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COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY,
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC,
U.S. HOUSE OF REPRESENTATIVES,
WASHINGTON, D.C.

INTERVIEW OF: PETER DASZAK

Tuesday, November 14, 2023

Washington, D.C.

The interview in the above matter was held in Room H-144, The Capitol,
commencing at 9:59 a.m.

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Present: Representatives Wenstrup, Griffith, Miller-Meeks, Cloud, and Joyce.

1 Appearances:

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5 For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC:

6

7 MITCH BENZINE, STAFF DIRECTOR.

8 JACK EMMER, COUNSEL

9 ANNA-BLAKE LANGLEY, RESEARCH ASSISTANT

10 ERIC OSTERHUES, CHIEF COUNSEL

11 PETER SPECTRE, PROFESSIONAL STAFF MEMBER

12 ██████████, MINORITY STAFF DIRECTOR

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14 ██████████, MINORITY COUNSEL

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18 For the COMMITTEE ON ENERGY AND COMMERCE,

19 SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS:

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21 SEAN BREBBIA, CHIEF COUNSEL

22 ALAN SLOBODIN, SENIOR INVESTIGATIVE COUNSEL

23 JOHN STROM, COUNSEL

24 ██████████, MINORITY CHIEF COUNSEL

25 ██████████ MINORITY OVERSIGHT COUNSEL

1 For PETER DASZAK AND ECOHEALTH ALLIANCE:

2

3 MICHAEL GRUDBERG, CO-CHAIR, WHITE COLLAR
4 AND REGULATORY ENFORCEMENT PRACTICE

5 JUAN OLIVO, ASSOCIATE

6 TARTER KRINSKY & DROGIN

7 NEW YORK, NY

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1 Mr. Benzine. This is a transcribed interview of Dr. Peter Daszak conducted by the
2 House Select Subcommittee on the Coronavirus Pandemic, the Committee on Oversight
3 and Accountability, and the Committee on Energy and Commerce, under the authority
4 granted to them by House Resolution 5, House Rule X, and the rules of the Committee on
5 Oversight and Accountability and Committee on Energy and Commerce.

6 This interview was requested by Chairman Brad Wenstrup, Chairman James
7 Comer, Chair Cathy McMorris Rodgers, Chairman Morgan Griffith, and Chairman Brett
8 Guthrie as part of the committee's oversight of the Federal Government's response to the
9 coronavirus pandemic.

10 Further, pursuant to House Resolution 5, the select subcommittee has
11 wide-ranging jurisdiction, but specifically to investigate the origins of the coronavirus
12 pandemic, including but not limited to the Federal Government's funding of
13 gain-of-function research.

14 Pursuant to House Rule X, the Committee on Oversight and Accountability has
15 jurisdiction to investigate any matter at any time. And pursuant to House Rule X and XI,
16 the Committee on Energy and Commerce has jurisdiction for public health service
17 agencies, including the National Institutes of Health and the entities it funds, as well as
18 Federal biomedical research and development.

19 Can the witness please state his name and spell his last name for the record?

20 Dr. Daszak. Peter Daszak, D-a-s-z-a-k.

21 Mr. Benzine. Thank you, Dr. Daszak.

22 My name is Mitch Benzine and I am the staff director for the majority staff of the
23 select subcommittee. I want to thank you for coming in today for this interview. The
24 select subcommittee recognizes that you're here voluntarily and we appreciate that.

25 Under the select subcommittee and Committee on Oversight and Accountability's

1 rules, you are allowed to have an attorney present to advise you during this interview. Do
2 you have an attorney representing you in a personal capacity present with you today?

3 Dr. Daszak. To my right.

4 Mr. Olivo. Juan Olivo.

5 Dr. Daszak. Juan Olivo and Michael Grudberg.

6 Mr. Benzine. Will counsel please identify themselves?

7 Mr. Olivo. Juan Olivo with Tarter Krinsky & Drogin.

8 Mr. Grudberg. Michael Grudberg, same firm, G-r-u-d-b-e-r-g.

9 Mr. Benzine. Are counsel also representing EcoHealth Alliance in a corporate
10 capacity?

11 Mr. Grudberg. Yes.

12 Mr. Benzine. For the record, starting with the rest of the majority staff to my left,
13 any additional staff members please introduce themselves with their name, title, and
14 affiliation.

15 Mr. Strom. John Strom, senior counsel, Energy and Commerce Committee,
16 Oversight and Investigations Subcommittee.

17 Dr. Wenstrup. Brad Wenstrup, chairman, Select Subcommittee on the
18 Coronavirus Pandemic.

19 Mr. Osterhues. Eric Osterhues, chief counsel for the majority, Select
20 Subcommittee on the Coronavirus Pandemic.

21 Mr. Slobodin. Alan Slobodin, chief investigative counsel, House Energy and
22 Commerce Committee, majority staff.

23 [REDACTED], chief Democratic counsel for the select
24 subcommittee.

25 [REDACTED] senior counsel, Democratic staff, select subcommittee.

1 [REDACTED], Democratic staff director, select subcommittee.

2 [REDACTED], Democratic counsel, select subcommittee.

3 [REDACTED], chief counsel for the Democrats, Energy and

4 Commerce Committee, Oversight and Investigations Subcommittee.

5 [REDACTED], minority oversight counsel, Committee on Energy

6 and Commerce, Oversight and Investigations Subcommittee.

7 Dr. Miller-Meeks. Mariannette Miller-Meeks. I'm on one of the select

8 subcommittee.

9 Mr. Benzine. Thank you all.

10 Dr. Daszak, before we begin I would like to go over the ground rules for this

11 interview. The way the interview will proceed is as follows.

12 The majority and minority staff will alternate asking you questions, 1 hour per side

13 per round, until each side is finished with their questioning. The majority staff will begin

14 and proceed for an hour and then the minority staff will have an hour to ask questions.

15 We will then alternate back and forth in this manner until both sides have no more

16 questions.

17 If either side is in the middle of a specific line of questions, they may choose to

18 end a few minutes past an hour to ensure completion of that specific line of questioning,

19 including any pertinent follow-ups. In this interview, while one member of the staff for

20 each side may lead the questioning, additional staff may ask questions.

21 There is a court reporter taking down everything I say and everything you say to

22 make a written record of the interview. For the record to be clear, please wait until the

23 staffer questioning you finishes each question before you begin your answer and the

24 staffer will wait until you finish your response before proceeding to the next question.

25 Further, to ensure the court reporter can properly record this interview, please

1 speak clearly, concisely, and slowly. Also, the court reporter cannot record nonverbal
2 answers, such as nodding or shaking your head, so it is important that you answer each
3 question with an audible verbal answer.

4 Exhibits may be entered into the record. The majority exhibits will be identified
5 numerically, minority exhibits will be identified alphabetically. Do you understand?

6 Dr. Daszak. Yes.

7 Mr. Benzine. We want you to answer our questions in the most complete and
8 truthful manner possible, so we will take our time. If you have any questions or do not
9 fully understand the question, please let us know. We will attempt to clarify, add context
10 to, or rephrase our questions. Do you understand?

11 Dr. Daszak. Yes.

12 Mr. Benzine. If we ask about specific conversations or events in the past and you
13 are unable to recall the exact words or details, you should testify to the substance of
14 those conversations or events to the best of your recollection. If you recall only a part of
15 a conversation or an event, you should give us your best recollection of those events or
16 parts of conversations that you do recall. Do you understand?

17 Dr. Daszak. Yes.

18 Mr. Benzine. Although you are here voluntarily and we will not swear you in, you
19 are required, pursuant to Title 18, Section 1001 of the United States Code, to answer
20 questions from Congress truthfully. This also applies to questions posed by congressional
21 staff in this interview. Do you understand?

22 Dr. Daszak. Yes.

23 Mr. Benzine. If at any time you knowingly make false statements you could be
24 subject to criminal prosecution. Do you understand?

25 Dr. Daszak. Yes.

1 Mr. Benzine. Is there any reason you are unable to provide truthful testimony in
2 today's interview?

3 Dr. Daszak. No.

4 Mr. Benzine. The select subcommittee follows the rules of the Committee on
5 Oversight and Accountability. Please note that if you wish to assert a privilege over any
6 statement today, that assertion must comply with the rules of the Committee on
7 Oversight and Accountability.

8 Pursuant to that, committee rule 16(c)(1) states: "For the Chair to consider
9 assertions of privilege over testimony or statements, witnesses or entities must clearly
10 state the specific privilege being asserted and the reason for the assertion on or before
11 the scheduled date of testimony or appearance." Do you understand?

12 Dr. Daszak. Yes.

13 Mr. Benzine. Ordinarily, we take a 5-minute break at the end of each hour of
14 questioning, but if you need a longer break or a break before that, please let us know and
15 we'll be happy to accommodate. However, to the extent that there is a pending question,
16 we would ask that you finish answering the question before we take the break. Do you
17 understand?

18 Dr. Daszak. Yes.

19 Mr. Benzine. Do you have any other questions before we begin?

20 Dr. Daszak. No.

21 Mr. Benzine. Could the two other individuals that entered the room since
22 identification identify themselves?

23 Mr. Brebbia. Sean Brebbia, B-r-e-b-b-i-a, chief counsel, Oversight and
24 Investigations, Energy and Commerce, majority.

25 Mr. Griffith. Morgan Griffith, M-o-r-g-a-n G-r-i-f-f-i-t-h, chairman of the Energy

1 and Commerce Subcommittee on Oversight.

2 Mr. Benzine. Thank you both.

3 EXAMINATION

4 BY MR. BENZINE:

5 Q Dr. Daszak, I want to start running through your education and experience.

6 Where did you attend undergraduate school and what degree did you graduate
7 with?

8 A University College of North Wales. And I acquired a bachelor in science,
9 honors in zoology, with applied zoology.

10 Q And then where did you receive your doctorate from and in what?

11 A University of East London. And I got a Ph.D. in analyzing infectious diseases,
12 parasites of poultry.

13 Q Who is your current employer and what is your current job title?

14 A President of EcoHealth Alliance.

15 Q How long have you been at EcoHealth Alliance?

16 A Since 2001.

17 Q Did it go by a different name between --

18 A Yeah, it was called The Wildlife Trust.

19 Q And when did it become EcoHealth Alliance?

20 A I think it was right about 2010 -- yeah, 2010.

21 Mr. Grudberg. To make it easier for the court reporter, you need to wait for

22 Mr. Benzine to finish his question before you --

23 Dr. Daszak. Not a problem.

24 BY MR. BENZINE:

25 Q Can you run through your career at EcoHealth? Did you found it?

1 A No, I was hired as executive director to manage a consortium between
2 universities and in the end a Federal agency, a Federal institution. School of Public Health
3 at Harvard, Tufts University, Johns Hopkins, and the National Wildlife Health Center. And
4 I managed the Consortium for Conservation Medicine, it was called, from about 5 or
5 6 years. And then when the former president left, I was made president.

6 Q When were you made president?

7 A I think it was 2008 or 2009.

8 Q Can you, if there is a difference, run through the difference in mission
9 between pre-2010 and post-2010?

10 A No, no difference in mission. It's the same organization, same 501(c)(3)
11 mission more or less.

12 The Consortium for Conservation Medicine that I managed was focused on one
13 health, ecohealth work and trying to understand the connections between the
14 environment and the emergence of infectious diseases to try and get a better handle of
15 what's coming next from pandemics.

16 When I became president we continued as Wildlife Trust, and then changed
17 names to EcoHealth Alliance and continued our focus.

18 Q Can you briefly run through your career prior to joining EcoHealth?

19 A Yeah. I got a Ph.D., then did a postdoc in the U.K. for a couple of years,
20 about 3 or 4 years. Came to the U.S. Was a voluntary worker at the U.S. Centers for
21 Disease Control and Prevention in, I think, 1999, during the Nipah virus outbreak.

22 Then was hired by the University of Georgia as a researcher, faculty researcher,
23 working on an emerging disease of wildlife. And then moved to New York to take over as
24 director of the consortium at Wildlife Trust.

25 Q What are your kind of daily or normal duties as president of EcoHealth?

1 A Well, prior to the pandemic, my job was to manage all of the research
2 portfolio, all the fundraising, all of the communications and outreach. Manage the staff,
3 set the direction of work, both research and what we're going to try and do on the
4 ground, around the goal to try and prevent pandemics.

5 A And that continues after the pandemic, but of course the pandemic made us shift
6 focus to dealing with the current pandemic as well.

7 Q You're, I don't want to use the word "commonly," but often listed as the
8 principal investigator on grants. Is it common in your work for the president to also be a
9 principal investigator?

10 A I don't know. I mean, I'm principal investigator on the research that I
11 conduct that I'm focused on. But of course EcoHealth Alliance has many, many other
12 research projects which I'm not principal director.

13 Q Do you currently hold or have you previously held any honorary or academic
14 positions?

15 A Yeah, many.

16 Q What -- do you currently hold any?

17 A I'm adjunct faculty at a number of different universities, have been for many
18 years. I'm the editor of the Journal of EcoHealth with Springer.

19 A I serve on the National Academy -- I'm a member of the National Academies of
20 Medicine. I serve on the National Academies of Science, Engineering, and Medicine
21 Forum on Microbial Threats for over 10 years. I'm the chair of the forum.

22 A I'm on a number of National Academy committees and various other committees
23 in academic societies, editorial positions, as is common for senior scientists.

24 Q Which universities do you hold adjunct professorships?

25 A I would have to check and get back to you, because some of those may have

1 expired at this point.

2 Q Okay. Do you currently hold or have you previously held positions on boards
3 of other companies or nonprofits?

4 A The only other board of a nonprofit that I'm a member of is the Global
5 Virome Project, which is a 501(c)(3). Yeah.

6 Q Okay. Thank you.

7 I want to run through a list of names and just start with a yes or no of whether you
8 have communicated in any way -- phone, in person, email, text -- regarding COVID-19, but
9 more specifically the origins of COVID-19 --

10 A Yeah.

11 Q -- your organization, or the Wuhan Institute of Virology.

12 We're going to start in like December of '19 till present. Try to -- I know it's a
13 longish time period, but to the best of your recollection.

14 Mr. Grudberg. Just to be clear, Mitch, the question is COVID-related
15 communications with regard to the --

16 Mr. Benzine. Yes.

17 Dr. --

18 Dr. Wenstrup. January of '19?

19 Mr. Benzine. December of '19.

20 Dr. Wenstrup. December of '19?

21 Mr. Benzine. Yeah.

22 BY MR. BENZINE:

23 Q Dr. Francis Collins?

24 A I don't think I've ever communicated with Dr. Collins.

25 Q Dr. Anthony Fauci?

- 1 A Yes.
- 2 Q Dr. Lawrence Tabak?
- 3 A I don't think so.
- 4 Q Dr. Hugh Auchincloss?
- 5 A Yes.
- 6 Q Dr. Cliff Lane?
- 7 A Yes.
- 8 Q Dr. David Morens?
- 9 A Yes.
- 10 Q Dr. Ping Chen?
- 11 A Not on COVID origins issues that I can recall, but maybe a couple of emails.
- 12 I'm not sure.
- 13 Q Dr. Ian Watson?
- 14 A I don't know who that is right now.
- 15 Q Dr. Andrew Pope?
- 16 A Yeah, that name rings a bell. I think I probably communicated with him.
- 17 Q Dr. Victor Dzau?
- 18 A Yes.
- 19 Q Dr. Robert Redfield?
- 20 A No.
- 21 Q Dr. Michael Lauer?
- 22 A Yes.
- 23 Q Dr. David Christian Hassell?
- 24 A I don't know.
- 25 Q Dr. Jeremy Farrar?

- 1 A Yes.
- 2 Q Dr. Kristian Andersen?
- 3 A Yes.
- 4 Q Dr. Michael Farzan?
- 5 A I'm not sure.
- 6 Q Dr. Eddie Holmes?
- 7 A Yes.
- 8 Q Dr. Ian Lipkin?
- 9 A Yes.
- 10 Q Dr. Andrew Rambaut?
- 11 A I don't think so.
- 12 Q Dr. Christian Drosten?
- 13 A Yes.
- 14 Q Dr. Ron Fouchier?
- 15 A Yes.
- 16 Q Dr. Marion Koopmans?
- 17 A Yes.
- 18 Q Dr. Michael Worobey?
- 19 A Yes.
- 20 Q Dr. Jonathan Pekar?
- 21 A No.
- 22 Q Dr. Florence Debarre?
- 23 A Yes.
- 24 Q Dr. James LeDuc?
- 25 A Probably.

- 1 Q Dr. Shi Zhengli?
- 2 A Yes.
- 3 Q Dr. George Gao?
- 4 A Yes.
- 5 Q Dr. Ralph Baric?
- 6 A Yes.
- 7 Q Dr. Ben Hu?
- 8 A I don't think I've directly communicated with Dr. Hu.
- 9 Q Dr. Lanying Du?
- 10 A Sorry, can you --
- 11 Q L-a-n-y-i-n-g D-u?
- 12 A I don't recall.
- 13 Q Dr. Zhou Yusen?
- 14 A I don't think so. I'm not sure of those names. They are very difficult.
- 15 Q No, I understand.
- 16 I want to, before moving forward, go back to some of these.
- 17 What were the nature of the communications with Dr. Auchincloss?
- 18 A I'm not sure, but he's a senior NIH administrator. And I think during the time
- 19 that Dr. Fauci was in charge of NIAID, I may have had conversations with him about
- 20 COVID origins. And I spoke to NIH regularly at that time on helping them try and
- 21 understand where this virus is coming from and how it is likely to spread and the impact.
- 22 Q Okay. You don't recall if they were over the phone, over email, over text?
- 23 A It would have been by email and by Zoom.
- 24 Q Okay. What about Dr. Lane, what were the nature of those
- 25 communications?

1 A I remember speaking with Clifford Lane, Dr. Clifford Lane in 2021, early 2021,
2 to report to them the -- to Dr. Lane and Dr. Fauci -- the details of the work I'd done in
3 China with the World Health Organization team trying to understand the origins of
4 COVID.

5 Q Did you speak to Cliff Lane prior to his trip to China in early 2020?

6 A I don't think so.

7 Q What about Dr. Morens, what are the nature of those communications?

8 A I've known Dr. David Morens for two decades. So I consider him both a
9 mentor, a colleague. He's also a senior adviser to the director of NIAID.

10 So the communications with Dr. Morens around the issues of the COVID outbreak
11 and emerging diseases in general. One of his duties is to inform the senior leadership at
12 NIAID about what emerging diseases are on the background as a threat. So yeah.

13 Q Did you ever discuss during the period that the emerging background of the
14 virus grant was terminated, suspended, reinstated, however that sequence of events
15 happened, did you ever discuss with Dr. Morens how to respond to Dr. Lauer's letters?

16 A When the NIH R01 that we were working on at the time of the outbreak was
17 terminated by the previous administration, I reached out to numerous
18 colleagues -- scientists, senior scientists, researchers, people who worked at NIH -- to ask
19 them: What do I do now? Because it was a very difficult and hard to understand
20 situation.

21 Q And for clarity, Dr. Lauer terminated the grant, not -- he's a career, he's not a
22 political appointee. So it wasn't terminated by the previous administration, it was
23 terminated by NIH.

24 A The letter of termination we received was from Dr. Lauer, yes.

25 Q So did you have conversations with Dr. Morens about how to respond to

1 that letter, what data you should provide, what data you shouldn't provide?

2 A I had conversations with multiple people about -- not about what data we
3 should provide, but how do you -- what are our standard next steps when a grant is
4 terminated and has this ever happened before and just to get advice on what to do next.

5 Q Who were the other people? You're not answering my question
6 directly about Dr. Morens.

7 A Oh, no, definitely Dr. Morens was one of those people. Absolutely.

8 Q Who were the other people, if you can recall?

9 A Well, Dr. Kirsch, who's based at Boston University and is a former director of
10 the Fogarty International Center at the National Institutes of Health, that I can recall. But
11 many, many other people, all of my colleagues basically.

12 Q Thank you.

13 What were the nature of the conversations with Dr. Pope?

14 A Well, could you tell me where Dr. Pope works?

15 Q I believe at the National Academies?

16 A Oh. And can you tell me what he was involved with at the National
17 Academies?

18 Q I believe it was -- we'll get in more detail -- but I believe he was the, I don't
19 know how to phrase it, but set up the NASEM call on like February 3rd.

20 A Oh, yeah. Okay. So he invited me to join a call and sent follow-up emails
21 about the formation of a committee to understand emerging disease threats for the 21st
22 century.

23 Q Does that committee still exist?

24 A I believe so.

25 Q Are you still on it?

1 A Yes.

2 Q What about Dr. Dzau?

3 A Dr. Victor Dzau is president of the National Academy of Medicine. I've got
4 numerous communications with him since becoming a member of the National Academy
5 of Medicine. And throughout the pandemic we worked on a publication to review the
6 global response to COVID-19. So a lot of conversations were on the scientific issues. We
7 were working on another paper to better understand how to predict and prevent future
8 pandemics.

9 So those were the main, as well as committee activities, because as a committee
10 chair he would talk to me about that.

11 Q Any conversations about the Wuhan Institute of Virology?

12 A I'm sure that would have come up in conversations.

13 Q I can guess, but the nature of the conversations with Dr. Lauer?

14 A Well, I wouldn't call them conversations. Letters and emails responding to
15 requests for information from NIH.

16 Q Did you ever speak to Dr. Lauer on the phone about those or was it strictly
17 through letter and email?

18 A I don't think I've ever actually spoken to Dr. Lauer.

19 Q Dr. Farrar, just briefly, understanding he's also a prominent global scientist,
20 briefly, what were the nature of those communications?

21 A Yes. At the time of the outbreaks he was the director of the Wellcome Trust.
22 And now he's chief scientific officer at the World Health Organization.

23 Conversations with Dr. Farrar would have been around him trying to better
24 understand the origins of COVID, him trying to -- he was one of the people I asked for
25 advice about regarding grant termination, around drafting a statement in support of the

1 scientists of China who were working on the outbreak at the time, and various other
2 issues.

3 Q Did you have any conversations with him about the proximal origin of
4 SARS-CoV-2 paper?

5 A No.

6 Q Were your conversations with him mostly over email or over the phone?

7 A Over email and in person for the meetings.

8 Q The nature of the conversations with Dr. Andersen?

9 A Well, Dr. Andersen is the PI on an NIH center. I'm also the PI of an NIH
10 center of the same type. So we've had conversations around and meetings around that
11 issue. We've had lots of email back and forth on the origins of COVID, yes.

12 Q Any direct conversations about the Wuhan Institute of Virology?

13 A Not to my recollection.

14 Q Dr. Holmes?

15 A Dr. Holmes is a leading virologist. He's working on SARS-related
16 coronaviruses. So the conversations with Dr. Holmes were around what various scientific
17 findings mean related to emerging diseases in general and COVID origins.

18 Q Do you feel you have a good relationship with Dr. Andersen and Dr. Holmes?

19 A I have a collegial scientific relationship. That's all.

20 Q Dr. Lipkin, what were the nature of those conversations?

21 A I've known Dr. Lipkin for, again, I think probably 20 years. So he's someone I
22 will talk to quite regularly about what we're doing, what he's doing, to compare notes.

23 So I think I've had a wide range of conversations with him during the pandemic,
24 including about COVID origins.

25 Q And about the Wuhan Institute?

1 A Yes. Yeah.

2 Q What, to the best of your recollection, what were the conversations about
3 the Wuhan Institute?

4 A I think I had one conversation with him about the biosafety levels being used
5 at the Wuhan Institute. I had other conversations about what various media articles
6 mean relative to COVID origins.

7 Q Let me run through some of these quickly, really quickly.

8 Dr. Drosten what were the nature of those?

9 A Well, I spoke with Dr. Drosten in person at a World Health Organization
10 meeting early on in the pandemic, and we talked about what was happening with
11 COVID-19.

12 Q Dr. Koopmans?

13 A I had conversations with Dr. Koopmans throughout the pandemic around the
14 COVID origin. She was a member of the World Health Organization team that went to
15 China to investigate the origins with me. And we've had many conversations since.

16 Q Dr. Worobey?

17 A I speak with Dr. Worobey after he published a preprint about the evidence
18 for the origins of COVID in the Huanan Seafood Market. He reached out to me to talk to
19 me about the results.

20 Q Can you get a little bit more specific about that conversation?

21 A Well, he explained what he found, what the rationale for it was. He
22 explained that he was one of the people who wrote a letter in Science -- when we
23 returned from the WHO work in China he wrote a letter in Science with others. He was
24 the person who was the main impetus for a letter that said the potential for a
25 biosafety-related origin should be investigated more, which was quite critical of the work

1 we'd done in China.

2 And after he then did this research to analyze the early cases from the data we
3 found on that World Health Organization mission, he then in that conversation explained
4 that he felt a bit bad that the initial letter caused so much unnecessary trouble and now it
5 was clear to him that his work showed the origins were firmly in the Huanan Seafood
6 Market.

7 Q Dr. Debarre, what were the nature of those communications?

8 A Well, I've had many conversation with Dr. Debarre because she's one of
9 those people, like Dr. Worobey, who initially felt that a biosafety-related origin was more
10 likely than others were saying. So she would ask me lots of questions about our work and
11 I would give her the answers.

12 She then, after doing that and lots of other research, she has done quite a bit of
13 work that shows clearly that a lot of the hypotheses around that biosafety-related origin,
14 they don't have much evidence behind them.

15 Q You said maybe Dr. LeDuc. Do you have any more specific recollection?

16 A Well, some of these names are co-authors, I believe, on papers that I've
17 written.

18 Q Okay.

19 A So there would be correspondence around that. I'm not sure of any
20 materially important conversation with Dr. LeDuc from me to him in reference to me.

21 Q What about Dr. Shi?

22 A Dr. Shi is the PI in China working on SARS-related coronavirus results for
23 many years, so I've had lots of conversations with her over the years about exactly what
24 happened in COVID-19, the potential for SARS-related coronaviruses to emerge, what
25 types of viruses are out there in China and other countries, and of course around COVID

1 origins.

2 Q We'll get into more details. But did Dr. Shi tell you about the first cases or
3 did you learn from the news releases like everybody else?

4 A Well, I read every press outlet on COVID origins, I read every scientific paper
5 on COVID origins. And when I was with the World Health Organization team in China we
6 looked at all of the case data. That's where we got the information from, not from Dr.
7 Shi.

8 Q Okay. Dr. Gao, what are the nature of those?

9 A Dr. Gao at the time of the outbreak was the head of the China Centers for
10 Disease Control. It's the equivalent of Dr. Redfield here.

11 So my initial conversation with Dr. Gao -- it wasn't really conversations -- we
12 offered to assist with the outbreak investigation, specifically around trying to trace back
13 any links to wildlife, really the minute that I first heard about this novel coronavirus.

14 But communications have been quite difficult. He was in the middle of an
15 outbreak. And -- yeah.

16 Q For Dr. Baric, knowing your history with Dr. Baric, I want to be a little bit
17 more specific, conversations specifically regarding the origins, not about a grant.
18 What were the -- did you have a lot?

19 A Well, early on in the pandemic Dr. Baric and I communicated over the phone
20 and by email around what all this meant in terms of work we'd been doing.

21 We'd been looking at coronaviruses in China for many years, especially around
22 SARS-related coronaviruses. We predicted that this was likely to happen, and when it did
23 we said, "Wow, this is likely a significant outbreak," and then started to talk about the
24 potential impact.

25 I also talked to Dr. Baric, like many other scientists, about the termination of our

1 NIH grant, about all of the conspiracy theories and hypotheses around work that was
2 going on in China.

3 Q I want to ask you the same frame of the question, any communications, but
4 with entities this time.

5 The Wuhan Institute of Virology?

6 A Yes.

7 Q The Wuhan Centers for Disease Control and Prevention?

8 A Yes, I believe so.

9 Q The Chinese Centers for Disease Control and Prevention?

10 A Yes.

11 Q Wuhan University?

12 A Yes.

13 Q The Chinese Academy of Sciences?

14 A Yes.

15 Q The Academy of Military Medical Sciences?

16 A The only communication I've ever had with anyone from the Chinese
17 Academy of Military Medical Sciences is related to a meeting that the National Science
18 Foundation asked me to set up for them, an official U.S. Government, Chinese
19 Government meeting. We were the contractor to send out the invitations, rent the room,
20 bring everyone together.

