cases spanning most disciplines of infectious diseases—from "bread and butter" to rare or specialized diseases, including transplant infectious diseases. The following is a brief description of the structure and characteristics of these rotations:

Johns Hopkins Hospital

Fellows typically spend two months at this 1,059-bed tertiary care center, which provides an excellent case mix and outstanding teaching conferences. Fellows gain experience managing complex infectious diseases in neurosurgical, cardiovascular, intensive care, and orthopedic patients, as well as challenging consults from the medical subspecialties. The ID consultation service receives approximately 120 consults per month, and the consult team consists of two fellows, residents, students, and an attending physician who is a full-time faculty member. There is also an optional Transplant Infectious Diseases rotation available at this institution, which provides additional training in infectious diseases in the immunocompromised host.

Washington Hospital Center

Fellows spend up to two months at this 926-bed hospital, the largest private hospital in Washington, DC, and a major cardiovascular surgery center. Fellows see a broad case mix, including infections related to cardiovascular procedures (including LVADs), heart and kidney transplants, orthopedic surgeries, trauma, and burns. The ID consultation service receives approximately 120 consults per month, and the consult team consists of two fellows, residents, medical students, and an attending physician who is a full-time faculty member.

George Washington University Hospital

Fellows spend up to two months at this 385-bed tertiary care center. Fellows see an excellent case mix, including tropical infections and complications of HIV. Interactive teaching rounds in the microbiology laboratory provide additional training in clinical microbiology. The ID consultation service receives 100 to 120 consults per month, and the consult team consists of two fellows, residents, and an attending physician who is a full-time faculty member.

Georgetown University Hospital

Fellows spend up to two months at this 396-bed tertiary care center. Fellows gain experience managing infections in solid organ transplant recipients (liver, kidney, small bowel) as well as infectious diseases in the returning traveler or patients with advanced HIV. The ID consultation service receives approximately 100 consults per month, and the consult team consists of two fellows, residents, and students.

Children's National Medical Center

Adult ID fellows may spend one month at this 316 bed tertiary care center, NIH and joint adult-pediatric ID fellows complete their own pediatric requirements at Children's National Healthl Center. Fellows gain experience managing infections in solid organ transplant recipients as well as infectious diseases in the returning traveler and patients with advanced HIV. The ID consultation service receives approximately 100 consults per month, and the consult team comprises fellows, residents, and students. At the end of this rotation the fellows gain expertise in the care of a ride range of infectioue diseases.

Outpatient Rotations

Fellows may spend two weeks in a private ambulatory practice in order to gain exposure to the experience and challenges of managing infections in that setting.

Research Training

Overview

In the second and third years, fellows undertake clinical and/or bench projects under the direct supervision of faculty mentors. The goal of the research training is to produce academic infectious diseases physicians who will be prepared for careers involving clinical, basic, or translational research after the completion of their fellowship. Fellows spend a minimum of two years in research and often stay for additional years to continue work on their projects. We offer a spectrum from clinical to basic research opportunities, and fellows may choose to work in any of the NIAID research groups or laboratories.

The process of selecting potential research mentors begins in the fall of the first year of fellowship, when NIAID holds a retreat for fellows to meet researchers and senior fellows. The fellows hear about research in which they can participate, ranging in scope from clinical trials to overseas studies to the most basic aspects of cell and molecular biology. Following the retreat, fellows consult individually with NIAID and training program leadership and then meet with potential mentors during their NIH-based

rotations, their clinic days, and the week dedicated to exploring potential research options. Fellows typically choose a research mentor by springtime of their first year.

Those who elect to do clinical research may apply for the Training Program in Clinical Research, an M.H.S. program offered at NIH in collaboration with Duke University. Graduate-level courses in microbiology, immunology, and molecular biology are offered onsite by the Foundation for Advanced Education in the Sciences. Coursework leading to an M.P.H. is available through Johns Hopkins Bloomberg School of Public Health.

- Research Opportunities and Mentors
- Research Project Examples

Career Mentors

Each fellow selects a career mentor from among the ID faculty, someone who is not involved with the fellow's research area. The fellow and mentor meet quarterly and discuss the fellow's career trajectory, including grant-writing possibilities and future job options.

Research Mentoring

In addition to individual research mentors, fellows in the second year and beyond participate in a program-wide research mentoring program. At year-end they present their progress before the assembled infectious diseases fellows and faculty, including the individual research mentors. This program is designed to help keep fellows focused on their career trajectory.

Current Fellows and Graduates

Brian Epling, Joel Goldberg, Janitzio Guzman, ~~From Left to Right: Andrew Platt, Peter Finin, Christa Zerbe (Program Director) Joseph Rocco, Brittany Shepherd~~

Camila Odio, Christina Yek

Among our former infectious disease fellows graduating since 1979, approximately 60 percent are currently employed in academia (engaged in translational or clinical research), about 20 percent are in the pharmaceutical industry or government administration, and about 20 percent in private practice.

- Current ID Fellows
- ID Fellowship Program Graduates

Application Information

There are up to four positions available per year. Candidates are required to apply through ERAS and are selected through the National Residency Matching Program. The length of the fellowship program is three years; however, many fellows continue their research activities for one or more additional years. Fellows in the ABIM Research

Pathway and those pursuing joint adult-pediatric ID fellowship training require four years of fellowship.

Loan Repayment

Nearly all ID fellows with significant educational (undergraduate, graduate, and medical school) debt have been able to receive substantial loan repayment under the NIH loan repayment program(link is external). Fellows may apply for one of several categories of loan repayment through this program, the amount most recently ranging from $17,000 to $35,000 per year. The repayment is a generous benefit provided in addition to the annual salary.

Eligibility Criteria

Qualified candidates must have completed three years of an ACGME approved residency training in internal medicine or medicine-pediatrics in the United States or Canada prior to entering the fellowship program. Residents will be accepted after only two years of internal medicine residency only if they are accepted in the ABIM Research Pathway.

- Applications are accepted only through ERAS.
- Through ERAS, applicants will be asked to supply USMLE scores for Steps 1 and 2, a personal statement of career goals, medical school transcripts, and dean's letter, and three letters of recommendation, one of which should be from the internal medicine program director.
- Applications are accepted through September 30.
- Applicants must have passed USMLE Step 3 in order to begin their fellowship training.

Upon receipt of the required materials, we will notify you as to whether an interview will be scheduled. If financial or other constraints prohibit you from attending an interview, you should notify Dr. Zerbe as soon as possible. You may also contact the NIAID ID Fellowship Program office with questions.

Christa S. Zerbe, M.D.
Director, Infectious Diseases Fellowship Program

or

Julie Hoehl
Fellowship Program Coordinator

Infectious Diseases Fellowship Program Graduates 1991-2020~~19~~

John Rex, M.D. (1991)
Senior Vice President and Chief Strategy Officer, Infection Business Unit
AstraZeneca
Waltham, MA
NIH mentor: John Bennett, M.D.

David Paar, M.D. (1991)
Associat~~ion~~e Professor, Division of Infectious Diseases
University of Texas Medical Branch
Galveston, TX
NIH mentor: Stephen Straus, M.D.

Richard Kenney, M.D. (1991)
Principal Medical Advisor
Immune Design Corp~~.~~oration
Seattle, WA
NIH mentor: Thomas Leto, Ph.D.

Antonia Geber, M.D. (1991)
Information not available
NIH mentor: John Bennett, M.D.

David Margolis, M.D. (1991)
Professor, Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC
NIH mentor: Stephen Straus, M.D.

Bach-Yen Nguyen, M.D. (1991)
Executive Director, Merck Research Laboratories, Infectious Diseases & Vaccines Clinical Research Department
Merck & Co., Inc.
North Wales, PA
NIH mentor: Robert Yarchoan, M.D.

Peter Williamson, M.D., Ph.D. (1992)
Chief, Translational Mycology Section
Laboratory of Clinical Immunology and Mycology
NIAID, NIH
Bethesda, MD
NIH mentor: John Bennett, M.D.

Edward Seidel, M.D. (1992)
Private Practice
Baltimore, MD
NIH mentors: Cliff Lane, M.D., & Norman Salzman, M.D.

Gail Scully, M.D., M.P.H. (1992)
Assistant Professor, Division of Infectious Diseases and Immunology
University of Massachusetts School of Medicine
Worcester, MA
NIH mentor: Cliff Lane, M.D.

Shirley Lee Lecher, M.D. (1993)
Medical Officer, Division of Global HIV and Tuberculosis
Centers for Disease Control and Prevention
Atlanta, GA
NIH mentor: Anthony Fauci, M.D.

Lawrence Fox, M.D. (1993)
Medical Officer, HIV Research Branch
Division of AIDS
NIAID, NIH
Bethesda, MD
NIH mentor: Guido Poli, M.D.

Sunil Ahuja, M.D. (1993)
Professor, Division of Infectious Disease, Microbiology, and Immunology
University of Texas Health Science Center at San Antonio, TX
NIH mentor: John Gallin, M.D., and Philip Murphy, M.D.

Kathryn Spooner, M.D. (1993)
(Deceased)

Thomas Heineman, M.D., Ph.D. (1994)
Senior Director, Global Clinical Development
GlaxoSmithKline Vaccines
King of Prussia, PA
NIH mentor: Jeffrey Cohen, M.D.

Mark Parta, M.D. (1994)
Physician, Laboratory of Host Defenses
NIAID, NIH
Bethesda, MD
NIH mentor: K.J. Kwon-Chung, Ph.D.

Oren Cohen, M.D. (1994)
Chief Medical Officer
Viamet Pharmaceuticals
Durham, NC
NIH mentor: Giuseppe Pantaleo, M.D.

Jeffrey Ross, M.D. (1995)
Private Practice
Infectious Diseases and Internal Medicine Associates, P.C.
Albuquerque, NM
NIH mentor: Jeffrey Cohen, M.D.

Julie Lekstrom Himes, M.D. (1995)
Information not available
NIH mentor: Stephen Straus, M.D.

Thomas Moore, M.D. (1996)
Infectious Disease Consultants
Wichita, KS
NIH mentor: Thomas Nutman, M.D.

Sanjay Gurunathan, M.D. (1996)
Head, Global Clinical Development
Sanofi Pasteur
Bethlehem, PA
NIH mentor: Robert Seder, M.D.

Geetika Sharma, M.D. (1996)
Private Practice
Merrimack, NH
NIH mentor: Joshua Farber, M.D.

Jorge Tavel, M.D. (1997)
Associate Group Medical Director, Infectious Diseases Therapeutic Area Lead
Genentech
NIH mentor: Cliff Lane, M.D.

Brahm Segal, M.D. (1997)
Chief, Division of Infectious Diseases
Roswell Park Cancer Institute
Buffalo, NY
NIH mentor: Steven Holland, M.D.

Matthew Park, M.D., Ph.D. (1998)
Pulmonary/Critical Care Staff Physician
Baltimore Washington Medical Center
Glen Burnie, MD
NIH mentor: Joshua Farber, M.D.

David McDermott, M.D. (1998)
Staff Clinician, Laboratory of Molecular Immunology
NIAID, NIH
Bethesda, MD
NIH mentor: Philip Murphy, M.D.

Mark Dybul, M.D. (1998)
Executive Director, Global Fund to Fight AIDS, Tuberculosis, and Malaria
Washington, DC
NIH mentor: Anthony Fauci, M.D.

Daniel Fierer, M.D. (1998)
Assistant Professor, Division of Infectious Diseases
Mt. Sinai School of Medicine
New York, NY
NIH mentor: Mark Challberg, Ph.D.

Inger Damon, M.D. (1998)
Director, Division of High-Consequence Pathogens and Pathology
Centers for Disease Control and Prevention
Atlanta, GA
NIH mentor: Bernard Moss, M.D., Ph.D.

David Frucht, M.D. (1998)
Senior Supervisory Regulatory Research Officer, Office of Biotechnology Products, Center for Drug Evaluation and Research
Food and Drug Administration
Silver Spring, MD
NIH mentor: Steven Holland, M.D.

Susan Dorman, M.D. (1999)
Associate Professor, Division of Infectious Diseases
Johns Hopkins University School of Medicine
Baltimore, MD
NIH mentor: Steven Holland, M.D.

Andrew McNeil, M.D. (1999)
Kaiser Permanente
Sacramento, CA
NIH mentor: Mark Connors, M.D.

Frank Maldarelli, M.D., Ph.D. (1999)
Head, Clinical Retrovirology Section, Host-Virus Interaction Branch
NCI, NIH
Bethesda, MD
NIH mentor: Malcolm Martin, M.D.

Irini Sereti, M.D. (2000)
Chief, HIV Pathogenesis Section, Laboratory of Immunoregulation
NIAID, NIH
Bethesda, MD
NIH mentor: Cliff Lane, M.D.

Stephen Migueles, M.D. (2000)
Staff Clinician, HIV-Specific Immunity Section, Laboratory of Immunoregulation
NIAID, NIH
Bethesda, MD
NIH mentor: Mark Connors, M.D.

Karen Near, M.D., M.S. (2000)
Information not available
NIH mentor: Louis Miller, M.D.

Gangadharan ("Mani") Subramanian, M.D. (2000)
Vice President, Clinical Research
Gilead Sciences
Foster City, CA
NIH mentor: Louis Miller, M.D.

Laura O'Bryan Coster, M.D. (2000)
Western Infectious Diseases Consultants
Wheat Ridge, CO
NIH mentor: Theodore Nash, M.D.

Maria Allende, M.D. (2001)
Medical Officer, Center for Drug Evaluation & Research
Food and Drug Administration
Silver Spring, MD

Connie Savor Price, M.D. (2001)
Chief, Medical Officer, Professor of Medicine
Denver Health and Hospital
Denver, CO
NIH mentor: Anthony Fauci, M.D.

Douglas Brust, M.D., Ph.D. (2001)
Lee Physician Group
Fort Myers, FL
NIH mentor: Anthony Fauci, M.D.

Paul Keiser, M.D. (2001)
Director, Viral Diseases Branch
Walter Reed Army Institute of Research
Silver Spring, MD
NIH mentor: Thomas Nutman, M.D.

Nancy Hardy, M.D. (2002)
Associate Professor and Medical Director,
Cell Therapy and Graft Engineering
Laboratories
University of Maryland School of Medicine
Baltimore, MD
NIH mentor: Ron Gress, M.D.

Edward Mitre, M.D. (2002)
Professor, Department of Microbiology and
Immunology
Uniformed Services University of the Health
Sciences
Bethesda, MD
NIH mentor: Thomas Nutman, M.D.

Carl Kraus, M.D. (2002)
Chief Executive Officer
Arrevus
Research Triangle Park, NC
NIH mentor: Clifton Barry III, Ph.D.

Philip Tarr, M.D. (2002)
Chief, Infectious Diseases and Hospital
Epidemiology
Kantonsspital Bruderholz
University of Basel
Switzerland
NIH mentor: Henry Masur, M.D.

Shefali Talwar, M.D. (2003)
Private Practice
Portola Valley, CA
NIH mentor: Anthony Suffredini, M.D.

Janaki Kuruppu, M.D. (2003)
Assistant Professor, Division of Infectious
Diseases
University of Maryland Medical Center
Baltimore, MD
NIH mentor: Richard Koup, M.D.

**Shyamsundaran Kottilil, M.D., Ph.D.
(2003)**
Chief, Division of Infectious Diseases
Director Institute for Human Virology
Clinical Research Unit
University of Maryland School of Medicine
Baltimore, MD
NIH mentor: Anthony Fauci, M.D.

Susan Hoover, M.D., Ph.D. (2004)
Population Health Group
Sanford Research
Sioux Falls, SD
NIH mentor: Jeffrey Cohen, M.D.

Robert Ross, M.D., Ph.D. (2004)
Infectious Diseases Associates
Ellicott City, MD
NIH mentor: Richard Koup, M.D.

Gregory Kirk, M.D., M.P.H., Ph.D. (2004)
Professor, Division of Infectious Diseases
Johns Hopkins Bloomberg School of Public
Health
Baltimore, MD
NIH mentor: James Goedert, M.D.

Kawsar Talaat, M.D. (2004)
Assistant Professor, Johns Hopkins
Vaccine Initiative
Johns Hopkins School of Public Health
Baltimore, MD
NIH mentor: Thomas Nutman, M.D.

Tara Palmore, M.D. (2005)
Hospital Epidemiologist, NIH Clinical Center
Bethesda, MD
NIH mentor: Jonathan Yewdell, M.D., Ph.D.

Sophia Siddiqui, M.D. (2005)
Deputy Branch Chief, Collaborative Clinical
Research Branch
NIAID, NIH
Bethesda, MD
NIH mentor: Mike Polis, M.D.

Sarah Read, M.D. (2005)
Deputy Director, Division of AIDS
NIAID, NIH
Bethesda, MD
NIH mentor: Cliff Lane, M.D.

Laurie D'Avignon, M.D. (2006)
Bend Memorial Clinic
Bend, OR
NIH mentor: Mario Roederer, Ph.D.

Jacqueline Janka, M.D. (2006)
St. Joseph Health System
Mishawaka, IN
NIH mentor: Mark Gladwin, M.D.

Uri Lopatin, M.D. (2006)

Co-founder and Chief Medical Officer
Assembly Biosciences
New York, NY
NIH mentor: Brian Kelsall, M.D.

Philip Yin, M.D., Ph.D. (2006)
Vice President, Clinical Development
Boston Pharmaceuticals
Cambridge, MA
NIH mentor: Hiroaki Mitsuya, M.D., Ph.D.

David Greenberg, M.D. (2006)
Associate Professor of Medicine and Microbiology, Division of Infectious Diseases
University of Texas Southwestern Medical School
Dallas, TX
NIH mentor: Steven Holland, M.D.