21 And one of those -- I went back and checked -- one of those people was a member
22 of the Chinese Academy of Military Medicine, who were asked to do it. They came to the
23 meeting. The meeting was an official government meeting and the minutes were written
24 up and sent off.

25 Q So it is more logistical communications --

1 A Yes.

2 Q -- than anything else?

3 A Yes.

4 Q Any communications with the Fifth Institute under the National Defense
5 Ministry of China?

6 A Not to my knowledge. Never heard of it.

7 Q All right. Thank you.

8 I want to introduce what we'll do as majority exhibit 1.

9 [Daszak Majority Exhibit No. 1
10 was marked for identification.]

11 BY MR. BENZINE:

12 Q As that is being sent around, I'll describe it. This is an email from Dr. Morens
13 to you, and then on the cc line are Dr. Garry, Dr. Andersen, Dr. Holmes, Jason Gale, a
14 reporter at Bloomberg, Dr. Rasmussen, Dr. Kessler, and Dr. Goldstein. And it was sent
15 September 9th, 2021, and Bates numbered GARRY1774.

16 Are you aware of this email?

17 A Oh, yes, yes.

18 Q So in the email Dr. Morens writes, "Peter and colleagues, as you know, I try
19 to always communicate on Gmail because my NIH email is FOIA'd constantly. Yesterday
20 my Gmail was hacked, probably by these gain of function assholes, and until IT can get it
21 fixed I may have to occasionally email from my NIH account."

22 And then at the end he says, "Don't worry, just send to any of my addresses and I
23 will delete anything I don't want to see in the New York Times."

24 Just for the record, too, this email originates from Dr. Morens' Gmail account.

25 Was it common to communicate with him over a personal email versus his official email?

1 A It was common to do both. And when I would write to Dr. Morens about
2 official NIH-related issues, I would use his NIH address. When I wrote to him about
3 personal matters that weren't part of his job, to my understanding, I would use his Gmail.

4 Q I'm going to run through a subset of the list of names that I ran through and
5 ask you if you've ever communicated over a personal email or a personal cell phone with
6 these people.

7 Dr. Collins?

8 A No.

9 Q Dr. Fauci?

10 A No.

11 Q Dr. Tabak?

12 A No.

13 Q Dr. Auchincloss?

14 A No.

15 Q Dr. Lane?

16 A No.

17 Q Dr. Morens we know.

18 Dr. Stemmy?

19 A No.

20 Q Dr. Lauer?

21 A No.

22 Q Dr. Chen?

23 A No.

24 Q Dr. Pope?

25 A No.

1 Q Dr. Dzau?

2 A No.

3 Q Dr. Redfield?

4 A No.

5 Q And the others you said no communication.

6 A Yes.

7 Q Have you ever instructed or suggested someone that you're communicating
8 with use personal email to avoid FOIA?

9 A I think I wrote an email to a group of colleagues that were communicating in
10 a chain back and forth with Dr. Baric, and I think I told them to use his Gmail because I
11 didn't think it was an appropriate conversation to be sending to an address that was
12 FOIA'able.

13 And bear in mind, we -- EcoHealth Alliance has received some very serious attacks.
14 By the time I wrote that email I was really concerned about information that was being
15 requested through Freedom of Information Act that have issues that would pose a
16 security risk. There were emails that I'd sent to Dr. Baric that included details of my home
17 property.

18 We talked at length early on in the pandemic about protection. He received
19 violent attacks. So had I. We received a white powder letter at our house. We'd have
20 people hiding in the bushes, knocking on the door, harassing us. Our house -- pictures of
21 our house were put up online. My brother's children's names, my children's names were
22 put up online. My children and my wife and myself were put on a kill list on 4chan. The
23 FBI were investigating these.

24 So I don't want any of that information to be made public. And if people were
25 sending long chains that are attached to others to people who have FOIA'able addresses

1 that might include that information, I don't want that to be made public.

2 Q Were any of those communications on that chain regarding Dr. Baric's
3 official role at the University of North Carolina?

4 A I don't know. I'd have to look at that chain.

5 Q Have you ever instructed Dr. Morens or any other Federal Government
6 employees to use FOIA -- or to use personal email to avoid FOIA?

7 A Not to my knowledge. That's their business.

8 BY MR. STROM:

9 Q What is EcoHealth Alliance's email retention policy?

10 A We retain emails for -- in a standard way -- for a number of years. We've got
11 a policy on that.

12 Q Do you recall just an approximation of how many years you retain them for?

13 A Well, we try to retain them as far as back as we can given the constraints of
14 different systems that we use.

15 Q And so --

16 A I mean, we're scientists. We retain records, as you know because you've
17 seen emails that I've been sending for many years now, a couple of years, so we retain
18 real detailed information.

19 Q So Dr. Morens indicates that he's deleting anything that he doesn't want to
20 see in The New York Times. Do you routinely delete emails?

21 A No.

22 Q And then you mentioned serious attacks, and I'd like to go, have there been
23 specific cyber incidents or cyber attacks?

24 A Yeah. Look, it's a daily occurrence for us. I've had bank accounts opened in
25 my name, people have been trying to take loans out, my marriage certificate has been put

1 up online.

2 These aren't just trolls on Twitter. These are serious attacks. The FBI scanned our
3 IP addresses and told me that we were being repeatedly targeted by domestic and
4 foreign operatives.

5 Q And you have records, incident reports, things like that?

6 A I work -- from the beginning of the pandemic, when we first started getting
7 death threats, I've been working closely with the FBI. I don't keep reports on that.

8 Q More of the cyber incidents?

9 A Like I said, I've done that through the FBI.

10 Mr. Grudberg. John, if I might, just to clarify, are you asking about --

11 Mr. Strom. I'm asking about --

12 Mr. Grudberg. -- incidents of cyber intrusion in EcoHealth's --

13 Mr. Strom. Correct. If there's -- this is a hypothetical -- but if there's an IT
14 contractor that you guys consult with to do IT security, you typically run an incident
15 report, some sort of memorialization of the incident.

16 Dr. Daszak. Yeah, well, we stepped it up a level and work with the FBI.

17 BY MR. BENZINE:

18 Q I'm going to come back to communications with Dr. Fauci, but just a few
19 quick questions while we're on communications.

20 You have blocked the select subcommittee's Twitter account. Can you explain
21 why?

22 A It's a Twitter account. It has no bearing on investigations of COVID. It's just
23 a Twitter account.

24 I found that people online on a daily basis use social media to undermine our
25 organization. And it may not be the select committee, maybe the followers, the others

1 who come in with death threats.

2 So I block thousands of accounts. When I see a death threat, a hateful message, I
3 tend to block to get rid of that line of attack.

4 Q You've also blocked my account and a couple other staffers.

5 A Please don't take it personally. Like I said, people use those tweets to attack
6 me, our organization, my family. I block on a very, very regular basis.

7 Q So it's not to avoid anyone on the select subcommittee --

8 A Of course --

9 Q -- or Congress reviewing your tweets?

10 A Oh, of course not. If you want to see my tweets you can ask me to send
11 them to you. I'll send you all of them, obviously.

12 Look, I'm here voluntarily. I voluntarily -- our organization's been supplying
13 documents to three committees, one on the Senate too. I've given on the record -- I've
14 given presentations to committees over the last 3 years. I've met with dozens of Federal
15 agencies to answer questions. We've sent dozens and dozens of letters. So of course
16 we're not trying to do that.

17 Q Okay, thank you.

18 Dr. Wenstrup. I'm going to have to go vote. I have a couple of questions. Dr.
19 Daszak. Sure.

20 Dr. Wenstrup. Why do you think -- this is relating to the WHO team going to
21 China, which I think they wasted a lot of your time, to be honest with you. But why were
22 the President's recommendations of the two scientists that he recommended rejected for
23 that WHO team?

24 Dr. Daszak. The President's?

25 Dr. Wenstrup. President Trump had recommended some scientists.

1 Dr. Daszak. Oh, yeah. I don't know.

2 Dr. Wenstrup. China rejected them, right?

3 Dr. Daszak. I don't know. My understanding is that WHO decided who was on
4 that team. They reached out to me, asked me to join the team. I said no initially.

5 Dr. Wenstrup. I think that was after they rejected --

6 Dr. Daszak. I don't know.

7 Dr. Wenstrup. -- the suggestions by President Trump. You don't know --

8 Dr. Daszak. I don't know. This is the World Health Organization's committee that
9 they set up. It's their decision. And I knew nothing at the time about who or who hadn't
10 been suggested.

11 They reached out to me and asked me to join that team. I said no. I said it's not
12 good for me to join that team. I don't want to do it. It will bring a lot of political
13 problems and I don't think it's a good idea.

14 They were very persuasive. In the end, I felt that it was my scientific duty.

15 I'm one of the people, unfortunately, who knew more about coronaviruses in
16 China than anyone else, at least outside of China. So I felt that it was my duty to do it and
17 it has not been a pleasant experience in the aftermath of that.

18 Dr. Wenstrup. I'm not saying you shouldn't have been there, so don't get that
19 impression.

20 Dr. Daszak. No, no.

21 Dr. Wenstrup. But the impression that many of us got was that China's influence
22 rejected the two scientists recommended by President Trump and that you were the
23 replacement for the American recommendations. I don't know if you gathered that, but
24 that's what many people perceived.

25 Dr. Daszak. My understanding is that WHO, World Health Organization, needed

1 people on a team who understood the viruses. I think that, unfortunately for me and
2 EcoHealth, we'd been doing the most work in China of any organization anywhere. So I
3 think that's why I was invited on.

4 Dr. Wenstrup. Again, I'm not -- that's not where I'm going.

5 Dr. Daszak. Okay.

6 Dr. Wenstrup. And I understand why they would invite you.

7 Were there any American scientists on that team?

8 Dr. Daszak. Other than me, no.

9 Dr. Wenstrup. And you're a U.S. citizen.

10 Dr. Daszak. I'm a U.S. citizen, I have been for 10 years-plus.

11 Dr. Wenstrup. Thank you.

12 BY MR. BENZINE:

13 Q I'm going to ask about Dr. Fauci a little bit, and then we'll probably run up on
14 the break unless John has any follow-up questions.

15 Can you describe your relationship with Dr. Fauci?

16 A I am a grantee of NIH. He's the -- of NIAID. He was the head of the National
17 Institute of Allergies -- Immunology and Infectious Diseases. I'm one of the people that
18 NIH funds, and our job there is to do the work in the grant and report back to NIH with
19 the findings.

20 So I would report to him occasionally, very occasionally, on what we found. And
21 that's all. There's no deeper relationship than that.

22 Q How long have you known him?

23 A Well, I've known of him all my career, but I've known him -- I think the first
24 time I met him was after the emergence of the Middle East Respiratory Syndrome virus.
25 We did some work on the origins of that virus and went to present the data to Dr. Fauci,

1 probably back in something like 2014, 2013.

2 Q Best guess, best recollection, how many times have you spoken with him like
3 one on one?

4 A Probably half a dozen times.

5 Q Do you have his personal contact information, his personal email or personal
6 phone number?

7 A No.

8 Q And you already answered that one.

9 Dr. Fauci gave a deposition in the case Missouri v. Biden. Are you familiar where
10 that case?

11 A No.

12 Q Have you read his deposition?

13 A No.

14 Q Dr. Fauci, when asked if he knows you, states, "I've met him once or twice. I
15 wouldn't exactly characterize him as an acquaintance."

16 He goes on to say, "I don't even remember meeting him, but I do know that
17 someone showed me a picture at a meeting where somebody said, 'Here, take a picture
18 with him.'"

19 Have you met Dr. Fauci more than once or twice?

20 A I think he's probably right. It's once or twice.

21 So in person --

22 Mr. Grudberg. Just for the record, Mitch, when you say "met", you're talking
23 about physical presence?

24 Mr. Benzine. Yes.

25 Dr. Daszak. I think twice is correct actually, yes. Once at the Cosmos Club and

1 once at NIAID's headquarters. He's been in meetings where I've been. But to actually go
2 up and shake his hand and talk to him, probably twice actually.

3 BY MR. BENZINE:

4 Q What was the meeting at NIAID headquarters?

5 A Where we were presenting the information --

6 Q The MERS?

7 A -- about the Middle East Respiratory Syndrome.

8 Q And then the picture you have with him is from the Cosmos Club?

9 A Yeah. He gave the talk there. We held meetings at the Cosmos Club to
10 present information about research on emerging diseases. He was one of a dozen or
11 more leading scientists who one by one would give a talk, and afterwards I took a picture
12 with all of them, I'm sure.

13 Q So you wouldn't say you have a unique or like personal relationship with Dr.
14 Fauci?

15 A I do not have a personal relationship with Dr. Fauci.

16 Q In any of the conversations -- we'll go autumn 2019 till now -- have you
17 spoken with Dr. Fauci about -- well, first, did you ever speak with Dr. Fauci about your
18 application, your 2013 application for the emerging bat coronavirus grant?

19 A Not to my recollection.

20 Q Did you ever speak with Dr. Fauci about the gain-of-function moratorium
21 instituted in 2014?

22 A Not to my recollection.

23 Q Did you ever speak with Dr. Fauci about the establishment of the P3C0
24 framework in 2013?

25 A No.

1 Q Have you ever, in any conversation, ever spoken with Dr. Fauci about the
2 Wuhan Institute of Virology?

3 A Yes.

4 Q What were the nature of those conversations?

5 A When I returned from the World Health Organization work in China, I gave a
6 presentation to NIAID about the results from that work.

7 Q Did that include PowerPoint slides?

8 A Yes.

9 Q Do you remember about when that presentation was?

10 A It would have been around April -- March, April 2021.

11 Q Do you recall who else was in attendance for that?

12 A I think Dr. Clifford Lane was on that Zoom call. I think it was just the three of
13 us.

14 Q It was a Zoom call?

15 A Yes.

16 Q Have you ever spoken with Dr. Fauci about any of Dr. Lauer's letters
17 regarding grant compliance?

18 A No.

19 Q And then the big, broad question, have you spoken with Dr. Fauci regarding
20 the origins of COVID-19?

21 A Yes, yeah, yeah.

22 Q Can you give -- again, understanding it's a broad question -- a brief rundown
23 of those conversations?

24 A The conversation I had in person was on that Zoom call when I reported
25 back. And the information I gave him was that we'd found new data on the World Health

1 Organization mission, that we found new evidence, and that the evidence pointed more
2 strongly towards an origin in the Huanan Seafood Market from wildlife.

3 I then presented the findings from the work in China in which we ranked the
4 likelihood of a different origin pathway, including a biosafety-related incident. And
5 everybody on the team, including both the World Health Organization side and the China
6 side, unanimously concluded that the most likely origin was through wildlife, through an
7 intermediary host, probably in the Huanan Seafood Market, to people.

8 Q Were there any other emails with Dr. Fauci about the origins of COVID-19?

9 A Probably.

10 Q Do you recall any specifics, any -- did he ask any questions? Was he
11 particularly interested in anything that stands out?

12 A Actually, I remember on the in-person Zoom call he didn't ask many
13 questions, which I thought was interesting. And I think he had his own experience with
14 Dr. Lane, who'd been to China. And I think that a lot of what I said about the difficulties
15 of getting hold of evidence, information, and the diplomatic, scientific difficulties of
16 working in China rang true to him. So I think those were the only comments he made.

17 Mr. Benzine. Okay.

18 John, do you have any follow-ups.

19 Mr. Strom. Yes, just a few quick ones.

20 You mentioned that of the people that Mitch listed, it sounds like you're maybe
21 closest to Dr. Morens amongst those NIAID officials?

22 Dr. Daszak. Well, I've had the most communication probably with Dr. Morens
23 over the years, yeah. I mean, his job is to reach out to scientists, get information out of
24 them about emerging diseases. So he's reached out to me on dozens of occasions over
25 the years.

1 Mr. Strom. Could you give an approximation sort of the volume of
2 communications? Is it a weekly, multiple times a day, a couple emails a week? Just
3 approximate.

4 Mr. Grudberg. Over the 20 years, John, or in the COVID era?

5 Mr. Strom. Well, let's just cut it off at 20 -- mid -- autumn 2019 to the present.

6 Dr. Daszak. I don't know. But I think if you look at emails you'll see. I think we've
7 been sending you the NIH communications. They'll be in there. And I believe NIH has
8 gotten all of his Gmails and you can look through those too.

9 BY MR. STROM:

10 Q And then for Dr. Debarre, did you know her prior to the outbreak?

11 A Yes.

12 Q How did you meet her? How did you get in touch with her?

13 A She communicated with me.

14 Q Twitter, email?

15 A I think email and through Twitter, yeah.

16 Q And then my last question would be, does EcoHealth retain public relations
17 firms and scientific communication firms? And we'll go from autumn 2019 to the present.

18 A EcoHealth does not retain a public relations firm as part of -- during that
19 time period.

20 Q Outside contractor scientific communications assistance?

21 A We have worked with communication specialists.

22 Q Do you recall who those are?

23 A Yes.

24 Q Could you list them?

25 A Sure. Dr. Sturchio is one of them.

1 Mr. Benzine. Can you spell that for the record?

2 Dr. Daszak. S-t-u-r-c-h-i-o.

3 Mr. Strom. Any others?

4 Dr. Daszak. I think that's all. I mean, let me think. Yeah.

5 Mr. Strom. Okay. That's it for me.

6 Mr. Benzine. We're running up on the hour. We can go off the record and take a
7 break.

8 [Recess.]

1 [11:05 a.m.]

2 [REDACTED]: We can go back on the record.

3 I think some additional staff have since joined, so if those folks could just identify
4 themselves.

5 Mr. Emmer. Jack Emmer, counsel for the select subcommittee, majority.

6 Ms. Langley. Anna-Blake Langley, research assistant, select subcommittee
7 majority.

8 Mr. Spectre. Peter Spectre, professional staff member, majority.

9 [REDACTED]: Thank you.

10 EXAMINATION

11 BY [REDACTED]:

12 Q Dr. Daszak, my name is [REDACTED]. I'm chief minority counsel for
13 the select subcommittee. We'd just like to ask you a few questions.

14 I'd like to start with just a discrete issue, which is the year 5 annual report for your
15 first 5-year grant from NIAID, and the submission of that report, so just that topic. I will
16 sort of try to summarize my understanding of that, and then we can get to a few
17 questions.

18 But that year 5 report was due at the end of September 2019. Is that right?

19 A Yeah. I think it's 6 months after the grant ends.

20 Q Yeah.

21 A Yeah.

22 Q And --

23 A Oh, sorry, 60 or 90 days after the grant ends.

24 Q Okay.

25 A Yeah.

1 Q And it would have, and ultimately did, reflect work conducted in year 5 of
2 that grant. So that would've run from middle of 2018 to middle of 2019?

3 A Correct.

4 Q Okay. That report was not ultimately submitted in 2019. It was submitted in
5 2021 as part of a broader back-and-forth between yourself and NIH. Is that right?

6 A Well, we'd submitted it -- we thought we submitted it, and the system locked
7 us out. We contacted NIH within the time -- the correct time period. We never heard
8 back. We repeatedly tried to get ahold of people at NIH, and I think staff members
9 changed.

10 By then, we'd had a renewal on our grant, and we think that's why the system
11 locked us out.

12 Eventually in 2021, NIH wrote to us demanding the year 5 report, and we
13 explained to them what happened. They -- it still took them a good 7 or 12 days to open
14 up the system to allow it to be uploaded.

15 Q I got it. Great. And you have, I think, explained what happened consistent
16 with what you just said here --

17 A Yeah. With -- with documentary evidence, yeah.

18 Q Yeah. And so I think we are aware of at least twice where that's been
19 written down on behalf of EcoHealth Alliance --

20 A Yeah.

21 Q -- so I'm just going to introduce those so that we are all working off of the
22 same material.

23 A Thanks.

24 [Daszak Minority Exhibit A
25 was marked for identification.]

1 BY [REDACTED]:

2 Q And so minority exhibit A is a letter from yourself -- you can pass those
3 down, and I'll give you a second to look it over -- dated October 26, 2021, to Dr. Lauer of
4 NIH. And this letter covers a broad range of topics --

5 A Yeah.

6 Q -- most of which I'm not going to touch on here, but a portion of it goes to
7 the question of the year 5 report.

8 A Yeah.

9 Q I will just read that part out loud. So this document, the first page is
10 Bates-numbered EHA958. The part I'm focused on is on the second page, 959, down
11 there at the bottom, and that's the paragraph beginning with the word "thirdly." I'm just
12 going to read the pertinent excerpt.

13 Thirdly, regarding the timing of our year 5 final report, as we informed you
14 previously, and as is documented by the NIH receipt system itself, PDF attachment 5, we
15 first uploaded this report on time, in July 2019. The final allowable date for submission
16 would've been September 30th, 2019.

17 However, by the time we tried to officially submit, our R01 grant had been
18 renewed, July 24th, 2019, and the system locked us out from submitting a normal annual
19 final year 5 report at that point.

20 On July 30th, 2019, we requested further information about the submission of the
21 year 5 report from the NIH grants management specialist who had been dealing with our
22 renewal, but we did not receive a response to our questions, PDF attachment 6.

23 NIH also did not send any subsequent request to us for the year 5 report, despite
24 the reality that we were in frequent communication with staff during that period.
25 Because the new award had been made and the work was starting to commence, we had

1 no indication there was anything missing, and assumed that the year 1 report for the
2 renewal grant would provide all the relevant information.

3 I appreciate your patience there. I know that was a long excerpt, but I just wanted
4 to sort of get it established.

5 And the second place where that has been written down, which is consistent with
6 what we just read, was in response to the HHS IG report, and so, we'll introduce that as
7 well as minority exhibit B.

8 [Daszak Minority Exhibit B
9 was marked for identification.]

10 BY [REDACTED]:

11 Q It will be the same routine, if you take one and just pass it down there.

12 This is a much longer document. There's no need for you to try to absorb the
13 whole thing. I'm just going to direct your attention to page 59 of this document.

14 And I'll give you a second to look at that, and then I'll go through the same
15 exercise again.

16 So on page 59, this is the appendix to the report, the Inspector General has
17 included in full your-all's response to some of their findings, and sort of on the bottom
18 half of that page, the paragraph starting with "Regarding the timely submission," I'm
19 going to do the same thing.

20 So, Regarding the timely submission of our report, EcoHealth Alliance's year 5
21 progress report was written and uploaded into the NIH online portal for submission by
22 EcoHealth Alliance staff in July 2019, ahead of the September deadline.

23 When EcoHealth Alliance staff attempted officially to submit the report during late
24 July 2019, the grant had been renewed again, July 24th, 2019, for an additional 5 years,
25 and the NIH system locked EcoHealth Alliance out from submitting a year 5 report. NIH

1 staff did not follow-up with a request to EcoHealth Alliance for a year 5 report, despite
2 frequent communication among EcoHealth Alliance staff and NIH programs and grants
3 management staff during that time.

4 Direct questions from EcoHealth Alliance remained unanswered by NIH, and
5 phone calls were not returned. The fact that the new award was made, work was
6 allowed to continue, and no request for an official year 5 report submission were made
7 by NIH, suggested to EcoHealth Alliance staff that we were in compliance.

8 End of excerpt.

9 A Can I just add one thing to that?

10 Q Sure.

11 A There's a lot been said about this in the press that we are out of compliance.
12 But, you know, we tried our best to get that report in. When a Federal Government
13 system locks you out of submitting something, you really can't do much to fix that, other
14 than contact them.

15 Ironically, NIH already had the results from that year 5 report, because when we
16 submitted our renewal grant request, the first part of that request is a summary of what
17 happened in the previous grant.

18 All of the information that's relevant to this committee was -- is in that proposal.
19 I've got it in front of me here. The graphs that are in the year 5 report are in this
20 proposal, so NIH had that information anyway.

21 Q Okay. I appreciate it. Thank you.

22 Those two excerpts that we looked at are, I think, broadly consistent with each
23 other. I mean --

24 A Yeah.

25 Q -- I understand what is being said there. The report was finished in July.

1 There was an uploading of the report in July. At that point, the system locked you out
2 presumably because of the timing of the 5-year renewal?

3 A That's right, yeah, apparently that happens --

4 Q Yeah.

5 A -- when a renewal is awarded.

6 Q There was an attempt to contact NIH to get information as to how you go
7 about solving the lockout problem. They never got back to you.

8 A Yeah.

9 Q And it seemed, because nobody ever answered your inquiries, that
10 presumably, either the year 5 report was not required or the submission for the renewal
11 was sufficient, or the year 6, or first year of the renewal, would serve the same purpose,
12 some combination of --

13 A Correct, yeah.

14 Q Okay. I'd like to look at just a couple of contemporaneous documents from
15 around that time as well. So I will introduce minority exhibit C, and I'll give you a second
16 to look that over as well.

17 A Thank you.

18 [Daszak Minority Exhibit C
19 was marked for identification.]

20 BY [REDACTED]:

21 Q And so, that is an email exchange, July 30th -- I think it's the one that you
22 referred to in the letter to NIH -- between Dr. Aleksei Chmura -- who is Dr. Chmura?

23 A He's currently our chief of staff, but he's also the authorized organizational
24 representative for communications with NIH. He manages the -- he's the point of contact
25 with NIH for all of our Federal funding.

1 Q I got it. Thank you.

2 So back-and-forth between Dr. Chmura -- and I may not pronounce this correctly,
3 but Tseday Girma --

4 A Yeah.

5 Q -- a staff member at NIAID. And at the bottom of that first page,
6 Dr. Chmura -- this is July 30th of 2019, -- at first is thanking, I suppose, the staff member
7 for things related to the renewal, but then says, Two quick queries for you. I see that now
8 we may commence our year 5 annual report in eRA Commons RPPR. Peter just initiated
9 our year 5 report. We were already prepared to submit this and expect to have
10 everything uploaded and submitted by the end of July. Will this be okay, and is there a
11 due date?

12 End of excerpt.

13 And so, I assume, but just wanted to confirm, that the uploading of the report
14 would've had to occur on the 31st?

15 A I think it -- I think you're allowed 60, 90 days after the end of the grant, so --

16 Q Certainly.

17 A -- we were well within the timeframe.

18 Q Yeah, for sure.

19 A Yeah.

20 Q Just from the first two statements we know the upload was in July.

21 A Yeah. Our plan was to get it submitted well within the timeframe, and we
22 were checking with NIH if that was their expectations.

23 Q But just to put a fine point on it, the statement, the upload was July.

24 A Yeah.

25 Q This is July 30th.

1 A Yeah.

2 Q It hadn't been uploaded yet. So by process of elimination, that would've had
3 to occur the following -- I guess either later this day or the following day?

4 A Yes, correct.

5 Q Okay. And I suppose then that point would be when the lockout also would
6 occur, because it's upon uploading and trying to submit?

7 A Yeah.

8 Q Okay. Just one other document from around the same time, I will mark as
9 minority exhibit D.

10 A Thanks.

11 [Daszak Minority Exhibit D
12 was marked for identification.]

13 BY [REDACTED]:

14 Q I will give you a moment to look that over as well. This is an email exchange
15 that's 3 or 4 pages long. Really the focus is just on the first page. Of course you're
16 welcome to scan the whole thing.

17 So the context of this, the email that I think we're focused on, is on the first page,
18 dated September 17th, 2019, and I think it's a chain amongst yourself and your
19 collaborators for the renewal --

20 A Yeah.

21 Q -- so that would be folks from UNC and from the Wuhan Institute of Virology.
22 And that email from yourself on the 17th, I'll just read an excerpt of it. It seems as if
23 you're letting folks know that the renewal has been awarded.

24 A Yeah.

25 Q And sort of part way into the email, I'll read, because this is a renewal, NIH

1 has backdated the start of the award to the end of the last one, July 24th, 2019. That's
2 pretty standard, but it means that we are, one, now already 2 months into the grant work
3 period, and two, I now have to send a report on the last year of the earlier grant because
4 this is considered a continuation. I'm not too worried about either of these issues.

5 Zhengli and Hongying -- who are Zhengli and Hongying?

6 A Zhengli is Dr. Shi from the Wuhan Institute of Virology. Hongying Li is a
7 member of staff at EcoHealth Alliance who was working on this grant.

8 Q Got it.

9 Zhengli and Hongying have worked up a draft report, and I'll rapidly finish that off
10 and submit it.

11 So, I think for us this email could, or maybe would, be read to be a little bit in
12 tension with what we've talked about up to this point.

13 In other words, as a reader, it seems as if as of September 17th, the year 5 report
14 wasn't finished. There was a draft of it, you hadn't yet finished that off, and, therefore, it
15 would seem that it had not, at this point, been uploaded. But you were aware that it had
16 to be submitted.

17 So I think just from our point of view, we would appreciate hearing --

18 A No, it's very -- very straightforward. This is me talking to all of the members
19 of the -- of the group that were working on this grant, and I'm explaining to them that
20 we've got the renewal, it's been backdated. There are a couple of things outstanding.
21 One is, this year 5 report never did get fully uploaded into the system and accepted by
22 NIH. So I now have to send a report on that -- I now have to send year 5 report. I'm not
23 too worried about either of these issues. Zhengli and Hongying have worked up a draft.

24 That was the draft that was already uploaded. It -- because it wasn't fully
25 accepted into the system, we can change it, modify it. So I'll rapidly finish that off and

1 submit it. It never got submitted. It was locked out. We were unable to get it in.

2 Q So when you say it's a draft, it's a --

3 A Well, until NIH accepts it, it's a draft. In fact, NIH, in the system, stamps it as
4 "draft" until the final version is uploaded and accepted into the system.

5 Q But it was uploaded at this point?

6 A Yeah. Aleksei Chmura, our chief of staff, I believe, had uploaded it. He has
7 the receipt of opening the system to upload the grant.

8 We had a finalized version of that year 5 report back in, I think end of June or
9 mid-July, yeah.

10 Q And what does it mean to finish it off? In other words, the reader, I think,
11 says to themselves that there's --

12 A Yeah.

13 Q -- some additional work relating to the report.

14 A No, there's no additional work. There's editing it, making it, you know -- if
15 something's not accepted yet, if it's a draft, you have a chance to make it better. Every
16 scientist across the world will always try and make a draft better before clicking on the
17 final send.

18 Unfortunately, we weren't able to upload it. It never got fully accepted into the
19 system.

20 Q At this point, you, I suppose, were locked out of the system?

21 A Yeah, yeah.

22 Q What was the nature of communications from your side with the agency side
23 about the lockout?

24 A Well, that would've come through one of our admin staff, and primarily,
25 Dr. Chmura, he would've been calling NIH. I mean, look, we've been dealing with NIH for

1 two decades, and he would call them, call the grants management, talk to them and say,
2 We can't get this thing uploaded.

3 Q Do you have any sense of whether that call occurred or there was a
4 conversation, I guess?

5 A I think from what I spoke with Dr. Chmura, he tried and never got a
6 response, never got an answer. I think that the person who you referred to in an earlier
7 email left. I think that was the problem, from what I can understand, but I'm not sure.

8 NIH never called back. They never explained it. The program officer never said,
9 You can't commence work until this report is fully uploaded. The program officer never
10 said, We need the information from your year 5 report.

11 It was, to be fair, already in our renewal proposal, and we -- in the end, we
12 assumed that everything would be -- would be sorted out when it was time to upload the
13 next report, which was coming in the first year of the renewal grant, the year 6 report.

14 Q And so, at this point, on the 17th, you are aware that the report has to be
15 submitted?

16 A Yeah.

17 Q Yeah. So at what point does it turn into, you no longer think the report has
18 to be submitted?

19 A Well, it was always there in the back of my mind, we never submitted that
20 year 5 report. I just assumed if everything's working normally, then NIH didn't require
21 that year 5 report to be submitted.

22 There was a lack of clarity on whether, when you get a renewal you submit a year
23 5 report. A year 5 report is the final report of an R01. It was unclear, now that this grant
24 has been renewed with the same number, whether that has to be submitted or not. And
25 we never heard back, so we just carried on with our work.

1 Q It was clear at this point, though, it seems like, for you?

2 A It was clear that it had not gone in, yeah.

3 Q And that it was required to be submitted?

4 A Yes. I thought so. It was at the back of my mind throughout the whole
5 period, I'm sure I should be trying to get that report submitted, yeah.

6 Q And so, there was a point, I guess, in the future from this email, where you
7 start to say to yourself, you know, maybe I don't actually have to submit it?

8 A Yeah. I just never got clarity on that, until later on, yeah, until 2021.

9 Look, you know, as a grantee of a Federal organization, if the Federal organization
10 writes to you and says, You need to file your year 5 report today or next week, you do it,
11 you comply. If you contact the grant -- the funding organization repeatedly and say, Look,
12 we're trying to get this thing uploaded, it's not working, and you don't receive a response,
13 what do you do? It's difficult. It was impossible to submit.

14 Q Were any of those repeated contacts electronic, just because I think that
15 October letter --

16 A No. No, we checked, we looked -- yeah, sorry.

17 Q I think the October letter sort of suggested or implied that the July 30th
18 communication with respect to the lockout, it was not -- I'm just wondering did anybody
19 from EcoHealth ever send an email?

20 A We checked. We don't have a record of it. It was all by phone. I think, I'm
21 not sure, but I think even at this point in September, I think we may have still been within
22 the timeframe allowed to submit the report.

23 Q I think that's right.

24 A Yeah, yeah.

25 Q I think you're about 13 days from the due date --

1 A Yeah, yeah.

2 Q -- at this point. I'm kind of wondering where in those 13 days the mindset
3 changed to "I don't have to submit it"?

4 A Well, there was no mindset "I don't have to submit it." It was not possible to
5 submit. When you click send, there was no button to click send anymore. That's how
6 difficult it is.

7 Q For sure, I do follow that --

8 A Yeah.

9 Q -- but the written narrative describes sort of a state of mind of not believing
10 that it is required. In other words, nobody ever asked me for it.

11 A Yeah. At this point, I believed, as clearly laid out in this email, that we should
12 submit the year 5 report, and I'm telling the other members that that's the one last
13 remaining thing to do.

14 And later on, when it hadn't been submitted, when it was impossible to submit,
15 and when NIH hadn't responded, and yet everything else was working as normal -- we
16 were doing the work, we were getting reimbursed for the expenditures, and NIH was,
17 when we spoke to program staff, they were happy with our progress -- I guess we
18 assumed it was okay.

19 Q Okay. And I think we had seen in, I think at least 1 year prior, maybe year 4,
20 a practice of submitting the annual report through the Commons system --

21 A Yeah.

22 Q -- of course the way that it's submitted?

23 A Yeah.

24 Q And then separately from that, emailing it over to your grant's office?

25 A Yeah. I remember doing that a couple of times, yeah.

1 Q Did that happen here?

2 A No, unfortunately. I wish I'd done that. I didn't do it. You know, it's
3 unfortunate.

4 Q Could I ask --

5 A But -- yeah, go ahead, go ahead.

6 Q Could I ask why not, in other words, it seems as if there was a knowledge
7 that you can always just attach the PDF to the email and send it over to Erik Stemmy.

8 A Yeah.

9 Q We're struggling, I think, a little bit to understand why that would not have
10 occurred here.

11 A Well, you know, one, it's me second-guessing my decisions 4 years ago, but
12 one reason why there's less concern is, the information from the year 5 report was in the
13 resubmitted -- the renewal submission, in the first part of that renewal submission. We
14 had information of relevance to the work we were doing in China in that submission.

15 So Erik Stemmy, the program officer, had seen that, without a doubt. That was
16 part of his job to read that proposal.

17 Q Okay. Great. Great. I think I'm going to transition to a slightly different
18 topic, which is, in the middle of 2016, there were a series of communications between
19 yourself and the Agency surrounding the question of whether the work in this grant was
20 affected by the 2014 gain-of-function moratorium.

21 A Yeah.

22 Q And so, I think the way we'd like to do it is, show some of the documents,
23 communications from around that time, and just sort of work through the voluminous
24 scientific arguments that were being made. And I'll appreciate your patience because I
25 certainly am not a scientist myself, but I'll give it my best shot.

1 [Daszak Minority Exhibit E
2 was marked for identification.]

3 BY [REDACTED]:

4 Q Minority exhibit E is just starting with the 2014 policy itself -- I'll pass that
5 over to you --

6 A Thanks.

7 Q Sure. And, you know, it's 2 or 3 pages. The operative language is really only
8 just one paragraph on the second page, and so, I will just read that out loud. New
9 USG -- take to mean U.S. Government funding -- will not be released for gain-of-function
10 research projects that may be reasonably anticipated to confer attributes to influenza,
11 MERS, or SARS viruses, such that the virus would have enhanced pathogenicity and/or
12 transmissibility in mammals via the respiratory route. The research funding pause would
13 not apply to characterization or testing of naturally occurring influenza, MERS, and SARS
14 viruses unless the tests are reasonably anticipated to increase transmissibility and/or
15 pathogenicity.

16 So, great, I think that that language, even for a layperson, is not too difficult to
17 understand. I think we'll introduce some of that correspondence back and forth.

18 [Daszak Minority Exhibit F
19 was marked for identification.]

20 BY [REDACTED]:

21 Q So minority exhibit F -- I'll give you a second to look it over -- it's Bates
22 number EHA915, and it's a June 8th, 2016 letter from yourself to Dr. Greer and Stemmy of
23 NIAID, I think, sort of answering some of their inquiries.

24 Do you generally recall --

25 A No, yeah, yeah.

1 Q -- this document?

2 I would think so at this point.

3 A Yeah.

4 Q So here is our understanding of the situation in this letter. It seems as if
5 NIAID had originally reached out to you and said, Hey, we'd like a little more information
6 from you about whether you think, or what your view would be on whether the 2014
7 pause does or does not affect the work that you are proposing to do. And this
8 correspondence here is you laying out your view of that question. Is that right?

9 A Correct.

10 Q All right. And the correspondence itself touches on issues related to MERS
11 and MERS-like viruses, as well as SARS-like viruses, different analyses, although ultimately
12 the same answer.

13 A Correct.

14 Q I'm just going to focus on the SARS-like part if that's okay, and so that, on the
15 second page, Bates 916, I will attempt to sort of paraphrase the different arguments that
16 are going on in here, and then you correct me if need be.

17 Ultimately, the view is, Hey, we don't think the pause affects this work with
18 SARS-like viruses, and the first argument is that the backbone you were planning to use is
19 WIV1. WIV1 is 10 percent different from SARS, and has not been shown to infect
20 humans. So we don't even think the policy applies to WIV1 in the first place.

21 Separately, the spikes that we're talking about inserting are getting even further
22 away from SARS. So it seems even less likely that there would be an increase in
23 pathogenicity or transmissibility.

24 And lastly, just citing some literature that was already out there, Ralph Baric and
25 his group had put a WIV1 spike onto a SARS backbone and ended up with a loss of

1 function.

2 A Yeah.

3 Q And so, that strongly suggests that the chimeras in question here should not
4 have increased pathogenicity. But there's an offer from yourself, said to the program
5 officer that if we see enhanced virus growth over 1 log as compared to wildlife SARS, we
6 will stop, inform the program officer, inform the WIV IBC, and all work together to decide
7 how to proceed.

8 A Yeah.

9 Q That's a long wind-up, but is that a fair characterization of your view in this
10 letter?

11 A Yeah, that's exactly right. In fact, our understanding was this is how the
12 oversight system works. You've proposed the experiment in your report for the next
13 year. Program staff review that. They review it on a number of levels. Is it scientifically
14 accurate? Is it high impact? Does it fit with what the grant's supposed to do, and is it
15 happening under the correct biosafety and DURC gain-of-function rules.

16 So we didn't know this, but when we got the letter from NIH, we assumed this was
17 the way the system works. We responded in full. I got advice on what a good, proper
18 response to this should be from Ralph Baric, who responded to other requests for that.
19 And then NIH determined that it was not gain-of-function and allowed us to do that work.

20 Q Great. I'd like to work through some of the underlying science, just because
21 it helps us to understand --

22 A Yeah.

23 Q -- what was going on. So as part of that, I'll introduce the two papers that
24 were cited in this so that we have them in front of us.

25 [Daszak Minority Exhibits G and H

1 Q I think it does.

2 A I think -- yeah, in vivo attenuation -- I'm not sure, but mice aren't people. It's
3 never infected people. The definition of gain-of-function research clearly indicates
4 human pathogen interactions. That's what it's there -- designed to do, is to reduce the
5 risk of public health. These viruses have never been shown to infect people.

6 Q I'm sorry. Just a clarification for me, the definition of gain-of-function
7 includes human pathogens?

8 A Yeah. If you look at the first paragraph, the second line, the whole rationale
9 for doing this gain-of-function deliberative process is to help define the fundamental
10 nature of human pathogen interactions, not bat pathogen interactions. These are bat
11 viruses.

12 Q Sure. It's just the lawyers getting involved, but that's not part of the
13 definition, though, right? The definition is --

14 A No, it's the document that was put forward to explain the rationale for the
15 gain-of-function deliberative process.

16 Q Certainly. But it's not part of the pause itself. It's a preface. It has no sort of
17 application to the direct --

18 A Well, I think it -- it sets the tone for what you're calling a definition here,
19 which is the italicized section, which is about human viruses -- MERS, SARS,
20 influenza -- such that the virus would have enhanced pathogenicity or transmissibility in
21 mammals via the respiratory route.

22 They're referring back to the ferret experiments on a human virus that showed
23 that it would transmit better.

24 Q Yeah.

25 A These are bat viruses.

1 Q Sure. "Mammals" is the key word there, though, right? I mean, mammals is
2 regarding humans?

3 A But that's because they're talking about animal experiments with human
4 viruses. These are bat viruses, never been known to infect people.

5 Q Okay. So from a big picture, the distinction, if I'm hearing correctly, is, the
6 paper might show that WIV1 has the ability to directly infect and undergo limited
7 transmission in humans --

8 A No. The paper --

9 Q Sorry. That's a quote from the paper.

10 A But that's an opinion written by the authors. But what the data really
11 showed, that it can infect human cells in the lab and mice with human ACE-2 receptors.

12 Q Got it. That's a proxy for infecting humans, right?

13 A It's an animal model. It is not a human.

14 Q Humanized cells?

15 A These are mice.

16 Q With human ACE-2?

17 A With a human receptor in them.

18 Q Right.

19 A But they're still mice.

20 Q What's the purpose of using the human receptor?

21 A It's an animal model.

22 Q To test?

23 A To test the potential for it to infect people.

24 Q Okay.

25 A Right.

1 Q So the successful use of the human ACE-2 doesn't indicate that it likely
2 infects human ACE-2 --

3 A It suggests the virus may have potential --

4 Q Okay.

5 A -- to infect.

6 Q So no real tension there for you as far as one versus the other?

7 A Well, I think that the title is -- "emergence" is a lot stronger than the
8 potential to infect.

9 Q Great. So the second argument, the spikes that we're inserting are getting
10 further away from WIV1, thus further away from SARS. So it seems likely that that -- it
11 seems less likely that that would increase pathogenicity or transmissibility. Could you
12 tease that out for me just a little bit?

13 A Well, we knew at the time -- so in other words, these were all experiments
14 designed to understand the emergence of SARS, not SARS-CoV-2. These experiments
15 were based on --

16 Q I'm sorry. Could I --

17 A Oh.

18 Q But would you mind elaborating that point?

19 A Yeah. SARS was the virus that emerged out of Chinese wildlife markets in
20 2002, 2003. It was a dangerous virus. It caused 10 percent fatality in people that got
21 infected. It didn't spread very significantly, but it did cause a lot of concern.

22 And we were interested in, how can we try and prevent SARS emerging again? So
23 these were experiments to understand, were there any other viruses that may have that
24 potential.

25 Q I understood, but perhaps misunderstood the aim to be to examine an

1 undersampled universe of SARS-like -- and not just SARS-like -- MERS-like or all sorts of --

2 A Yeah, yeah.

3 Q -- bat viruses. It wasn't, I don't think, specific to preventing SARS itself?

4 A Yeah, that was the focus at the time because that's the virus we knew about.
5 We focused on MERS because that had emerged. It was a likely bat-origin coronavirus
6 that emerged in the Middle East through camels.

7 We focused on SARS because that had emerged. It was a bat-origin coronavirus.

8 Q So just trying to think through it, if the purpose -- overarching purpose is to
9 try and prevent the emergence or reemergence of SARS, what is the purpose of
10 examining novel bat viruses that are not SARS?

11 A Because they're SARS-related. They're related to the original SARS. That's
12 the only point I'm making. These viruses are related to the original SARS virus, not
13 SARS-CoV-2, the cause of COVID.

14 Q Well, I definitely understand that.

15 A Yeah.

16 Q But just to sort of pin it down, the purpose was to examine SARS-like, as well
17 as MERS-like --

18 A Correct.

19 Q -- it wasn't just SARS?

20 A Viruses related to SARS.

21 Q Related. Okay.

22 So then circling back, that broader point about, well, as the spikes get more
23 distant from WIV1 and, therefore, more distant from SARS --

24 A Yeah.

25 Q -- we're even less likely to see increased pathogenicity.

1 A Yeah.

2 Q Could you just explain that a little bit?

3 A Well, because we knew that SARS coronavirus was able to infect people, and
4 we knew that some of the viruses we'd first found in China in bats didn't have the
5 capacity, looking at the genetic code, to attach to human cells. And they were, I think, 95,
6 97 percent similar.

7 So we -- we estimated that because WIV1 was some genetic distance away from
8 SARS, it was less likely to be a human -- able to cause human disease.

9 Q Well, WIV1 at this point, you had a pretty good idea, may cause human
10 disease.

11 A Yeah, but the other bat virus --

12 Q The other --

13 A Yeah, yeah, right. I misspoke. The other bat viruses --

14 Q WIV1 itself, you had a sense, was quite possible that it could infect humans.
15 I think you were referring to the other spikes --

16 A Correct.

17 Q -- that were more distant from WIV1.

18 A Yeah.

19 Q In terms -- I mean, you tell me if I'm hearing you correctly, that the theory
20 there is that SARS is sort of the apex of pathogenicity, and as we move away from that --

21 A Yeah.

22 Q -- we're likely headed to less pathogenic territory --

23 A Yeah.

24 Q -- is that right?

25 A Correct.

1 Q I guess it's just, as we think through, why is that the case, or what sort of
2 assumptions are built into that? Because SARS, of course, wasn't even known until 2003,
3 and SARS-CoV-2 ended up being pretty distant from SARS 1.

4 A The assumption was based on the other viruses we'd found in bats that had
5 3 or 4 percent genetic difference -- distance away from SARS that they were unable to
6 bind to human cell surface receptors. So therefore something in between would
7 be -- may be able to bind but would likely be less concerning as a pathogen. It was a
8 hypothesis. We were scientists trying to test that hypothesis.

9 Q The theory of the grant, or at least part of it, as I understand it, is that these
10 undersampled viruses may pose a threat to people. I mean, that's why it's important to
11 study them, I think, right?

12 A Yeah. We were -- we were concerned that there might be other viruses out
13 there closely related to SARS. I mean, somewhere there was the progenitor for that SARS
14 outbreak, probably a bat somewhere in China. And we were interested in finding out,
15 was that still out there, and does it have potential to emerge.

16 WIV1 didn't look like it was that progenitor, but it was a close relative of that
17 progenitor.

18 Q And so, I guess as you move away from SARS, away from WIV1 --

19 A Yeah.

20 Q -- if the premise is, these are getting less and less dangerous --

21 A Yeah.

22 Q -- I guess, what's the -- why do they then become important enough to study
23 them?

24 A Because our current defense at the time, and indeed now, against these
25 viruses are vaccines and drugs and monoclonal antibody therapies. The monoclonal

1 antibody therapies that we'd used against these viruses in the lab, worked against them.
2 They were designed against SARS.

3 But what if there was a virus out there that was very slightly able to infect people,
4 but could evade any therapeutics we have? Then you've got a problem virus.

5 So that's the theory, that maybe some were less able to bind and transmit, but
6 could do and then would escape any vaccine or drugs or monoclonals we were going to
7 use to reduce that outbreak from spreading, and then maybe evolve as the outbreak
8 spreads.

9 I mean, viruses evolve, once again, into human populations. That's what we're
10 worried about.

11 Q Okay. Great. And so then, the third piece of the argument that sort of had
12 the most meat on the bones, it relates back to these two papers, and the point is, okay,
13 2015, Ralph Baric put a WIV1 spike on a SARS backbone and reduced pathogenicity
14 relative to SARS --

15 A Yeah.

16 Q -- so that was a loss of function. And so I would like to just sort of look
17 through that for a moment. So that refers, I think, specifically to the 2016 paper, right,
18 the SARS-like WIV1 CoV?

19 A Yeah.

20 Q Okay. And just a threshold question. I think we see on the second page of
21 that study that the comparison is between MA15, which I understand to be a
22 mouse-adapted version of SARS. Could you just elaborate a little bit on what you
23 understand MA15 to be?

24 A Yeah. It's -- it's a WIV1 virus that's got some genetic modifications and that
25 make it able to adapt to mice. Now, this is because it's been passaged in mice in the lab.

1 Q And I'm sorry to interrupt. It's SARS rather than WIV1, right?

2 A SARS-related but -- sorry, I thought you were talking about the WIV1.

3 Q No. MA15, yeah.

4 A MA15 is, it's the -- it's got part of the mouse-adapted SARS coronavirus in its
5 backbone. So in other words, SARS human pathogen, has been adapted to lab mice so
6 people can work on it in the lab. And then that's the one that Dr. Baric used in this
7 study -- mouse-adapted.

8 Q Is it right to say that basically it's wild-type SARS through 15 rounds of serial
9 passage in mice?

10 A I think that's correct --

11 Q Okay.

12 A -- but you'd have to check --

13 Q Okay.

14 A -- with Dr. Baric.

15 Q And so the comparison point here is between that full-length MA15 --

16 A Yeah.

17 Q -- and the chimeric virus with a WIV1 spike and a MA15 backbone, and as
18 you said, it looks like the full-length MA15 is showing higher pathogenicity and
19 transmissibility.

20 Just a threshold question on the nature of a mouse-adapted virus --

21 A Yeah.

22 Q -- is there a sense in which it's unsurprising that the mouse-adapted virus
23 was more dangerous in mice?

24 A No, that's correct. I mean, look, it's mouse-adapted, and it's not the human
25 virus, so it's a different virus, yeah, within the human side.

1 Q Is it right -- I think it's right to say that WIV1 has not been through any
2 rounds of serial passage or other adaptation to mice?

3 A I don't think that happened in this work.

4 Q So there's an extent to which it feels a little bit like not a fair fight. In other
5 words, it seems like, of course, MA15 was more dangerous to the mice, but is there a
6 limit to what that --

7 A No, it's mouse-adapted. It doesn't mean it's lethal to mice. It means it's
8 adapted for transmission in mice.

9 Q Well, it is lethal to mice, right? My understanding is, when they got to round
10 15, all the mice died?

11 A Eventually, yeah.

12 Q Okay. So I guess that's, again, just a little bit of a struggle for me in the sense
13 that just because WIV1 underperformed as to MA15, is there a limit to what that tells us
14 about WIV1?

15 A Well, you have to use -- if you're going to do laboratory work on SARS, you
16 have to use the strain that actually works in lab animals, causes a disease similar to
17 humans. It's a model for human infection. It's not real human infection. It's a model.

18 So, you know, I don't think -- I think it's a fair experiment. I don't think there's any
19 problem with the work that was done. I think it makes sense. It shows that WIV1 has the
20 potential to infect people, and it also shows, I think, that some monoclonals work, but
21 others don't.

22 So it raises the awareness that these viruses are in common, we should be
23 studying them and being careful about them.

24 Q The 2015 paper, the other one --

25 A Yeah.

1 Q -- SARS-like cluster of circulating bat coronaviruses -- that publication
2 focused on the spike of a different, novel, bat coronavirus --

3 A Yeah.

4 Q -- SHC014.

5 A Yes.

6 Q I don't think it did anything with respect to the WIV1 spike. SHC014, I think,
7 is one of the two spikes that you had used to create those two chimeric viruses and that
8 were the subject of this entire --

9 A Well, strictly speaking, that Dr. Shi in Wuhan had done, yeah.

10 Q But the thing that is being discussed, the work for which we're seeking
11 authorization at this point, is involving two chimeric viruses --

12 A Yeah.

13 Q -- one of which is SHC014 spike. Is that right?

14 A Correct.

15 Q Okay. Just sort of a threshold, it would feel as if the experiments involving
16 SHC014 would be more relevant to the question of what the SHC014 spike is or is not
17 going to do as opposed to the WIV1 spike. I know your argument pointed to the WIV1
18 spike. I'm just wondering just that as a basic matter, why.

19 A I don't think that it's a significant material difference between those two
20 viruses really.

21 Q They're two different viruses?

22 A Well, they're different spike proteins. The bat viruses we were going to work
23 with, yeah. I don't think it's -- you know, our point was that if WIV1 has been shown to
24 infect human cells, that's the argument we're going to talk about for this purpose of
25 whether or not this is gain-of-function.

1 Q Okay. But the work with the SHC014 spike, I'm just wondering, that seems
2 directly on point to the question of what that spike is going to do in the future
3 experiments?

4 A Yeah.

5 Q Okay.

6 A Yeah, yeah.

7 Q Just didn't mention it. I didn't know if there was a reason for that.

8 A No, there's no specific reason. I mean, look, we already put three
9 paragraphs of explanation.

10 Q So that 2015 paper tells us that it's a similar situation to the one we looked
11 at. In other words, you have a comparison of full-length MA15, as compared to a
12 chimeric virus with an SHC014 spike in an MA15 backbone. We see in figure 1 that
13 full-length MA15, more pathogenic, more transmissible than the chimeric virus, which, I
14 think, would be consistent with the broad thrust of what you're saying to NIAID.

15 A Yeah.

16 Q The thing that I also wanted to touch on is, it's towards the back of the paper
17 on the last page, which is numbered 1512, in the bottom left corner of that page, the
18 paragraph that starts with "In addition to offering."

19 A Yeah.

20 Q I'm going to read just an excerpt from the middle of that paragraph. It reads,
21 Although SHC014-MA15 is attenuated relative to its parental mouse-adapted SARS-CoV,
22 similar studies examining the pathogenicity of CoVs with the wild type Urbani spike,
23 within the MA15 backbone, showed no weight loss in mice and reduced viral replication.
24 Thus, relative to the Urbani-spike MA15 CoV, SHC014-MA15 shows a gain in
25 pathogenesis, figure 1. On the basis of these findings, scientific review panels may deem

1 similar studies building chimeric viruses, based on circulating strains, too risky to pursue
2 as increased pathogenicity in mammalian models cannot be excluded.

3 So when I tried to untangle that excerpt, what I took from it is, if you have, on the
4 one hand, a chimeric virus with MA15 as a backbone, SHC014 as a spike, and on the other
5 hand, another chimeric virus, with MA15 as a backbone and a wild-type Urbani spike, that
6 the SHC014 chimeric virus showed superior or heightened pathogenicity.

7 And I'm wondering to what extent that, if any, was a little bit of a cause for
8 concern because it would suggest that that SHC014 spike is more pathogenic than
9 wild-type SARS, which I understand to be the analysis that you all are engaged in here.

10 A Well, bear in mind that what this paper was doing was looking at SARS
11 infections. So the concern, I think, that Dr. Baric is talking about in this paragraph, he
12 talks about, together these data and restrictions represent the crossroads of
13 gain-of-function research concerns.

14 And he's -- his concern is, in 2015, is that experiments on SARS coronavirus with
15 spike proteins from other animals are likely going to be covered by this pause. So I think
16 that's what he's trying to argue.

17 And if you want to really talk to him about -- understand his meaning behind the
18 comments he makes in the paper, you will have to talk to him. He refers back to this
19 figure, but I don't think that that figure specifically shows that SHC014 is particularly a
20 concerning virus.