Jessica Grubb, M.D. (2006)
Medical Director
Anthem
St. Louis, MO
NIH mentor: Mike Polis, M.D.

Peter Crompton, M.D., M.P.H. (2007)
Chief, Malaria Infection Biology and Immunity Unit, Laboratory of Immunogenetics
NIAID, NIH
Bethesda, MD
NIH mentor: Susan Pierce, Ph.D.

Jason Lane, M.D. (2007)
Information not available
NIH mentor: Patrick Murray, M.D.

Michelle Paulson, M.D. (2008)
Allegheny General Hospital
Pittsburg, PA
NIH mentor: Steven Holland, M.D.

Matthew Memoli, M.D. (2008)
Director, Clinical Studies Unit, Laboratory of Infectious Diseases
NIAID, NIH
Bethesda, MD
NIH mentor: Jeffery Taubenberger, M.D., Ph.D.

Roshan Ramanathan, M.D. (2008)
Medical Officer, Office of Vaccines Research and Review, Center for Biologics
Food and Drug Administration
Silver Spring, MD
NIH mentor: Thomas Nutman, M.D.

Sarah Kaplan Browne, M.D. (2009)
Medical Officer, Office of Vaccines Research and Review, Center for Biologics
Food and Drug Administration
Silver Spring, MD
NIH mentor: Steven Holland, M.D.

Grace Chen, M.D. (2009)
Deputy Chief, Clinical Trials Program
Vaccine Research Center
NIAID, NIH
Bethesda, MD
NIH mentor: Kanta Subbarao, M.B.B.S., M.P.H.

Netanya Sandler Utay, M.D. (2009)
Assistant Professor, Division of General Medicine
University of Texas Health Science Center
Houston, TX
NIH mentor: Danny Douek, M.D., M.R.C.P., Ph.D.

Rhonda Colombo, M.D. (2009)
Assistant Professor, Section of Infectious Diseases
Augusta University
Augusta, GA
NIH mentor: Kenneth Olivier, MD

Larissa Stabinski, M.D. (2010)
Medical Officer, Division of Antiviral Products, Center for Drug Evaluation and Research
Food and Drug Administration
Silver Spring, MD
NIH mentor: Thomas Quinn, M.D., M.Sc.

Michail Lionakis, M.D. (2010)
Chief, Fungal Pathogenesis Section
Laboratory of Clinical Immunology and Mycology
NIAID, NIH
Bethesda, MD
NIH mentor: Philip Murphy, M.D.

Daniel Mendoza, M.D. (2010)
Assistant Professor
Baylor College of Medicine
Michael E. DeBakey VA Medical Center
Houston, TX
NIH mentor: Mark Connors, M.D.

Sunny Yung, M.D., Ph.D. (2010)
Staff Physician
VA Northern California Health Care System
Mather, CA
NIH mentor: Philip Murphy, M.D.

Christa Zerbe, M.D. (2011)
Staff Clinician, Laboratory of Clinical Immunology and Mycology
Director, Infectious Diseases Fellowship Program
NIAID, NIH
Bethesda, MD
NIH mentor: Steven Holland, M.D.

Paul Saleeb, M.D. (2011)
Assistant Professor, Division of Infectious Diseases
University of Maryland Medical Center
Baltimore, MD
NIH mentors: Adrian Zelazny, Ph.D., and Michael Polis, M.D., M.P.H.

Virginia Wood Sheikh, M.D. (2011)
Medical Officer, Division of Antiviral Products, Center for Drug Evaluation and Research
Food and Drug Administration
Silver Spring, MD
NIH mentor: Irini Sereti, M.D.

Jesica Christensen, M.D., M.P.H. (2012)
Assistant Professor, Division of Infectious Diseases
University of Illinois at Chicago
Chicago, IL
NIH mentor: Tom Nutman, M.D.

Caroline Jjingo, M.D., M.P.H. (2012)
Medical Officer, Division of Anti-Infective Products, Center for Drug Evaluation and Research
Food and Drug Administration
Silver Spring, MD
NIH mentor: Tom Wynn, Ph.D.

Anita Kohli, M.D. (2012)
Director of Research, Department of Hepatology and Chief of Research, Department of Medicine
Creighton University School of Medicine
St. Joseph's Hospital and Medical Center
Phoenix, AZ
NIH mentor: Shyam Kottilil, M.D.

Eleanor Wilson, M.D. (2012)
Assistant Professor, Division of Infectious Diseases
University of Maryland School of Medicine
Baltimore, MD
NIH mentor: Irini Sereti, M.D.

Eli Boritz, M.D., Ph.D. (2012)
Chief, Virus Persistence and Dynamics Section
Vaccine Research Center
NIAID, NIH
Bethesda, MD
NIH mentor: Daniel Douek, M.D.

Rojelio Mejia, M.D. (2012)
Assistant Professor, National School of Tropical Medicine
Baylor College of Medicine
Houston, TX
NIH mentor: Tom Nutman, M.D.

Soumya Chatterjee, M.D. (2013)
Assistant Professor, Division of Infectious Diseases, Allergy, and Immunology
St. Louis University School of Medicine
St. Louis, MO
NIH mentor: Thomas Nutman, M.D.

Emilia Falcone, M.D., Ph.D. (2013)
Director, Microbiome and Mucosal Defense Research Unit, IRCM-Institut de Recherches Cliniques de Montréal
Montréal, Québec
NIH mentor: Steve Holland, M.D.

Eric Meissner, M.D., Ph.D. (2013)
Assistant Professor, Division of Infectious Diseases
Medical University of South Carolina
Charleston, SC
NIH mentor: Shyam Kottilil, M.D.

Uzma Sarwar, M.D. (2013)
Assistant Professor, Division of Infectious Diseases
Albert Einstein College of Medicine
Bronx, NY
NIH mentor: Julie Ledgerwood, D.O.

Tuan Tran, M.D., Ph.D. (2013)
Assistant Professor, Division of Infectious Diseases
Indiana University School of Medicine
Indianapolis, IN
NIH mentor: Peter Crompton, M.D., M.P.H.

Brooke Decker, M.D. (2014)
Director of Infection Prevention
VA Pittsburgh Healthcare System
Pittsburgh, PA
NIH mentor: Tara Palmore, M.D.

Jason Hataye, M.D., Ph.D. (2014)
Clinical Fellow, Immunology Section
Vaccine Research Center
NIAID, NIH
Bethesda, MD
NIH mentor: Richard Koup, M.D.

Jairo Mauricio Montezuma Rusca, M.D. (2014)
Community Health Services
Hartford, CT
NIH mentor: Susan Moir, M.D.

In Kwon Park, M.D. (2014)
Information not available
NIH mentor: Steven Holland, M.D.

Stacey Rose, M.D. (2014)
Assistant Professor, Division of Infectious Diseases
Baylor College of Medicine
Houston, TX
NIH mentor: Michail Lionakis, M.D.

Heather Hughes, M.D. (2015)
Hospital Epidemiologist
Charleston VA Medical Center
Charleston, SC
NIH mentor: Tara Palmore, M.D.

Eugene Liu, M.D. (2015)
Medical Officer, Epidemic Intelligence Service
Centers for Disease Control and Prevention
Atlanta, GA
NIH mentor: Peter Crompton, M.D.

Elise O'Connell, M.D. (2015)
Assistant Clinical Investigator, Laboratory of Parasitic Diseases
NIAID, NIH
Bethesda, MD
NIH Mentor: Tom Nutman, M.D.

Yingda Xie, M.D. (2015)
Infectious Disease, Internal Medicine
Rutgers Health
Newark, NJ
NIH mentors: Clif Barry, Ph.D. and Susan Dorman, M.D. (Johns Hopkins)

Anamaria Bianca Bondici, M.D. (2016)
Private Practice
Grand Rapids, MI
NIH mentor: Michail Lionakis, M.D.

Alison Han, M.D. (2016)
Clinical Fellow, Laboratory of Infectious Diseases
NIAID, NIH
Bethesda, MD
NIH mentor: Jeffery Taubenberger, M.D.,

Carmelle Norice, M.D., Ph.D. (2016)
Medical Officer, Division of Microbiology and Infectious Diseases
NIAID, NIH
Bethesda, MD
NIH mentor: Tom Nutman, M.D.

Agnes Mwakingwe-Omari, M.D., Ph.D. (2016)
Staff Clinician, Laboratory of Malaria Immunology and Vaccinology
NIAD, NIH
Bethesda, MD
NIH mentor: Patrick Duffy, M.D.

Andrea Lisco, M.D., Ph.D. (2017)
Assistant Clinical Investigator, Laboratory of Immunoregulation
NIAID, NIH
Bethesda, MD
NIH mentor: Irini Sereti, M.D.

Mukil Natarajan, M.D. (2017)
Medical Officer, Division of Anti-Infective Products, Center for Drug Evaluation & Research
Food and Drug Administration
Silver Spring, MD
NIH mentor: Michail Lionakis, M.D.

Catharine Paules, M.D. (2017)
Division of Infectious Diseases
Penn State Hershey Medical Center
NIH mentor: Kanta Subbarao, M.D.

Maura Manion, M.D. (2018)
Staff Clinician, Intramural Clinical Management & Operations Branch
NIAID, NIH
Bethesda, MD
NIH Mentor: Irini Sereti, M.D.

Shayla Hesse, M.D. (2018)
Clinical Fellow
Developmental Genetics Section
NCI, NIH
Bethesda, MD
NIH Mentors: Susan Gottesman, Ph.D., and Sankar Adhya, Ph.D.

Jessica Manning, M.D. (2018)
Clinical fellow
Laboratory of Malaria and Vector Research
NIAID, NIH
Cambodia
NIH Mentor: Matthew Memoli, M.D., and Thomas Wellems, Ph.D.

Chuen-Yen Lau, M.D., M.P.H. (2018)
Staff Clinician
Collaborative Clinical Research Branch
NIAID, NIH
Bethesda, MD
NIH Mentors: Dima Hammoud, M.D., and Avindra Nath, M.D.

Jeffrey Strich, M.D. (2019)
Staff Clinician
Critical Care Medicine Department,
Clinical Center, NIH
NIH mentor: Anthony Suffredini. M.D., and John Dekker M.D., Ph.D.

Augusto Dulanto Chiang, M.D. (2019)
Staff Clinician
Laboratory of Clinical Immunology & Microbiology
NIAID, NIH
NIH mentor: John Dekker, M.D., Ph.D.

Joshua Lacsina, M.D., Ph.D. (2019)
Staff Clinician
Vector Molecular Bioogy Section
NIAID, NIH
NIH mentor: Jesus Valenzuela, Ph.D.

Andrea Lerner, M.D., M.S. (2019)
Staff Clinician
Human Immunology Setion
NIAID, NIH
NIH mentor: Danny Douek, M.D., Ph.D.

David Cook, M.D. (2019)
Staff Clinician
Laboratory of Malaria and Vector Research
NIAID, NIH
NIH mentor: Patrick Duffy, M.D.

Luca Giurgea, M.D. (2020)
Third-year fellow
Undergraduate: University of Ottawa
Med school: SUNY Upstate Medical University
Residency: Dartmouth-Hitchcock Medical Center

Ahnika Kline, M.D., Ph.D. (2020)
Third -year fellow
Undergraduate: Johns Hopkins University
Med school: University of California, San Francisco
Residency: University of California, San Diego

Daniel Rogan, M.D. (2020)
Third -year fellow
Undergraduate: Georgetown University
Med school: New York University School of Medicine
Residency: Montefiore Medical Center

Kanal Singh, M.D. (2020)
Third -year fellow
Undergraduate: University of California, Berkeley
Med school: University of California, Irvine
Residency: University of California, Davis

Content last reviewed on August 1, 2020

DoInfectious Diseases Fellowship Program Research Project Examples

Examples of Current and Recent ID Fellow Research Projects

- *Principles Governing Establishment versus Collapse of HIV-1 Cellular Spread*
- *Using Big Data to Estimate the Market Size for Novel Gram-negative Antibiotics*
- *Mechanism of Cytotoxic $CD8^+$ T Cell Induction by Antibodies During Viral Infection*
- *From Here to There: On the Path to an Effective Malaria Vaccine*
- *Unraveling the role of DOCK8 in antifungal mucosal immunity*
- *The search for anti-aspergillus antimicrobial peptides*
- Defining human skin immunity to vector insect bites
- *Phage therapy rescues mice from lethal infection with carbapenem-resistant Klebsiella pneumoniae*
- *Persistence of "defective" HIV-1 proviruses in HIV-infected individuals on suppressive combination antiretroviral therapy*
- *Imaging HIV in the CNS*
- *14-day radiosignature to predict anti-tuberculosis drug activity*
- *A study to investigate the effects of ROCK2 inhibition during acute and chronic SIV infection*
- *Aspergillosis, eosinophilic esophagitis, and allergic rhinitis in STAT3 haploinsufficiency*
- *Tryptic peptide method for the rapid identification of OXA-48 family carbapenemases using LC-MS/MS*
- *Immunological determinants and management of HPV-related diseases: lessons from immunodeficiencies*
- *Improving tolerability of malaria-associated symptoms at high*
- *Doses of Sanaria® PfSPZ-CVac*

From: Crews, William (NIH/NIAID) [E]
Sent: Tue, 8 Sep 2020 13:18:24 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: From the NIH Director: CORONAVIRUS UPDATE 5th Virtual Town Hall, Self-Assessment, Asymptomatic Testing, Research

got it

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Tuesday, September 8, 2020 9:17 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: From the NIH Director: CORONAVIRUS UPDATE 5th Virtual Town Hall, Self-Assessment, Asymptomatic Testing, Research

Good morning! Can you please add this to the calendar?

From: NIH Executive Secretariat <NIHExecSec@nih.gov>
Sent: Friday, September 4, 2020 2:09 PM
To: List NIH-ALL-STAFF <NIH-ALL-STAFF@LIST.NIH.GOV>
Subject: From the NIH Director: CORONAVIRUS UPDATE 5th Virtual Town Hall, Self-Assessment, Asymptomatic Testing, Research

Dear NIH Family:

It's been a while since we've all gathered virtually, so we've decided to hold our 5th Virtual Town Hall on Friday, September 18 from 1:00-2:00 p.m. Please mark your calendars! We'll provide an update on pandemic-related research (featuring no less an authority than Dr. Fauci), ongoing efforts to coordinate the return of staff to physical workspaces where necessary, discuss resources available for staff grappling with dependent care and home/work life balance, and provide updates on safety guidance and safety issues at NIH facilities. We also want to address your questions that are not currently on the Frequently Asked Questions page of the NIH Guidance for Staff on Coronavirus intranet page. There are more than 140 FAQs on this page, and if you have a question not represented, please submit it to CoronavirusStaffQuery@od.nih.gov by 5:00 p.m. ET on Friday, September 11. The top frequently asked questions will be responded to during the town hall.

I also invite you to join a special presentation on September 10 from 11:00 a.m.-12:00 p.m. ET. Dr. George Everly, Jr., a psychologist and professor at The Johns Hopkins University Bloomberg School of Public Health, will share his wisdom on coping with the mental health effects of the pandemic, and I'll have the opportunity to chat with him after his presentation. You can tune in via NIH videocast.

SAFER-COVID Self-Assessment Tool

Last week I shared that beginning this week, all staff approved to work onsite currently Groups 0, A, and B—should use the SAFER-COVID app daily to self-assess for symptoms before arriving to your NIH worksite. If you are in Group 0, A, or B, the MyDataHelps app should be on your work phone already. Open the app, select SAFER-COVID on the first screen, then sign in using your NIH username and password (scroll down past where it asks for the PIV card). It's simple and easy and only takes a minute to complete the questionnaire. This video demonstrates just how easy it is.

Conducting a daily self-assessment demonstrates our collective commitment to each other to ensure safety. Again, only staff working on site at NIH are asked to participate in the daily self-assessment, although everyone is welcome to use it. More information about SAFER-COVID is available on the Return to the Physical Workplace Guidance page and FAQ. You can contact safercovid@careevolution.com if you have any questions.

Asymptomatic Testing

Last week I mentioned the NIH Clinical Center began offering testing for SARS-CoV-2 infection to asymptomatic staff. While this program was initially available for those already working on site (Groups 0, A, or B), I am pleased to share that we now have sufficient capacity to provide testing for all staff, whether onsite or teleworking. The program is voluntary but I encourage staff to take advantage of this free testing and schedule an appointmentvia this website.

Update on COVID-19 Research

On Monday, the National Institute of Allergy and Infectious Diseases (NIAID) announced the beginning of another multi-site, Phase 3 clinical trial to evaluate the investigational COVID-19 vaccine known as AZD1222. The trial is being led by U.K.-based AstraZeneca, with funding provided by NIAID and the Biomedical Advanced Research and Development Authority. As with the Moderna-led Phase 3 vaccine clinical trial, the NIAID COVID-19 Prevention Network (COVPN) will participate in this Phase 3 trial of AZD1222 in the U.S. The AstraZeneca trial also uses a trial protocol guided by the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) to ensure a coordinated approach across multiple vaccine efficacy trials. It is likely that we'll need more than one vaccine, so NIH is investing in several Phase 3 vaccine trials to improve the odds of success.

NIH also announced the second wave of awards to support nine new COVID-19 testing technologies through the Rapid Acceleration of Diagnostics (RADx) initiative. These add to seven testing technologies supported by RADx that were announced in July. This array of lab-based and point-of-care tests are expected to make a significant contribution to expanding the nation's testing capacity.

Update on Staff COVID-19 Positive Cases

The number of NIH staff with positive COVID-19 diagnoses, as well as related graphs of the time course of COVID-19 in our communities, have been updated on the intranet site.

I want to wish each of you a happy Labor Day weekend. Please stay safe, however. Thank you for your dedication to NIH. Martin Luther King, Jr., once said, "All labor that lifts up humanity has dignity." I'm proud to say that we all live by those words in our work to support the NIH mission.

Francis S. Collins, M.D., Ph.D.
Director

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Fri, 4 Sep 2020 12:34:07 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: FW: Interview season
Attachments: ID Fellowship graduates 2020.docx, 2020 Current NIH ID Fellows.docx, 2020 ID website update.docx, Research Project Examples.docx

I have been trying to look at these pages since last Thursday and haven't had a chance. Argh! Could you help me out with reviewing the attached documents and determining what changes are needed to the live site? I'd like to put a package together for the box that uses track changes to show them where the changes are.

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Thursday, August 27, 2020 10:29 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

Thanks so much for all your help, I love the ideas. I have attached the web updates. Please let me know if there is a better way to do this to make it easier for you. I have just been doing it like they did it in the past. I am happy to change.
Julie

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, August 24, 2020 at 12:55 PM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Hi Julie,

Because of the limited audience size, I suggest that you not hold up for any kind of official review from my office. I'm attaching here my overall recommendations for making the document more readable (which are in comments). Then you can plan to send the file directly to the applicant.

If you're concerned about the file size, you might consider using Box to share the file: https://inside.niaid.nih.gov/sites/default/files/box.pdf. Note that if you have any questions about how to use Box, NIAID IT Help can help!

As soon as you have the updates ready for the public website, you can send them to me and I'll get them posted! Let me know if you have any other questions.

Thanks,
Catherine

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 9:03 AM

To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

- How many applicants do you anticipate sending this to?
    - 40ish
- Are you aware of applicants who might not be able to access this material due to a disability (e.g., who might require a screen reader tool because of limited vision)?
    - No, but on their application getting though med school and residency there is normally mention of
- Can this content be made publicly accessible, or does the audience need to be restricted to only applicants?
    - Restricted to only applicants, most is on the website

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 21, 2020 at 8:49 AM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Thanks for sending this, Julie. I have a couple of initial questions:

- How many applicants do you anticipate sending this to?
- Are you aware of applicants who might not be able to access this material due to a disability (e.g., who might require a screen reader tool because of limited vision)?
- Can this content be made publicly accessible, or does the audience need to be restricted to only applicants?

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 8:35 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

Thanks, I hope all is okay. Here is the interview binder that we normally have printed and hand to the applicant when they come to NIH. Since all interviews will all be virtual I thought we could email them the file but need to make it as user friendly as possibly. Let me know what you think and how we should proceed. I know that our website will need to updated as well. I am able to send you those updates when you are able to make them.

Regarding any meetings Dr. Zerbe would be available to make the turnaround time shorter.

Thanks so much and I hope you are back up to full speed soon,

Julie Hoehl
Fellowship Program Coordinator
Infectious Disease NIAID
National Institutes of Health

10 Center Drive Room 12C103
Bethesda, MD 20892
Phone: (b)(6)
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 21, 2020 at 8:16 AM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: RE: Interview season

Good morning, Julie,

Thanks for your patience and for following up. I'm still easing back into a not-quite-full-time schedule and catching up with everything.

If you have content already written that you can send me, that would be very helpful in terms of making recommendations for how to incorporate it into the public website, determining if we should meet to discuss options, and inviting the appropriate other people to that meeting.

I saw that you mentioned making the content interactive—what kind of actions do you want the audience to take? (This also might require different levels of technical support.)

If the content is not yet written, then I will send you a few initial intake questions for your consideration and set up a meeting to discuss more.

Thanks so much,
Catherine

Catherine Roan Bullis, Ph.D.
Chief, Communication Services Branch
OCGR, NIAID, NIH
5601 Fishers Lane, Room 6G40
Rockville, MD 20852
(b)(6)

From: Hoehl, Julie (NIH/NIAID) [E] (b)(6)
Sent: Friday, August 21, 2020 7:49 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Interview season

I am just checking to see when you might be able to meet regarding our website and interview binder.

Julie Hoehl
Fellowship Program Coordinator
Infectious Disease NIAID
National Institutes of Health
10 Center Drive Room 12C103
Bethesda, MD 20892
Phone: (b)(6)
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 14, 2020 at 12:16 PM
To: "Hoehl, Julie (NIH/NIAID) [E]" (b)(6)
Subject: Automatic reply: Interview season

I am out of the office with little access to email for at least the next week.

For assistance with the public website or the intranet, submit a request to http://inside.niaid.nih.gov/policies/Pages/webrequest.aspx.

For NIAID Announcements, please review the criteria for sending an announcement at https://inside.niaid.nih.gov/communications-media/niaid_announcements-criteria and then contact Cynthia Fabry if your request meets these criteria.

For requests related to social media or clinical trials, please contact Dina Perry.

For requests related to intramural scientist profile pages on the NIAID public website, please contact Bill Crews.

Infectious Diseases Fellowship Program Graduates 1991-2020

John Rex, M.D. (1991)
Senior Vice President and Chief Strategy Officer, Infection Business Unit
AstraZeneca
Waltham, MA
NIH mentor: John Bennett, M.D.

David Paar, M.D. (1991)
Association Professor, Division of Infectious Diseases
University of Texas Medical Branch
Galveston, TX
NIH mentor: Stephen Straus, M.D.

Richard Kenney, M.D. (1991)
Principal Medical Advisor
Immune Design Corp.
Seattle, WA
NIH mentor: Thomas Leto, Ph.D.

Antonia Geber, M.D. (1991)
Information not available
NIH mentor: John Bennett, M.D.

David Margolis, M.D. (1991)
Professor, Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC
NIH mentor: Stephen Straus, M.D.

Bach-Yen Nguyen, M.D. (1991)
Executive Director, Merck Research Laboratories, Infectious Diseases & Vaccines Clinical Research Department
Merck & Co., Inc.
North Wales, PA
NIH mentor: Robert Yarchoan, M.D.

Peter Williamson, M.D., Ph.D. (1992)
Chief, Translational Mycology Section
Laboratory of Clinical Immunology and Mycology
NIAID, NIH
Bethesda, MD
NIH mentor: John Bennett, M.D.

Edward Seidel, M.D. (1992)
Private Practice
Baltimore, MD
NIH mentors: Cliff Lane, M.D., & Norman Salzman, M.D.

Gail Scully, M.D., M.P.H. (1992)
Assistant Professor, Division of Infectious Diseases and Immunology
University of Massachusetts School of Medicine
Worcester, MA
NIH mentor: Cliff Lane, M.D.

Shirley Lee Lecher, M.D. (1993)
Medical Officer, Division of Global HIV and Tuberculosis
Centers for Disease Control and Prevention
Atlanta, GA
NIH mentor: Anthony Fauci, M.D.

Lawrence Fox, M.D. (1993)
Medical Officer, HIV Research Branch
Division of AIDS
NIAID, NIH
Bethesda, MD
NIH mentor: Guido Poli, M.D.

Sunil Ahuja, M.D. (1993)
Professor, Division of Infectious Disease, Microbiology, and Immunology
University of Texas Health Science Center at San Antonio, TX
NIH mentor: John Gallin, M.D., and Philip Murphy, M.D.

Kathryn Spooner, M.D. (1993)
(Deceased)

Thomas Heineman, M.D., Ph.D. (1994)
Senior Director, Global Clinical Development
GlaxoSmithKline Vaccines
King of Prussia, PA
NIH mentor: Jeffrey Cohen, M.D.

Mark Parta, M.D. (1994)
Physician, Laboratory of Host Defenses
NIAID, NIH
Bethesda, MD
NIH mentor: K.J. Kwon-Chung, Ph.D.

Oren Cohen, M.D. (1994)
Chief Medical Officer
Viamet Pharmaceuticals
Durham, NC
NIH mentor: Giuseppe Pantaleo, M.D.

Jeffrey Ross, M.D. (1995)
Private Practice
Infectious Diseases and Internal Medicine Associates, P.C.
Albuquerque, NM
NIH mentor: Jeffrey Cohen, M.D.

Julie Lekstrom Himes, M.D. (1995)
Information not available
NIH mentor: Stephen Straus, M.D.

Thomas Moore, M.D. (1996)
Infectious Disease Consultants
Wichita, KS
NIH mentor: Thomas Nutman, M.D.

Sanjay Gurunathan, M.D. (1996)
Head, Global Clinical Development
Sanofi Pasteur
Bethlehem, PA
NIH mentor: Robert Seder, M.D.

Geetika Sharma, M.D. (1996)
Private Practice
Merrimack, NH
NIH mentor: Joshua Farber, M.D.

Jorge Tavel, M.D. (1997)
Associate Group Medical Director, Infectious Diseases Therapeutic Area Lead
Genentech
NIH mentor: Cliff Lane, M.D.

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NIH mentor: Joshua Farber, M.D.

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NIH mentor: Philip Murphy, M.D.

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NIH mentor: Mark Challberg, Ph.D.

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Silver Spring, MD
NIH mentor: Steven Holland, M.D.

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NIH mentor: Mark Connors, M.D.

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NCI, NIH
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NIH mentor: Cliff Lane, M.D.

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NIH mentor: Mark Connors, M.D.

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NIH mentor: Louis Miller, M.D.

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NIH mentor: Anthony Fauci, M.D.

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NIH mentor: Ron Gress, M.D.

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Sciences
Bethesda, MD
NIH mentor: Thomas Nutman, M.D.

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NIH mentor: Richard Koup, M.D.

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NIH mentor: Brian Kelsall, M.D.

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Director of Research, Department of Hepatology and Chief of Research, Department of Medicine
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Clinical Fellow
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Staff Clinician
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Luca Giurgea, M.D. (2020)
Third-year fellow
Undergraduate: University of Ottawa
Med school: SUNY Upstate Medical University
Residency: Dartmouth-Hitchcock Medical Center

Ahnika Kline, M.D., Ph.D. (2020)
Third -year fellow
Undergraduate: Johns Hopkins University
Med school: University of California, San Francisco
Residency: University of California, San Diego

Daniel Rogan, M.D. (2020)
Third -year fellow
Undergraduate: Georgetown University
Med school: New York University School of Medicine
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Content last reviewed on August 1, 2020

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Christina Kozycki, M.D., MPH (2021)
Third-year fellow
Undergraduate: Georgia Institute of Technology
Graduate: Harvard School of Public Health
Med School: Medical College of Georgia at Augusta University
Residency: Tulane University

Renata Medina, M.D. (2021)
Third-year fellow
Undergraduate: Rice University
Med School: St. Louis University of Medicine
Residency: University of New Mexico

William Sears, M.D., MS (2021)
Third-year fellow
Undergraduate: University of Kentucky
Med School: University of Louisville
Graduate: Johns Hopkins School of Public Health
Residency: Indiana University

Gregory Mak, M.D. (2022) Med-Peds ID
Third-year fellow
Undergraduate: Cornell University
Med School: SUNY Upstate Medical Center
Residency: University of Rochester School of Medicine

Peter Finin, M.D. (2022)
Second -year fellow
Undergraduate: Massachusetts Institute of Technology
Med School: University of Michigan Medical School
Residency: University of Pittsburgh Medical Center

Andrew Platt, M.D., PhD (2022) ID- Critical Care
Second -year fellow
Undergraduate: Williams College
Med School: Boston University School of Medicine
Residency: Boston Medical Center

Joseph Rocco, M.D. (2022)
Second-year fellow
Undergraduate: Indiana University of Pennsylvania
Med School: University of Pittsburgh Medical Center
Residency: University of Pittsburgh Medical Center

Brian Epling (2023)
First-year fellow

Undergraduate: University of Connecticut
Med School: University of Connecticut

Residency: George Washington University

Joel Goldberg M.D., PhD (2023)
First-year fellow
Undergraduate: Tufts University
Med School: Tulane University
Graduate: Scripps Research Institute
Residency: Case Western Reserve University

Janitzio Guzman M.D.(2024) Med-Peds
First-year fellow
Undergraduate: The Ohio State University
Med School: The University of Texas Health Science Center
Residency: University of Oklahoma School of Medicine Hospital

Camila Odio M.D. (2023)
First-year fellow
Undergraduate: Kenyon College
Med School: Case Western Reserve University
Residency: Yale University

Christina Yek M.D. (2023) ID- Critical Care
First-year fellow
Undergraduate: University of Cambridge
Med School: University of Cambridge
Residency: University of Texas Southwestern

Content last reviewed on July 1, 2020

NIAID Infectious Diseases Fellowship Program

Major Elements of the Program

- Three- to four-year, ACGME-accredited, clinical and research fellowship program for those interested in pursuing academic careers in infectious diseases.
- Develops outstanding clinical and research skills in physicians who are already well rounded in clinical medicine
- First year spent in clinical rotations at both the National Institutes of Health (NIH) Clinical Center and other local academic hospitals, allowing fellows to gain a diverse, hands-on experience that will prepare them for successful careers in a rapidly evolving field
- First and second years include a weekly continuity clinic, facilitating the development of clinical skills in HIV care and general outpatient infectious diseases management
- Second and third years focus on a research project, under the direction of a faculty research mentor, allowing fellows to take advantage of the staggering breadth of research opportunities at NIH, including collaborative projects both within NIH and around the world
- Primarily located in the Clinical Center, a ~~234~~200-bed clinical research hospital
- **Combined Internal Medicine-Pediatrics Infectious Diseases Fellowship:** In conjunction with Dr. Bernhard Wiedermann, director of the Infectious Diseases Fellowship Program at Children's National Medical Center, we are accepting applications from highly qualified graduates of US and Canadian internal medicine-pediatrics residencies for our joint four-year fellowship program. The fellow would spend one year each in clinical pediatric infectious diseases and clinical adult infectious diseases, with the remaining two years of training focusing on a research topic chosen by the fellow. Interested applicants should contact Dr. Zerbe directly.

Clinical Training

Clinical training in the first year consists of rotations at the NIH Clinical Center and four outside affiliated academic medical centers (Johns Hopkins University Hospital, Washington Hospital Center, George Washington University Hospital, and Georgetown University Hospital, Children's National Medical Center), as well as a private practice ambulatory setting. This blend of general and specialized infectious diseases experiences offers a unique and unmatched array of diverse infectious disease pathologies, allowing fellows to gain comprehensive training in the pathophysiology of infectious diseases, including microbiology, mechanisms of pathogenesis and antimicrobial resistance, host immune response, and antimicrobial treatment.

Orientation Month

First-year fellows spend the month of July building their knowledge base in preparation for their clinical rotations. During the month, fellows attend the Johns Hopkins infection control and hospital epidemiology course. The remaining three weeks of July are spent in a comprehensive course taught by NIH infectious diseases and microbiology faculty. Interactive and hands-on sessions cover a thorough overview of bacterial, viral, fungal, and parasitic microbiology. Faculty give didactic presentations and case-based discussions on topics such as common consult questions and dilemmas, pharmacology of antimicrobial drugs, transplant infectious diseases, and host immune response to infection.

Continuity Clinic

During the first year, fellows attend a weekly HIV continuity clinic at the NIH Clinical Center. Each clinic session begins with an HIV-related case discussion or lecture. Clinic is precepted by a set of expert faculty and staffed with a multidisciplinary group including case managers, a social worker, and an HIV pharmacist.

In the second year, fellows attend a weekly infectious diseases clinic at one of the hospitals at which they rotated in the first year, usually George Washington University Hospital and Washington Hospital Center. In these busy urban clinics, second-year fellows see a high volume of patients and a great diversity of cases and, in each site, are precepted by full-time faculty.

At the end of these rotations the fellows gain confidence in the care of a wide range of pediatric infectious disease.

Teaching Conferences

There are four regular infectious diseases teaching conferences each week:

1. Tuesday HIV clinic begins with an HIV-related lecture or case discussion on topics such as antiretroviral medications; opportunistic infections; immune reconstitution inflammatory syndrome; neoplastic, neurologic, and metabolic complications of HIV/AIDS; coinfection with viral hepatitis; and preventive care issues such as vaccination.
2. Every Wednesday, journal club and core curriculum lectures occur on alternating weeks. The lectures are broadcast to the Washington Hospital Center, whose fellows and faculty give some of the talks.
3. Each Thursday, the weekly Infectious Disease Consultation Service management conference takes place with the participation of the infectious diseases and microbiology faculty, fellows, and colleagues of other departments (e.g., hospital epidemiology, nursing, critical care, hematology. The group

discusses the management of interesting, difficult, or controversial cases that are presented by the consult fellow.

4. Each Friday, ID fellows, faculty, and members of the Microbiology Service attend an interactive noon case conference in which the Washington Hospital Center and Georgetown University Hospital fellowship programs also participate remotely. The three programs alternate weeks to present and discuss a wide variety of cases.

Because Wednesday and Friday conferences are broadcast, NIH fellows are able to participate in these conferences at three of their five rotation sites. In addition, fellows participate in teaching conferences specific to their outside rotations, including both didactic and case-based sessions.

In addition to the above scheduled weekly conferences/lectures, there are weekly teaching conferences centered on topics relevant to the NIAID inpatient ward, HIV clinic, and parasitology service. Additional clinical talks include the weekly NIAID Grand Rounds; the weekly NIH Clinical Center Grand Rounds; and the monthly meeting of the Greater Washington Infectious Disease Society (GWIDS), in which all infectious diseases programs of the metropolitan Washington, DC, area rotate in presenting their more interesting cases. Numerous other conferences and didactic lectures are offered on a wide range of research and clinical subjects on a daily basis at NIH.