21 Q No, not in and of itself. I think it's that footnote 23 where he's referring back
22 to some other study that dealt with an Urbani spike on a MA15 backbone. But I think he's
23 saying that as compared to that --

24 A Yeah. He's talking about --

25 Q Hold on, let me finish the question.

1 A Oh, sorry, sorry.

2 Q I think he's talking about another study that examined an Urbani spike on an
3 MA15 backbone, and I think he's saying that, as compared to that chimeric virus, the
4 SHC014 spike on a MA15 backbone had increased pathogenicity, suggesting that SHC014,
5 at least as far as the spike goes, is more pathogenic than wild-type SARS.

6 A Well, you'd have to talk to Dr. Baric about that. I don't -- I don't buy into
7 that. If you look at the results from this paper, it's clear that SHC014 is not particularly
8 concerning.

9 Q Am I right that the exercise you all are engaged in here is a comparison to
10 wild-type SARS?

11 A The exercise that we were trying to do in this response to NIH was to
12 understand the risk of the potential for those bat viruses to infect human cells, that's all,
13 and to look at whether they were potentially pathogenic should they infect human cells.

14 Q So your original correspondence -- and I don't have the letter in front of me,
15 but I'm sure it's in front of you, the June 8, 2016 letter --

16 A Yeah.

17 Q -- on that top of that second page, it's a carryover from the page before, but
18 I'll just read the half sentence. Mammals, via the respiratory route, compared to
19 wild-type SARS.

20 A I'm trying to find -- oh, yeah, there it is.

21 Q Sure, take your time. That's the inquiry from NIAID. I think it's exhibit A.

22 A Yeah.

23 Q Wild-type SARS is Urbani strain?

24 A Yes.

25 Q Okay. And so the excerpt we were just looking at from the paper seems to

1 suggest -- I mean, I don't want to repeat myself with the whole thing, but seems to
2 suggest that the SHC014 spike is more pathogenic than the Urbani spike.

3 A It's -- according to which reference?

4 Q So in that excerpt -- and I'll just reread the first sentence because I think
5 that's the key one -- Although SHC014-MA15 is attenuated relative to its parental,
6 mouse-adapted SARS-CoV, comma, similar studies examining the pathogenicity of CoVs
7 with the wild-type Urbani spike within the MA15 backbone, showed no weight loss in
8 mice and reduced viral replication -- with a footnote to that other paper.

9 A Yeah. And the paper is, it's research on comparing the virulence of SARS
10 coronavirus in young and aged mouse models.

11 So look, you'd have to look at the details of those papers to say, Is that a correct
12 statement? I mean, at the time we wrote this response to NIH, we were acting in the best
13 knowledge that I had of this work, and I think we were correct because when you look at
14 the results, it didn't have increased pathogenicity.

15 Q So that particular excerpt, to the best of your recollection, of course, didn't
16 sort of cause any concern on your end?

17 A No.

18 Q Okay. And this is sort of the last piece of this discussion, but that 2015 paper
19 was the subject of a decent amount of controversy or attention. I don't know if you recall
20 that in real time.

21 A This one --

22 Q Yeah.

23 A -- a SARS-like cluster?

24 Q Exactly. Exactly.

25 A Well, I think the headline is, it's going to get people's attention, yeah.

1 Q And there was some sort of publicity surrounding it, I think more in scientific
2 publications, but a quote from yourself refers to the study as, quote, "moving this virus,"
3 meaning SHC014, "from a candidate, emerging pathogen to a clear and present danger,"
4 end quote.

5 A Yeah.

6 Q Is that consistent, I think, with what we're talking about so far?

7 A A clear and consistent danger of being --

8 Q A clear and present -- I'm happy to show it to you.

9 A No, no, I know the quote well. Clear and present danger of being able to
10 infect human cells -- so, sure, because that's what the paper shows -- to be able to cause
11 disease in humanized mice, so, yeah, I mean, it makes it -- it means that the virus is not
12 just a virus that we can ignore.

13 That means we need to do more research on it and understand the risk and do
14 something about it and develop monoclonals, develop vaccines. That's all -- what I was
15 trying to get to.

16 Q Okay. So for me, it's a clear and present danger but not that dangerous?

17 A Well, look, I've spoken with reporters for a good hour or so, and they picked
18 the quote that they wanted to pick.

19 Q Well, that's just a quote --

20 A Yeah.

21 Q -- from you.

22 A It's just a quote.

23 Q Yeah. That's all I'm trying to get, is your state of mind --

24 A Yeah.

25 Q -- on that.

1 A Well, but my -- a fuller explanation is that, yes, this paper shows that that
2 virus is not just a bat virus that has no bearing on public health. What it tells us is, this
3 virus has potential to infect human cells in the lab. It can cause some form of disease in
4 mice with human cell surface receptors, and therefore, has potential to emerge, and we
5 should do something about it instead of ignoring it. That's basically what I was saying.

6 ██████████ Okay. Great. Well, I think that's a good, natural stopping point for
7 our round. And so we can take a break.

8 Off the record.

9 [Discussion off the record.]

1 [1:03 p.m.]

2 Mr. Benzine. Would the new individual that entered the room please identify
3 themselves.

4 Dr. Joyce. I am John Joyce. I'm representing Pennsylvania 13th Congressional
5 District.

6 Mr. Benzine. Thank you, sir.

7 Prior to asking questions, I have one question of minority counsel.

8 Minority Exhibit C isn't Bates marked. Could you identify it for the record?

9 [REDACTED] What was the question?

10 Mr. Benzine. Could you identify the custodian.

11 [REDACTED] It's from EcoHealth.

12 Mr. Benzine. Thank you.

13 BY MR. BENZINE:

14 Q Dr. Daszak, I want to ask a few follow-up questions. And I know John will too
15 from your last hour. If you can turn back to minority exhibit D. It is an email that looks
16 like this.

17 A Got it.

18 Q I want to ask you just a few clarifying questions.

19 A Yeah.

20 Q So minority counsel asked a number of questions about, this was in
21 September. You had testified that you originally tried to upload the year 5 progress
22 report in July and that you had -- July was a draft. Until NIAID accepts it, it's kind of
23 always a draft. Is that fair?

24 A Yes.

25 Q All right. I think you also testified that you had previously uploaded it, but it

1 had not been submitted. Is that the correct wording?

2 A Well, I think uploaded would not accepted. NIH has to do something to
3 accept it in the system.

4 Q So if you were able to upload it and NIH just hasn't accepted on the back
5 end, can you explain how you were locked out?

6 A Well, our understanding because NIH eventually explained it when they
7 asked for the report in 2021 that -- for a year 5 report, which will then become a renewed
8 grant, the minute the renewed grant is issued, which they issued it and backdated it to
9 the 24th, it locks it out from final submission.

10 Q So --

11 A So then the button to click submit disappears from the website.

12 Q So you uploaded it up in July and hadn't clicked the button to submit yet.

13 A Correct. Because we still had time to submit.

14 Q And potentially could make changes?

15 A Yeah, up until, I think, 5 days --

16 Q I think it was September 30th, September 30th-ish was the due date?

17 A Yes.

18 Q So uploaded in July, hadn't pressed the button to submit, wanted to keep it
19 open for edits or changes, or just because he had extra time. The year 6 was awarded.
20 After the year 6 was awarded, the system locked you out from editing the year 5. Is that
21 the correct timeline?

22 A I think that -- yeah, I think that once the new grant is awarded the system
23 changes. It doesn't happen straight away, NIH does it within their own system so. I'm not
24 sure exactly how that works.

25 Q I understand. I'm just trying to understand that it was in the system, you left

1 it open for a while --

2 A Correct.

3 Q -- because you were early. Before the due date, a couple of weeks before
4 the due date, NIH issued the renewal. And then because of the renewal issuance, you
5 were locked out from editing or submitting the year 5?

6 A I believe that's correct.

7 Q Okay.

8 A It is our administrative team that clicks send.

9 Q Yes.

10 A That's what they told me.

11 Q Okay. Thank you. That's very helpful.

12 Do you have anything?

13 Mr. Strom. And so the locked out part is all in this sort of mix of prepopulated and
14 then -- because I understand from some of our earlier discussions, you have sort of the
15 narrative portion of the grant is a Word document or something similar, and you sort of
16 drag it into the ERA system. And when you say, "locked out," you're specifically referring
17 to information in the grant or in the system and you're unable to hit send?

18 Dr. Daszak. Correct?

19 Mr. Strom. Okay. It is just hard with the --

20 Dr. Daszak. Yeah, at least that's my understanding, yeah?

21 Mr. Strom. -- through words.

22 Mr. Benzine. No. That's very helpful.

23 Do you have any more on this?

24 Mr. Griffith. I have a couple of questions.

25 Mr. Strom. Go ahead, sir.

1 Mr. Griffith. On that I've got a couple of questions. One, from a linguistics
2 standpoint when you look at exhibit D and I don't know if you have that in front of you or
3 not, you say -- in the second paragraph, you say, and 2, I now have to send a report on
4 the last year of the earlier grant because this is considered a continuation.

5 Why did you not say I have to send the report or I have to resend the report if
6 you'd already sent it? And if it was already drafted, why would you say a report instead of
7 the report?

8 Dr. Daszak. Well, I don't know why I said a report instead of the report. But I
9 think that I was referring to the year 5 report that -- and now I have to send a report. I
10 could submit that report?

11 Mr. Griffith. And that was September of '19, but apparently there's another
12 report on that year 5 report that was sent in August of 2021. Can you tell us definitively
13 that in all respects the 2021 version of the report is the same as the 2019 version of the
14 report?

15 Dr. Daszak. From the point of view of the work that this committee's concerned
16 about in SARS-related coronavirus, yes?

17 Mr. Griffith. All right. There are two committees going here.

18 Dr. Daszak. Sorry, there are all these committees that this investigation is
19 concerned about is --

20 Mr. Griffith. I understand.

21 Dr. Daszak. Is yes, that there was nothing significant that wasn't in the draft that
22 would have then been put in the final version. In any case, all of that was then supplied
23 to NIH in our resubmitted grant. So it was already there in the system in terms of the
24 program ops could see it in the renewed grant submitted earlier in the year. And we sent
25 it to NIH eventually in 2021, when they changed the system out to allow us to upload it.

1 It was the same report?

2 Mr. Griffith. And gentlemen, do you want me to yield and come back to my other
3 questions? That's the only one I had specifically on that, but I do have a couple of other
4 questions that I want to get to before day's out.

5 Mr. Strom. We want to be sensitive to your schedule.

6 Mr. Griffith. All right. If I could go ahead and ask a couple more questions, that
7 would be appreciate it.

8 Mr. Benzine. Yes, sir.

9 Mr. Griffith. At NIH regulations required that the subrecipient, Wuhan, permit the
10 passing entity, that would be you all, EcoHealth and auditors to have access to the
11 services as directed in the financial statements as necessary for the passthrough entity to
12 meet the requirements of this part. Furthermore, regulations require primary recipients
13 to have effective internal controls in place to ensure that the awards are being carried in
14 compliance with the terms and conditions of 45 CFR 75.303. Pursuant to these
15 regulations did EcoHealth get the lab notebooks and the lab electronic files at the time
16 that the human mice experiment were conducted in 2017 to 2018, and reported it in the
17 year 4 progress report?

18 Dr. Daszak. No, we did not. Had we got those reports, we would have submitted
19 them to NIH when requested?

20 Mr. Griffith. So I guess my question then is, why didn't you send off the alarm
21 bells that something wasn't right, that we weren't getting the data that we were
22 contractually obligated to get?

23 Dr. Daszak. No, no, no. We definitely got the data we were contractually
24 obligated to get, which is the results of the experiments. There is no contractual
25 obligation at that time that a grantee should get the lab notebooks. That's a very

1 different thing?

2 Mr. Griffith. It's in the regulations as part of what you're operating under.

3 Dr. Daszak. No. I understand your interpretation of regulations, but my
4 interpretation, our administrative team, at that time, the regulations were not considered
5 by any, any organization that you should get all the lab notebooks.

6 And I want to point out that NIH has now made it a new rule to get hold lab
7 notebooks to clarify what is clearly not obvious in the codes and regulations.

8 Mr. Griffith. Well, it should have been --

9 Dr. Daszak. Well, maybe so?

10 Mr. Griffith. My son who takes math classes in high school gets a lower grade if he
11 doesn't turn in how he got there. So how can you know that the representations you
12 made in the progress report were true and accurate if you didn't have the underlying
13 work that shows you how Wuhan had gotten to their conclusions?

14 Dr. Daszak. We don't know 100 percent, of course. But we work on the basis of
15 these are some of the world's leading scientists doing the very best virology at the time,
16 publishing very high-quality papers in a lab that was vetted and approved by the Federal
17 Government, that was set up with international oversight. And we had no reason to
18 suspect otherwise?

19 Dr. Daszak. So that raises another question. So you all relied on the Federal
20 Government to do the vetting? You all did not do the vetting of the Wuhan lab to see if
21 the air filtration system, which now know may have been suspect. You all didn't do any of
22 that work, you just you relied on the Federal Government --

23 Dr. Daszak. We fulfilled every obligation as a grantee to do oversight of that lab?

24 Mr. Griffith. I'm not asking that. What I'm asking is did, you all do an independent
25 review of safety matters going on in the Wuhan lab or are you just relying on the rating by

1 the Federal Government?

2 Dr. Daszak. We did not conduct our own review of the lab facilities to the level of
3 whether they had problems with an air filtration unit. Now this is a Chinese government
4 lab?

5 Mr. Griffith. I understand.

6 Dr. Daszak. We cannot do some of that work.

7 Mr. Griffith. Pass these down.

8 This is a copy of an April 16, 2020, letter that was sent to you by myself, Cathy
9 McMorris Rodgers, and Greg Guthrie on behalf of the Republicans on the Energy and
10 Commerce Committee.

11 Mr. Benzine. Sorry, sir. Just for the record, this is Majority Exhibit 2.

12 [Daszak Majority Exhibit No. 2
13 was marked for identification.]

14 Mr. Griffith. So my question is, this was -- we never received any responses to
15 this. You have indicated, as I'm told -- so you indicated that you have answered a lot of
16 questions, but our questions never got answered. Can you tell me why?

17 Dr. Daszak. This letter is from April 16, 2021. It has something like -- well, it has
18 34 pages of questions.

19 Mr. Griffith. Thirty-four, yes.

20 Dr. Daszak. Sorry, 34 questions. We can't -- a lot of these questions were already
21 public. A lot of them were answered on other committees that were running into us. We
22 tried to comply and to respond to every inquiry. We have limited staff. We're a small
23 organization, sir.

24 Mr. Griffith. I get that. My problem is, my team tried calling you all to see if you
25 got it. We never got any response. We never even got a bat response. I understand you

1 have a limited staff and may not be able to answer everything. If you said, you know,
2 wait a minute, these questions have been answered in a request from the Senate, I might
3 have been able to deal with it. What I got is nothing.

4 And, you know, there are some things in here that may be very publicly known.
5 But I mean, I look at question 8, is there any research reported known in part by the NIH
6 awarded to this contract published it in Mandarin only. I don't know the answer to that.
7 Right now maybe my team knows it, but I don't.

8 Dr. Daszak. The answer to that is no.

9 Mr. Griffith. If so --

10 Dr. Daszak. To the best of my knowledge.

11 Mr. Griffith. And it's been 3, 2 years, closing in on 2-1/2 years. At some point, it
12 would have been nice to get a response.

13 Do you understand how this has created a --

14 Dr. Daszak. Yeah, I --

15 Mr. Griffith. That you all are not doing everything that you're supposed to do?

16 Dr. Daszak. Well, I'm --

17 Mr. Griffith. You can understand how that would raise --

18 Dr. Daszak. Yeah.

19 Mr. Griffith. -- some doubt?

20 Dr. Daszak. I understand.

21 Mr. Griffith. Yeah, okay.

22 Dr. Daszak. However --

23 Mr. Griffith. I yield back.

24 Dr. Daszak. However, we do try. We do try to respond.

25 Mr. Griffith. You didn't try to answer my question. But that's all right. We'll move

1 on.

2 I yield back, gentleman.

3 Mr. Benzine. Thank you, sir.

4 Mr. Strom. Thank you, sir.

5 BY MR. BENZINE:

6 Q I have three-ish more clarifying questions or follow-up questions from last
7 hour.

8 You were asked a lot in a lot of different ways about gain of function and the
9 definitions, what is or isn't. And you said -- and let me know if I'm mischaracterizing you,
10 that the gain of function definition in the pause only applied to human viruses. Is that
11 correct?

12 A Well, there is a definition and it's one of exhibits. It's right there. It says,
13 clearly, the work we were planning to conduct in our year 3 would not have been covered
14 by this gain-of-function pause. It clearly shows, it is not a watertight definition as you
15 read it. But it clearly starts off by saying that they are interested in human pathogen
16 interactions. They are interesting. They say, we will pause funding for gain-of-function
17 research on influenza, MERS and SARS virus. That's SARS, not --

18 Q I don't think they say virus. I think they say viruses.

19 A Because there are three of them, influenza, MERS, and SARS viruses. That's
20 three of them. They are all human viruses, not animal viruses. It is clear that the concern
21 of the pause -- and we know the history of the pause began after experiments on human
22 influenza in ferret models, so the reference to mammals is about using them in human
23 viruses in mammals.

24 That was the interpretation that we all had for it. But we are not the arbiters of
25 definitions on this, HHS is. And when NIH wrote to us, actually on behalf of HHS, to ask

1 for an explanation, we did the best we could to explain it. And then, they make a decision
2 and we adhere to that decision. So, really, it's -- NIH that makes that definition. They are
3 the cognizant agency for that. And I believe the definition -- the reason they wrote to us
4 and said in the letter, we have a copy of this is not gain to function, not covered by the
5 pause is because these were animal viruses inserting the spike protein of the bat virus on
6 to another bat virus.

7 Q When you are proposing research that may involve risky experiments or
8 gain-of-function experiments, are you required to produce a mitigation plan?

9 A Well, EcoHealth Alliance does not and has never done gain-of-function
10 experiments. According to this definition, according to NIH that made the decision on
11 that and told us that it wasn't. So we don't do that. We don't have mechanisms for how
12 you do gain-of-function work because we don't do gain-of-function work.

13 Q Okay. I'm trying to unpack this a little bit. I'm trying to understand what
14 your position would be on what is or isn't gain of function. So the way you're reading it,
15 that pause would not have applied to any virus unless it had already emerged in humans?
16 So like you're saying that pause only applies to influenza, MERS and SARS 1, not
17 SARS-related viruses?

18 A I don't have a position, it's -- the definition is from HHS and NIH is the
19 organization that has to apply that definition. So my understanding is what NIH decided,
20 which was that now what was not gain of function. I think they made a couple of points
21 in the letter to us about why that was the case. If NIH say that, then that is the case.

22 Q You mentioned the Dr. Fouchier experiments, in your estimation, is that gain
23 of function?

24 A Yes, because the experiments that Dr. Fouchier did was to take a human
25 influenza virus, and deliberately alter its genome to see if it would become more

1 transmissible. So there are a couple of steps that gain of function needs -- not only does
2 it need to be human pathogen, it needs to already have some capacity to be transmitted
3 from one person to another for it to become more transmissible. It has to be -- cause
4 sickness in people, so that, therefore, it could become more virulent.

5 The background of viruses were not human viruses, therefore they never had
6 transmission between humans, therefore they never caused diseases in people. And I
7 believe that is why NIH made that decision. But, again, it's NIH that makes the decision
8 and you would have to ask the people who made that decision.

9 Q All right. Fair enough.

10 Mr. Strom. Off the record.

11 [Discussion off the record.]

12 BY MR. STROM:

13 Q So Dr. Daszak, just to close the loop, you said earlier that SHC014 may have
14 the potential to infect people and that's the distinction between gain of function under
15 the pause and falling outside that, as you understand?

16 A My understanding is, and it is fairly clear in the definition put out in 2014, it
17 is even more clear in the definitions of 2017, the P3CO rules. The SHC014 chimeric virus
18 with another bat virus would not be considered gain of function.

19 Q And then I guess one of that questions that based minority counsel's
20 questioning is the exhibit H, the Menachery paper with SHC014, it does have that -- I
21 think fairly dramatic warning at the end of it where it says -- on 1512, I believe.

22 Mr. Grudberg. This is the call out to footnote 23?

23 Mr. Strom. No. This is exhibit H, and it is the Menachery paperwork for SHC014,
24 bottom of page 1512, on the basis of these findings, scientific review panels made deem
25 similar studies building chimeric viruses based on circulating strength too risky to pursue,

1 as increased pathogenicity in mammalian models cannot be excluded.

2 BY MR. STROM:

3 Q So do you view this experiment as unreasonably dangerous?

4 A Well, NIH viewed it as not that dangerous. They viewed it as not
5 gain-of-function work. And, you know, one can look at the results of the experiment and
6 clearly see that SHC014 did not have heightened impact compared to the other viruses
7 there.

8 That's just one sentence in a very long paper that refers to another paper.

9 Q Sure.

10 A But, you know, what we did is we followed the rules. We were asked by NIH
11 to explain the experiments in more detail. Explain, first of all, why we believe this would
12 not be considered gain of function. And then secondly, to give an alternative to lay out a
13 series of plans if this was gain of function so we did all that. And if NIH had decided that
14 their next experiment was gain of function or told us no, you can go ahead. You need to
15 move to pseudovirus work or modeling. So we would have done that. We just followed
16 the rules on this.

17 Q And so when NIH, I believe the letter is in of May 2016, reaches out and
18 identifies that they have concerns about aim three of your grant potentially implicating
19 the gain-of-function pause, was that the first indication you had -- first communication
20 you had with them where they said that this might be a problem?

21 A I don't know if -- I won't characterize it as they had concerns. They clearly
22 read that and said --

23 Q Correct?

24 A -- this will need to be reviewed to check whether it is gain of function.

25 Q And I don't mean to be derog --

1 I just want to clarify that.

2 A So let me finish. So my understanding is that their decision was based on the
3 rules that they had.

4 Q But to your recollection there, was no prior call or consultation --

5 A No.

6 Q From anyone at NIH, the letters were showed up at your --

7 A Well, it's standard procedure when you send report to NIH that they come
8 back and ask questions.

9 Q Sure.

10 A So that's all they did.

11 [Daszak Majority Exhibit No. 3

12 was marked for identification.]

13 Q And for the sake of the record, go ahead and make this majority exhibit 3,
14 and it is the May 28, 2016 letter.

15 BY MR. STROM:

16 Q And so, you received the letter, you have the response you come back as a
17 letter dated June 8, 2016. I'll make that Exhibit 4.

18 [Daszak Majority Exhibit No. 4

19 was marked for identification.]

20 BY MR. STROM:

21 Q Do you recall if you attached anything else to this letter, any other data or
22 information for them to consider?

23 A I don't think so, because it's all here.

24 Q And then we were actually produced two iterations of this letter. One make
25 reference --

1 A Oh, yeah, yeah.

2 Q This is actually the version of it, it makes reference to the UNC IBC, I believe
3 you said earlier in response to questions that you had consulted with Dr. Baric about how
4 to answer the proposal or how to answer their concerns. So could you sort of detail
5 those discussions with Dr. Baric to the extent you remember?

6 A Yeah. From my memory, I spoke to him by phone and said, look, we've got
7 this letter from NIH that says this work may breach the gain-of-function pause, and,
8 therefore, they are going to review it. Is that normal? Is this a standard thing that they
9 do?

10 I knew that Ralph Baric had done actual work that would have been considered
11 pause, I believe the pause. I think he published it. He did this work on SARS coronavirus
12 with a different spike protein. And so, he knew about this type of work. So I said our
13 advice. He explained what I should write. I think we sent a draft to him or he sent some
14 text from a previous response to NIH which we modified and adapted for our purposes
15 and that's why UNC is written in incorrectly.

16 Q Gotcha. So in that same paragraph that has the UNC reference.

17 A Yeah.

18 Q I believe the sentence above it says, finally should any of the recombinants
19 show evidence of enhanced virus growth greater than 1 log in cells expressing human,
20 bat, mouse -- excuse me, I'm on the MERS one. I think there is similar language to the
21 SARS?

22 A Yeah, yeah.

23 Q With respect to the human X2 receptor. That we have proposed to
24 immediately stop all experiments with the mutant to form NIAID program officer and
25 obviously the WIV IBC in this instance of the result and then participate in decisionmaking

1 period?

2 A Yeah.

3 Q So that 1 log increase standard, we'll just call that sort of the excessive
4 growth policy for shorthand, that came from Ralph Baric?

5 A Yeah.

6 Q And that was based on your discussions with him where he said NIAID had
7 accepted this standard?

8 A I think it was -- it was something he had written in previous responses to NIH
9 that they had accepted, yes.

10 Q And so I guess what we're -- part of what I think Energy and Commerce is
11 particularly interested in as the authorizing agency for NIH is this grant policy -- excuse
12 me, this vital growth policy transition down to P3CO policy. Did you receive, as a grantee
13 going through this process, and really, I would presume, probably one of a handful, did
14 you receive any training? You know, NIH has its policy manual, it's policy guidance. They
15 send out, as you noted earlier in response to chairman Griffith's questions, they
16 announced new policy then there is sort of a formal memorandum or a formal
17 memorialization of that policy. Did this process have any of that guidance for you guys?

18 A Well, NIH in their letter of response said you can move ahead with these
19 experiments because they are not going to function, but then added provisos along these
20 lines. That even was written into our notice of award, which is the official document of
21 record for a grant. So yes, yeah.

22 Q What we're struggling with is the terms, so the stuff that's in the notice of
23 award, it doesn't seem to include a lot of, I guess practical guidance as to how you would
24 implement that special condition so -- it doesn't, for example, provide when you have to
25 test for vital growth during the experiment. So is there sort of a common scientific

1 understanding that I'm missing?

2 A No, I think it is fairly -- I think it's fairly straightforward and reasonable that
3 these measures be put in place. And it's fairly easy to understand what that means.
4 However, the experiments we did did not breach these standards. I mean, this debate
5 over that in between those at NIH, and we refute the idea that these are --

6 Q But --

7 A -- but the point being that in the end, it was of no consequence for the work
8 that we did because we saw only a transient shift in the number of genome copies per
9 gram, not viral titer. In the end of the experiment the viruses behaved the same so there
10 was no increase.

11 Q I guess my question is you have a policy that requires you to do something?

12 A Yeah.

13 Q To stop in the event you get greater than 1 log virus growth. That seems to
14 have been understood both by now you and Erik Stemmy to be viral titers?

15 A Yeah.

16 Q But there's no requirement in this policy that you conduct an experiment
17 that would allow you to measure the level of viral titers because the year 4 and 5
18 experiments, as you have said, use a different measure. So you've inadvertently or
19 otherwise sort of abated the measuring stick of the policy?

20 A I certainly wouldn't characterize it as that. The -- if you look at the results
21 from the experiment --

22 Q I guess --

23 A -- graph is transient. It doesn't happen -- the virus growth levels come back
24 to the same front of the experiment at the end of the experiment. So it's just simply not
25 relevant to what happened in that experiment. However, if your question is, could NIH

1 now, looking forward as to future oversight of P3CO been more prescriptive of how it is
2 expressed, absolutely. If NIH would have been more prescriptive in how we did this,
3 would we have followed those new guidelines? Absolutely.

4 And, you know, on the record, EcoHealth Alliance welcomes review of P3CO rules,
5 welcomes review of biosafety levels. We will follow all new standards should they be
6 changed in the future, of course that's what you do. However, at the time this was done,
7 we followed the standards, we answered the questions and we continued with the
8 experiments.

9 Q And I guess at the time, and this is -- there was no requirement for you to
10 scope the experiment or measure the data coming out of the experiments such that it
11 would capture a 1 log growth?

12 A We did the experiment and reported back to NIH.

13 Q And NIH didn't --

14 A We didn't come back to --

15 Q -- after the fact saying, like, oh, can you report --

16 Sorry. I think we are going to the same place.

17 A Yes.

18 Q NIH didn't come to you after the fact and say, oh, we need that in viral titers,
19 not in this other measure?

20 A Well, NIH reviewed the report and made no comments about that
21 experiment. And I think our understanding of why they wouldn't come back with any
22 comments is because it was a fairly insignificant experiment, despite what has since been
23 said.