Vacation

During the first year, fellows have three weeks of vacation and one week dedicated to exploring potential research options for the subsequent years of the fellowship via meetings with potential research mentors.

Transportation

Free parking is available (NIH fellows during the NIH rotations and at all outside hospital rotations. NIH, George Washington University, and Washington Hospital Center are easily accessible by public transportation (Metro rail and bus), and the other hospitals are accessible to varying degrees.

Training Rotations

NIH Infectious Diseases Consultation Service Rotation

Fellows rotate for two to three months on the NIH Infectious Diseases Consultation Service, which serves adult and pediatric patients undergoing stem cell transplantation, intensive and investigational chemotherapy, surgery, or immunomodulatory treatment for cancer, autoimmunity, or immunodeficiency at the NIH Clinical Center. The service is also consulted for patients with ophthalmic, neurologic, endocrine, pulmonary, cardiac, and genetic disorders.

The consult team consists of an ID fellow, visiting residents and/or students, and an attending physician and typically receive 40 to 60 consults per month on patients with neutropenic fever and a diverse array of opportunistic bacterial, viral, and fungal infections. Through the integrated daily rounds with the stem cell transplant service, the fellows acquire superior training in transplant medicine and become familiar with concepts such as conditioning regimens, types of transplantation, graft-versus-host disease, and the mechanism of action and immunomodulatory effects of commonly used immunosuppressive agents. By the end of the rotation, fellows feel confident in their ability to manage infectious diseases in the setting of stem cell transplantation, malignancy, and other immunocompromised states.

Daily microbiology rounds in the Clinical Center's outstanding Microbiology Service are the highlight of this rotation. The rounds enhance patient care and bolster the fellows' knowledge of medical microbiology. On a daily basis, these 30-minute microbiology rounds review all pertinent patient microbiology data and include daily teaching presentations, simulations, and demos prepared for the consult team. These clinically relevant and hands-on presentations teach fellows to recognize and identify common pathogens under the microscope by interpreting various microbiological stains and provide meaningful training in the range of diagnostic assays and techniques used in the clinical microbiology laboratory. The Microbiology Service has an incredible array of in-house expertise, including extensive molecular diagnostic capabilities, mycology, and mycobacteriology.

NIAID Inpatient Ward Rotation

The two-month NIAID Inpatient Ward rotation at the Clinical Center affords the unique opportunity to evaluate and manage opportunistic infections in adult and pediatric patients with a range of inherited and acquired immune defects. The NIAID inpatient ward admits 40 to 60 patients per month who are enrolled in various infectious diseases and immunology clinical research protocols. Fellows on the ward service supervise and teach four internal medicine residents from the George Washington University and Georgetown University Hospital who have patient care and night call responsibilities.

Some of the conditions that fellows see during this rotation include but are not limited to HIV/AIDS and immune reconstitution syndrome; tuberculosis (drug-sensitive and -resistant); parasitic infections; chronic granulomatous disease and hyper-IgE (Job) syndrome with invasive bacterial and fungal opportunistic infections; immune disorders that cause susceptibility to disseminated mycobacterial infections; bronchiectasis disorders that lead to increased susceptibility to pulmonary mycobacterial infections; chronic active Epstein-Barr virus infection; X-linked agammaglobulinemia; X-linked severe combined immunodeficiency, leukocyte adhesion deficiencies; hyper-immunoglobulin (Ig)M syndromes; and GATA-2 mutations resulting in increased susceptibility to both infectious and hematopoietic complications.

The inpatient ward team also manages and evaluates patients admitted with opportunistic infections due to as-yet-undefined immune defects. Through exposure to

this unique array of conditions, fellows acquire an in-depth understanding of immunology and how dysregulation of specific arms of the immune system confer particular infection susceptibilities.

Outside Hospital Rotations

Fellows rotate for about seven months at four affiliated academic hospitals. The outside hospital rotations provide superb and complementary infectious diseases training experiences that expose fellows to a broad spectrum of cases spanning most disciplines of infectious diseases—from "bread and butter" to rare or specialized diseases, including transplant infectious diseases. The following is a brief description of the structure and characteristics of these rotations:

Johns Hopkins Hospital

Fellows typically spend two months at this 1,059-bed tertiary care center, which provides an excellent case mix and outstanding teaching conferences. Fellows gain experience managing complex infectious diseases in neurosurgical, cardiovascular, intensive care, and orthopedic patients, as well as challenging consults from the medical subspecialties. The ID consultation service receives approximately 120 consults per month, and the consult team consists of two fellows, residents, students, and an attending physician who is a full-time faculty member. There is also an optional Transplant Infectious Diseases rotation available at this institution, which provides additional training in infectious diseases in the immunocompromised host.

Washington Hospital Center

Fellows spend up to two months at this 926-bed hospital, the largest private hospital in Washington, DC, and a major cardiovascular surgery center. Fellows see a broad case mix, including infections related to cardiovascular procedures (including LVADs), heart and kidney transplants, orthopedic surgeries, trauma, and burns. The ID consultation service receives approximately 120 consults per month, and the consult team consists of two fellows, residents, medical students, and an attending physician who is a full-time faculty member.

George Washington University Hospital

Fellows spend up to two months at this 385-bed tertiary care center. Fellows see an excellent case mix, including tropical infections and complications of HIV. Interactive teaching rounds in the microbiology laboratory provide additional training in clinical microbiology. The ID consultation service receives 100 to 120 consults per month, and the consult team consists of two fellows, residents, and an attending physician who is a full-time faculty member.

Georgetown University Hospital

Fellows spend up to two months at this 396-bed tertiary care center. Fellows gain experience managing infections in solid organ transplant recipients (liver, kidney, small bowel) as well as infectious diseases in the returning traveler or patients with advanced HIV. The ID consultation service receives approximately 100 consults per month, and the consult team consists of two fellows, residents, and students.

Children's National Medical Center

Adult ID fellows may spend one month at this 316 bed tertiary care center, NIH and joint adult-pediatric ID fellows complete their own pediatric requirements at Children's National Healthl Center. Fellows gain experience managing infections in solid organ transplant recipients as well as infectious diseases in the returning traveler and patients with advanced HIV. The ID consultation service receives approximately 100 consults per month, and the consult team comprises fellows, residents, and students. At the end of this rotation the fellows gain expertise in the care of a ride range of infectioue diseases.

Outpatient Rotations

Fellows may spend two weeks in a private ambulatory practice in order to gain exposure to the experience and challenges of managing infections in that setting.

Research Training

Overview

In the second and third years, fellows undertake clinical and/or bench projects under the direct supervision of faculty mentors. The goal of the research training is to produce academic infectious diseases physicians who will be prepared for careers involving clinical, basic, or translational research after the completion of their fellowship. Fellows spend a minimum of two years in research and often stay for additional years to continue work on their projects. We offer a spectrum from clinical to basic research opportunities, and fellows may choose to work in any of the NIAID research groups or laboratories.

The process of selecting potential research mentors begins in the fall of the first year of fellowship, when NIAID holds a retreat for fellows to meet researchers and senior fellows. The fellows hear about research in which they can participate, ranging in scope from clinical trials to overseas studies to the most basic aspects of cell and molecular biology. Following the retreat, fellows consult individually with NIAID and training program leadership and then meet with potential mentors during their NIH-based

rotations, their clinic days, and the week dedicated to exploring potential research options. Fellows typically choose a research mentor by springtime of their first year.

Those who elect to do clinical research may apply for the Training Program in Clinical Research, an M.H.S. program offered at NIH in collaboration with Duke University. Graduate-level courses in microbiology, immunology, and molecular biology are offered onsite by the Foundation for Advanced Education in the Sciences. Coursework leading to an M.P.H. is available through Johns Hopkins Bloomberg School of Public Health.

- Research Opportunities and Mentors
- Research Project Examples

Career Mentors

Each fellow selects a career mentor from among the ID faculty, someone who is not involved with the fellow's research area. The fellow and mentor meet quarterly and discuss the fellow's career trajectory, including grant-writing possibilities and future job options.

Research Mentoring

In addition to individual research mentors, fellows in the second year and beyond participate in a program-wide research mentoring program. At year-end they present their progress before the assembled infectious diseases fellows and faculty, including the individual research mentors. This program is designed to help keep fellows focused on their career trajectory.

Current Fellows and Graduates

Brian Epling, Joel Goldberg, Janitzio Guzman, ~~From Left to Right: Andrew Platt, Peter Finin, Christa Zerbe (Program Director) Joseph Rocco, Brittany Shepherd~~

Camila Odio, Christina Yek

Among our former infectious disease fellows graduating since 1979, approximately 60 percent are currently employed in academia (engaged in translational or clinical research), about 20 percent are in the pharmaceutical industry or government administration, and about 20 percent in private practice.

- Current ID Fellows
- ID Fellowship Program Graduates

Application Information

There are up to four positions available per year. Candidates are required to apply through ERAS and are selected through the National Residency Matching Program. The length of the fellowship program is three years; however, many fellows continue their research activities for one or more additional years. Fellows in the ABIM Research

Pathway and those pursuing joint adult-pediatric ID fellowship training require four years of fellowship.

Loan Repayment

Nearly all ID fellows with significant educational (undergraduate, graduate, and medical school) debt have been able to receive substantial loan repayment under the NIH loan repayment program(link is external). Fellows may apply for one of several categories of loan repayment through this program, the amount most recently ranging from $17,000 to $35,000 per year. The repayment is a generous benefit provided in addition to the annual salary.

Eligibility Criteria

Qualified candidates must have completed three years of an ACGME approved residency training in internal medicine or medicine-pediatrics in the United States or Canada prior to entering the fellowship program. Residents will be accepted after only two years of internal medicine residency only if they are accepted in the ABIM Research Pathway.

- Applications are accepted only through ERAS.
- Through ERAS, applicants will be asked to supply USMLE scores for Steps 1 and 2, a personal statement of career goals, medical school transcripts, and dean's letter, and three letters of recommendation, one of which should be from the internal medicine program director.
- Applications are accepted through September 30.
- Applicants must have passed USMLE Step 3 in order to begin their fellowship training.

Upon receipt of the required materials, we will notify you as to whether an interview will be scheduled. If financial or other constraints prohibit you from attending an interview, you should notify Dr. Zerbe as soon as possible. You may also contact the NIAID ID Fellowship Program office with questions.

Christa S. Zerbe, M.D.
Director, Infectious Diseases Fellowship Program

or

Julie Hoehl
Fellowship Program Coordinator

Infectious Diseases Fellowship Program Research Project Examples

Examples of Current and Recent ID Fellow Research Projects

- *Principles Governing Establishment versus Collapse of HIV-1 Cellular Spread*
- *Using Big Data to Estimate the Market Size for Novel Gram negative Antibiotics*
- *Mechanism of Cytotoxic CD8 T Cell Induction by Antibodies During Viral Infection*
- *From Here to There: On the Path to an Effective Malaria Vaccine*
- *Unraveling the role of DOCK8 in antifungal mucosal immunity*
- *The search for anti-aspergillus antimicrobial peptides*
- Defining human skin immunity to vector insect bites
- *Phage therapy rescues mice from lethal infection with carbapenem resistant Klebsiella pneumoniae*
- *Persistence of "defective" HIV-1 proviruses in HIV-infected individuals on suppressive combination antiretroviral therapy*
- *Imaging HIV in the CNS*
- *14 day radiosignature to predict anti-tuberculosis drug activity*
- *A study to investigate the effects of ROCK2 inhibition during acute and chronic SIV infection*
- *Aspergillosis, eosinophilic esophagitis, and allergic rhinitis in STAT3 haploinsufficiency*
- *Tryptic peptide method for the rapid identification of OXA 48 family carbapenemases using LC-MS/MS*
- *Immunological determinants and management of HPV-related diseases: lessons from immunodeficiencies*
- *Improving tolerability of malaria associated symptoms at high*
- *Doses of Sanaria® PfSPZ-CVac*

From: Crews, William (NIH/NIAID) [E]
Sent: Thu, 3 Sep 2020 14:42:01 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Updates to the NIH COVID-19 Lecture Series

on it

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Thursday, September 3, 2020 10:41 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Updates to the NIH COVID-19 Lecture Series

Can you update the calendar with these? Thank you!

-----Original Message-----
From: Roberts, Jacqueline (NIH/OD) [E] (b)(6)
Sent: Thursday, September 3, 2020 10:18 AM
To: NIH-STAFF@LIST.NIH.GOV
Subject: Updates to the NIH COVID-19 Lecture Series

Dear Colleagues,

The NIH COVID-19 Scientific Interest Group (SIG) Lecture Series will resume on October 1, 2020. We are writing to let you know that the lecture series has a new day and time: the first and third Thursday of each month at 12:00 p.m. (noon). The lectures will be available live and archived at videocast.nih.gov.

Paul Bieniasz will be the next speaker on October 1, discussing "Neutralizing Antibodies to SARS-CoV-2."

Please see below for our fall schedule.

October 1: Paul Bieniasz (Rockefeller University) "Neutralizing Antibodies to SARS-CoV-2."

October 15: Kizzmekia Corbett (NIH) "SARS-CoV-2 mRNA Vaccine Development Enabled by Prototype Pathogen Preparedness."

November 5: E. John Wherry (Perelman School of Medicine, UPenn) "Immune Profiling to Understand COVID-19 Pathogenesis."

November 19: Christine Grady (NIH) "Ethical Quandaries in the COVID-19 Pandemic."

December 3: Helen Su (NIH) "Genetic Studies Illuminating Pathways Important for Controlling COVID Disease."

December 17: James J. Collins (Wyss Institute at Harvard) "Harnessing Synthetic Biology and Deep Learning to Address the COVID-19 Pandemic."

For more information about the COVID-19 Scientific Interest Group, refer to https://oir.nih.gov/sigs/covid-19-scientific-interest-group.

Sign-language interpreters can be provided. Individuals with disabilities who need reasonable accommodation to participate in this event should contact Jacqueline Roberts, (b)(6) (b)(6) or the Federal Relay, 800-877-8339.

— The COVID-19 SIG Leadership

From: Ren, Zhaoxia (NIH/NICHD) [E]
Sent: Thu, 27 Aug 2020 12:45:59 -0400
To: NIH-STAFF@LIST.NIH.GOV
Subject: Register for Virtual Workshop - COVID-19 in Pregnancy: Clinical, Research, and Therapeutics Updates

COVID-19 in Pregnancy: Clinical, Research, and Therapeutics Updates
Virtual Workshop led by NICHD/NIH and the U.S. Food and Drug Administration (FDA)

Tuesday, September 15, 2020 (10:00 a.m.–4:15 p.m. ET)

The COVID-19 pandemic has introduced unique challenges to both maternal-fetal therapeutic research and the clinical care of pregnant women and their newborns. This workshop brings together experts in the field to discuss the progress and challenges in obstetric therapeutic research and patient care, share experiences in clinical management of pregnant women and newborns with COVID-19, and explore effective approaches to obstetric therapeutics during the COVID-19 pandemic.

Registration:
Attendance is free, but registration is required. For more information and to register, visit https://www.nichd.nih.gov/about/meetings/2020/091520.

Individuals with disabilities who need Sign Language Interpreters and/or reasonable accommodation to participate in this event should contact Monica Barnette, (b)(6), and/or the Federal Relay (1-800-877-8339).

Contacts:
For registration questions:
Monica Barnette
(b)(6)

For workshop questions:
Zhaoxia Ren, M.D., Ph.D., NICHD
Phone: (b)(6)
Email (b)(6)

From: Maynard, Chad (NIH/NIAID) [E]
Sent: Tue, 25 Aug 2020 19:03:36 +0000
To: Undisclosed recipients:
Subject: Online First Aid Training

Team,

Attached are some additional virtual first aid trainings.

NIH NIAID OBRS Basic First Aid & AED and CPR (00208653) V rtual class via zoom – Tuesday, September 15, 2020 from 1:00pm-3:00pm

Course Deep ink URL
https://lms.learning.hhs.gov/Saba/Web/Main/goto/GuestCourseDetailURL?otId=cours000000000522627&callerPage=/learning/offer ngTemplateDeta s.xml

NIH NIAID OBRS Intermediate First Aid Training (00208684) virtual class via zoom - Tuesday, September 22, 2020 from 1:00pm-3:00pm

Cour se Dee plink URL https://lms.learning.hhs.gov/Saba/Web/Main/goto/GuestCourseDetailURL?otId=cours000000000500551&callerPage=/learning/offeringTemplateDetails.xml

NIH NIAID OBRS Basic First Aid & AED and CPR (00208682) V rtual class via Zoom – Tuesday, October 6, 2020 from 1:00pm-3:00pm

Cour se Deep link URL https://lms.learning.hhs.gov/Saba/Web/Main/goto/GuestCourseDetailURL?otId=cours000000000522627&callerPage=/learning/offer ngTemplateDetails.xml

These sessions will be based off the American Heart Association's curriculum for Basic First Aid/CPR and AED, which will be supplemented with COVID-19 specific items, such as how to wear a mask, when is an "emergency" enough to ca 9-1-1, and how to apply self-aid for m nor injuries. Also nc uded wil be updated CPR Guidelines for use dur ng the COVID-19 pandemic. Th s online tra ning is the f rst part of your certification. If you choose to earn the certification, please jo n us for an on-site Skills Session day (date TBD)

P ease fee free to reach out with any questions.

Chad Maynard
Office of Biodefense Research and Surety
Department of Health and Human Services
National Institutes of Health

5601 Fishers Lane RM 1G54B MSC 9803
Bethesda, MD 20892-9803
(b)(6) (Office)
(Mobile)
(b)(6)

From: Colburn, Mark (NIH/NIAID) [E]
Sent: Thu, 20 Aug 2020 19:34:21 +0000
To: Crews, William (NIH/NIAID) [E]; Bullis, Catherine (NIH/NIAID) [E]
Cc: Somin, Timothy (NIH/NIAID) [E]
Subject: RE: building-wide message for 5601 about drinking fountains

DISREGARD. Sorry. The management company was responding to a message from their corporate office, and thought they would close drinking fountains for safety. We have had several conversations with them since. They will be removing these signs tomorrow. We will be posting CDC signs about handwashing over drinking fountains.

Thanks,

Mark

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Thursday, August 20, 2020 1:40 PM
To: Colburn, Mark (NIH/NIAID) [E] (b)(6); Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Cc: Somin, Timothy (NIH/NIAID) [E] (b)(6)
Subject: Re: building-wide message for 5601 about drinking fountains

what contaminant is being tested for?

From: Colburn, Mark (NIH/NIAID) [E] (b)(6)
Sent: Thursday, August 20, 2020 1:37 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6); Crews, William (NIH/NIAID) [E] (b)(6)
Cc: Somin, Timothy (NIH/NIAID) [E] (b)(6)
Subject: building wide message for 5601 about drinking fountains

Can you send out the following building-wide message about the 5601 drinking fountains?

As part of their regular maintenance, the 5601 building management company tested the drinking water the week of August 10. No contamination was found.

While the building management company implements additional enhanced testing they have asked that 5601 tenants NOT drink the water until further notice.

Attached is a photo of a sign placed on a 5601 drinking fountain today.

Thanks,

Mark Colburn
Program Specialist
Facility Services and Operations Branch
Office of Workplace Solutions
Office of Science Management Operations
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, 1G25
Rockville, Maryland 20852
Office: (b)(6)
Cell: (b)(6)

From: Fabry, Cynthia (NIH/NIAID) [E]
Sent: Thu, 13 Aug 2020 12:59:49 +0000
To: Crews, William (NIH/NIAID) [E]; Perry, Dina (NIH/NIAID) [E]; Marquardt, Julie (NIH/NIAID) [E]
Cc: Bullis, Catherine (NIH/NIAID) [E]
Subject: Action: Verify your timecard
Importance: High

Hi all—I'm approving timecards for Catherine. If you haven't already done so, make sure to enter your telework, leave, and verify your timecards **by 10:00 am. today**.

As it says on the ITAS home page:

> **COVID-19 TOUR OF DUTY REMINDERS:**
>
> **ALL AD HOC TELEWORK REQUESTS MUST BE REQUESTED USING THE "REQUEST TELEWORK" OPTION IN ITAS.**

Thank you for your compliance.

Cynthia Nishikawa Fabry, MBA
Deputy Director, Office of Communications and Government Relations
National Institute of Allergy and Infectious Diseases
5601 Fishers Lane, MSC 9806
Bethesda, MD 20892-9806
For deliveries, use Rockville, MD 20852
New phone number: (b)(6)
(b)(6)

From: Chun, Tae-Wook (NIH/NIAID) [E]
Sent: Wed, 12 Aug 2020 19:33:03 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: Re: Website

Great. Thank you so much!

Best,

Tae-Wook

Tae-Wook Chun, Ph.D.
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: (b)(6)
Fax: 301-402-5920
Email: (b)(6)

From: "Crews, William (NIH/NIAID) [E]" (b)(6)
Date: Wednesday, August 12, 2020 at 3:31 PM
To: "Chun, Tae-Wook (NIH/NIAID) [E]" (b)(6)
Cc: "Bullis, Catherine (NIH/NIAID) [E]"
Subject: Re: Website

Dr. Chun,

The update to your website is completed.

Bill

From: Chun, Tae-Wook (NIH/NIAID) [E] (b)(6)
Sent: Tuesday, August 11, 2020 3:53 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Cc: Chun, Tae-Wook (NIH/NIAID) [E] (b)(6)
Subject: FW: Website

Dear Bill,

Would you mind updating my website (just the bio section for now)?

Thank you.

Best,

Tae-Wook

Dr. Chun received his Ph.D. from the Biochemistry, Cellular, and Molecular Biology Graduate Program of Johns Hopkins University School of Medicine where he was the first to discover latently infected, resting CD4+ T cells in HIV-infected individuals. In 1997, he was recruited by Dr. Anthony Fauci in the Laboratory of Immunoregulation at NIAID to pursue his studies on HIV persistence in infected individuals receiving antiretroviral therapy as a post-doctoral research fellow. In 2001, Dr. Chun was appointed to the position of staff scientist and, in 2016, he became a tenure track investigator after being selected from the Trans-NIH Earl Stadtman Tenure-Track Program. Dr. Chun received full tenure in 2020.

Tae Wook Chun, Ph.D.
Senior Investigator
Chief, HIV Immunovirology Section
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: (b)(6)

From: "Chun, Tae-Wook (NIH/NIAID) [E]" (b)(6)
Date: Tuesday, July 28, 2020 at 12:24 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website

Hi, Catherine.

Hope all is well.

This is not urgent but when you get a chance, could you update my Bio? I forgot to tell you about it a month ago.

Thanks!!

Best,

Tae-Wook

Dr. Chun received his Ph.D. from the Biochemistry, Cellular, and Molecular Biology Graduate Program of Johns Hopkins University School of Medicine where he was the first to discover latently infected, resting CD4+ T cells in HIV-infected individuals. In 1997, he was recruited by Dr. Anthony Fauci in the Laboratory of Immunoregulation at

NIAID to pursue his studies on HIV persistence in infected individuals receiving antiretroviral therapy as a post-doctoral research fellow. In 2001, Dr. Chun was appointed to the position of staff scientist and, in 2016, he became a tenure track investigator after being selected from the Trans-NIH Earl Stadtman Tenure-Track Program. Dr. Chun received full tenure in 2020.

Tae-Wook Chun, Ph.D.
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: (b)(6)
Fax: 301 402 5920
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Wednesday, June 10, 2020 at 9:08 AM
To: "Chun, Tae-Wook (NIH/NIAID) [E]" (b)(6)
Cc: Susan Moir (b)(6)
Subject: RE: Website

Congratulations to you both! Thank you for letting us know—it's not done automatically, sadly. We will get these changes made to the NIAID sites!

Catherine

From: Chun, Tae-Wook (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, June 10, 2020 8:51 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Cc: Moir, Susan (NIH/NIAID) [E] (b)(6); Chun, Tae-Wook (NIH/NIAID) [E] (b)(6)
Subject: Website

Hi, Catherine,

Susan and I received tenure on June 1, 2020.

I am not sure if this gets done automatically, but if no, could you change names of our labs from "Unit" to "Section"? This probably has to be done for the LIR main website (for example, LIR does not have any Units anymore) and our individual web pages as well.

Thank you.

Best,

Tae-Wook

Tae-Wook Chun, Ph.D.
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: (b)(6)
Fax: 301 402 5920
Email: (b)(6)

From: Crews, William (NIH/NIAID) [E]
Sent: Wed, 12 Aug 2020 13:02:49 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Website change

ok
From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, August 12, 2020 9:01 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Website change

If John did not already send to you, could you please also make these updates and reply to him?

Thanks, Bill.

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Saturday, August 8, 2020 1:16 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Sorry, spotted some more changes I would like to make. Here it is again. Thanks.

From: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Date: Friday, August 7, 2020 at 9:47 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website change

Hi Catherine,
Hope you are well.
We have some personnel updates; could you please update our web page (under "Research Group") with the following?
Thanks!
John.

Staff and Fellows

- Andrew Martins, Ph.D. – Staff Scientist
- Rachel Sparks, M.D./M.P.H. Assistant Clinical Investigator
- John Jung Hwan Kim, Ph.D. Postdoctoral Fellow
- Laura Failla, M.S. Nurse and Human Study Coordinator
- Neha Bansal, B.S. Biologist and Lab Manager
- William Lau, Ph.D. Computational Biologist
- Pedro Milanez-Almeida, Ph.D. – Computational Biology Research Fellow (CHI)

Students

- Nicholas Rachmaninoff – Ph.D. candidate, Computational Biology Program, University of Maryland, College Park
- Matthew Mulé M.D./Ph.D. candidate, NIH-OxCam Program (University of Cambridge, UK)
- Can Liu – Ph.D. candidate, Molecular and Cellular Biology Program, University of Maryland, College Park

Alumni

- Manikandan Narayanan, Ph.D. (former staff scientist) – currently Associate Professor, Indian Institute of Technology (IIT), Chennai, India
- Naisha Shah, Ph.D. (former postdoc) currently Associate Professor, J. Craig Venter Institute, La Jolla, CA
- Yong Lu, Ph.D. (former staff scientist) – currently Software Engineer, Google
- Kyemyung Park, M.D./Ph.D. (former Ph.D. student, Biophysics Program, University of Maryland, Colleg Park) – currently Fellow, Yonsei University College of Medicine, Korea
- William Lau, Ph.D. (former Ph.D. student, George Mason University, United States) currently Computational Biologist, NIH
- Katherine Wendelsdorf, Ph.D. (former postdoc) – currently Program Manager, DNAnexus
- Michael Smith, Ph.D. (former rotation student and Ph.D. committee advisee) – currently Bioinformatics Analyst at MedImmune
- Candace Liu (former postbac) – currently Ph.D. candidate, Stanford Univerity
- Bethany Fixsen (former postbac) currently Medical Scientist Training Program M.D./Ph.D. candidate, University of California, San Diego
- Dylan Hirsch (former postbac) – currently Ph.D. candidate, MIT
- Darius Mostaghimi (former postbac) – currently M.D. candidate, Yale University

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From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Wednesday, June 3, 2020 at 8:47 AM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

Hi John,

This has been updated! Let me know if you need anything else.

https://www.niaid.nih.gov/research/john-tsang-phd

Thanks,
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Sunday, May 31, 2020 3:48 PM

To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Hi Catherine,

One more request for an ex-member:

In "Naisha Shah (former postdoc) – currently scientist at Amazon Inc." – could you please update her affiliation to "currently Associate Professor, J. Craig Venter Institute, La Jolla, CA"

Thanks!

John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Tuesday, May 5, 2020 at 12:57 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

Hi John,

We've added the bullet point as you requested. We also added a box lower down on the page, which is a standard box that we've been putting onto all the pages for the PIs involved in the immune response to COVID-19 research.

Let me know if you need anything else!
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Tuesday, May 5, 2020 1:18 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Hi Catherine,

Could you please add a bullet point under the "Major Areas of Research":

- Systems immunology of COVID-19 (with a link to: https://www.niaid.nih.gov/research/systems-immunology covid-19)

Be well!

Best wishes,
John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 20, 2020 at 3:00 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

No problem—this is done!

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Monday, April 20, 2020 1:43 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Thanks, Catherine, for making the changes.

I just saw one more commentary article for one of our papers please update:

Kotliarov Y*, Sparks R*, Martins AJ#, Mule M#, Lu Y#, Goswami M, Kardava L, Banchereau R, Pascual V, Biancotto A, Chen J, Schwartzberg PL, Bansal N, Liu CC, Cheung F, Moir S, Tsang JS. Broad immune activation underlies shared set point signatures for vaccine responsiveness and lupus disease activity in humans. (* equal contribution; # co-second authors) Nat Med. 2020 Feb. Commentary in F1000: https://f1000.com/prime/737422796; Commentary in Nature Immunology: https://www.nature.com/articles/s41590-020-0656-y; Commentary in Nature Reviews Rheumatology: https://www.nature.com/articles/s41584 020 0421 5

Thanks,
John

From: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 7:22 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website change

Sorry, one more item I forgot:

Please add the following NIAID coverage under "Systems Human Immunology" in "Featured Research" section:

Ready, Set, Go: Immune System Status Predicts Future Responses (link to https://www.niaid.nih.gov/news events/immune system status predicts future responses)

Thanks,
John.

From: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 7:01 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website change

Thanks, Catherine! Yes, I hear you about the kids – it's definitely more work staying home to work!

I just realized I had a mistake in the authorship of the first paper on our publication list – it should be the following (note the cross out):

Kotliarov Y[*], Sparks R[*], Martins AJ[††], Mule M[#], Lu Y[#], Goswami M, Kardava L, Banchereau R, Pascual V, Biancotto A, Chen J, ~~Olnes MJ,~~ Schwartzberg PL, Bansal N, Liu CC, Cheung F, Moir S, Tsang JS.

Also, please change the last publication on the list to (incorporating commentaries like others):

Tsang JS[*], Schwartzberg PL[*], Kotliarov Y, Biancotto A, Xie Z, Germain RN, Wang E, Olnes MJ, Narayanan M, Golding H, Moir S, Dickler HB, Perl S, Cheung F; Baylor HIPC Center; CHI Consortium. Global analyses of human immune variation reveal baseline predictors of postvaccination responses. *Cell.* 2014 Apr 10;157(2):499-513. [*]senior and corresponding author. Preview from *Cell*: https://www.cell.com/cell/fulltext/S0092-8674(14)00357-2. Commentary from F1000: https://f1000.com/prime/718348288

Thanks!
John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 2:31 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

Hi John,

Thanks for your well wishes—a little claustrophobic and tired of being tech support for my kids, but overall healthy and well. I hope you and yours are the same!

Your page has been updated as requested. Please let me know if you need anything else!

Thanks,
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Monday, April 6, 2020 12:09 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Website change

Hi Catherine,

Hope this email finds you well and healthy.

To prepare for the upcoming BSC, I would like to change a few changes to my lab website on NIAID. The first is to change the "Systems Immunology" section of the "Program Description" to the text below. In addition, I would like to update the publication list please see attached.

Many thanks and stay well and healthy!

Best,
John.

John Tsang, PhD, Senior Investigator | Chief, Multiscale Systems Biology Section, Laboratory of Immune System Biology | Co-Director, Center for Human Immunology (CHI) | National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH) | (b)(6) | office: (b)(6) | cell: (b)(6) (b)(6) | web: tsang lab | address: 4-128D, 4 Memorial Drive, Bethesda, MD, 20892 USA

Systems immunology

At the organismal level (particularly in humans), we have been utilizing natural variations (disease and genetic variation) and interventions (particularly vaccination) to systemically perturb the immune system and comprehensively assess its statuses pre- and post-intervention using multiplexed technologies in human cohorts. The resulting multi-modal data sets are analyzed and modeled in an integrative manner to 1) uncover biomarkers of immune responsiveness and health, 2) infer interactions among components of the immune system, and ultimately, 3) understand how immune responses are orchestrated quantitatively across scales – from molecules to cells to cell-to-cell interactions in space and time. We have also begun to generate and incorporate similar large-scale data from mouse models to develop a more complete (e.g., including dynamics and statuses of tissues) understanding. For an overview of our concepts and approaches, see Tsang JS. Utilizing population variation, vaccination, and systems biology to study human immunology. *Trends Immunol*. 2015 Aug; 36 (8): 479-93.

From: Crews, William (NIH/NIAID) [E]
Sent: Tue, 11 Aug 2020 19:54:38 +0000
To: Chun, Tae-Wook (NIH/NIAID) [E]
Subject: Re: Website

Thanks, I'll submit it to the web team.
From: Chun, Tae-Wook (NIH/NIAID) [E] <(b)(6)
Sent: Tuesday, August 11, 2020 3:53 PM
To: Crews, William (NIH/NIAID) [E] <(b)(6)
Cc: Chun, Tae-Wook (NIH/NIAID) [E] <(b)(6)
Subject: FW: Website

Dear Bill,

Would you mind updating my website (just the bio section for now)?

Thank you.

Best,

Tae-Wook

Dr. Chun received his Ph.D. from the Biochemistry, Cellular, and Molecular Biology Graduate Program of Johns Hopkins University School of Medicine where he was the first to discover latently infected, resting CD4+ T cells in HIV-infected individuals. In 1997, he was recruited by Dr. Anthony Fauci in the Laboratory of Immunoregulation at NIAID to pursue his studies on HIV persistence in infected individuals receiving antiretroviral therapy as a post-doctoral research fellow. In 2001, Dr. Chun was appointed to the position of staff scientist and, in 2016, he became a tenure track investigator after being selected from the Trans-NIH Earl Stadtman Tenure-Track Program. Dr. Chun received full tenure in 2020.

Tae-Wook Chun, Ph.D.
Senior Investigator
Chief, HIV Immunovirology Section
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel (b)(6)

From: "Chun, Tae-Wook (NIH/NIAID) [E]" (b)(6)
Date: Tuesday, July 28, 2020 at 12:24 PM

To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website

Hi, Catherine.

Hope all is well.

This is not urgent but when you get a chance, could you update my Bio? I forgot to tell you about it a month ago.

Thanks!!

Best,

Tae-Wook

Dr. Chun received his Ph.D. from the Biochemistry, Cellular, and Molecular Biology Graduate Program of Johns Hopkins University School of Medicine where he was the first to discover latently infected, resting CD4+ T cells in HIV-infected individuals. In 1997, he was recruited by Dr. Anthony Fauci in the Laboratory of Immunoregulation at NIAID to pursue his studies on HIV persistence in infected individuals receiving antiretroviral therapy as a post-doctoral research fellow. In 2001, Dr. Chun was appointed to the position of staff scientist and, in 2016, he became a tenure track investigator after being selected from the Trans-NIH Earl Stadtman Tenure-Track Program. Dr. Chun received full tenure in 2020.

Tae-Wook Chun, Ph.D.
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: (b)(6)
Fax: 301-402-5920
Email: (b)(6)

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Wednesday, June 10, 2020 at 9:08 AM
To: "Chun, Tae-Wook (NIH/NIAID) [E]" (b)(6)
Cc: Susan Moir (b)(6)
Subject: RE: Website

Congratulations to you both! Thank you for letting us know—it's not done automatically, sadly. We will get these changes made to the NIAID sites!