24 Mr. Benzine. This may be an unscientific question, but why measure in genome
25 copies versus viral titer?

1 Dr. Daszak. Because you can do it far more easily, it is safer. And you get a rough
2 estimate. So in terms of viral titer, genome copies per cell would probably give you a
3 higher number variation than viral titer. But it gives you a measure of whether the virus,
4 whether the animal or cell culture has more viruses.

5 Mr. Slobodin. I will ask a follow-up question.

6 Mr. Strom. Sure.

7 BY MR. SLOBODIN:

8 Q So dealing with this issue of NIH's information and its gain of function -- did
9 you have any further conversations or anybody from your staff have any further
10 conversations with Dr. Baric as to how to implement the 1 log growth policy, so to speak?

11 A Not to my recollection, no.

12 Q So --

13 A Not with Dr. Baric.

14 Q So help us understand on this issue, are we going to immediately notify the
15 NIH in the event that we see this excessive virus growth. So you first got the issue of, as
16 John was alluding to earlier, you have an experiment and the space it looks to be 2 weeks,
17 right at 14 days, 15 days that these --

18 A I think that the one you're referring to is a 6-day time period. Let me check.

19 Q Well, year 5 has --

20 A Yeah, but this is year 4.

21 Mr. Strom. But they are all the same experiment.

22 Dr. Daszak. Yeah, but I think the time period in which any viral copies, genome
23 copies per gram increased -- was within a 4-day period.

24 BY MR. SLOBODIN:

25 Q Okay. So Dr. Daszak, what I want to understand is so let's just say on the one

1 that is on the results that were in year 4 RPPR, and you got the results of a virus growth in
2 the lung tissue. So by the way, I should say it was the WIV that was running these
3 experiments, right? EcoHealth, you're a subgrantee, was running these experiments.

4 A Yes. Their experiments were conducted by --

5 Q So you are communicating on the testifiers of who is ready in WIV?

6 A Well, what I'm saying to you is there was no excessive virus growth that
7 would have fit that definition.

8 Q I got that.

9 A It is genome copies per cell. Furthermore, it is transient. They leveled off
10 very quickly. So by the end of the experiment it was clear looking at those data. That was
11 not an increase of significance.

12 Q I'm just trying to understand the implementation. So you consulted with Dr.
13 Baric and [inaudible.] the situation, it's a novel issue for EcoHealth?

14 A The original letter only, yeah.

15 Q So you got issues on how to measure, when to measure, the notifications
16 among others. Did you communicate that to the WIV because they are the ones who
17 have to run --

18 A Yes, yes.

19 Q Who did that? How was that done?

20 A To the person appearing on the ground which was Dr. Shi.

21 Q And you did that, you communicated with Dr. Shi?

22 A Yeah.

23 Q Exactly what type of --

24 A The letter and the notice of award has that information in, yeah.

25 Q So the issue of immediate notification, so you've got 6 days' part of the

1 experiment, and you've got -- you have all these lung tissues, day 2, day 4, day 6, right?

2 There are three sets --

3 A It is not tissues, it is LVRS from lungs.

4 Q Whatever you are measuring in the lung.

5 A Yeah.

6 Q So how long would it take, to your understanding, to get these
7 measurements -- were they all done at once, first of all?

8 A The genome copies per gram were measurements done during the
9 experiment.

10 Q During the experiment?

11 A I believe so.

12 Q Real time?

13 A I believe so.

14 Q So if on day 2, you've got 014, is that three lives successive growth?

15 A Well, again, I --

16 Q You don't know if it is transient. You are doing the measurements real time
17 in 2 days?

18 A Again, these are genome copies per gram so they are not virus growth. They
19 include dead virus, they include --

20 Q But three lives, sir, even with the dead virus, I think you are still well above
21 one live. So would that have been reportable at day 2 then under the terms of the excess
22 virus term policy?

23 A The NIH notice of award gives no indication of those -- that level of detail.

24 Q Well, you just told us it was pretty straightforward.

25 A It was pretty straightforward. But as I said, the genome copies per gram are

1 not viral titers, so therefore, they are a very rough measure, they include dead virus, they
2 include loose RNA that is floating around in tissues and all of those were transient over a
3 2-, 3-, 4-day time period.

4 Q Is that how Dr. Baric did the --

5 A Sorry?

6 Q Is that how Dr. Baric did the --

7 A You would have to --

8 Q -- you went to for advice?

9 A I went to Dr. Baric for advice on how to respond to that letter. You would
10 have to ask Dr. Baric how he does his experiments.

11 Q Well, where did you get the notion where he could develop -- who got the
12 notion of the genomes [inaudible] --

13 A That was the standard operating procedure at the WIV.

14 Q At the WIV?

15 A Yeah.

16 Q It was the WIV that decided that?

17 A No, no. That's the standard operating procedure to do the --

18 Q At the WIV?

19 A -- experiments and has been done by many other various labs around the
20 world, including at the WIV, yeah.

21 Q What about Dr. Baric, you don't know --

22 A I don't know. You'd have to talk to him. I'm sure his lab does conduct
23 genome copies per gram type measurements.

24 Q Okay. I'm just trying to understand what you're saying. Where did you get
25 the standard? Why do you say that's a standard practice?

1 A Because it is a standard practice.

2 Q Based on, what is it based on?

3 A It is a way to measure the amount of virus present in tissues, or in an animal,
4 or in its subculture as you are doing the experiment.

5 Q Is that documented somewhere, is that in scientific research?

6 A It is in decades of scientific research.

7 Q If you could get back to us on --

8 A Sure, absolutely.

9 Q I'm trying to understand what the basis for this whole policy is, and why
10 after the fact in the NIH -- the reason why I'm asking these questions is would NIH have
11 made it an issue in October 2021 to let up [inaudible.] research letter. And you guys
12 reached back and said in defending yourselves because NIH is saying you're not even
13 applying with the excessive virus growth policy. You guys push back so there seems to be
14 a difference of opinion as to what that policy means. And as policymakers here, trying to
15 figure out what's the appropriate research going forward, we have to figure out a
16 workable system so people have a clear enough idea what the rules are exactly.

17 A Well --

18 Q What's concerning here is it doesn't seem like either side is very clear about
19 what the rules actually were.

20 A True --

21 Q And there might not have been significance with this experiment, but it
22 could be a much bigger deal for other experiments going forward again as we try to
23 decide what is appropriate.

24 A Well, I have great respect for your oversight authority. And yes, these
25 experiments need good oversight.

1 NIH in 2021 wrote to us and said you're out of compliance. But we sent them the
2 report in year 4 of grant years earlier. Why didn't somebody tell us at the point of time

3 this isn't --

4 Q Well --

5 A Because -- if I might finish. Look, as a grantee, you're bound by the rules of
6 the agency and the oversight that the agency puts on the grantee at the time. We follow
7 the rules, we have requested information about gain of function. We were told we can
8 go ahead with the experiment. We went ahead with the experiment. We reported back
9 straight away. We then received no indication that this, in any way, out of compliance.

10 Q Well --

11 A Because it was not out of compliance.

12 Q Was it --

13 A As we said repeatedly to the NIH and to the OIG, we followed the rules of
14 compliance. We refute the concept that we are out of compliance.

15 Q But the immediate notification. When was this experiment conducted,
16 because the progress report was submitted in year 4 so we're trying to understand --

17 A This was done in year 4. We reported back as soon as we got the results.

18 Q What month and year? Do we know?

19 A We wrote back as soon as we got the results as we were supposed to. And
20 NIH did not write back to us and say, wait a minute, there's something wrong here. NIH
21 accepted the report and then we were given the go-ahead to work on year 5 and
22 continue this study.

23 Q Right.

24 A Look --

25 Q You have got that history. I'm just trying to understand, you know, was this

1 really an immediate notification. How did the notification work? So first, I'm not even
2 clear whether you guys should have notified them on day 2 post infection when you had
3 that big difference in your bar graph with the SHC014 chimeric virus group. If they are
4 doing it real time and you don't know the transient effects, you haven't done it to the end
5 of the experiment. But if they are messing in real time and they are saying it's not the
6 experiment and you're telling us it's only one experiment, it doesn't make sense to us as
7 outsiders, I don't have the inside on all of this. It sounds like you're supposed to stop the
8 experiment on day 2 because you saw a big difference in the WIV?

9 A By day 6, by day 6 the viral genome copies per cell, per gram --

10 Q On day 2, what were you supposed to do?

11 A By day 6, those levels were back to the same as all other viruses in there.

12 Q You didn't know that. You didn't know that on day 2.

13 A I was in New York, the experiment was being conducted in China.

14 Q Right. So how was that supposed to work? Was someone in EcoHealth
15 moved in while these experiments were being conducted?

16 A Well, we did. We got the results, we notified NIH, as we should. NIH didn't
17 find out in any way --

18 Q That sounds like --

19 A -- of consequence.

20 Q It sounds like --

21 Mr. Strom. May I ask --

22 Mr. Slobodin. Yeah, sure. Just a second.

23 BY MR. SLOBODIN:

24 Q That sounds like that's months later though on real time. That's what we are
25 trying to reconcile here.

1 A What you're trying to do is to say is that oversight perfect, should things
2 change to make oversight of these experiments different in the future. My response to
3 that is, of course. If you can improve oversight on these experiments, go ahead. But it
4 may be a good strategy in the future to have a far more prescriptive layout what
5 experiments should be done in these experiments so that we have better oversight of
6 what's going on.

7 However, it's very important to note that these experiments did not result in a
8 chimeric virus that had excessive growth. They resulted in a chimeric virus that had
9 transient increase in viral copies per gram. That is not the same thing. They were not
10 remarkable. They were not concerning. Our conclusion in the report says, while these
11 are interesting and show different levels of viral growth, they may suggest there might be
12 different levels of --

13 Q At the end of the 14 days, you had a 75 percent of death rate with increase
14 in mice everyday of SHC014. Let's talk about the deaths, not the viruses.

15 A With one group, a very small number of mice. That is not statistically
16 significant. If we are going to do science --

17 Q Why wasn't it statistically powered?

18 A Because --

19 Q Why wasn't --

20 A Because you would have to --

21 Q -- significantly --

22 Mr. Benzine. Alan, you have to wait until --

23 Dr. Daszak. You would have to repeat the experiment and continue and do more
24 mice to get a statistically significant sample size.

25 When you're doing science of this level, you can only conclude that something has

1 led to an increase that has concerns, if you've done a significant sample size. If you've run
2 the experiment and shown that the under the experiment on day 6, 7 that those file
3 titers -- those genome copies per gram remain different, they did not. And so, you know,
4 I can only assume that NIH did not come back to us and say, these experiments have
5 concern for us, because they did not. They were not consequential.

6 Now 2 years later, 3 years later in the maelstrom of the politics around COVID
7 origins where the phrase, gain of function, has been used to inappropriately describe a
8 number of different things. Of course, in retrospect, you can have a lot of questions
9 about those experiments, but at the time we did that, given the oversight rules we had,
10 we were absolutely in compliance.

11 BY MR. SLOBODIN:

12 Q It is still not clear to me. Immediate notification sounds like that is supposed
13 to happen pretty fast. So whether it's on -- so at the end of year 5, you've got 75 percent
14 death rate, even if you've got the other groups 50 percent death rate, you have to access
15 the virus growth to these brain tissue measurements and maintaining that that was the
16 situation where they should have been notified immediately. And, you know, I'm trying
17 to understand how wooly is this term "immediate." Is it, you know, in a matter of days, or
18 hours, or is it months, you know. Immediate sounds like to us it must be happening
19 pretty fast.

20 A Well, let me answer that by saying, you know, I've already explained my view
21 of this. But don't take my word for this, look at the OIG who did a detailed audit in the
22 GAO. I think both groups came back and said that NIH needs to be clearer in the timeline
23 of reporting on this. So I think the OIG and the GAO support what I'm saying, and also
24 support what you're saying that there are is a potential to improve the oversight.

25 Q You didn't have any questions going back to when you went to Baric to get

1 this language to suggest NIH issued in a sense adopted, and I will bet you NIH had a pretty
2 good notion, you could say, had probably better experience. So if you didn't have, any
3 WIV and the equal health didn't have any further questions about the implementation in
4 how to do this?

5 A No, because as I've stated, the increase in viral genome copies per gram was
6 transient. The chimeric viruses leveled off to the same level as the other viruses. A few
7 days later, there was a small sample size so the pathology results are not statistically
8 significant. It is not an experiment that would have given anybody in the field cause for
9 concern at the time. And our conclusions support that. In the report that we wrote to an
10 actuary we said, these suggest that viruses may have different profiles during infection.
11 We didn't say this shows clearly that CH -- SHC014 has a far higher potential, because it
12 does not.

13 Q Who said at the institution of biosafety -- who said that, institutional
14 biosafety committee?

15 A I do not know who is the head of the -- institutional biosafety at this point.
16 I'm not in communication with the --

17 Q Well, how about --

18 A -- people with -- you know, I was told by NIH when the grant was terminated
19 that we should not continue working with WIV on this issue.

20 Q How about in 2016?

21 A Well, my communications were with Dr. Shi. And she would be able to point
22 you toward the right person.

23 Q So, do you have any notion on how many mice were used in this situation?

24 A I can look into records and find out. I am pretty sure we have a good --

25 Q Because I couldn't figure it out --

1 A Yeah.

2 Q -- in the RPPR?

3 A It is not in that report. Yeah.

4 Q Is that something you can get back to us on?

5 A Yeah.

6 Q And then how about how many mice were euthanized in that peer review?

7 A Well, I'm saying we will get back to you. But if we need to reach out to the
8 Wuhan Institute of Virology to ask questions for this issue, I've tried that already.

9 Q Well, I'm not --

10 A No, I think you are.

11 Q Well, I'm asking historically.

12 A It would --

13 Q I'm asking historically. I'm not asking now, because I understand that this
14 situation --

15 A I think it would require that. I'm not sure it would work. Because we tried to
16 get the lab notebooks for NIH and didn't receive a response from WIV on that.

17 Q Right.

18 A They have since been --

19 Q What I want to know is if there's additional information about these
20 experiments outside the RPPRs?

21 A I don't think so.

22 Q It says it was not published?

23 A No, no. There is no --

24 Q All we've got is basically what the WIV --

25 A Well, all we got is that because the grant was terminated and we were told

1 not to work with the WIV using NIH funds. We have then since renegotiated to the terms
2 of that, and I am not working with funds WIV. WIV has since been debarred, and I have
3 asked WIV for the lab notebooks and received no response. There's a limit to what we
4 can do as a research organization.

5 Q We are talking past each other, sir.

6 I'm talking about the year 4 part RPPR and the year 5 RPPR, to the work that could
7 be done years earlier, is there any other data outside of what you had examined in the
8 RPPR? Are there separate emails that Dr. Shi made with some additional information?

9 A Unfortunately, no. And we are now unable to get any more information.

10 Mr. Slobodin. Sorry, John.

11 BY MR. STROM:

12 Q So the viral genome copies are a real-time measurement, a sort of your hand
13 measurement of viral growth?

14 A Yeah.

15 Q Is weight loss also a measurement to thinking one --

16 A Yeah.

17 Q -- of the Menachery papers, they had significant weight loss and sacrifice at a
18 certain point? And then you would do the -- as I understand it, and so please correct me
19 if I am wrong -- at the end of the experiment is where you would do -- measure the viral
20 titers so actually at the end is when you would figure out if you had greater than one log
21 growth?

22 A Yeah.

23 Q It just needed to be --

24 A I believe that's correct.

25 Q For the transcript -- okay.

1 As this policy is structured for the gain of function pause by NIAID, NIH, not by
2 EcoHealth, it seems unlikely that you would -- that any person doing an experiment would
3 know until after they had done the experiment that they had gone -- that have greater
4 increase than one log?

5 A I think that's correct, you wouldn't know definitively through viral titer
6 measure. But I also want to remind everyone that these experiments are done at BSL-3.
7 These are very save experiments on a small number of lab mice in a BSL-3 lab. If it is 6-,
8 7-day, 2-week experiment and the mice are killed at the end and destroyed, the risk is
9 minimal.

10 Q And then none of those sort of issues we just talked about, the looking for
11 death, looking for genome copies, none of that, to your knowledge, was written down by
12 NIAID or NIH and given to grantees to guide their implementation?

13 A It wasn't given so I don't know if NIH did this with other grantees.

14 Q Do you recall generally what month you received the information regarding
15 the year 4 and then the year 5 experiments from the WIV?

16 A No. But I think it was pretty very shortly before we sent the report to NIH,
17 very shortly before.

18 Q And do you recall any communication with the WIV where Dr. Shi or
19 anybody else on her team is saying, we are starting that -- FYI, we're starting our mouse
20 experiments?

21 A I've looked through emails to try and find information. I mean, we were
22 asked the same questions by NIH, so I scoured emails and didn't find information that
23 would give any more data. But I believe the experiment ended right there, shortly before
24 that report went out to my knowledge from memory.

25 Q What makes you think that?

1 A Because we visited WIV. Staff had been to visit WIV. You know, we had a,
2 on average, once a quarter interaction, I had been chartering meetings. So that was what
3 I heard at the time from my memory. But I don't --

4 Q So --

5 A -- have an email.

6 Q So thinking about the tempo of communication here, it's about once every
7 3 months?

8 A Yeah. The communication was weekly, emails, administrative back and
9 forth. But I'm talking about a detailed scientific discussion with the PI and other staff,
10 yeah.

11 Q Even not to be naive here, but what else were you talking to the WIV, if not?

12 A Contracts, you know, staff, where the next field expedition should be, what
13 these sequences mean. Have you written that paper yet. Who is going to draft this
14 paper, that paper. Lots and lots of different things, constant communication.

15 Q But nothing about, Hey, you know, we proposed in year 4 that we were
16 going to do this. We're about to start it, so it looks like we are going to make it on time
17 for the report.

18 A I believe we had conversations about it at the time, but I don't have an email
19 that shows that, which was the first question.

20 Q Okay.

21 A Yeah.

22 BY MR. BENZINE:

23 Q We're running close to the hour, but a couple of cleanups.

24 You said, and if I'm being nitpicky, tell me, that post the suspension of the grant,
25 you were told not to work with the WIV with NIH funds, correct?

1 A Yeah.

2 Q Did you conduct any work with the WIV with other funds?

3 A We were told not to -- yeah. No, we didn't conduct work with WIV without
4 any --

5 Q So between April 2020, and when the WIV was debarred there was no work
6 between EcoHealth and the WIV?

7 A Only writing up of research results from operating this work.

8 Q Okay. Was the greater than 1 log viral growth condition communicated to
9 the WIV?

10 A Yeah.

11 Q How?

12 A I think we sent them a copy of letter and it was in the notice of award.

13 Q Okay. You just said that the experiment in the year 4 -- first, is the
14 experiment in year 4 and year 5 the same experiment?

15 A Yes.

16 Q It is just different measurements at different points in the time.

17 A Yes.

18 Q You said it was conducted in a BSL-3. Is that correct?

19 A Yes. The anamischromes (ph) were going to be a cell 3.

20 Mr. Strom. And if I have missed it in the documents, how do you know that?

21 Dr. Daszak. Because I was told that.

22 Mr. Strom. In an email or a phone call?

23 Dr. Daszak. Repeatedly to my face, in emails.

24 Mr. Strom. I'm just asking.

25 Dr. Daszak. Yeah. I mean, it's like any scientific enterprise, you collaborate with

1 scientists whom you trust who are well-respected in the field, their work is peer
2 reviewed. At some point there's an element of trust, of course.

3 BY MR. BENZINE:

4 Q It had been pretty routinely reported, and I think you had mentioned in your
5 communications with Dr. Lipkin as well that the work was done at BSL-2?

6 A Yes.

7 Q So those reports are inaccurate?

8 A Some work was done at BSL-2, some of it was done at BSL-3. And that the
9 standard-approved levels by the U.S. and by China.

10 Q Okay. Can, in the brief time, explain the work that was done at BSL-2 versus
11 the work that was done at BSL-3?

12 A BSL-2 work would be viral isolation so that's taking an animal sample and
13 culturing the virus from the animal sample. And BSL-3 work would have been -- BSL-2
14 would also be PCR for instance, and BSL-3 would be the animal work, the infection of
15 animal with viruses.

16 Q And then two more from me before I think we can close out -- almost close
17 out the hour. You testified earlier, and again, let me know if I'm mischaracterizing this,
18 that the renewal going into the type 2, the year 6 of this grant showed the same
19 experiment as the year 5 progress report. Is that true?

20 A The year 5 and year 4 report for SARS-related coronaviruses concern the
21 same experiment.

22 Q No, no. I know. But year 4 progress report showed a different measurement
23 of the same experiment, right?

24 A Correct.

25 Q You had testified that it didn't really matter that the year 5 was late because

1 your renewal showed the same experiment that the year 5 would have shown. Did it?

2 A Well, I didn't testify it didn't matter. I mean, it would have been far better
3 had that --

4 Q Yes.

5 A -- been uploaded. We tried to upload it, we got locked out.
6 We contacted -- they didn't respond. Look, just leave that. However, from my memory
7 and from what I looked through my notes since, in the year -- in the renewal proposal,
8 that experiment was -- the experiments that were in year 5 report were in year 2 -- were
9 in the second --

10 Q Were the same measurements in the renewal as well? Were the --

11 A I would have to go and check.

12 Q Okay.

13 A But yes. I mean, I think some of the pic -- yes, one of the pictures in the
14 renewed run was the exact same image that was in the year 4 report. I remember that
15 being an issues that someone raised. We cut off the figure to make it fit into the
16 proposal, and cut off the word "dead point," and someone accused us of miscreant
17 behavior, but of course it was --

18 Q I'm asking if the figure about the mice deaths, the brain tissue measurement-

19 A I would have to check on that.

20 Q Okay. My final question you were asked a lot about the Dr. Baric papers that
21 you cited specific in your explanation that the research was not applicable to the
22 gain-of-function pause. Did you consult with Dr. Baric prior to citing his papers?

23 A When I cited them in this, I had already spoken with Dr. Baric. But I didn't
24 consult him and say should I cite your paper? No, I'm a scientist, cites papers, and that's
25 what I did.

1 Mr. Strom. So you think your recollection to understand the normal cadence of
2 conversation with the WIV, the year 4 -- the experiment that was for the year 4 progress,
3 part of that experiment was done around that July, September time -- as you're filling out
4 the report.

5 Dr. Daszak. Yeah, I think it was -- yeah, I think it was shortly before we're getting
6 the report.

7 Mr. Strom. If you're doing the year 5 report, then next year in July and September
8 of 2019, that would seem to be a delay?

9 Dr. Daszak. Well, there was no new experiment. It was simply the results from
10 the prior experiment.

1 [2:03 p.m.]

2 BY MR. STROM:

3 Q But that's the one that, at least to Dr. Lauer at NIH, and this is just -- thinks
4 was more likely to be a gain of function --

5 A It was the same experiment we'd already reported to Dr. -- to NIH. It was
6 simply the pathology and mortality rates from that experiment. So it provides no further
7 information on whether or not this gives an increase.

8 Q So your view is that you didn't need to report it immediately because it
9 didn't implicate the 1 log, correct?

10 A We reported the results when we got the results. Those results were
11 pathology results that came through months later, as is normal.

12 Q Okay. And then you mentioned that you are under the impression that the
13 WIV is -- and I can't find my note on this -- but somehow inspected by the Federal
14 Government or approved by the Federal Government for collaboration?

15 A Yeah.

16 Q What is your understanding of that process?

17 A Well, I -- you know, this is just my understanding, it may be incorrect, but
18 from writing NIH grants, once a scientific review's happened, the work is considered kind
19 of priority to fund. They don't just award you the grant. It's then sent for further review.

20 Your work is reviewed in terms of what -- do you use select agents? Is there a
21 potential that there are dangerous pathogens? Do you have gain-of-function research in
22 that? Are the animal considerations appropriate? If you're working with people, have
23 you done the human institutional ethics review board for it?

24 And then finally, I believe it goes up for two further reviews. One is an
25 interagency review to say, is this work duplicating other work that's already been

1 funded --

2 Q Right.

3 A -- by a Federal agency? And then, are all the foreign subcontractors -- this is
4 for when you're working with foreign subcontractors -- are those subcontractors
5 approved for work by the U.S. Federal Government?

6 I believe that's a State Department issue, and I believe that WIV, the Wuhan
7 Institute of Virology, as for all of them are foreign subcontractors, was on the list of
8 approved institutions.

9 Q Okay. So when you're saying federally approved, you don't know if the
10 State Department is sending in inspectors and conferring with the IBC, the Institutional
11 Biosafety Committee, of the WIV, making sure they use the BMBL, that sort of thing?

12 A Correct. You would have to ask State Department --

13 Q Okay.

14 A -- what they do.

15 But I want to point out that, you know, EcoHealth Alliance is not the only
16 organization that -- that was contracted by the Federal Government to work with the
17 Wuhan Institute of Virology. There were other organizations that did biosafety training
18 for staff. There were other organizations that did research with the WIV.

19 Q So from your perspective, there aren't sort of -- if it's a hypothetical green
20 light, yellow light, red light, they're green-lit with the State Department. They've been
21 approved -- once it kicks through, your application is approved for funding --

22 A I mean, I have to get the tense right on that because right now they're on --

23 Q Because they're a red light now.

24 Your understanding is, at the time that you applied to work with them on these
25 experiments, they were on these sort of approved partners list?

1 A Yeah. And we would not have been given a Notice of Award that specifically
2 said you can subcontract that organization if it had not been approved by the Federal
3 Government.

4 Mr. Strom. Okay. Thank you.

5 Mr. Benzine. We can go off the record.

6 [Recess.]

7 ██████████. All right. So we can go back on the record.

8 ██████████:

9 Q Dr. Daszak, I'd like to ask a few questions, some of which will end up
10 requiring you to repeat yourself a little bit, but we appreciate your patience in doing that.

11 A No problem.

12 Q There will be some overlap between this and the previous hour.

13 So when you and I left off multiple hours ago, the decision from the agency side, I
14 think, had been, as related to the gain-of-function pause, that that pause did not apply to
15 the work that you were planning to do in your grant. But the special grant term and
16 condition, which I think was the topic of some discussion in the last hour, was put into
17 place, which more or less required that, to the extent any of the chimeric viruses showed
18 enhanced virus growth greater than 1 log over the parental backbone strain, you got to
19 stop and immediately notify, and that was some of what we were talking about
20 previously.

21 I think you've already covered a little bit of this ground, but it just would help me
22 to understand the process for you at EcoHealth not being physically in the lab at the
23 Wuhan Institute, the process for you to be notified of anything like that. What did that
24 process look like?

25 A The PI of the subcontract's -- subcontractee, which would, at that point, be

1 Dr. Shi of the Wuhan Institute of Virology, would report to us, and then we would report
2 to NIH.

3 Q Did you sense, if you recall, was there any extent to which the -- on Dr. Shi's
4 side of things, that there was a sense of, okay, well, we're going to provide you with
5 experiment results. If those experiment results show something that's covered by this
6 grant term, you will realize that by reading the results that we sent you? Or was it, I,
7 Dr. Shi, will call you, Dr. Daszak, and specifically say the words to you, "We've gone over 1
8 log"?

9 A Yeah, we never had an agreement on a very specific form of communication,
10 but we were in regular contact with the organization. They would've told us if they had
11 concerns about that experiment. And, you know, in the end, the experiment did not
12 breach those rules.

13 Q I guess I'm wondering -- like, I assume these charts that we'll take a look at,
14 figure 13 or --

15 A Yeah.

16 Q -- figure 35, I assume, but I guess I should ask, that you received those from
17 Dr. Shi --

18 A Yeah.

19 Q -- and her team, right?

20 A Yes.

21 Q So when you receive them, are you or somebody on your team receiving
22 them with the knowledge of, okay, let me take a look at these charts to see whether the 1
23 log --

24 A Yeah.

25 Q -- term is implicated?

1 A Yeah.

2 Q Yes?

3 A Yeah.

4 Q Okay. I'd like to look at some of those annual reports. They are long and
5 thus will involve lots of paper.

6 So at first we'll introduce the year 3 report, minority exhibit I. That's Bates
7 stamped NIH518.

8 [Daszak Minority Exhibit I
9 was marked for identification.]