Catherine

From: Chun, Tae-Wook (NIH/NIAID) [E] [(b)(6)]
Sent: Wednesday, June 10, 2020 8:51 AM
To: Bullis, Catherine (NIH/NIAID) [E] [(b)(6)]
Cc: Moir, Susan (NIH/NIAID) [E] [(b)(6)]; Chun, Tae-Wook (NIH/NIAID) [E] [(b)(6)]
Subject: Website

Hi, Catherine,

Susan and I received tenure on June 1, 2020.

I am not sure if this gets done automatically, but if no, could you change names of our labs from "Unit" to "Section"? This probably has to be done for the LIR main website (for example, LIR does not have any Units anymore) and our individual web pages as well.

Thank you.

Best,

Tae-Wook

Tae-Wook Chun, Ph.D.
National Institutes of Health
Building 10, Room 6A33
9000 Rockville Pike
Bethesda, MD 20892
Tel: [(b)(6)]
Fax: 301-402 5920
Email: [(b)(6)]

From: Crews, William (NIH/NIAID) [E]
Sent: Mon, 3 Aug 2020 20:26:25 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Update summary field for generic page content types to support search

9:30 it is

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Monday, August 3, 2020 4:24 PM
To: Crews, William (NIH/NIAID) [E] <(b)(6)
Subject: RE: Update summary field for generic page content types to support search

I have to apologize to you—these emails with [JIRA] in the subject line were all getting routed to a folder in my inbox that I did not see.

Can we talk tomorrow morning, perhaps at 9:30? I have a couple of other things to go over with you and we can talk about these summaries.

The summary you suggest below works wonderfully. Thank you!
Catherine

From: Crews, William (NIH/NIAID) [E] <(b)(6)
Sent: Friday, July 31, 2020 11:13 AM
To: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Subject: Re: [JIRA] (IVN-3731) Update summary field for generic page content types to support search

for https://inside.niaid.nih.gov/working-niaid/personal-and-professional-resources-covid-19

The current description reads
"The resources outlined below have been collected and centrally located to help support your personal well-being, provide information on managing virtually, and help sustain strong working"

Does this work?
"Leading or working as part of a remote team during an outbreak can be challenging. This page provides resources and tips to maintaining productivity while building and sustaining strong remote workgroups."

From: Crews, William (NIH/NIAID) [E] <(b)(6)
Sent: Wednesday, July 29, 2020 3:42 PM
To: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Subject: Re: [JIRA] (IVN-3731) Update summary field for generic page content types to support search

basically familiarizing myself with it via Alice's spreadsheet. Talking tomorrow would be good.

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Wednesday, July 29, 2020 3:40 PM
To: Crews, William (NIH/NIAID) [E] <(b)(6)
Subject: RE: [JIRA] (IVN-3731) Update summary field for generic page content types to support search

Hi there—just checking how you're doing with this. Would you like to set up some time to talk through it?

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Friday, July 24, 2020 2:40 PM
To: Crews, William (NIH/NIAID) [E] <(b)(6)
Subject: FW: [JIRA] (IVN-3731) Update summary field for generic page content types to support search

I was getting ready to write all this up and saw Alice had already done it! Do you want to walk through this together?

From: (b)(6) (JIRA) <(b)(6) c
Sent: Friday, July 24, 2020 10:29 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: [JIRA] (IVN-3731) Update summary field for generic page content types to support search

(b)(6) **added 1 new comment.** Inside v.Next/IVN-3731 Update summary field for generic page content types to support search

(b)(6) **added 1 new comment.**

Inside v.Next / IVN-3731

Update summary field for generic page content types to support search

(b)(6) 10:26 AM EDT

any idea of what my JIRA password is or how to find it?

View Issue

From: Crews, William (NIH/NIAID) [E]
Sent: Thu, 30 Jul 2020 15:47:55 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Website changes

this page is live
From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, July 29, 2020 8:05 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Website changes

Could you please handle these? Thanks!

From: Lionakis, Michail (NIH/NIAID) [E] (b)(6)
Sent: Tuesday, July 28, 2020 10:22 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Website changes

Dear Katherine,

When you get the chance, can you please make the following changes in our lab's website?

Under awards/honors:
Please add: NIH Director's Award (2020)

Under Editorial boards:
Please add:
Journal of Fungi
Antimicrobials Agents & Chemotherapy

Under Research Group:
Please remove: Hongfang Liu, and Yannis Hadjiyannis

Under FPS Alumni:
Please add: Yannis Hadjiyannis, B.Sc. Medical School, The Ohio State University College of Medicine

Under Featured Research:
Please add: https://www.nih.gov/news-events/nih-research-matters/cancer-drug-may-reduce-symptoms-severe-covid-19

Under Protocols:
Please add: Pathogenesis of BTK-mediated Hyper-Inflammatory Responses in COVID-19 (RESPOND) #20-I-N114
https://clinicaltrials.gov/ct2/show/NCT04394884?term=NCT04394884&draw=2&rank=1

Thank you!
Mihalis

From: Crews, William (NIH/NIAID) [E]
Sent: Fri, 24 Jul 2020 15:56:11 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: COVID-19 Lecture on antiviral immune response by Alessandro Sette, Wednesday, July 29, 3:00–4:00 p.m.

ok

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Friday, July 24, 2020 11:55 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: COVID-19 Lecture on antiviral immune response by Alessandro Sette, Wednesday, July 29, 3:00–4:00 p.m.

Can you add to intranet calendar? Thanks.

-----Original Message-----
From: Roberts, Jacqueline (NIH/OD) [E] (b)(6)
Sent: Thursday, July 23, 2020 1:57 PM
To: NIH-STAFF@LIST.NIH.GOV
Subject: COVID-19 Lecture on antiviral immune response by Alessandro Sette, Wednesday, July 29, 3:00–4:00 p.m.

Dear Colleagues,

The NIH COVID-19 Scientific Interest Group is pleased to announce its next lecture, "SARS-CoV-2 T Cell Responses in Exposed and Non-Exposed Subjects," by Alessandro Sette, Ph.D., professor and member of the La Jolla Institute for Immunology, La Jolla, Calif.

This lecture will be on Wednesday, July 29, from 3:00 to 4:00 p.m. ET via https://videocast.nih.gov. Please see viewing instructions below. This lecture will be the last talk in the COVID-19 lecture series for two months. We will resume in October.

Lecture summary:
For his lecture, Dr. Sette will review data examining the nature and specificity of T cell responses to SARS-CoV-2 from convalescent and acute donors, and in non-exposed subjects. Over the past three decades, the Sette lab has defined in chemical terms the specific structures that the immune system recognizes, and it has capitalized on this knowledge to measure and understand immune responses. This approach uses epitopes as specific probes to define the immune signatures associated with productive/protective immunity versus deficient immunity/immunopathology. Turning to SARS-CoV-2, Dr. Sette and his colleagues applied this approach to provide the one of the first assessments of whether the immune system can mount a substantial and lasting response, finding evidence of T cell reactivity against and pre-existing immunity to SARS-CoV-2. Dr. Sette will highlight these and other findings in his talk.

This lecture will be videocast live and quickly archived at https://videocast.nih.gov. To watch live, we suggest that you have Adobe Flash Player installed on your computer and that your web browser of choice can access Flash.

If you cannot log on because of the high demand, please note that the archive will be available within two days.

Sign-language interpreters can be provided. Individuals with disabilities who need reasonable accommodation to participate in this event should contact Karen Nemes, (b)(6) or the Federal Relay, 800-877-8339.

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Thu, 16 Jul 2020 16:21:54 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: FW: Updates/ Changes to the AI Program Website
Attachments: AI Graduates.docx

Hi there! Could you please handle? Thanks!

From: Mayah, Edwin (NIH/NIAID) [C] (b)(6)
Sent: Thursday, July 16, 2020 12:05 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Updates/ Changes to the AI Program Website

Catherine
Good morning , hope you and your family are safe during this pandemic. July has fallen upon us and new fellows have arrived , below please see the updates and changes needed for the website .

Under Section : Current Fellows and Graduates of the Program .
Please Remove : Greg Constantine and Alicia Wide

Add : Chioma Udembga , M.D. 1st Year
Residency: Tulene University (Chief Resident) Internal Medicine & Pediatrics

Muhammad Billal Khalid, M.D. 1st Year
Residency: University of Tennesse Health Science- Internal Medicine

Alyssa James , M.D,MA 1st Year
Residency : Childrens National Medical Center -Pediatrics

Stella Hartono, M.D.,Ph.D. 1st Year
Residency : Baylor College of Medicine- Pediatrics

Please Change the Current 1st years to 2nd Years and the Current 2nd Years to 3rd Year.

At the bottom of that section Please add
AI Fellow Program Graduates (with an hyperlink to the attached Document)

Edwin Mayah

PAST NIH Allergy & Immunology (AI) Clinical Fellows

Gregory, Constantine, M.D, (2020)
Staff Clinician/ Asst. Research Physician
NIH-NIAID-Fungal Pathogenesis Section
NIH Mentor. Michail Lionakis,M.D.,Sc.D.,

Alicia Widge,M.D, (2020)
Staff Clinician/Investigator
NIH- Vaccine Research Lab
NIH: Mentor: Julie Ledgerwood

Nathan Boggs, M.D, Ph.D. (2019)
Undergraduate: University of Vermont
Graduate: Cornell University
Medical School: Uniformed Services University of the Health Sciences
Residency: Yale New Haven Hospital /Internal Medicine

Djuro Karanovic, M.D (2018)
Clinical Research Physician
AstraZeneca
NIH Mentors: Steve Holland, M.D and Gulbu Uzel, M.D

Michel Weinreich, M.D (2017)
Associate Medical Director Physician Development
Program at Abbvie
NIH Mentor: Joshua Milner, M.D

Rekha Jhamnani, MD (2017)
Medical Officer
Federal Drug Agency (FDA)
NIH Mentor; Pam Guerrerio, M.D

Martin Gaudinski, MD (2017)
Medical Director, Vaccine Research Clinical Trials Program, NIH
NIH Mentor; Julie Ledgerwood, M.D

Dimana Dimitrova, M.D (2016)
Staff Clinician, National Cancer Institute
National Institutes of Health
NIH Mentor: Dennis Hickstein, M.D

Akilah Jefferson, M.D (2016)
Asst. Professor/Physician
Rady Children's Hospital, UCSD
NIH Mentor: Steven Pearson, M.D M.Sc.

Rachel Sparks, M.D (2016)
Clinical Fellow, Laboratory of Systems Biology
National Institutes of Health
NIH Mentor: John Tsang, M.D., Ph.D.

Katherine Clarridge, M.D (2016)
Medical Officer
Federal Drug Agency (FDA)
NIH Mentor: Tony Fauci, MD

Fei-Li Kuang, M.D (2015)
Attending Physician
LPD/ NIAID
National Institutes of Health
NIH Mentor: Amy Klion,M.D

Adora Lin, M.D, Ph.D. (2015)
Attending Physician
Children's National Health Systems
NIH Mentor: Thomas Nutman, M.D

Ki Lee Milligan, M.D (2015)
World Wide Medical Director
Novartis (Switzerland)
NIH Mentor: Dr. Cohen

Adam Dezure, M.D(2015)
Senior Clinical Research & Development Lead
GSK (Glaxo Smith Kline)
NIH Mentor: Julie Ledgerwood, M.D

Kelli Wang, M.D (2014)
Asst. Professor
Medical University of South Carolina
NIH Mentor: Sandip Kumar Datta, M.D

Corrine Savides , M.D (2014)
Asst. Professor
Johns Hopkins University School of Medicine
NIH Mentor: Helen Su, M.D., Ph.D.

Juan Ravell, MD (2014)
Staff Clinician
Laboratory of Clinical Immunology & Microbiology -NIH
NIH Mentor: Micheal Leonardo, M.D

Amanda Rudman Spergel , M.D (2013)
Medical Officer
National Institutes of Health
NIH Mentor: Harry Malech, M.D

Jonathan Lyons, M.D (2013)
Chief, Translational Allergic Immunopathology Unit
Laboratory of Allergic Diseases -NIH
NIH Mentor: Joshua Milner, M.D

Johoo Lee, M.D (2013)
Medical Officer
CBER, FDA
NIH Mentor: Philip Murphy, M.D

Katherine Sowereine, M.D (2012)
Physician
Renewal Dermatology
NIH Mentor: Steven Holland, M.D

Monica Lawrence, M.D (2012)
Assoc. Professor and Fellowship Program Director
University of Virginia Health Systems
NIH Mentor: Joshua Milner, M.D

Lee-Jah Chang, M.D (2012)
Director of Clinical Sciences
Sanofi Pasteur
NIH Mentors: Julie Ledgerwood, M.D & Barney S Graham, M.D., Ph.D.

Frank Lichtenberger, M.D (2011)
Allergist/ Immunologist
Piedmont Healthcare
NIH Mentor: Dean Metcalfe, M.D

Jennifer Leiding, M.D (2011)
Assoc. Professor
Medical Director USF Multidisciplinary Immunology and Newborn SCID Program
University of South Florida
NIH Mentor: Steve Holland, M.D

Michelle Crank, M.D (2011)
Staff Clinician
Virus Pathogenesis Section-NIH
NIH Mentor: Paul, M.D

Ian Myles, M.D(2010)
Chief Medical Officer
Laboratory of Clinical Immunology & Microbiology – NIH
NIH Mentors: Steve Holland, M.D & Sandip Kumar Datta, M.D

Paneez Khoury, M.D., MH. S (2010)
Associate Research Physician
Human Eosinophil Section
Associate Director, Allergy & Immunology Clinical Fellowship Program
NIH Mentor: Amy Klion, M.D

Irene J. Mikhail , M.D (2010)
Asst Professor / Physician
Nationwide Children's Hospital
NIH Mentor: Colleen Hadigan, M.D

Soule Benjamin, M.D (2010)
Global Search and Evaluation Lead
Bristol-Myers Squibb
NIH Mentor: John I Gallin, M.D

Jennifer Heimall, M.D (2009)
Assistant Clinical Professor Pediatrics
Director, Allergy/Immunology Training Program
Children's Hospital of Philadelphia
NIH Mentors: Steve Holland, M.D, Alexandra Freeman, M.D & Joshua Milner,M.D.

Sofia Chaudhry, M.D (2009)
Medical Officer
Food Drug Administration (FDA)
NIH Mentor: Calman Prussin, M.D

Brian Porter, M.D (2008)
Vice-President, Therapeutic Area Head, Autoimmunity & Skeletal Diseases
Novartis
NIH Mentor: Irini Sereti, M.D

Abigail Harada, M.D (2008)
Allergist -Private Practice
NIH Mentor: Elizabeth Kang, M.D

Rosalyn Baker, M.D (2008)
Allergist
MedStar Southern Maryland Hospital
NIH Mentor: Peter Pinto, M.D

NaYoung Kim, M.D (2007)
Allergist-Immunologist
Kaiser Permanente
NIH Mentor: Calman Prussin, M.D

Vickie Lee, M.D (2007)
Allergist – Private Practice
ENT & Allergy Specialists of VA
NIH Mentors: Calman Prussin, M.D & Helen Rosenburg, M.D

Princess Obolus, M.D (2007)
Assimilate Professor
Division Director, Allergy/Immunology
Director, Allergy/Immunology Training Prog.
Ohio State University Wexner Medical Center
NIH Mentor: Amy Klion, M.D

Milad Pooran, M.D(2006)
Physician
University of Maryland Medical Center
NIH Mentor: Joseph Kovacs, M.D

Dat Tran, M.D (2006)
CEO
Physician at Innovative Allergy, PLLC
NIH Mentor: Ethan Shevach, M.D

Janine Van Lanker (2006)
Assistant Professor
George Washington University Medical Faculty Associates
NIH Mentor: Thomas Nutman, M.D

Tod Wilson, M.D (2006)
Director, Early Clinical Development
GSK (Glaxo Smith Kline)
NIH Mentor: Dean Metcalfe, M.D

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Tue, 14 Jul 2020 16:13:57 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: FW: COVID-19 Lecture on RNA Therapy and Gene Editing by Dan Anderson, Wednesday, July 15, 3:00–4:00 p.m.

Can you make sure this is on inside calendar?

-----Original Message-----
From: Roberts, Jacqueline (NIH/OD) [E] [(b)(6)]
Sent: Monday, July 13, 2020 4:11 PM
To: NIH-STAFF@LIST.NIH.GOV
Subject: COVID-19 Lecture on RNA Therapy and Gene Editing by Dan Anderson, Wednesday, July 15, 3:00-4:00 p.m.

Dear Colleagues,

The NIH COVID-19 Scientific Interest Group is pleased to announce its next lecture, "Nucleic Acid Delivery Systems for RNA Therapy and Gene Editing," by Dan Anderson, Ph.D., professor of chemical engineering and of health sciences and technology at the MIT Koch Institute for Integrative Cancer Research.

This lecture will be on Wednesday, July 15, from 3:00 to 4:00 p.m. ET via https://videocast.nih.gov. Please see viewing instructions below.

Lecture summary:
High–throughput, combinatorial approaches have revolutionized small-molecule drug discovery. Dan Anderson will describe his work on the combinatorial development of nanoparticulate, intracellular delivery systems for RNA therapy and gene editing. Libraries of degradable polymers and lipid-like materials have been synthesized, formulated, and screened for their ability to deliver macromolecular payloads inside of cells. These nanoformulations facilitate in vivo delivery, enabling gene suppression with small-interfering RNA, gene expression with messenger RNA, or permanent genetic editing using the CRISPR/Cas9 system. Formulations have been developed with in vivo efficacy and show potential therapeutic applications for a range of different diseases. This lecture will focus on the application of these formulations toward controlling the immune system and in particular as vaccines for infectious disease.

This lecture will be videocast live and quickly archived at https://videocast.nih.gov. To watch live, we suggest that you have Adobe Flash Player installed on your computer and that your web browser of choice can access Flash.

If you cannot log on because of the high demand, please note that the archive will be available within two days.

Sign-language interpreters can be provided. Individuals with disabilities who need reasonable accommodation to participate in this event should contact Jacqueline Roberts, [(b)(6)] or the Federal Relay, 800-877-8339.

From: NIAID Announcements
Sent: Fri, 10 Jul 2020 15:21:21 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: NIAID All Hands Meeting Confirmation

Hi William Crews,

Thank you for registering for "NIAID All Hands Meeting".
Below you'll find a link to join the meeting on Tuesday, July 14, at 1:00 p.m. Please test this link prior to the meeting start time. Your web browser should automatically launch Zoom for Government; if you're testing it before July 14, you'll see a message about when the meeting starts. On July 14, the message will switch over to say that the meeting is starting soon.

If your browser does not automatically launch Zoom, you will have an option to download Zoom instead.

If you encounter any error messages or difficulty with opening Zoom, contact NIAIDITHelp@niaid.nih.gov or call 301-402-2502. Again, test the link early to allow time to troubleshoot if needed.

If all else fails, there is an option to dial in to the meeting from a telephone.

Refer to https://inside.niaid.nih.gov/events-calendar/niaid-all-hands for updated information on sign language interpretation and more as it becomes available.
Please submit any questions to: allhandsquestions@niaid.nih.gov

Date Time: Jul 14, 2020 01:00 PM Eastern Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:
Click Here to Join
Note: This link should not be shared with others; it is unique to you.
Password: (b)(6)
Add to Calendar Add to Google Calendar Add to Yahoo Calendar
Description: An NIAID All Hands Meeting with Dr. Anthony Fauci - (July 2020)

Or iPhone one-tap :
US: +(b)(6) or +1(b)(6)

Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: (b)(6) (Toll Free)
Webinar ID: (b)(6)
International numbers available: https://www.zoomgov.com/u/acY0Vm0pcF

Or an H.323/SIP room system:

H.323:

(b)(6) (US East) Meeting ID: (b)(6)

Password: (b)(6)

SIP: (b)(6) @sip.zoomgov.com

Password: (b)(6)

You can cancel your registration at any time.

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Thu, 2 Jul 2020 19:08:45 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: RE: 5601 electronic messaging about facial coverings required

HTTP://AI-SCALAPRD1/ContentManager

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Thursday, July 2, 2020 2:58 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: 5601 electronic messaging about facial coverings required

the image is square so it fits perfectly. Do you have the link to the SCALA log it?

From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Thursday, July 2, 2020 1:24 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: 5601 electronic messaging about facial coverings required

Could you check to see how this file would fit into the Scala template?

From: Colburn, Mark (NIH/NIAID) [E] (b)(6)
Sent: Thursday, July 2, 2020 9:55 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: 5601 electronic messaging about facial coverings required

Can OCGR put a message on our 5601 Fishers Lane electronic building monitors about the NIH requirement for wearing facial coverings?

This site says you folks are the contacts:

https://inside.niaid.nih.gov/working-niaid/building-monitors-5601-fishers-lane

Maybe the message also needs to include how to report non-compliance through the new "COVID-19 Safety Reporting Tool" at:

http://www.ors.od.nih.gov/COVID-safety

and the new Coronavirus hotline 301 480-8990

A message in Spanish might be good too.

I'm new, since the end of April. I've been working with our team to post NIH signs like the attached. I've been in the building two or three days a week.

Despite us having few people currently in the building, yesterday I encountered three people without masks. One person was talking to me, and gave me the impression this was her first time back in the building. The other two people work in the building regularly. Somehow the mask message is not being heard.

Today, I'm going to report seeing these three people without masks in the on-line safety reporting tool.

Can you also send out an e-mail reminder about facial coverings required? Someone told me your team does that also.

Thanks!

Mark Colburn
Program Specialist
Facility Services and Operations Branch
Office of Workplace Solutions
Office of Science Management Operations
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, 1G25
Rockville, Maryland 20852
Office: (b)(6)
Cell: (b)(6)

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Thu, 2 Jul 2020 17:24:51 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: FW: 5601 electronic messaging about facial coverings required
Attachments: COVID_FacialCovering_v2_508.pdf

Could you check to see how this file would fit into the Scala template?

From: Colburn, Mark (NIH/NIAID) [E] (b)(6)
Sent: Thursday, July 2, 2020 9:55 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: 5601 electronic messaging about facial coverings required

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National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, 1G25
Rockville, Maryland 20852
Office: (b)(6)
Cell: (b)(6)

COVID 19
CORONAVIRUS DISEASE

STOP THE SPREAD

FACIAL COVERING REQUIRED

NIH National Institutes of Health

From: Crews, William (NIH/NIAID) [E]
Sent: Fri, 26 Jun 2020 19:31:57 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: COVID-19 lecture on SARS-CoV-2 outbreak at Austrian ski resort by Dorothee von Laer, Wednesday, July 1, 3:00–4:00 p.m.

got it

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Friday, June 26, 2020 3:31 PM
To: Crews, William (NIH/NIAID) [E] <(b)(6)
Subject: FW: COVID-19 lecture on SARS-CoV-2 outbreak at Austrian ski resort by Dorothee von Laer, Wednesday, July 1, 3:00–4:00 p.m.

Can you add this to the intranet calendar? Thanks!

-----Original Message-----
From: Roberts, Jacqueline (NIH/OD) [E] <(b)(6)
Sent: Friday, June 26, 2020 2:52 PM
To: NIH-STAFF@LIST.NIH.GOV
Subject: COVID-19 lecture on SARS-CoV-2 outbreak at Austrian ski resort by Dorothee von Laer, Wednesday, July 1, 3:00–4:00 p.m.

Dear Colleagues,

The NIH COVID-19 Scientific Interest Group is pleased to announce its next lecture, "High Seroprevalence, Drastic Decline of Incidence and Low Infection Fatality Rate of SARS-CoV-2 Infections in Children and Adults in the Ski Resort Ischgl, Austria," by Dorothee von Laer, M.D., Medical University of Innsbruck.

This lecture will be on Wednesday, July 1, from 3:00 to 4:00 p.m. ET via https://videocast.nih.gov. Please see viewing instructions below.

Lecture summary:
In early March 2020, a SARS-CoV-2 outbreak at a ski resort in Ischgl, Austria, initiated the spread of SARS-CoV-2 throughout Austria and Northern Europe. Thousands of infections can be traced back to Ischgl. In a recent study by Medical University of Innsbruck investigators, 42.4 percent of those living in Ischgl were shown to be carrying the new coronavirus antibodies, indicating they had been infected in the COVID-19 pandemic. Between April 21 and 27, a cross-sectional epidemiologic study targeting the full population of Ischgl (n app. 1,867), of which 79 percent could be included (n 1473), was performed. For each individual, the study involved a SARS-CoV-2 PCR test for the virus, antibody testing, and a questionnaire. In addition, the SARS-CoV-2 PCR+ cases reported to the authorities were included. The seroprevalence was 42 percent and individuals under 18 showed a significantly lower seroprevalence (27 percent) than adults (45 percent). However, only 105 study participants remembered if they had a previous positive PCR result. The clinical course was generally mild and only two individuals in Ischgl had died from infection corresponding to an infection fatality rate (IFR) of 0.26 percent. In the first week of April, a public screening in Ischgl had found 19 percent of the population to be PCR+. However, only 8 (0.5 percent) individuals were newly diagnosed to be infected with SARS-CoV-2 during the study

conducted 2-3 weeks later. Ischgl was hit early and hard by SARS-CoV-2, which led to a high local seroprevalence of 42 percent, that was lower in individuals below the age of 18 than in adults with a low IFR. As nonpharmaceutical interventions (e.g. social distancing, mask wearing) had already reduced virus spread, mathematical models conclude that the high seroprevalence significantly contributed to the drastic decline of new infections during April.

This lecture will be videocast live and quickly archived at https://videocast.nih.gov. To watch live, we suggest that you have Adobe Flash Player installed on your computer and that your web browser of choice can access Flash. For further technical assistance, please consult your local IT support or the NIH IT Service Desk at 301-496-4357.

If you cannot log on because of the high demand, please note that the archive will be available within two days.

Sign-language interpreters can be provided. Individuals with disabilities who need reasonable accommodation to participate in this event should contact Jacqueline Roberts, (b)(6) (b)(6) or the Federal Relay, 800-877-8339.

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Wed, 3 Jun 2020 12:50:50 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: RE: Website change

Much better—thanks!

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, June 3, 2020 8:49 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

corrections have been made to the McBride page
https://www.niaid.nih.gov/research/alison-mcbride-phd

From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, June 3, 2020 8:47 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Website change

Great, thanks.

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, June 3, 2020 8:46 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

done
https://www.niaid.nih.gov/research/john-tsang-phd
Former Members

- Manikandan Narayanan, Ph.D. (former staff scientist) – currently associate professor, Indian Institute of Technology (IIT), Chennai, India
- Candace Liu (former postbac) – currently Ph.D. student, Stanford University
- Bethany Fixsen (former postbac) – currently Medical Scientist Training Program M.D./Ph.D. student, University of California, San Diego
- Naisha Shah (former postdoc) – currently Associate Professor, J. Craig Venter Institute, La Jolla, CA
- Katherine Wendelsdorf (former postdoc) – currently program manager, DNAnexus
- Michael Smith (former rotation student) – currently bioinformatics analyst at MedImmune
- Yong Lu, Ph.D. (former staff scientist) – currently software engineer at Google

---

From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Wednesday, June 3, 2020 8:40 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Website change

Hi there—what's the status on this one?

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Monday, June 1, 2020 10:25 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

submitted

From: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Sent: Monday, June 1, 2020 9:49 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Website change

Good morning! Could you please send this request to the box?

Thanks,
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Sunday, May 31, 2020 3:48 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Hi Catherine,

One more request for an ex-member:

In "Naisha Shah (former postdoc) – currently scientist at Amazon Inc." – could you please update her affiliation to "currently Associate Professor, J. Craig Venter Institute, La Jolla, CA"

Thanks!

John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Tuesday, May 5, 2020 at 12:57 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

Hi John,

We've added the bullet point as you requested. We also added a box lower down on the page, which is a standard box that we've been putting onto all the pages for the PIs involved in the immune response to COVID-19 research.

Let me know if you need anything else!
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Tuesday, May 5, 2020 1:18 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Hi Catherine,

Could you please add a bullet point under the "Major Areas of Research":

- Systems immunology of COVID-19 (with a link to: https://www.niaid.nih.gov/research/systems-immunology-covid-19)

Be well!

Best wishes,
John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 20, 2020 at 3:00 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

No problem—this is done!

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Monday, April 20, 2020 1:43 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Website change

Thanks, Catherine, for making the changes.

I just saw one more commentary article for one of our papers – please update:

Kotliarov Y[*], Sparks R[*], Martins AJ[#], Mule M[#], Lu Y[#], Goswami M, Kardava L, Banchereau R, Pascual V, Biancotto A, Chen J, Schwartzberg PL, Bansal N, Liu CC, Cheung F, Moir S, Tsang JS. Broad immune activation underlies shared set point signatures for vaccine responsiveness and lupus disease activity in humans. ([*] equal contribution; [#] co-second authors) Nat Med. 2020 Feb. Commentary in F1000: https://f1000.com/prime/737422796; Commentary in Nature

Immunology: https://www.nature.com/articles/s41590-020-0656-y; Commentary in Nature Reviews Rheumatology: https://www.nature.com/articles/s41584 020 0421-5

Thanks,
John

From: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 7:22 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website change

Sorry, one more item I forgot:

Please add the following NIAID coverage under "Systems Human Immunology" in "Featured Research" section:

Ready, Set, Go: Immune System Status Predicts Future Responses (link to https://www.niaid.nih.gov/news-events/immune-system-status-predicts-future-responses)

Thanks,
John.

From: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 7:01 PM
To: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Subject: Re: Website change

Thanks, Catherine! Yes, I hear you about the kids – it's definitely more work staying home to work!

I just realized I had a mistake in the authorship of the first paper on our publication list – it should be the following (note the cross out):

Kotliarov Y[*], Sparks R[*], Martins AJ[#], Mule M[#], Lu Y[#], Goswami M, Kardava L, Banchereau R, Pascual V, Biancotto A, Chen J, ~~Olnes MJ,~~ Schwartzberg PL, Bansal N, Liu CC, Cheung F, Moir S, Tsang JS.

Also, please change the last publication on the list to (incorporating commentaries like others):

Tsang JS[*], Schwartzberg PL[*], Kotliarov Y, Biancotto A, Xie Z, Germain RN, Wang E, Olnes MJ, Narayanan M, Golding H, Moir S, Dickler HB, Perl S, Cheung F; Baylor HIPC Center; CHI Consortium. Global analyses of human immune variation reveal baseline predictors of postvaccination responses. *Cell.* 2014 Apr 10;157(2):499-513. [*]senior and corresponding author. Preview from *Cell*: https://www.cell.com/cell/fulltext/S0092-8674(14)00357-2. Commentary from F1000: https://f1000.com/prime/718348288

Thanks!
John.

From: "Bullis, Catherine (NIH/NIAID) [E]" (b)(6)
Date: Monday, April 6, 2020 at 2:31 PM
To: "Tsang, John (NIH/NIAID) [E]" (b)(6)
Subject: RE: Website change

Hi John,

Thanks for your well wishes—a little claustrophobic and tired of being tech support for my kids, but overall healthy and well. I hope you and yours are the same!

Your page has been updated as requested. Please let me know if you need anything else!

Thanks,
Catherine

From: Tsang, John (NIH/NIAID) [E] (b)(6)
Sent: Monday, April 6, 2020 12:09 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Website change

Hi Catherine,

Hope this email finds you well and healthy.

To prepare for the upcoming BSC, I would like to change a few changes to my lab website on NIAID. The first is to change the "Systems Immunology" section of the "Program Description" to the text below. In addition, I would like to update the publication list please see attached.

Many thanks and stay well and healthy!

Best,
John.

John Tsang, PhD, Senior Investigator | Chief, Multiscale Systems Biology Section, Laboratory of Immune System Biology | Co-Director, Center for Human Immunology (CHI) | National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH) | (b)(6) | office: (b)(6) | cell: (b)(6) (b)(6) | web: tsang lab | address: 4-128D, 4 Memorial Drive, Bethesda, MD, 20892 USA

Systems immunology

At the organismal level (particularly in humans), we have been utilizing natural variations (disease and genetic variation) and interventions (particularly vaccination) to systemically perturb the immune system and comprehensively assess its statuses pre- and post-intervention using multiplexed technologies in human cohorts. The resulting multi-modal data sets are analyzed and modeled in an integrative manner to 1) uncover biomarkers of immune responsiveness and health, 2) infer interactions among components of the immune system, and ultimately, 3) understand how immune responses are orchestrated quantitatively across scales – from molecules to cells to cell-to-cell interactions in space and time. We have also begun to generate and incorporate similar large-scale data from mouse models to develop a more complete (e.g., including dynamics and statuses of tissues) understanding. For an overview of our concepts and approaches, see Tsang JS. Utilizing population variation, vaccination, and systems biology to study human immunology. *Trends Immunol*. 2015 Aug; 36 (8): 479-93.

From: Crews, William (NIH/NIAID) [E]
Sent: Mon, 18 May 2020 16:56:42 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: Re: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE Video Presentation on NIH Framework to Return to Physical Workspaces

will do
From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Monday, May 18, 2020 12:56 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE Video Presentation on NIH Framework to Return to Physical Workspaces

Mark it as high priority when you resubmit. Did you receive an autoemail when you submitted the first time?

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Monday, May 18, 2020 12:55 PM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Subject: Re: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE – Video Presentation on NIH Framework to Return to Physical Workspaces

I haven't seen anything from them either. Let me resubmit as apparently it did not go through.

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Monday, May 18, 2020 12:53 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE Video Presentation on NIH Framework to Return to Physical Workspaces

Any update? I don't see this request in the box list, and the card hasn't been changed.

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Monday, May 18, 2020 8:44 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: RE: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE Video Presentation on NIH Framework to Return to Physical Workspaces

Thanks

From: Crews, William (NIH/NIAID) [E] <(b)(6)
Sent: Monday, May 18, 2020 8:41 AM
To: Bullis, Catherine (NIH/NIAID) [E] (b)(6)

Subject: Re: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE Video Presentation on NIH Framework to Return to Physical Workspaces

this project is underway, sorry I didn't notify you earlier.

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Sent: Friday, May 15, 2020 3:24 PM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE – Video Presentation on NIH Framework to Return to Physical Workspaces

Can you please ask the box to create a featured content card for this video presentation on the intranet home page? They'll need three pieces of information:

Header text + short blurb

Link to the video

Image (find one from unsplash.com)

They can replace the Evaluation Funding slide currently posted there.

From: NIH Executive Secretariat <NIHExecSec@nih.gov>
Sent: Friday, May 15, 2020 3:09 PM
To: List NIH-ALL-STAFF <NIH-ALL-STAFF@LIST.NIH.GOV>
Subject: Updated FAQ Link: From the NIH Director: CORONAVIRUS UPDATE – Video Presentation on NIH Framework to Return to Physical Workspaces

NIH Family:

With apologies for the duplicate messages, please note that the link to the return to work FAQs was incorrect in the message below. The link has been corrected, and FAQs are available at https://employees.nih.gov/pages/coronavirus/frequently-asked-questions.aspx#return-physical.