10 BY [REDACTED]:

11 Q That is a long document, and you will not need to review it in its entirety. I
12 think the material that I'm specifically interested in is on the Bates number page 540 and
13 then over into the following page, 541.

14 I'm sure you've seen this before, but I'll give you a second to sort of glance at it.

15 A Yeah.

16 Q So couple of things. There are two chimeric viruses being discussed here in
17 the year 3 report. On the page 540, there's a paragraph in the middle that says, Among
18 the 11 newly identified SARS-like CoVs. In the middle of that paragraph -- I'll just
19 read -- there's a sentence saying: Using the reverse genetic system we previously
20 developed, we constructed two chimeric viruses with the WIV1 backbone replaced with
21 the S, spike, gene of Rs7327 and Rs4231, respectively.

22 Those are two spikes. One of them, Rs7327 -- so first of all, the WIV1 backbone,
23 that is what you previously described to Dr. Stemmy and what you guys had been going
24 back and forth about.

25 A Yeah.

1 Q The Rs7327, also a spike or a chimeric virus, that is what you had described
2 to Dr. Stemmy.

3 But the 4231, I think, you had described to Dr. Stemmy that you had already, at
4 the point of that exchange in 2016, built two chimeric viruses, one of which was WIV1
5 backbone SHC014 spike. And we discussed in the previous round at length, you know,
6 what those experiments would or would not end up showing. That chimeric virus is not
7 mentioned here, and the 4231 spike is new to me as a reader, has not been previously
8 discussed. So I just kind of wanted to ask if you recall what that's about.

9 A No. It's just another genetic sequence of a bat SARS-related coronavirus that
10 had a certain similarity genetically to SARS coronavirus. So WIV had created a chimeric
11 virus to use and see if it was able to attach to human ACE-2, infect cells, in the lab.

12 Q Was --

13 A Nothing particularly unusual. There were whole series of sequences, we
14 found hundreds in the end, and, you know, WIV was trying them out to see which ones
15 might be able to infect human cells, therefore a concern for public health.

16 Q Okay. And the experiment results, figure 11 on the following page --

17 A Yeah.

18 Q -- show the respective performance of these various viruses.

19 A Yeah.

20 Q And so the exchange with Dr. Stemmy had been pretty specific about
21 SHC014 on a WIV1 spike. It seems like, but let me just confirm, that that chimeric virus,
22 though it had been created at this point, was not tested?

23 A Not fully tested. I think that in year 2, we proposed that the experiments
24 that included humanized mice -- but I don't think they had their animal model fully up and
25 running at WIV at that point. So that was not yet done, from my memory.

1 Q Did -- to the extent you recall, I know it's a long time ago -- the 4231 chimeric
2 virus, did that exist at the time that you traded paper with Dr. Stemmy? Because at that
3 time you said to Dr. Stemmy, we have created two specific chimeric viruses --

4 A I think if it had and I knew about it and it was of any significance, I would've
5 reported it. I think the fact that it's in year 3 suggests to me that it was something that
6 was done or discovered between year 2 report and year 3 report.

7 Q Okay. And you sort of touched on this, but just for me, if you recall the
8 reason that the SHC014 chimeric virus which existed at the time of the Stemmy exchange
9 was not ultimately used in this experiment was what?

10 A The work had already been done, I think. If you look at the paper by
11 Dr. Baric's group, I think they used SHC014 for and showed that it was able to bind to
12 human ACE-2. So that had already been done.

13 Q The paper we looked at earlier?

14 A Yeah. I think so.

15 Q But that -- that in that paper, I don't think, was on a WIV1 backbone.

16 A But it says -- the point is -- your question is, why is SHC014 not in this
17 experiment? The answer is because this experiment tests the ability of the virus to attach
18 to human ACE-2. And I think we already knew that from previous work that Dr. Baric's
19 group -- or Dr. Shi's group had done.

20 Q Okay. And we can shuffle papers --

21 A Yeah.

22 Q -- I know we've thrown a lot of paper at you today. But in that exchange
23 with Dr. Stemmy, you had said to him, I'm going to test the SHC014/WIV1 chimeric virus, I
24 think for that exact purpose?

25 A Yeah.

1 Q And the Baric paper is already out at that point?

2 A No. I think the Baric paper showed that it would bind to human ACE-2. We
3 were then interested in asking the question, well, does it then cause any clinical signs in
4 humanized mice? That was the next level to test. I think that's correct.

5 Q Okay. The chart here, figure 11 in year 3, we see the performance of these
6 two chimeric viruses that we just discussed, and those both have the WIV1 backbone.

7 A Uh-huh.

8 Q But the chart lacks WIV1 itself, right, full-length WIV1? Is that right?

9 A Yeah, it's not there.

10 Q Yeah. And in terms of assessing where things stood as it related to the
11 special grant term, the 1 log, which is measured against parental backbone, I guess, how
12 would one make that assessment without having WIV1 in front of them?

13 A You would have to repeat the experiment with WIV1. Well, this is just a
14 snapshot of the work that was done of a multiyear period and it's incomplete. And for
15 that to be completed, you would need to do that with WIV1, for sure.

16 Q So WIV1 itself, full length, was not part of that experiment?

17 A It doesn't look like it, from looking at this.

18 Q So part of, I think, the confusion for us is that a paper was published in
19 2017 -- which I'm happy to introduce so you have it in front of you -- that seemed to show
20 the same exact experiment, same results, except this time, WIV1 is on the chart. So why
21 don't I introduce that --

22 A Right.

23 Q -- so you know what I'm talking about. This would be minority exhibit J.

24 [Daszak Minority Exhibit J

25 was marked for identification.]

1 BY [REDACTED]:

2 Q I'll pass that to you and give you a second to look at it. I can direct you to the
3 page. Looks like it's page 15 out of 27.

4 The name of this article, for the record, is, Discovery of a rich gene pool of bat
5 SARS-related coronaviruses provides new insights into the origin of SARS coronaviruses.

6 So I'll give you a second to look at it. I'm focused on figure 8 --

7 A Yeah.

8 Q -- on page 15. But I think you can see sort of what I'm getting at, which is
9 that that appears to be the same experiment, same results. Only difference is WIV1 is
10 now there.

11 A Right. Correct.

12 Q So it would seem that WIV1 was, as full length, was part of this experiment.

13 A Well, like I said just then, this experiment is incomplete without having WIV1
14 included, and here we have a publication where WIV1 is included. So the experiment was
15 continued or made complete. More data was added.

16 Q Did that WIV1 full-length information exist at the time you submitted the
17 year 3 report?

18 A It looks like this year 3 report was submitted on April the 12th, 2017. It looks
19 to me like this paper was finalized in November 2017. I think if WIV had done --

20 Q Could I ask -- I'm sorry to cut you off --

21 A Yeah.

22 Q -- but just a question. And the paper received February of 2017?

23 A Yeah. But the fact that it was accepted and then published on November 30
24 means that they could've added to that paper at times up until November. I don't know.

25 I mean, I didn't --

1 Q If I could ask --

2 A I don't recall --

3 Q -- just to put a real fine point on it.

4 A Yeah.

5 Q It sounds like, but just you confirm, that you don't know?

6 A Well, not right now; I'd have to go and check my notes. But this is not
7 unusual at all. Here we have a report from an NIH grant with what looks to me like the
8 beginnings of the figure that then was put into a paper. Whether that paper
9 was -- was -- had a more up-to-date figure, it looks like that's the case.

10 The fact that WIV1 has the exact same profile as all three of those other viruses
11 says there's absolutely nothing unusual about that, it's exactly as would be expected, that
12 bat coronaviruses behave in the same way with -- in this cell culture model.

13 Q Yeah. I'm not as focused --

14 A Yeah.

15 Q -- on the results of this particular experiment. But putting those various
16 dates and charts together, it seems as if the WIV1 information existed at the time the
17 year 3 report was submitted but just wasn't on there. I'm assuming, but I should ask, that
18 it wasn't on whatever you received from the Wuhan Institute of Virology.

19 A There are two assumptions in your question. One is that, A, it was there
20 already, that we had the results; B, that it was not put on for some other reason. I don't
21 know the answer to either of them, but I can find out possibly if I've got earlier versions of
22 the paper.

23 But, again, there's absolutely nothing unusual about that. It's standard operating
24 procedure. You have a deadline to submit an NIH grant. If I have all the information here
25 on my laptop to put into that report, I'm going to put it in and send it.

1 The key issue is, scientific papers that are published for the public record, you try
2 and make those as complete as possible. You might even hold up the paper to add
3 information to it. I don't know if that's what happened here, but this is absolutely
4 normal.

5 Q How would somebody -- I think I asked and you answered, but I don't exactly
6 recall. How would somebody assess the situation as it relates to the 1 log rule without, in
7 this case, knowing what WIV1 did?

8 A Well, this is viral copies per mil, so it's obvious there, and the methods will
9 explain out what happened here -- what the experiment involved. But what's happened
10 here is that WIV1 is the virus, the standard laboratory model for bat SARS-related
11 coronavirus. These viruses behave similarly in the way they bind to human ACE-2 as
12 WIV1.

13 Q I'm so sorry. I just mean the figure as it exists in the year 3 report, for you
14 looking at that, as we discussed, and that the information that you received from the
15 Wuhan lab, you or somebody on your team looks at it to say, okay, where are we in terms
16 of that 1 log rule. And I'm just wondering, without having WIV1 in it at all, how would
17 anybody be able to make that assessment?

18 A Well, you'd need to have WIV1 on there.

19 Q I agree with you, but it's not there.

20 A Correct.

21 Q So I think what I'm sensing, but you tell me, is that at the point that this
22 report was submitted, neither you nor, I guess, NIAID, would have been able to say at all
23 what was going on in terms of the 1 log rule?

24 A Well, had NIAID requested further information, no doubt by the time the
25 request came through, I would've been able to send them a copy of this figure from this

1 paper, which was pretty much simultaneous to that. I just don't see as that's a significant
2 problem.

3 And every time we've worked with NIH, they've come back to us with questions
4 about issues that are incomplete and that seem to have some potential concern, and
5 then we respond.

6 No one -- no one asked questions about the year 3 report for that issue. Had they
7 done so, I would've contacted WIV, and we would, no doubt, have been able to send
8 them those results, which by the way, show no difference at all in viral copies per mil.

9 Q Great. We're almost finished with year 3, but just sort of one last thought on
10 it. To the extent that you are looking at the information to make sure that you are not
11 over 1 log, did you ever ask yourself, well, how could I even know that if WIV didn't give
12 me WIV1?

13 A WIV hadn't told us, hadn't reported that there was more than 1 log growth
14 in the experiment -- or that there was anything unusual in the experiment. They would've
15 done had there been so.

16 I mean, it's pretty clear that WIV1 was conducted in the same way as these were.
17 So I'm sure if it was a problem, they would've told us.

18 Q I just mean when you're submitting the year 3 report and you're looking at
19 what they sent you, which I assume is what ended up in the report --

20 A Yeah.

21 Q -- are you ever asking yourself, I can't possibly know whether I went over 1
22 log without somebody telling me what would WIV1 do?

23 A Well, we know in a simultaneously produced paper that it did not go over 1
24 log, so --

25 Q That paper didn't come out until later that year, I think, as you said.

1 A Right. But it's roughly at the same time as we were submitting this report,
2 and the results from that experiment would've been there. The results from that
3 experiment are clearly laid out in this paper. They aren't clearly laid out in year 3 report.
4 But if there had been an issue, WIV – the WIV would've reported to us, and we would've
5 reported to NIH.

6 Q Were you aware of those results that ended up in the paper at the time you
7 submitted the report?

8 Mr. Grudberg. The WIV1 results?

9 [REDACTED]. The WIV1 results.

10 Dr. Daszak. I'm on the paper.

11 BY [REDACTED]:

12 Q Right.

13 A I was aware of those results when they were in the paper, which was roughly
14 coincidental with this report going in. Had there been an issue, WIV would've reported to
15 us, and we would've reported to NIH.

16 And had NIH considered this to be a concern, they would've asked questions, and
17 we would've got back to them.

18 Again, it's a matter of communication between NIH, EcoHealth, and WIV, was
19 pretty much continuous, and yet there were no questions about this.

20 Q All right. Let's take a look, if we could, at year 4. So I will introduce as
21 minority exhibit K the year 4 annual report.

22 [Daszak Minority Exhibit K
23 was marked for identification.]

24 BY [REDACTED]:

25 Q I'll give you a second to look it over. It's got a cover email on it. The page of

1 interest -- the document itself, I should say, is Bates numbered NIH2593. The page of
2 interest, figure of interest, which has already been discussed a little bit today, is Bates
3 stamped 2622, and that's figure 35. So I'll give you a moment to look at that.

4 So there's been some discussion already about this figure, what it does or does
5 not show. I think your October 2021 letter to NIH touched on this, and I'm paraphrasing,
6 but that letter more or less said, even if people think that this showed 1 log, I submitted
7 the report, that was the immediate notification, but it didn't actually show 1 log because
8 the results were transient, it's measuring viral genome copies, not viral titers, and it was a
9 really small number of mice, and so who knows whether that is even statistically
10 significant. Is that fair?

11 A Yeah.

12 Q All right. Great. If you recall, at the time that you submitted the year 4
13 report, for you, did you view it as providing immediate notification of more than 1 log
14 growth?

15 A Well, we -- we sent the results to NIH shortly after we got them, so --

16 Q No doubt about that. I think sometimes, today and elsewhere, it has been
17 unclear whether that means that when you sent it, you thought to yourself, we've gone
18 over 1 log and I'm --

19 A Oh, no.

20 Q -- doing what I'm supposed to do or no?

21 A Well, look, it clearly is transient, and it's back to the same level with all the
22 others. So, no, we don't consider that as an abnormal finding.

23 Q Did not consider that at the time and don't now?

24 A Correct.

25 Q Okay. So as far as you all were concerned, at this point, the 1 log rule has

1 not been implicated anyway, regardless of whether or not the submission of the report is
2 immediate --

3 A I doubt that if you -- if you repeated that experiment on a significant number
4 of mice -- and you would have to expand the number quite a bit and do the viral titer
5 loads -- I doubt that it would exceed the rules.

6 And this is -- it really does make a difference when you have a small number of
7 mice. You know, populations are different. Each individual mouse responds differently.
8 When people inoculate them and look after them in the lab, some don't respond as well
9 as others.

10 So both the weight loss issues and the viral load, you would have trouble passing
11 that through a peer-reviewed paper for publication.

12 Q Separately from the very specific question of whether or not 1 log has been
13 exceeded or not --

14 A Yeah.

15 Q -- there was a little discussion about the more general concept of cause for
16 concern. And I just wonder, if you recall, whether there was any cause for concern on
17 your end looking at these results when you submitted -- or when you received them?
18 Let's say that.

19 A I think -- it is really straightforward to me if you -- and, you know, I can
20 answer that now, or you can read what I said at the end of page 2621: These results
21 demonstrate varying pathogenicity of SARSr-CoVs with different spike proteins in
22 humanized mice.

23 It doesn't say these -- these results demonstrate that some viruses are of high
24 concern for public health. It's correct, it's subjective, it's balanced. This doesn't really tell
25 us much. It's the beginning of something interesting. It suggests that these viruses are a

1 group of viruses we need to do further work on.

2 If we have monoclonal antibodies and vaccines that work against SARS, we need
3 to make sure that they also work against these other viruses which have some potential
4 to infect human cells and potentially emerge. So I think that our own -- the way we
5 reported it is correct.

6 Q That may be, and I don't necessarily disagree with that. More, did you have
7 any cause for concern, that you recall at the time, with looking at these experiments?

8 A No.

9 Q Okay. And figure 35 is broken up into an A and a B. B shows genome copies
10 of viral presence, and we've talked a little about the view that that is a less reliable
11 indicator of the presence of virus because it includes dead virus genome --

12 A Dead viruses, bits of RNA, all sorts of stuff.

13 Q And we have sometimes heard that weight loss is perhaps a better metric for
14 measuring pathogenicity, which I think is right. Is that right?

15 A No. Pathogenicity will involve final load, weight loss, pathology, all sorts of
16 measures done on a statistically significant number of animals. So you've really got to do
17 a far more detailed, comprehensive job to understand whether there are real differences
18 between these viruses.

19 And as we know from some of the other work that we just talked about, there
20 were differences between WIV and other viruses, chimeric viruses with WIV, in terms of
21 the way they bind to human ACE-2. So I'm not sure these results would translate into
22 differences -- significant differences between the viruses if they were done extensively
23 and properly.

24 Q So I think it is worth briefly sort of articulating what those two figures show.
25 With respect to figure 35A on weight changes, the green line is the SHC014 chimera; pink

1 line, WIV1, so the backbone but at a full length --

2 A Yeah.

3 Q -- and the green line is pretty close to that pink line until around day 3, and
4 then it starts to separate and we seem to see more weight loss in SHC014 mice, which
5 would seem to indicate greater pathogenicity. Is that how you interpreted it?

6 A It would indicate the potential. Because look at the arrow bars around that
7 green line. They're huge. And they overlap with the arrow bars for all of the other
8 viruses except for one, which is WIV16.

9 That's the point about doing proper scientific research. This is a report to NIH. It's
10 giving the preliminary results from a preliminary experiment that we then didn't do any
11 further work on. It's not enough to make a -- a definitive understanding of how important
12 these viruses could be because of that issue around arrow bars, around a small number,
13 and around all the other measurement issues that we've talked about.

14 Q And what are the dots? The dots are average -- averages? Is that right? In
15 other words, on the horizontal lines.

16 A Yeah. They're the means about the -- yeah.

17 Q They're means?

18 A Yeah.

19 Q Okay. Was it a cause for concern that the mean for the SHC014 seemed to
20 be measurably lower than the mean for the WIV1?

21 A It translates to, these results demonstrate varying pathogenicity of
22 SAR-CoV-2. That's all.

23 Q I think there's no doubt about that in the literal sense, but the variance
24 seems to be that the chimera is more --

25 A Yeah, but, you know, the arrow bars matter. And when you get arrow bars

1 like that, that's an experiment that either is -- some issue with it, some issue with the
2 mice, or you need to repeat it and do it more carefully.

3 Q Great. And then when looking at 35A in concert with 35B, 35B seems to
4 show that on days 2, 4, and 6, basically all the chimeras were showing much higher
5 genome measurements, with all its flaws, as you say, and then those differences evened
6 out. Is that -- at that point, is that day 8, or is that some other day --

7 A It would be day 8, I believe. The dead point being the point at which the
8 experiment is ended.

9 Q Okay. So the experiment ends --

10 A I believe so.

11 Q Yeah, the experiment ends on day 8. Does that figure, when combined with
12 figure 35A, if you recall, ever give you pause?

13 A No, because what it tells you is that these viruses act the same, both in the
14 ultimate impact on mouse body weight and in the ultimate amount of genome copies per
15 gram.

16 Q And SHC014, harkening back to our first conversation, is the virus, I think,
17 that you referred to as a clear and present danger. That's still no concern or pause when
18 looking at this?

19 A Well, I referred to it as a clear and present danger because at the time that
20 was the only one that had been worked on. And had these other viruses been part of the
21 paper that Ralph Baric published, I would've said these viruses are clear and present
22 dangers. And so you're not comparing apples to apples at that point, if you don't mind
23 me saying.

24 Q Okay. I want to look, if you could, at the year 5 report. And I will introduce
25 that as minority exhibit L.

1 [Daszak Minority Exhibit L
2 was marked for identification.]

3 BY [REDACTED]:

4 Q That's for you.

5 A Thanks.

6 Q Sure. And I'll give you a second to look through it. The document is Bates
7 numbered NIH 1, and the figure that I'm interested in is on the page numbered 16, and
8 that's figure 13.

9 So just for starters, is it your understanding that figure 13B shows growth in
10 excess of 1 log as compared to the backbone?

11 A It looks to me like it does not because, again, the virus levels are all over the
12 place but ultimately level out the same when measured at the dead point there on
13 whatever date that is.

14 Q And it does not look as if they've really evened out at the dead point, but
15 you think that --

16 A Well, that's -- that's within statistical significance of each of them.

17 And the way to do this would be, A, measure viral titer, and then, B, do a statistical
18 significance test. You have to do it right to come to those conclusions. Right now, the
19 conclusions from that experiment could not be that one virus is any more significant than
20 the others.

21 Q And what did the viral titer measurements say for this experiment?

22 A I don't know if they're in there. I don't know if we ever got the viral titer
23 experiment -- results.

24 Q The viral titer measurement is, it sounds like, the only reliable measurement,
25 is what I'm hearing you say.

1 A I -- what I said to you was, to really understand the difference between these
2 viruses, you need to do a full, detailed study with multiple measures, including genome
3 copies per gram, weight loss, pathology, and viral titers. It's not -- there's not one magic
4 bullet for this. You've got to do the whole lot, and it's got to be statistically significant.

5 Q Did you have --

6 A These are not significant.

7 Q Did you have the viral titer measurements at this time?

8 A I don't think so.

9 Q How could you monitor the 1 log situation without them?

10 A We looked at the results from everything we'd seen, and it looked like there
11 was no significant difference between those groups.

12 Q But those results did not include viral titer?

13 A Correct.

14 Q And viral titer is necessary for an effective evaluation?

15 A It's part of -- of many, many things you would have to do.

16 Q Without that, one cannot compile an effective evaluation?

17 A No, that's not true. I think with all of the other measurements together, had
18 we done this on a statistically significant number of mice, had we repeated the
19 experiment, without viral titer, you would've been able to come to a conclusion on
20 whether these viruses have different impact.

21 For the specific language in our Notice of Award, viral growth, that indicates viral
22 titer.

23 Q Which you did not have?

24 A I did not have when I reported back to NIH. And NIH did not write back to
25 me and say, you need to supply the viral titer. Unfortunately, at this point I doubt

1 whether we'll be able to get hold of that information.

2 Q Okay. So --

3 A I mean, I -- I would assume that WIV did measure that. And, again, I assume
4 if they had measured it and found significant difference, they would've reported it.

5 Q Okay. That's helpful. So the thought is, they must have measured it, but if it
6 had been significant in its difference, they would have told you?

7 A And WIV was bound by the rules to tell us, but they're not bound by the
8 rules to put it in a report or put it in a paper.

9 Q But as far as you recall, they never told you the viral titer measurements;
10 they just never said to you that there was a problem with the viral titer?

11 A They never reported to me that there was a problem with the viral titer.

12 Q And so would it be right to say that when you submit these annual reports,
13 you personally, or EcoHealth as an institution, are not able to be sure about where things
14 stand as it relates to the 1 log?

15 A Well, there are very many reasons why we're not able to be sure about the
16 importance of these results, including the size of the experiment, the number of times
17 we've done it, the other measurements that we've taken. I mean, this is not a definitive
18 scientific finding. This is an interim report. And the publication is the definitive scientific
19 finding.

20 Q I guess if the grant term is that if you go over 1 log of viral growth, all sorts of
21 things have to happen, and it's not possible to really definitively say whether that's
22 happened without --

23 A Well --

24 Q -- a data set that includes viral titers. And the thought is that the Wuhan
25 Institute of Virology has that information but the EcoHealth does not. Even sitting here

1 now, how are you able to say that you never went over the 1 log growth?

2 A Two things. The consequence of NIH, of us finding that an experiment
3 increased above a certain amount, would be to stop the experiment. The experiments
4 were already finished and ended. So it would have no consequence on the outcome.
5 They had been finished in year 4.

6 Secondly, there's a lot of information we're now unable to get from Wuhan
7 Institute of Virology. We've tried and were unable to, unfortunately.

8 Q If I could ask, the requirement to immediately notify, as we've discussed at
9 length, is not linked to stopping -- stopping is something separate, but the notification
10 requirement is independent? If you go over 1 log, you must notify --

11 A Actually, I think it says you must stop the experiments, in one of the letters.
12 Although I'm not sure it says it in the Notice of Award. There was language changed
13 between the notice and the letter. They took out the word "immediately" in the Notice of
14 Award. I'm not sure if they added the stopping, but it was in one of the communications,
15 that the experiments will be stopped. So yes.

16 Q Sure. I mean, if you like I can read it, but the requirement to provide
17 immediate notification is not linked to the requirement to stop. It was just that those are
18 two different things that you have to do.

19 A Right. But that was one of the things that we would've done had we found
20 any problems with the experiment. But the experiments had already been stopped, so
21 it's a moot point. There's no value in that because at this point, the experiment's already
22 ended, over a year ago.

23 Q Right. But --

24 A And we didn't -- we didn't repeat it.

25 Q But just to sort of repeat it a little bit, the requirement to notify the agency if

1 you go over 1 log, and then requirement number 2 is stop. But with respect to
2 requirement number 1--

3 A Yeah.

4 Q -- notify the agency if you go over 1 log, and if it's not possible to know
5 whether you've gone over 1 log reliably without a data set that includes viral titers, which
6 you did not possess, I'm wondering, how could you have known whether or not you had
7 gone over 1 log?

8 A What we did know was that based on all the other information available,
9 there was no significant difference between those viruses --

10 Q Okay.

11 A -- you know, apart from maybe on the -- ultimately the -- some of the other
12 information. But, yeah, it just -- that's what we based our moving forwards on.

13 Q There's been a good amount of discussion about figure 35 in year 4 and
14 figure 13 in year 5. I know you have said a few times today and in the past, those are the
15 same experiment --

16 A Yeah.

17 Q -- those are one and the same. I know we've heard maybe differing opinions
18 on that question. I was just curious -- and it's just as a reader -- in the year 5 report, page
19 15, so the page right before the figure with the --

20 A Yeah.

21 Q -- with the data, that just leads off with, quote: In year 5, we continued with
22 in vivo infection experiments.

23 A Where's that? Sorry.

24 Q Sure. No, that's on page 15 of the year 5 report. It's the first paragraph
25 under Specific Aim 3 header.

1 A Right. This is from WIV. That's the language that we -- you know, we get a
2 report from China. We edit it for English. We try and make it as correct as possible.

3 I think what they meant was they did the pathology on the experiments, not that
4 they then did more experiments.

5 Q Well, it says, we continued with experiments, which sounds like it was
6 continuing with experiments.

7 A Yeah.

8 Q Is that not what it means?

9 A I believe it means they continued doing the work on those experiments, the
10 pathology on those experiments.

11 Q Continued doing work on --

12 A I'm pretty sure that's the case. You know, we receive volumes of text from
13 China while we're doing this work, and there's a lot of editing you've got to do. And
14 clearly that wasn't edited correctly.

15 Q Do you recall whether that phrasing originated with the folks in Wuhan or
16 was that tinkering within EcoHealth?

17 A Well, we don't tinker. We edit. But I believe that this would've been
18 language from the Wuhan Institute of Virology, because they write a report on what
19 they've done, and then we edit it and put it into our full report.

20 Q Got it. But the editing, it sounds like, and I know, again, this is a long time
21 ago, but the editing would not have applied to that sentence, you don't think?

22 A Well, I think -- I think this sentence -- I'm fairly sure that no further work was
23 done, no new experiments were set up. If there were, they would've been reported.

24 Q So -- well, if you don't mind, just because the narrower question was, did
25 you recall that sentence as written, was written that way by the folks at the

1 Wuhan Institute?

2 A I believe that's right, yeah.

3 Q Okay.

4 A Yeah.

5 Q And so --

6 A And I did follow up and ask them later on about these experiments. They
7 told me that the only experiments were -- was that experiment, and that what they
8 meant by this was work on pathology.

9 Q And that --

10 A I mean, I specifically asked it because we'd been getting a lot of questions.
11 Yeah.

12 Q And that leads nicely into my next question, which is, I guess, how do you or
13 your colleagues at EcoHealth know that it was the same experiment? What's the source
14 for that?

15 A The Wuhan Institute of Virology.

16 Q Conversations with them?

17 A And asking them that, was this the same experiment? Yes, it was the same
18 experiment. And it looks that way in the figures, it looks that way in the data, and they
19 told us that that was the case.