From: NIH Executive Secretariat <NIHExecSec@nih.gov>
Sent: Friday, May 15, 2020 2:50 PM
To: List NIH-ALL-STAFF <NIH-ALL-STAFF@LIST.NIH.GOV>
Subject: From the NIH Director: CORONAVIRUS UPDATE – Video Presentation on NIH Framework to Return to Physical Workspaces

Dear NIH Family:

The NIH Coronavirus Response Team has been carefully considering the NIH Framework for Returning to Physical Workspaces developed by the NIH Office of Human Resources, in close coordination with NIH Institute and Center leadership. The Framework provides guidance to NIH Institutes, Centers, and Offices based on common principles as they develop their specific workplans to bring their staff gradually and safely back to physical workspaces. NIH Chief People Officer Julie Berko presents the Framework in this video. I ask that you take the time to watch the full presentation. If you have questions that aren't answered by the presentation or by the intranet FAQ on this topic, please send them to CoronavirusStaffQuery@od.nih.gov by 5:00 p.m. ET on Monday, May 18. We will sort through them and respond to those frequently asked during next week's 3rd Virtual Town Hall on Thursday, May 21 from 11:30 a.m. 12:30 p.m. ET.

Importantly, the plan focuses on a gradual ramp up of staff only if certain criteria are met, most notably a 14 day trend in declining COVID-19 like case reports and confirmed COVID-19 positive cases in the counties where NIH has facilities. That has not yet happened in Montgomery County, Maryland. Safety is our #1 priority. To that end, maximum telework will continue until further notice as we assess local health and operational conditions. NIH staff should not return to their physical workspaces unless previously approved to do so. We also will continue to hold meetings remotely and restrict travel to that which is mission critical. Travel approvals will be managed centrally by NIH Deputy Director for Management Alfred Johnson.

Update on Staff COVID-19 Positive Cases

The number of NIH staff with positive COVID-19 diagnoses has been updated today on the NIH intranet site on Coronavirus Guidance for Staff.

Update on COVID-19 Research

On Tuesday, Tony Fauci joined Centers for Disease Control and Prevention Director Robert Redfield and other members of the White House Coronavirus Task Force to testify before the Senate Committee on Health, Education, Labor, and Pensions on the coronavirus response and reopening phases. Tony continues to serve as America's doctor during this pandemic, helping to steer the decisions and research to keep us all safe. I think I speak for all of us when I say that I am so grateful for his steadfast leadership, especially in a public health crisis.

Tony, John Mascola, director of the Vaccine Research Center, and I, along with Lawrence Corey from the Fred Hutchinson Cancer Research Center, authored a paper in *Science Magazine* this week that describes what is needed to accelerate vaccine development for COVID-19 during a pandemic. We recognize that multiple approaches will be needed for developing effective vaccines, and that no one sector can do it alone. Through the partnership on Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV), NIH and partner organizations are developing strategies to accelerate development of the advances so urgently needed.

The National Institute of Allergy and Infectious Diseases (NIAID) continues to support new research efforts to develop the evidence on treatments for COVID-19. This week, NIAID announced the launch of a randomized, controlled clinical trial evaluating the safety and efficacy of a treatment regimen of remdesivir, an investigational broad spectrum antiviral treatment developed by Gilead Sciences, Inc., plus the anti-inflammatory drug baricitinib. The trial is now enrolling hospitalized adults in the United States with COVID 19 and is expected to open at approximately 100 U.S. and international sites. Researchers anticipate enrolling 1,000 participants. The clinical trial is the next iteration of

NIAID's Adaptive COVID-19 Treatment Trial (ACTT) that began on February 21 to evaluate remdesivir, which showed early positive results.

In addition, NIH launched the COVID-19 Candidates and Technologies Portal. The portal serves as a centralized mechanism to collect ideas and data on diagnostic, therapeutic, vaccine, and other candidates or technologies with near-term potential for addressing COVID-19, as well as other information that could be leveraged in the response to COVID-19. Many staff members across NIH have received communication from individuals, companies, and other entities offering up candidates and information or volunteers they believe would be useful to the COVID-19 response. I strongly encourage all of you to direct these inquiries to the submission portal, so that we can review and address them in a streamlined and consistent manner.

I look forward to addressing your questions next week during the 3rd Virtual Town Hall. Until then, keep safe and continue the good work of the NIH.

Francis S. Collins, M.D., Ph.D.
NIH Director

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Tue, 12 May 2020 18:55:32 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: New events to add to calendar

Could you please create intranet event pages for the lectures listed on https://oir.nih.gov/sigs/covid-19-scientific-interest-group?

Catherine Roan Bullis, Ph.D.
Chief, Communication Services Branch
OCGR, NIAID, NIH
5601 Fishers Lane, Room 6G40
Rockville, MD 20852
(b)(6)

From: NIAID Announcements
Sent: Tue, 05 May 2020 19:02:13 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: NIAID All Hands Meeting with Dr. Fauci Confirmation

Hi William Crews,

Thank you for registering for "NIAID All Hands Meeting with Dr. Fauci".

Below you'll find a link to join the meeting on Thursday, May 7, at 11:30 a.m. Please test this link prior to the meeting start time. Your web browser should automatically launch Zoom for Government; if you're testing it before May 7, you'll see a message about when the meeting starts. On May 7, the message will switch over to say that the meeting is starting soon.

If your browser does not automatically launch Zoom, you will have an option to download Zoom instead.

If you encounter any error messages or difficulty with opening Zoom, contact NIAIDITHelp@niaid.nih.gov or call 301-402-2502. Again, test the link early to allow time to troubleshoot if needed.

If all else fails, there is an option to dial in to the meeting from a telephone.

Refer to https://inside.niaid.nih.gov/events-calendar/niaid-all-hands for updated information on sign language interpretation and more as it becomes available.

Please submit any questions to: allhandsquestions@niaid.nih.gov

Date Time: May 7, 2020 11:30 AM Eastern Time (US and Canada)

Join from a PC, Mac, iPad, iPhone or Android device:
Click Here to Join
Note: This link should not be shared with others; it is unique to you.
Password: 290364
Add to Calendar Add to Google Calendar Add to Yahoo Calendar
Description: NIAID All Hands Meeting with Dr. Fauci

Or iPhone one-tap :
US: (b)(6) or (b)(6)

Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: (b)(6) (Toll Free)

Webinar ID: (b)(6)
International numbers available: https://www.zoomgov.com/u/adn22zOOjp

Or an H.323/SIP room system:
H.323:
(b)(6) (US East) Meeting ID: (b)(6)
Password: (b)(6)
SIP: (b)(6) @sip.zoomgov.com
Password: (b)(6)

You can cancel your registration at any time.

From: Bullis, Catherine (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 14:40:02 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: RE: NIH Coronavirus Prevention Flyer/Poster

Thanks! Let's use the one that includes the top header.

Slide text can be

Stop the Spread of Germs
Help prevent the spread of respiratory diseases like COVID-19:
-Avoid close contact with people who are sick.
-Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
-Avoid touching your eyes, nose, and mouth.
-Clean and disinfect frequently touched objects and surfaces.
-Stay home when you are sick, except to get medical care.
-Wash your hands often with soap and water for at least 20 seconds.
cdc.gov/COVID19

Catherine Roan Bullis, Ph.D.
Chief, Communication Services Branch
OCGR, NIAID, NIH
5601 Fishers Lane, Room 6G40
Rockville, MD 20852
(b)(6)

From: Crews, William (NIH/NIAID) [E] (b)(6)
Sent: Thursday, March 12, 2020 10:35 AM
To: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)
Subject: RE: NIH Coronavirus Prevention Flyer/Poster

Two concepts

From: Bullis, Catherine (NIH/NIAID) [E] <(b)(6)>
Sent: Thursday, March 12, 2020 10:22 AM
To: Crews, William (NIH/NIAID) [E] (b)(6)
Subject: FW: NIH Coronavirus Prevention Flyer/Poster

Can you fiddle with this to see if there's a way of getting it onto the building monitors?

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(b)(6)

From: Billet, Courtney (NIH/NIAID) [E] <(b)(6)
Sent: Thursday, March 12, 2020 10:20 AM
To: Harper, Jill (NIH/NIAID) [E] <(b)(6); Bullis, Catherine (NIH/NIAID) [E] (b)(6)
Cc: Fabry, Cynthia (NIH/NIAID) [E] <(b)(6); Stover, Kathy (NIH/NIAID) [E] (b)(6)
Subject: FW: NIH Coronavirus Prevention Flyer/Poster

Sharing for printing and posting at our various locations if something is not already in place

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From: Moss, Bradley (NIH/OD/ORS) [E] <(b)(6)
Sent: Thursday, March 12, 2020 9:53 AM
To: CDONLY@LIST.NIH.GOV
Subject: NIH Coronavirus Prevention Flyer/Poster

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The NIH has also printed larger poster-size versions of this information and they are currently being disseminated to all facilities main campus, leased facilities, and remote/satellite locations through facility managers, events management, food service program staff, child care centers, fitness centers, etc.

If you need assistance with obtaining additional printed poster-size copies, Medical Arts services are available. Please contact Med Arts at 301-496-3221.

If you have any questions, feel free to reach out.

Thanks,

Brad Moss
Communication Director

Office of Research Services/Office of Research Facilities
(b)(6)

NIH . . . *Turning Discovery Into Health*

From: Crews, William (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 14:34:39 +0000
To: Bullis, Catherine (NIH/NIAID) [E]
Subject: RE: NIH Coronavirus Prevention Flyer/Poster
Attachments: covid2.png, covid1.png

Two concepts

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Office of Research Services/Office of Research Facilities
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NIH . . . *Turning Discovery Into Health*


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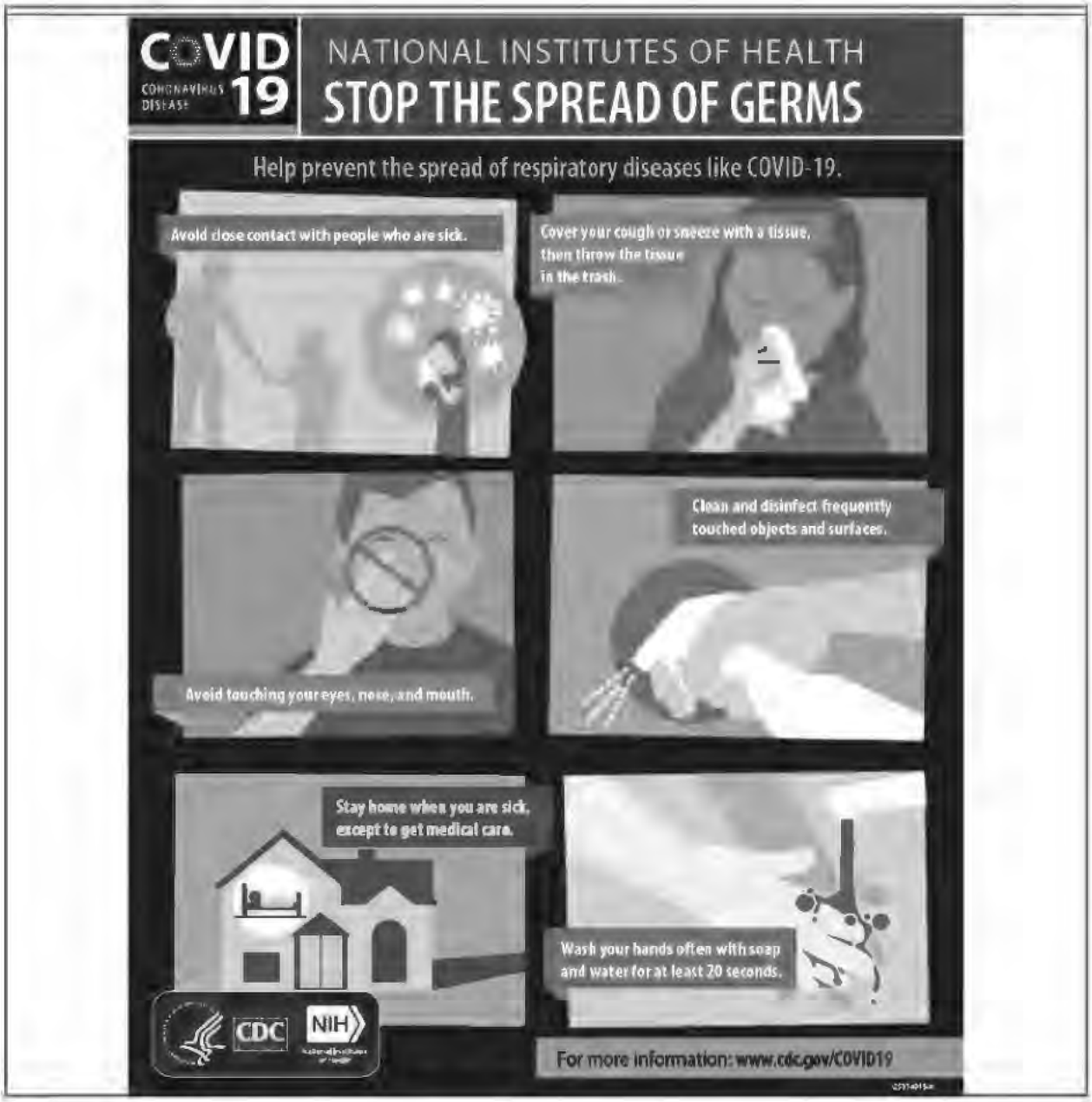
CDC
NIH
For more information: www.cdc.gov/COVID19


COVID 19
CORONAVIRUS DISEASE
NATIONAL INSTITUTES OF HEALTH
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CDC NIH National Institutes of Health

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COVID 19
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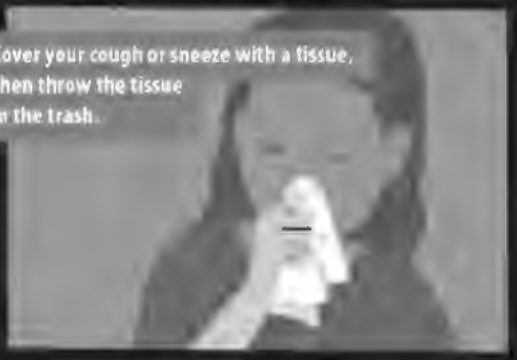

CDC NIH

For more information: www.cdc.gov/COVID19

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Sent: Thu, 12 Mar 2020 14:22:07 +0000
To: Crews, William (NIH/NIAID) [E]
Subject: FW: NIH Coronavirus Prevention Flyer/Poster
Attachments: stop-the-spread-of-germs_NIH.pdf

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CDC

NIH National Institutes of Health

For more information: www.cdc.gov/COVID19

CS314915-A

From: Margulies, Ross
Sent: Wed, 11 Mar 2020 21:58:27 +0000
To: Billet, Courtney (NIH/NIAID) [E]
Cc: Conrad, Patricia (NIH/NIAID) [E]; Crews, William (NIH/NIAID) [E]
Subject: Jewish Federations of North America

Courtney,

On behalf of CEO Eric Fingerhut of the Jewish Federations of North America, I am writing to inquire as to the availability of Dr. Fauci to speak to a virtual gathering of the leadership of the Jewish federation system (consisting of 146 federations and 300 independent communities) on COVID-19 in the coming weeks. Jonathan Westin, of JFNA's Strategic Health Resources Center, provides more background below.

In light of the recent impact on the Jewish community in New Rochelle, concerns and questions from the community have increased and Dr. Fauci's attention and candor would be highly meaningful to the Federation's leadership. I am, of course, happy to provide additional background/supporting information, as necessary.

I recognize the gravity of the current situation and the importance of Dr. Fauci's time, so truly appreciate your consideration of our request.

Best,

Ross

FOLEY
HOAG LLP

Ross D. Margulies |

1717 K Street., N.W.
Washington, D.C. 20036-5342

(b)(6) phone
202 467 9651 fax
www.foleyhoag.com

From: Westin, Jonathan (b)(6)
Sent: Wednesday, March 11, 2020 5:24 PM
To: Margulies, Ross (b)(6)

Cc: Ellis-Schmidt, Brittany <(b)(6)>; Finkel, Edward (b)(6); Kline, Stephan <(b)(6)>
Barker, Thomas <(b)(6)>; Fingerhut, Eric (b)(6)
Subject: Securing a Speaking Time with Dr. Fauci

Ross,

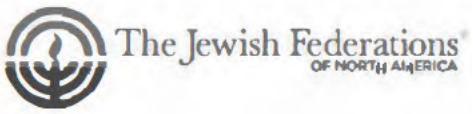
Thank you taking the time to speak with me this afternoon on our evolving health care agenda. Your counsel is always greatly appreciated.

As we discussed, our Chief Executive Officer Eric Fingerhut, would like to host Dr. Fauci for a virtual gathering so that he can address the leadership of the Jewish federation system (consisting of 146 federations and 300 independent communities). As you are aware, The Jewish Federations of North America (JFNA), is collectively among the top 10 charities on the continent. Collectively, the federation movement raises and distributes more than $3 billion annually and through planned giving and endowment programs to support social welfare, social services and educational needs.

I look forward to hearing from you regarding the query as our leadership is eager to hear from Dr. Fauci. Please know that we are grateful for your efforts regarding this request.

Best,
Jon

Jonathan S. Westin
Senior Director, Health Initiatives
The Jewish Federations of North America
Direct: (b)(6)
Facsimile: (202) 207-2173
Mobile: (b)(6)
(b)(6)



THE STRENGTH OF A PEOPLE.
THE POWER OF COMMUNITY.

jfederations @jfederations