20 Q If you recall asking them that specific question, would that have been after
21 SARS-CoV-2 came out, after the pandemic and the sort of 2021 and beyond timeframe, or
22 is that in more like 2018 and 2019?

23 A I had really no reason to ask them prior to the pandemic --

24 Q That makes sense.

25 A -- any more details about this work that we'd done and dusted and

1 submitted to NIH and had received glowing reports and had got a renewed grant on. It
2 was only when this became a source of all sorts of hypotheses and theories that I then
3 needed to double-check the information, and that was what I was told.

4 Q Okay. So to sort of summarize the story as it relates to the same experiment
5 or different experiment situation, at the time that you put the year 5 report together,
6 which would have been 2019, middle of 2019 --

7 A Yeah.

8 Q -- your colleagues at the Wuhan Institute of Virology sent you, presumably, a
9 draft report which included this sentence, which says, year 5 we continued with
10 experiments?

11 A Yeah.

12 Q Then the year 5 report ultimately was not submitted for various reasons that
13 we've discussed. And then post-pandemic, there is a tension or controversy, whatever
14 the right word is, and you then asked the colleagues back at the Wuhan Institute, was this
15 the same or a different experiment. And at that point they say it was the same
16 experiment. Is that -- I mean, I'm just trying to sum it up.

17 A And I asked it in a way that wasn't a leading question like that as well. Look,
18 every single hypothesis that has come out on -- on how this virus could've emerged,
19 everything from, you know, the theories about snake RNA in the virus, through to the
20 Mojiang mine, through to questions, and detailed questions, about the reporting, I
21 double-checked to the limit of our capacity at EcoHealth. We've gone back to our sources
22 to check. At some point, we're unable to get further information. But, yeah, we checked.

23 Q But that information from them, it's for -- right, they didn't share a notebook
24 or a lab data or anything?

25 A I asked for the notebooks. They didn't share the notebooks.

1 Q Right. Okay. Okay. I think just a few more questions.

2 There was just a discrete communication I wanted to ask about. I will introduce
3 that as minority exhibit M.

4 [Daszak Minority Exhibit M
5 was marked for identification.]

6 BY [REDACTED]:

7 Q And I will give you a second to look that over. That's a document Bates
8 stamped UNC SSCP2642. And it's an email chain maybe 6 or 7 pages long. The
9 information that I'm just -- it's a very small portion of it that I wanted to ask about, is on
10 the second page. That's page 2643. And it's an email from yourself on the bottom half of
11 that page.

12 I'll give you a second to familiarize yourself with it. I think, but you can correct
13 me, that the context here is an application for a different grant related to coronavirus in, I
14 think in Southeast Asia, that that application has just recently been submitted and you're
15 sharing that news with your colleagues.

16 There is just a paragraph I just wanted to ask about. It's halfway through. It starts
17 with, "As you read the text," and that's referring back to the grant proposal.

18 And that says: As you read the text, please remember that the wording is very
19 carefully targeted to a typical U.S.-based NIH reviewer and to the program officers with
20 the sole purpose of trying to win the grant. If I've exaggerated or made mistakes or used
21 language that isn't quite right, I apologize, but I did it for the key goal of getting funded.

22 So I just wanted to ask whether you recall that, if so, whether you recall what the
23 reference was in respect to.

24 A I can read it right there, and it sounds like a pretty standard comment in a
25 group email after a long, hard slog at writing a grant, yeah.

1 Q After, I'm sorry?

2 A A long hard slog of writing a grant, involving multiple countries. You know,
3 you can't always communicate the final pass. So, you know, you get -- you get language
4 from Thailand and preliminary data and all sorts of stuff, and you're trying to do your best
5 to interpret it and make it fit to the goal of what you're doing, which is to write the grant
6 and get funded.

7 Q Do you recall, if you happen to, what specific aspect of the application you
8 were referring to?

9 A No.

10 Q Okay. There were just two quick clarifications from a few discrete items in
11 the last round, and then we can wrap for this hour. It's sort of circling back for a very
12 brief moment to the year 5 report and the submission of that report.

13 You had mentioned in the previous hour with my colleagues that you had
14 uploaded the report but had not clicked that button to submit the report until later on,
15 maybe in the September timeframe, we saw from that other document. Do I recall that
16 correctly?

17 A Yeah.

18 Q The written statement to the inspector general says, quote: When
19 EcoHealth Alliance staff attempted officially to submit the report in late July -- which is
20 different and so I just wanted to clear that up.

21 A The official statement to the inspector general is probably correct.

22 Q Okay. So the button to click submit, that would have been in July?

23 A From -- from what we said to the OIG. I'm pretty sure we checked on what
24 we said to the OIG. I think we supplied them with information. I think what happened
25 was we put a draft report into the system at that point, and I'm not sure if we clicked

1 send, but if it says we did, we did.

2 Q Okay. And so -- and that's when the lockout happens, upon trying to click
3 the button for submit?

4 A It sounds like that's correct. I mean, like I said, the administrative staff do
5 this, not me.

6 Q Okay. But I think, if we understand, that would've been on July 31st, right?

7 A I think so.

8 Q Okay. There was, in addition, an exchange where the, I think, description
9 from yourself was that after that year 6 award, or after the 5-year renewal was made, the
10 system locked EcoHealth out from being able to edit what you had uploaded at that
11 point.

12 A Yeah.

13 Q It was a full lockout. And so I just wanted to ask, when you and I first talked,
14 there was discussion of the reason we're referring to it as draft in September is because
15 we can still edit it.

16 A Yeah.

17 Q But I did want to compare that with not being able to edit it once it locked
18 out.

19 A Not being able to submit it. So I think the system locked us out from
20 submission. That means it's still there as a draft. That means you can still edit it. And so
21 it's still fixable at that point.

22 Q And is why I just wanted to clear it up. In the previous hour, I think the
23 description was that once you're locked out, you're prevented from editing it?

24 A Oh. No, you can edit your report because you've got it on your laptop. You
25 can write a new version, yeah, absolutely.

1 Q Okay.

2 A Yeah.

3 [REDACTED] Okay. All right. Well, I think with that, it's a natural breaking point,
4 and so we can go off the record.

5 [Recess.]

1 [3:23 p.m.]

2 BY MR. STROM:

3 Q Just to do a little bit of cleanup on this year 5 submission issue.

4 So, as I understand it, you testified earlier that you made multiple attempts to sort
5 of force the system to accept the year 5 progress report and that you reached out to
6 multiple individuals at NIAID.

7 Do you recall specifically who those people were?

8 A Well, it's my admin staff that do that. And one of them was Tseday, Girma
9 Tseday, who you mentioned earlier. And you have a point of contact in grants
10 management that you're supposed to reach out to. We have points of contact in the
11 organization that are supposed to do that work. So they would have done it, yeah.

12 Q And I think -- and I regret I don't have the document with me -- I think I've
13 seen previous documents where another government agency's grant application
14 acceptance portal was also giving you a hard time close to a deadline.

15 Do you recall that circumstance?

16 A I can't remember.

17 Q It might have been one of the DEFUSE submissions?

18 A Oh, we did have problems submitting DEFUSE, correct.

19 Q And so DEFUSE has -- or DARPA has like a hotline, like a tech hotline. I think
20 you guys tried to call them, email them, and they were slow to respond.

21 Did you guys reach out to NIH's like ticket office or tech help office at all?

22 A At the time we did what we were supposed to do, which was to reach out to
23 that person. So I'm not sure.

24 Q Okay.

25 [Daszak Majority Exhibit No. 5

1 was marked for identification.]

2 BY MR. STROM:

3 Q So I'm going to show you what's going to be majority exhibit No. 5. This is an
4 excerpt of a transcribed interview with Dr. Lauer that the committees took earlier this
5 month.

6 So we asked Dr. Lauer what, as part of his compliance review of the grant, what
7 steps he did to look into this lockout issue. And so I want to start with -- so at the bottom
8 of page 1 is a question, and it continues on to page 2 here.

9 "I had one other question on this late year-five report.

10 "You said earlier to somebody's questioning today that you were not convinced
11 that EcoHealth sent a product. They had a submission. They were trying to submit it in
12 July 2019, and they experienced a lockout. They were locked out of the eRA Commons
13 system, and weren't able to get to it.

14 "Now, you said you were not convinced" -- the "you" being Dr. Lauer. "So could
15 you explain why you are of that view?"

16 Dr. Lauer responds: "Our office did an electronic forensic investigation of
17 EchoHealth's encounters with our grant system, and that included both looking at activity
18 logs. Every time someone interacts with our system, there is an activity log that describes
19 when they came in, who came in, and what actually happened.

20 "It also involved our help desk ticket. We have a help desk. So whenever
21 somebody calls in and says, 'I'm having problems with the system,' that encounter that
22 they have with our staff is recorded.

23 "We never found any evidence that they had been locked out of our system. We
24 did see that on one day someone from EcoHealth had attempted to log in through
25 one" -- and there is an aside here -- "you can log into our system in multiple different

1 ways. And they attempted to log in in one way and had entered the wrong password, I
2 think, three times. And so I think that particular channel did get blocked.

3 "But then, on the very same day, later they were interacting with our system
4 having logged in through a different route.

5 "And then we looked at the help desk tickets, we also looked at emails with NIAID
6 staff, and we never saw any evidence that they claimed that they were unable to submit
7 their progress report because the eRA system had locked them out."

8 So we plan to ask for that, the results of that forensic audit. But, again, wanted to
9 get your impression as to how correct that is.

10 A It's absolutely possible. What Dr. Lauer says there is true and what I'm
11 saying to you is true. It can be true that there is, as he states, there's no evidence of us
12 contacting the help desk and getting a help desk ticket because we maybe didn't do that.
13 We contacted the grants officer.

14 It can also be true that Dr. Lauer doesn't have any evidence that we'd been locked
15 out of the system and that we were locked out of the system. Just because he can't find
16 evidence of that doesn't mean it's true.

17 We were locked out of the system. Not only were we locked out of the system
18 then, when Dr. Lauer wrote to us demanding that we immediately send the year 5 report
19 and upload it into the system, NIH couldn't get the system to work for 11 days. We have
20 it on record. And that's how we did keep email.

21 So look, Dr. Lauer is a very senior manager at NIH. I'm sure that it's logical to him
22 that someone would go to the help desk. But we had a direct point of contact in charge
23 of grants management who never responded to us by phone.

24 All we can do is try. And if NIH was unable to, even when they demanded the
25 report 2 years later, they were unable to unlock the system for a number of days, it was

1 clearly locked.

2 Q Sure. I'm just giving you the opportunity to comment on his. And we don't
3 have the forensic audit so we don't have a firm idea of the scope.

4 A Well, if the forensic audit tests whether we got a help desk ticket or assesses
5 whether we tried to log into a system or assesses whether we sent an email, then maybe
6 the forensic audit won't find that.

7 But we tried to upload that report. We even tried when NIH told us 2 years later
8 immediately send it and we weren't able to. The system locked us out. It's a fact.

9 BY MR. BENZINE:

10 Q You said that you had emailed your point of contact at NIAID or NIH to try to
11 rectify the situation, right?

12 A My admin staff called the point of contact.

13 Q Called?

14 A I believe so, yeah. I think they emailed her, received no response, called.

15 Q Because Dr. Lauer also testified that during the course of this audit they
16 looked at emails with NIAID staff and still never saw any evidence that EcoHealth claimed
17 you were unable to submit a progress report because the eRA system had locked them
18 out?

19 A Well, again, like I said, they may find no email evidence, but we did try to
20 submit the report. It did lock us out.

21 I mean, you can't get much more clearer than when NIH specifically instructed us
22 to upload it immediately, 2-1/2 years later, in a matter of urgency, where they knew all
23 about it and were waiting for it, they still couldn't get the system to unlock. Clearly that
24 system needs to be fixed.

25 Mr. Strom. And we understand they have taken some steps to remedy it.

1 Dr. Daszak. Well, that's good to hear. It's a shame that that's not also in the
2 comments here from Dr. Lauer.

3 Mr. Benzine. It is in another place.

4 Dr. Daszak. Oh, good. Thanks.

5 BY MR. BENZINE:

6 Q I have a few more questions, and then, like we said, we're going to try to get
7 back into chronological order here.

8 Specifically about -- not specifically about the year 5 report, but how you
9 formulate your reports, does EcoHealth itself conduct any of the research experiments or
10 do you subgrant them all out?

11 A Some of our staff conduct field work. We do mathematical modeling of
12 infectious disease dynamics. We do analyses. We do gene sequence bioinformantics.
13 But we don't do experimental work in our premises.

14 Q So you do -- and forgive me if it's kind of a naive word -- but you do the
15 computing behind the work, not necessarily the bench work?

16 A We plan the work. We do the -- we manage the work. We do the
17 computing. We do the analyses. We do the field work and the logistics.

18 Q While you're putting together progress reports, for this one you said that
19 you got -- the paragraph that the minority counsel asked about regarding the experiments
20 from the Wuhan Institute of Virology -- edited it for grammar but not substance. Is that a
21 fair characterization?

22 A No, we edit it for substance as well.

23 Q Okay.

24 A We just didn't correct that.

25 Q How do you verify the substance?

1 A We work off what information we're given from all of our collaborators. I
2 mean, these are world class scientists. And we have no reason to believe at the time that
3 anything could be a problem.

4 Q How do you edit for substance without receiving the laboratory notebooks
5 or the statistical analysis?

6 A Well, if there's anything we don't understand, we ask questions.

7 Q Okay.

8 A Yeah.

9 Q Do your subgrantees send you like the whole report? Do they send you
10 chunks of the report and you piece it together? How does that work?

11 A It depends on who it is. But usually, since this is with WIV, we would
12 normally get a report from WIV on the work they've done.

13 You can't send too much text and waffle to NIH, so we would try to edit down
14 from everybody, including our own staff, to make a concise and good version of what's
15 happened.

16 And bear in mind that these are Mandarin speakers, so they're writing English as a
17 second language. So it does require some editing.

18 Q So that was my next question. Do you receive the reports from the WIV in
19 Mandarin or in English?

20 A No, they do it in English.

21 Q They do it in English.

22 You also were asked -- you said you specifically asked the WIV after the pandemic
23 broke out if the experiments in year 4 and year 5 were the same experiment. Is that
24 correct?

25 A Yes. I spoke to them on a couple of occasions about that and tried to get the

1 information.

2 Q Was it over the phone or over email?

3 A I think that would have been over the phone or by Zoom.

4 Q Okay. So there's no written record of WIV confirming that they were one
5 experiment?

6 A Just my written record that that's what they told me.

7 Q Okay.

8 A Yeah. And there's also the analysis of the graphs and figures and the results
9 from the experiment. It certainly looks that way when you look at the figures.

10 Q Okay. Do you have a guess as to when you made those requests of the WIV?

11 A I cannot recall. But once this became -- I think probably when we got
12 questions from NIH about those year 4 and 5 reports.

13 Q So --

14 BY MR. STROM:

15 Q Isn't that when it was suspended?

16 A It was some time in 2021, I believe. I'm not sure.

17 Q So the WIV was still communicating with you in 2021?

18 A Well, we were under no obligation to never communicate with --

19 Q No, no, no. It's not --

20 A But we communicated with them throughout this period to get information
21 about papers we're drafting, to try and finish off papers and get them done. So in one of
22 those communications I asked them about this.

23 Q And even though you're talking about papers and things like that, none of
24 this is written down? None of this is emails?

25 A Oh, the papers are written down. The communications -- I mean, it's a very

1 simple question: Was it the same experiment or it was it two different experiments? It
2 was the same experiment was the answer.

3 I asked them again at another time. And I remember, it's pretty straightforward,
4 it's as I suspected, that it was the same experiment.

5 BY MR. SLOBODIN:

6 Q I will ask some quick follow-ups.

7 Are you aware that NIH disagrees with you on that?

8 A No.

9 Q So they are communicating to you that they think -- you're not sure, that's
10 why they asked you for --

11 A Right.

12 Q -- to get the lab notebooks and electronic files?

13 A Well, I'm fairly certain, as certain as I can be. So I told NIH that if they think
14 that I'm wrong, there's not a lot I can do at this point other than just pass on the
15 information.

16 Q Well, I'm going to make one point, that that is -- that I believe Dr. Lauer -- we
17 questioned the DI. The impetus was that, like in year 4, the data was inconsistent. You
18 know, in other words the body loss data doesn't correlate with the lack of virus
19 strength -- I mean, I'm sorry, with the virus strength. They seem inconsistent.

20 A I disagree.

21 Q I want to give you a chance to respond to that.

22 A I disagree with that conclusion. I think they're absolutely consistent.

23 Q Well, I'm a layperson. Can you just humor me and try and explain why?

24 A Well, I'm a person working in this field. And when I look at those, at the
25 information, there is pretty firm consistency between the body weight loss across that

1 time period and the viral genome copies per gram and the other figure, which is viruses
2 per ml. They just match quite clearly, given the limited nature of the experiment.

3 Q One last question. Should the virus growth, like in the brain tissue, should
4 that correlate with the death rates? Did you expect that?

5 A Not necessarily. Virus growth in different organs happens at a different time
6 during the way a disease progresses, just like we know that with COVID some patients
7 survive much longer with a very significant lung infection than others. It varies among
8 individuals and among different organs.

9 Mr. Slobodin. Okay. Thank you.

10 Mr. Strom. This is 2021. We've had a year of all this controversy. We've had the
11 grant canceled. We've had President Trump making his statements, Senator Cotton
12 making his statements.

13 And you just have this -- you have like a standing -- maybe not a standing call, but
14 a call with the WIV, and you ask them, "One experiment or two?" "One." "I thought so.
15 It seems like that was the case." And there was no further follow-up?

16 Dr. Daszak. Correct.

17 [Daszak Majority Exhibit No. 6
18 was marked for identification.]

19 BY MR. BENZINE:

20 Q All right. I'm trying to get back into the chronology here. I want to introduce
21 majority exhibit 6. This is a rather long article from Vanity Fair and it's entitled "'This
22 Shouldn't Happen': Inside the Virus-Hunting Nonprofit at the Center of the Lab-Leak
23 Controversy," and was published March 31st, 2022.

24 Dr. Daszak, are you generally aware of this article?

25 A Yes, I've seen that.

1 Q I want to move to page 11. On this page it begins to discuss what we kind of
2 touched on before, your events that you hold at the Cosmos Club in D.C.

3 On the very top of the page it describes you emailing Dr. Morens to request Dr.
4 Fauci to speak at one of these events on -- the email was sent on September 9th, 2013.

5 At the time you had requested Dr. Fauci speak, did you have any grant
6 applications pending before Dr. Fauci?

7 A I don't know. But our organization submits grants to NIH all the time.

8 Grants are reviewed by a completely separate part of NIH, behind a firewall. Dr.
9 Fauci does not, as far as I can see, get involved in reviews. They're very, very strict on
10 that at NIH.

11 Q But the director could make a funding decision?

12 A Funding decisions are based at NIH on the priority score that your grant is
13 given, not based on the whim of a director or a -- except for one, which is the NIH
14 Director's Award, which is specific, I believe, the director gets involved.

15 Q Well, we've seen that there are exemptions that allow directors to get
16 involved. The gain-of-function research pause had an exemption to allow the director to
17 allow funding.

18 A Well, all of our grants from NIH that we've had funded received funding
19 scores well within the range that's published as fundable. So I believe that we've never
20 had any grants given to us or contracts from NIH based on the opinion of one person.
21 And actually it's based on a score that we've gotten.

22 Q So -- and this is just -- I don't know, and it's a bit of a black box -- it's your
23 understanding that the director of an institute has no authority whatsoever on what the
24 institute funds.

25 A I have no idea about that.

1 Q Okay. In this article, eventually Dr. Fauci became the keynote speaker at a
2 Zika virus event that you hosted at the Cosmos Club on March 30th, 2016.

3 A Yeah.

4 Q Does that sound about right?

5 A I remember that, yeah.

6 Q And that was one of the times that you testified to of meeting him in person,
7 the one or two times?

8 A Yes.

9 [Daszak Majority Exhibit No. 7
10 was marked for identification.]

11 BY MR. BENZINE:

12 Q I want to introduce majority exhibit 7. These are a copy of your minutes
13 from a half-day meeting of the board of directors from December 15th, 2016.

14 On page 3, under action item 6, it says, "Dr. Peter Daszak reported that the
15 EcoHealth Alliance, Washington, D.C., cultivation events have been a great way to
16 increase our visibility to federal funders."

17 If Dr. Fauci isn't a Federal funder, why was it important to have Dr. Fauci at your
18 event?

19 A Federal funders are the agencies that fund grants and contracts, not
20 individual people.

21 We had these events in D.C. where agency staff would come along and listen to
22 the work we do. It would increase our visibility to people who work in Federal funding
23 agencies. That's absolutely normal for a nonprofit.

24 Q If NIAID funding decisions are based solely off the score from peer review,
25 why did these events matter?

1 A There are many, many other Federal funders in D.C., as you know, and some
2 of them have never worked with us before. So we wanted to make sure that people
3 knew the type of work we do, recognize the importance of emerging diseases, and
4 continue to support that type of work.

5 Q What are some of your other Federal funders?

6 A Well, right now we have funding from USAID, DOD DTRA, NSF, and NIH.

7 Q How does USAID, DOD, and NSF award funding?

8 A You'll have to get the details from USAID and the others. But generally it is
9 by writing a grant proposal. They get it reviewed externally. They apply some sort of
10 measure of how good and how high impact it is. And then they fund the ones that are
11 above the cutoff for funding.

12 Q So all four agencies you just mentioned reward Federal funding based off a
13 peer-reviewed score?

14 A They award Federal funding, from my own understanding, based on external
15 review of the proposals.

16 And NIH has a very strict and very well-known system, real gold standard system
17 for how that works, that absolutely has a firewall between staff and the review process.

18 I don't know the details of the others. We've certainly seen reviewers' comments
19 on some of the proposals. And we know that contracts are sent out for external
20 review -- or sometimes internal review -- by staff.

21 Q At any point during the review is how visible the nonprofit is important?

22 A If that were important they would ask for it. And what we do with our
23 Federal proposals is write the very most high-impact aims. We explain why this has high
24 value for public health to protect American lives. And we base it on a long track record of
25 very high-quality international renown in the science that we do. And I believe that's why

1 we get funding, not because someone thinks that we're a nice group of people.

2 Q So that goes back to my original question of why hold these events to begin
3 with if they have no impact on your funding.

4 A We hold events in New York and in Washington, D.C., because 85 percent of
5 our funding at the time was coming from Washington, D.C., and other funding was
6 coming from people in New York. And we wanted to talk to them about the work we've
7 done with their support and show other people in the area who were interested in
8 funding that type of work the type of work we do.

9 Q Okay. I want to talk about one more appearance that you had with Dr. Fauci
10 since the pandemic began.

11 On February 9th, 2020, you appeared with Dr. Fauci on Newt Gingrich's podcast.
12 Is that correct?

13 A No, that's not correct.

14 Q It's not correct. Can you explain why?

15 A I didn't appear with him on the podcast. I think he was recorded a different
16 time. I think when I spoke with Mr. Gingrich he told me that he'd interviewed Fauci. I
17 think that's correct.

18 Q Okay. So there was two separate --

19 A Yeah, two separate. I didn't know they were going to show them at the
20 same time, on the same podcast.

21 Q Okay. On that podcast you stated, quote, "To see China releasing
22 information at this level is amazing." Do you still agree with that statement?

23 A Well, it needs to be put into context.

24 At the very beginning of the pandemic a lot of us thought that this was like SARS
25 coronavirus, this was a virus that's really going to be nasty at 10 percent mortality rate.

1 We didn't -- we had no idea that this was going to go pandemic.

2 A lot of us who've worked in China for many years, including our group that
3 specifically worked on SARS, we knew that there were problems during the SARS
4 outbreak, the original outbreak in 2002, in the way China didn't open information, didn't
5 transparently provide information on what was going on in China. And that led to the
6 spread of the virus much more than it should have been.

7 What happened with SARS-CoV-2, and I still believe this to be true, is that very
8 early on the system, although not perfect by a long stretch in China, meant that
9 information came out that never came out during the early days of the SARS outbreak.

10 So when I was on Newt Gingrich's podcast, I was making the comparison between
11 what happened under SARS and what happened under COVID, and it was orders of
12 magnitude difference.

13 Q Do you think China was still hiding information regarding COVID?

14 A Well, I think it's a matter of record that we don't have all the information on
15 the very early stages of the COVID outbreak, including details about wildlife in the
16 Huanan Seafood Market.

17 In fact, I spent a full day debating with colleagues in China as part of the World
18 Health Organization team about whether live mammals were sold in the Huanan Seafood
19 Market. And I suspected strongly they did, they knew they were, and they knew that we
20 knew, and still they said no.

21 So there were various things that we -- that are publicly stated and that we now
22 know publicly that China didn't reveal.

23 Q Do you think they intentionally didn't reveal it?

24 A Which?

25 Q I mean, take the animals, for example. Do you think they intentionally hid

1 animals at the market?

2 A Well, I think someone somewhere along the chain wasn't being truthful
3 about that.

4 [Daszak Majority Exhibit No. 8
5 was marked for identification.]

6 BY MR. BENZINE:

7 Q I want to introduce majority exhibit 8. This is the year 1 notice of award for
8 the Understanding the Risk of Bat Coronavirus Emergence grant. Obviously, you are
9 generally aware of this document.

10 A Yes.

11 Q It's your kind of guidepost for this.

12 On this one I want to ask about one line specifically. It's the one sentence
13 paragraph on the front that says, "Acceptance of this award including the 'Terms and
14 Conditions' is acknowledged by the grantee when funds are drawn down or otherwise
15 obtained from the grant payment system."

16 Do those terms and conditions include monitoring your sub-awards?

17 A Yeah. We complied with them fully. The monitoring of sub-award tends to
18 be, if you look carefully at the CFRs, more about financial management than it is about lab
19 inspections, et cetera.

20 So, yeah, I mean we complied with them, absolutely.

21 Q Are there CFRs or other policies that govern what are supposed to be in your
22 sub-award agreements?

23 A Yes.

24 Q Did your sub-award agreements have everything that was required?

25 A To my recollection, yes.

1 Q Okay. How else do you monitor the sub-awards. You said earlier you had --

2 A We have a number of different --

3 Q -- quarterly phone calls --

4 A Oh, no. We have a whole team that monitors -- I mean, we're audited by at
5 least two different audit companies. They audit the sub-awards and our financial team
6 audits the sub-awards. We have a whole series of internal controls.

7 And I think the OIG, the HHS Office of Inspector General for Health and Human
8 Services, in their over a yearlong -- well, all did -- 8 years of our Federal grants have
9 details in the report about our system of monitoring. And they said we have a system in
10 place to monitor -- that's contracts -- that adheres to what is required under the CFR.

11 Q I want to introduce --

12 BY MR. STROM:

13 Q My understanding -- real quick while he's grabbing this exhibit -- is the
14 BMBL, the "Biosafety in Microbiological and Biomedical Laboratories" reference book that
15 NIH and CDC put out, that is sort of incorporated by reference into the like terms of
16 conditions of the grant?

17 A Yeah.

18 Q So as part of just this like general auditing oversight, did you guys ensure
19 that the WIV follows the BMBL?

20 A Yeah.

21 Q And how did you monitor that compliance?

22 A By requesting information about what biosafety levels they used for which at
23 parts of the work. And we found that they use the same biosafety levels that were used
24 in the U.S. and were directed by the CDC and the BMBL.

25 Q And then, with respect to sort of maintenance practices and things like that,

1 replacing filters, sort of these routine issues, did you -- and this can be just a yes/no -- did
2 you go to that level to sort of look at maintenance logs or make sure?

3 Because you've seen the communications about the training and lack of
4 personnel. I'm just curious as to sort of what is your understanding of the NIH obligations
5 at the time regarding the level of required oversight.

6 A Well, there are two things that you're referring to there.

7 So one is NIH's obligations to monitor labs in foreign subrecipients.

8 Q Correct.

9 A You'll have to talk to NIH about that issue.

10 My understanding of what we were supposed to do we did, which is make sure
11 they use the right biosafety levels.

12 On the other issue you raised, which is --

13 Q Sort of the maintenance and ensuring some of the procedural
14 recommendations of the BMBL.

15 A Well, no, you mentioned that I'd seen the reports about the safety staff.
16 Well, those reports come from State Department cables, which I've got a copy of
17 the -- it's still partly redacted, it's been made public. But they are absolutely unclear
18 about whether there were issues that would have led to safety at the WIV.

19 If you look at the cables, they say clearly, right at the beginning of them, "Current
20 productivity" -- this is WIV staff reporting to the State Department who went to visit the
21 lab. Staff said, "Current productivity is limited by a shortage of highly trained technicians
22 and investigators required to safely operate the BSL-4."

23 So they're not saying that the lab is running unsafely. They're saying, look, we
24 need more staff. And by the way, this is a State Department visit to a lab in China. The
25 U.S. was already funding that lab, training the safety staff. They were probably

1 requesting more funds. And I think that is absolutely understandable.

2 So from my point of view, the WIV lab was in contact with the State Department.
3 It was approved by the State Department. We were following all the biosafety rules. We
4 were following all the subrecipient monitoring rules. And I don't think there was any
5 other issue.

6 Mr. Grudberg. Just as a matter of housekeeping, John. I mean, I'd rather not be
7 handing folders across the table. Do you want him to identify that for the record?

8 Mr. Strom. I'm familiar with it. I think everyone here is, for better or worse,
9 familiar with it.

10 But I just want to understand. Your understanding of your obligation is that when
11 they say they're going to do an experiment that should be in BSL-3 because of the BMBL,
12 but it says they're doing it in BSL-3?

13 Dr. Daszak. Correct. And there are other things as well. You know, if there are
14 any problems in the lab they've got to report them, if there are any biosafety incidents.

15 But, look, we monitored things. We did the right subrecipient monitoring. We
16 checked the biosafety levels. Everything was above board.

17 Mr. Strom. Thank you.

18 Go ahead.

19 BY MR. SLOBODIN:

20 Q Just one quick question.

21 Did EcoHealth sign any data use agreements with the WIV?

22 A I'm not sure. We have standard contracts at the time for NIH subrecipients.
23 I don't think we had any rules about data usage. I'm not sure what you're specifically
24 after.

25 Q Well, were there any areas in terms of the collaboration with EcoHealth

1 where you were subject to Chinese laws?

2 A Not to my understanding, no.

3 Q So you had some contracts with the WIV?

4 A Yeah.

1 BY MR. BENZINE:

2 Q To spare passing paper over, I'll just ask you if you're aware the year 3 notice
3 has the 1 log growth language in it. The year 5 notice has the 1 log growth language in it.
4 But the year 4 notice doesn't. Do you have any understanding as to why?

5 A They come from NIH. That's a question for NIH.

6 Q In early 2017, HHS released the 2017 Framework for Guiding Funding
7 Decisions About Proposed Research Involving Enhanced Potential Pandemic Pathogens.
8 Are you aware of that framework?

9 A Yes.

10 Q How did this, in your day to day, how did this guidance differ from the
11 gain-of-function pause?

12 A I think it was more precise in its language. But it was still crystal clear that
13 our work was not gain-of-function.

14 Q Did the framework impact EcoHealth in any way?

15 A No.

16 Q To your knowledge, has any EcoHealth grant been referred to the P3CO?

17 A Not to my knowledge. I mean, I think that it came out in 2017 after NIH
18 reviewed our work. Yeah.

19 Q Do you think, as someone who has to work in this field, do you think that
20 framework is sufficient or should -- does it need clarification or any stronger oversight?

21 A I think that what happened with us shows that the NIH system does catch in
22 reports quantitative experiments that may need to be reviewed by the system. So that's
23 good. So they catch it and they write to the awardee and they say, "Look, explain this.
24 Explain why you think it isn't gain-of-function. And tell us what the alternatives are." So
25 that's good too.

1 Now, from your oversight point of view, if -- with PC30 being tighter language, I
2 think that helps. But I'm sure there are other things you could do to increase oversight
3 and fill some gaps.

4 Q Thank you.

5 I want to shift gears and talk a little bit about your experiences with the Wuhan
6 Institute of Virology.

7 Just first, as a baseline question, have you ever been to the Wuhan Institute of
8 Virology?

9 A Yes.

10 Q Which campus?

11 A I've been to both campuses.

12 Q Have you been to the BSL-4?

13 A I have now. I went to BSL-4 with the World Health Organization team.

14 Q When was the last time that you've been to the Wuhan Institute of Virology?

15 A It was then in January, February 2021.

16 Q When was the most recent time before that?

17 A I think it was in October 2019. There was a meeting. They hold an annual or
18 biannual meeting of virologists and I went to the meeting. A lot of the virologists were
19 there from around the world.

20 Actually, I don't think I did visit the Wuhan institute. It was held in a hotel off
21 campus, to be honest.

22 Q In Wuhan?

23 A In Wuhan, yes.

24 Q October 2019, were there any suspicious things going on in Wuhan or was it
25 kind of normal operations?

1 Q In August -- or autumn -- of 2019, was the Wuhan Institute working in
2 SARS-related coronaviruses?

3 A Yes.

4 Q Moving along the chronology, a Washington Post editorial board piece from
5 February 2021 highlighted a lot of things, but the fact that a Wuhan Institute of Virology
6 database containing more than 22,000 samples of viruses went offline in
7 September 2019.

8 Are you familiar with that issue?

9 A Yes.

10 Q Were you aware that the database was offline in September of 2019?

11 A Well, I'd heard about it, yeah.

12 Q Did anyone inside the Wuhan --

13 Mr. Strom. Not contemporaneously. You heard about it after the fact or did you
14 hear about it --

15 Dr. Daszak. Oh, no. I heard about it after the fact.

16 Mr. Strom. Sorry. Just for clarity for the transcript.

17 Dr. Daszak. Oh, yeah. Thanks. Yeah.

18 BY MR. BENZINE:

19 Q No one inside the Wuhan Institute of Virology said that their database was
20 offline?

21 A No.

22 Q Is it common to take databases offline?

23 A Yes.

24 Q For what purpose would they be taken offline?

25 A Well, one thing is if your database is out of date you take it offline, you

1 update it, then you put it on. Another is if you've run out of funding to maintain a
2 database, you might take it down. It's not good to have old information that's not
3 factually correct up there. We do that all the time. Most organizations do that.

4 Q While you were working with the Wuhan Institute of Virology did you have
5 access to their viral database?

6 A Well, I never asked. I never looked at it. I never needed to. I never wanted
7 to. I never asked.

8 BY MR. STROM:

9 Q Do you know if anybody else at EcoHealth asked or had access to --

10 A I'm pretty sure no one did. We have all the information we needed from the
11 WIV on a regular basis. They were very -- you know, we worked at the time in something
12 like 25 countries around the world in some very difficult conditions through USAID
13 PREDICT and through various other grants, including war zones.

14 And I thought when we first started working with China it would be very difficult
15 to get data out of there quickly. Some countries are notoriously difficult. However, they
16 were extremely forthcoming with information.

17 I think the real reason for that was that scientists in China want to publish papers,
18 at least at the time, in high-impact U.S. and European journals. It's one of our great
19 benefits that we can -- it helps us get information quickly into the public domain, into
20 other scientists' hands. So they were very good at giving us information.

21 We had, at the time of the pandemic, we had asked WIV -- I told them let's draft a
22 paper of every single SARS coronavirus -- this was a year before the pandemic -- summing
23 up the 5 years work or some of the work we've done, and publish it so we can show how
24 diverse these viruses are across China.

25 -They had given us all of their viral sequences' genetic code and we had written

1 that paper, analyzed it, and submitted it before the pandemic. So we all had the
2 information we needed.

3 Q And something, just because I think this is sort of a lay expert area of
4 potential misunderstanding, it would be helpful if, when we're talking about this, that we
5 talk about to sort of stage times, particularly around 2000 -- late -- December 2019 into
6 January 2020.

7 A Yes.

8 Q The other thing is when you say, we had everything we needed, if you could
9 clarify, when you're saying you are confident that you know everything that's in the
10 database versus everything that's in the database that you believe you funded.

11 A Well --

12 Q Does that make sense?

13 A Yes, it does.

14 So two things. First of all, the work that EcoHealth Alliance did in China was
15 mainly focused on genetic sequences, not on live viruses. I think for SARS-related viruses
16 over the 20-year period they isolated something like three or four SARS-related
17 coronaviruses. So we have hundreds of genetic sequences from the work we funded.

18 They also included sequences from the work they've done. And I know that for a
19 fact because what was then named later RaTG13, the RdRp sequence, the short fragment
20 of that sequence was in our database that we were using to write that paper.

21 So they were giving us information from work that we didn't even fund.

22 Q This is also probably going to be a little tedious for you, but when you say
23 "that database that we were funding," what specific database are you talking about?

24 A Well, for our own purposes we keep viral genetic sequences, you know, all
25 these CGGs and --

1 Q Yeah.

2 A We keep them in an Excel file. I don't know what WIV had on their database.

3 I've seen a few pages online on social media --

4 Q So there's EcoHealth database and a WIV database, and your understanding
5 of how pre-COVID the work flowed is you're doing these joint field expeditions in China,
6 they're using their lab to sequence them. And then how do they get from sequenced in
7 their lab over to your database?

8 A Email.

9 Q Email.

10 A Yeah.

11 Q Okay. And then they're presumably putting it in their database.

12 A Yeah.

13 Q But their database also consists -- and this is again perfectly normal
14 pre-COVID -- their database also consists of sort of what others, maybe other sampling
15 expeditions --

16 A Yeah.

17 Q -- and things like that that they're doing with Chinese Academy of Sciences
18 grants. Have their whole alphabet soup of agencies as well.

19 A Yeah, yeah.

20 Q So is that sort of the universe of things that we're looking at?

21 A I think that's the reality.

22 So I said repeatedly publicly after the pandemic, you know, I do not understand
23 why there is such an obsession with the WIV database that was taken down because
24 we're interested in SARS-related coronaviruses. Every SARS-related coronavirus was
25 already in GenBank, the NIH U.S. database, which we'd uploaded it into with WIV prior to

1 the outbreak.

2 Q And that's when you're saying every SARS-related sequence --

3 A Yes.

4 Q -- every SARS-related sequence, that EcoHealth and the WIV did together?

5 A And the ones that the WIV did on their own. Yes.

6 Q Are you comfortable affirmatively saying that every virus that the WIV had is
7 public?

8 A No, I'm not comfortable with that because it's not true. Every --

9 Q Well, I mean, I'm not saying --

10 [Crosstalk.]

11 A Every -- and as far as -- to the best of my knowledge -- and I'm fairly
12 confident this is the case -- every genetic sequence of SARS-related coronaviruses that the
13 WIV had, both from our work that we funded and from any work they'd done separately,
14 was in a paper that we'd submitted to a U.S. journal and we'd submit into the U.S. NIH
15 database GenBank. There were a few after the fact that we got from WIV and I put into
16 GenBank and we notified NIH about later on, a handful.

17 Q And that's, the paper you're referring to, is one I believe Alice Latinne is the
18 primary author of it?

19 A Yes.

20 Q Okay. That's very helpful. I know it's tedious.

21 A No, no, no.

22 Q But we need to be precise here.

23 So, to your knowledge, you never had like a login account to their database?

24 A No.

25 Q EcoHealth, to your knowledge, no staffers requested access to it?

1 A No.

2 Q So let's start. You mentioned RaTG13. When did you first -- and we're just
3 going to use RaTG13 because it's had sort of iterative things. I know there is no like
4 systematic, metric systems naming conventions for viral samples.

5 A Yes.

6 Q When did you first find out about RaTG13?

7 A The same time that everybody else did, when the paper in Nature was made
8 public from the Wuhan Institute describing SARS-CoV-2. And they showed that there's
9 this other virus sequence that's the closest known relative and it was called RaTG13.

10 So I looked in my notes and I wanted -- I didn't see RaTG13 anywhere. And I
11 thought, "Wait a minute. Is this one of our viruses, one that we found with them in
12 China?" Because I was concerned that they're publishing information without clearing it
13 with us first.

14 In fact, it wasn't. It was from a separate -- I was mistaken at first. I thought it was
15 from the joint work we'd done. It was previously named BtCoV/4991, Bat Coronavirus
16 4991. It's a simple system they have. They changed their system of naming it somewhere
17 along the line and they called it RaTG13 because the bat is *Rhinolophus affinis*. TG stands
18 for Tongguan, which is where it was found. And 13 is the year 2013, when they collected
19 the sample.

20 We checked our notes. We weren't on the expedition with them to the Mojiang
21 mine. That was something they found. So we moved on, because that's appropriate. If
22 they're going to publish a paper with their information, that's fine.

23 However, that was in our database, in our Excel file, and it was in our papers. And
24 the original paper that described BtCoV/4991 either cites the NIH grant or has me as an
25 author.

1 Q And then RaTG13, I guess the Nature paper that you mentioned that reveals
2 SARS-CoV-2 --

3 A Yes.

4 Q -- from the WIV, didn't they make an addendum that then credited you guys
5 with --

6 A I can't remember. They definitely made an addendum after receiving all
7 sorts of comments and criticisms, but I can't remember what the addendum was.

8 Q So how do you square, you know, there was -- there's --

9 A Oh, it was about the Mojiang mine, that addendum. Yeah.

10 Q How do you sort of square the -- your public statements about it was in a
11 freezer, we didn't -- it was unremarkable, it wasn't --

12 A Yeah.

13 Q -- something we sequenced, with the fact that, as I understand it, the
14 uploaded sequences from the WIV have sequence dates going back multiple years before
15 the pandemic?

16 A Yeah.

17 Q They're doing that standard process of starting with the RdRp and building
18 out more and more of the genome?

19 A Yeah. I think it went back to 2018.

20 Q Yeah.

21 A Which is 1 year before the pandemic.

22 Q Is it a standard thing for you for there to be a -- I guess -- is it expected that
23 there would be a lag between Rd -- this sort of discovery, the field collection, RdRp initial
24 screening, and then you finding out that this virus that for some reason WIV thinks you
25 guys were part of the funding of, the whole virus? So that's what I'm struggling with here,

1 is the changes.

2 A So on two things I think you're talking about. One is whether we're part of
3 the funding. I think the paper that I acknowledged the funding had my name on was
4 about a whole host of other things as well. This was just one virus to describe that.

5 We definitely took no part in that visit to Mojiang mine. You know, I approached
6 it from the point of view is we did, I thought we had been involved in that work. And, you
7 know, so I was --

8 Q How did you differentiate between the Mojiang sampling locations in your
9 grant documents? Because those were sites that are funded by the NIH grant.

10 A Mojiang is an area.

11 Q Right, right.

12 A Yeah.

13 Q But how did you -- because just in the progress reports it just says Mojiang
14 and maybe another smaller subunit. So how did you know that that in fact wasn't --

15 A Because we have a record of the trips we've been on. I think we gave that to
16 the OIG at some point.

17 Q Okay.

18 A Then the issue of -- I forget what the other part of your question was.

19 Q Well, just that delay period, where WIV, because they're doing the lab work,
20 they're sort of ahead of you in finding out about things.

21 A So, I mean, in an ideal world every single sample you get from wildlife you
22 would full genome sequence whatever viruses are in there. It's incredibly expensive. You
23 can't do that work. So you triage. And just like you would in a medical emergency, you
24 pick. You start with a very small sequence, a genetic sequence that's cheap and easy to
25 get. And then you line that up with other viruses and you say, "Well, is this one closely

1 related to SARS? Is it something that we think might be important?" If so, we'll do
2 further work on it. And so it's a staged triaged process.

3 And I assume that what they did -- I assumed initially that they looked at that
4 sequence, said, "Oh, it's 20 percent different than SARS," and put it back in the freezer.

5 However, it turned out, no, they sequenced further parts of it. In the end, WIV
6 has sequenced a lot of full genomes from the samples that they've collected and we've
7 collected.

8 Q And I think you said this, is that sort of your public pronouncements, tweets,
9 interviews, whatever else, prior to, by my count, about April 2020, where you're saying,
10 "Oh, it was part of our work, it is something that we funded."

11 A That's right. I thought it was. Yeah.

12 Q And then after that, when you realized, "Ah, it's different part of Mojiang,
13 not one of ours."

14 A Yeah.

15 Q Is that correct?

16 A Yes.

17 Q And then you've also previously stated that the WIV doesn't have any live
18 virus isolates.

19 A Of RaTG13?

20 Q No, just live virus isolates in your -- we can probably pull the tweet --

21 A Well, it must be in reference to SARS-CoV-2 or something, because of course
22 they've got live viruses. They work on all sorts of viruses.

23 Q And then you've also stated -- this is a little bit different from the virus
24 issue -- but that your belief that there are no live bat colonies at the WIV?

25 A Yeah. That's a complicated and convoluted story that's been taken out of

1 context. It was in response to a journalist who published in a magazine called The
2 Independent and made a comment that EcoHealth's work involves capturing bats and
3 taking them back to WIV.

4 So I wrote a public statement saying we do not do that work. That work does not
5 happen. The WIV doesn't have live bats. And I meant in the context of with our funding.
6 Actually, the reporter changed the story online, which I thought was fair.

7 Now, later on I got a chance to ask people at the Wuhan Institute of Virology, and
8 also I spoke with a person called Danielle Anderson, who was the last person to work in
9 the BSL-4 lab, and she told me as part of our Lancet COVID Commission work that, yes,
10 they did have a plan to have live bats and they were trying to get a colony set up, but it
11 wasn't working.

12 So, yeah, I mean I was wrong. But you make mistakes, you don't know the full
13 facts. But certainly our work didn't involve live bats. That was factually correct.

14 BY MR. BENZINE:

15 Q So we're now kind of up to December-ish 2019, getting close to the
16 emergence of COVID-19.

17 Do you recall when China first officially reported what would become COVID-19?

18 A It was in early January, from my recollection. I mean, we heard about it
19 earlier than that through unofficial channels.

20 Q When did you first hear about it?

21 A I think December the 30th or the 31st.

22 Q Okay.

23 A It's a matter of record. I put out a tweet, I think very late on the 31st, New
24 Year's Eve. But I think I heard about it the day before. And, you know, you hear about
25 these rumors all the time. "Oh, there's an outbreak here, there's an outbreak there."

1 Your first response is, well, verify, to quote Ronald Reagan.

2 So we managed to get hold of folks in China and ask what they knew, what are
3 these rumors. And we were told on the day before New Year's Eve, to my recollection,
4 that there was a new coronavirus 20 percent different to SARS, which was strangely
5 accurate information.

6 Now, of course, there were only -- we heard there were eight cases and four of
7 them were positive. So at that time, four out of eight, it could be a spurious finding, it
8 could be they were infected by a cat coronavirus or something.

9 So you don't want to make that public. So I waited. I tried to find out more
10 information. Spoke with ProMED, which is a place where you would release that
11 information publicly, and they'd heard similar information. They released a message. I
12 put out a message on social media.

13 Q Why was the 20 percent difference kind of oddly accurate?

14 A Well, because that's what SARS-CoV-2 is, it's 20 percent different to SARS.
15 So what our contacts in China were telling us unofficially was correct.

16 Q Does that --

17 Mr. Strom. Who were these individuals?

18 Dr. Daszak. People who work in China.

19 Mr. Strom. Do you recall their names?

20 Dr. Daszak. I don't recall their names right now.

21 Mr. Benzine. Do you recall where they worked?

22 Dr. Daszak. Just in China.

23 Mr. Strom. Approximately how many people?

24 Dr. Daszak. A couple of people.

25 Mr. Strom. More than seven?

1 Dr. Daszak. No, less than seven, a couple. Something like that, one or two.

2 Mr. Benzine. Did they work in public health? Did they work in hospitals? Did they
3 work in labs? Did they work for the government?

4 Dr. Daszak. Can we go off the record on that?

5 [Discussion off the record.]

6 BY MR. BENZINE:

7 Q Dr. Daszak, before we went off the record we were talking about how you
8 got information regarding the 20 percent difference between COVID-19 and SARS. How
9 many people told you this information?

10 A From my memory, it was one or two.

11 Q And to what industry did they work in?

12 A They were people who were aware of the public health industry.

13 Q Thank you.

14 Do you recall -- well, first, does the -- does knowledge of the 20 percent
15 differential, especially to how accurate it ended up being, imply that they had sequenced
16 the virus?

17 A No. I think looking back on that it was something that was out on social
18 media in China. From what I've seen from various investigative reporters and intelligence
19 reports, declassified intelligence reports, the virus -- the samples from Wuhan had been
20 sequenced in a private lab.

21 It is very common. You send a sample out, it gets sequenced. You've got some
22 PCR product. It's inert, you send it to a lab, they sequence it, and you can work out from
23 that genetic code what the virus is. The lab itself had leaked that information from what I
24 understand.

25 Q I want to build that out a little bit, and let me use a page from Dr. Farrar's

1 book to do so. This will be majority exhibit 10.

2 [Daszak Majority Exhibit No. 10

3 was marked for identification.]

4 BY MR. BENZINE:

5 Q So you just kind of said that it was common for, if there was some new virus,
6 to send it to a private lab to be sequenced and get the information back. And then you
7 believe that the private lab was the one that leaked the sequence leading to the --

8 A Yeah.

9 Q -- individuals being able to give you that level of accuracy.

10 So this is a page out of Dr. Farrar's book entitled "Spike." And in the second, the
11 middle paragraph, right under the little coronaviruses, it says, "Eddie" -- meaning Eddie
12 Holmes -- "has screenshots taken from social media in China about the coronavirus
13 sequence. They suggest the full genome was known by a genomics company in China by
14 27 December 2019."

15 Is that consistent with what you are aware of as well?

16 A Yeah, completely consistent.

17 Q And then it's your understanding that that genomics company was the one
18 who leaked the sequence?

19 A Correct.

20 Q How did you learn about the leaked sequence?

21 A Like I said, I spoke with the folks in China, and we heard these rumors from
22 other people.

23 Q Was it the same one or two people as before or is this a different set of
24 people?

25 A Well, no, to be fully correct, I didn't know that this had leaked from a

1 genomics company until later on in the pandemic when people had pieced things
2 together like in this book. Yeah.

3 Q Okay. Do you recall when the genome was publicly released?

4 A I think it was the 9th or the 12th of January.

5 Q 11th, so pretty good on running the average there.

6 Do you recall who made it publicly available?

7 A Oh, yeah. It was a Chinese scientist from -- was he in Guangdong or
8 Shanghai? And it was made publicly available through the database @ -- or GISAID, or
9 @Virological was the database, yeah.

10 Q Dr. Zhang Yongzhen?

11 A Yeah. Yeah. Yeah.

12 Q After -- and I believe Dr. Holmes made it available on his behalf. Does that
13 sound --

14 A Yeah. I think he uploaded the sequence, the information.

15 Q The next day, after the genome became available, Dr. Zhang Yongshen's lab
16 was shut down for recertification. Do you know what that means?

17 A No.

18 Q No? Did you have any knowledge of that?

19 A I heard about it afterwards, yeah.

20 Q What did you hear about it?

21 A I heard that Dr. Zhang Yongzhen -- or however you pronounce it, I think I
22 might be wrong -- had his lab shut down shortly after releasing the virus sequence early.

23 My interpretation, what I've heard over the past few years, is that China was
24 aiming to publish the sequences all together in a high-impact journal, and as is very
25 common with scientists who are trying to publish in the very top journals, they didn't

1 want to make it public until it was published.

2 And this person went ahead early, released it. Then I think the next day all of the
3 other sequences were released confirming it. And then his lab was closed down.

4 Q I know I'm a little bit over time, but with indulgence, just like 1 more minute
5 of questions and then we'll take a break.

6 Is that sort of common in China, like "punishment" might be a strong word, but
7 the Chinese Government reacting in a way like --

8 Mr. Strom. Retaliating?

9 BY MR. BENZINE:

10 Q Retaliating against individuals that went against what the government's plan
11 was?

12 A I don't know.

13 Q Okay. And just for clarity of your testimony, Dr. Holmes didn't share with
14 you that a genomic company had sequenced the virus on the 27th of December?

15 A No.

16 Q And you didn't learn about it contemporaneously?

17 A No.

18 Q It was later in the --

19 A No, the first I heard was I think the 29th -- sorry, the 30th.

20 Q The 30th?

21 A Yeah.

22 Q Okay. Thank you.

23 Mr. Strom. One question.

24 Mr. Benzine. Yeah.

25 BY MR. STROM:

1 Q So this emphasis on peer review was totally understandable in a normal
2 environment, a nonpandemic.

3 A Yeah.

4 Q Is some of what now looks like in hindsight like a lack of urgency or
5 misplaced priorities vis-à-vis what we now know became a pandemic virus, is that a
6 reflection of sort of response to SARS 1 and 2, SARS and MERS, where you had sort of
7 sputtering transmission, and so the assumption was this could be another SARS but it's
8 not going to be a global -- it's not going to be -- it'll be an epidemic, not a pandemic?

9 A I think you're absolutely right. I think my interpretation of what happened at
10 that point was not just in China but everybody expected this would be dealt with quickly.
11 We had an image that the Chinese system was now in place to rapidly report pneumonia
12 cases that had an unknown etiology.

13 They had a system put in place after SARS based on influenza that should have got
14 something quickly and that they would openly and transparently push that up the chain.
15 And that also, at the same time, this virus wasn't then going to become widespread, it
16 was going to act like SARS, it was going to be contained within Wuhan. So therefore
17 there was probably less pressure on them to get the sequence out quickly.

18 Q And then not only did they have the system to more rapidly sort of track
19 down human cases, but they had a stronger infrastructure to go downstream to the
20 animals.

21 A Well, I don't think that's true. I think it's clear from what I've seen and what
22 I've known in China for 20 years and what I saw during our work with the World Health
23 Organization that the wildlife and livestock systems set up to monitor the potential
24 disease to emerge were just not there.

25 And this is why I wrote to Dr. Gao, head of the CDC, pretty quickly after I heard

1 about this outbreak, I think on the 1st of January, and said, "Look, we have a team of
2 wildlife veterinarians. You know how good our team is. We want to send them out to
3 China. Give us the go-ahead. They can come and help you track trace back to where this
4 virus came from."

5 We knew it was likely a bat virus, not a fish virus coming through a seafood
6 market. And, unfortunately, we didn't get the go-ahead.

7 Q Okay. Thank you.

8 Mr. Benzine. Did Dr. Gao just not respond or did he say no?

9 Dr. Daszak. I wrote "Happy New Year," then a very long set of rationale for us
10 getting out there and doing that work on the ground. He wrote back and said, "Happy
11 New Year."

12 Mr. Benzine. Okay. We can go off the record.

13 [Recess.]

1 [4:42 p.m.]

2 BY [REDACTED]:

3 Q Dr. Daszak, I have just a very few last questions, and then my colleagues
4 have a couple of additional questions, partially about some of the discussion in the
5 previous hour. And, again, you may end up having to repeat yourself a little bit.

6 But on the broader question of samples and databases of samples, I guess just
7 starting discretely with RaTG13, am I sort of hearing it correctly that that sample was
8 gathered up in 2013, as the name indicates, the RdRp -- is that essentially a snippet of the
9 full genome?

10 A Yeah, correct, 2013 was when they got it, and it's a short fragment of the
11 genome, yeah.

12 Q Okay. So that frame or snippet, the RdRp, went up on GenBank's publicly
13 available database. I don't recall when.

14 A It was published in a paper, so it was made public. And it probably was in
15 GenBank, yeah.

16 Q Okay. The full genome of what came to be known as RaTG13, we know from
17 that addendum, was sequenced in 2018 by the Wuhan Institute of Virology. That full
18 sequence was not known in a publicly available way until post-pandemic or during the
19 pandemic.

20 A Yeah.

21 Q Is that correct?

22 A I think that's right. I'm not sure if it was in the January -- the paper that I
23 published earlier on in the pandemic, but it was in the early stages of the pandemic the
24 full sequence was up.

25 Q And I think you were asked this, I'm not sure I could necessarily hear the

1 answer, but that that time lag from sequencing in 2018 to early 2020, then for the first
2 time sort of sharing that full sequence, is that ordinary, out of the ordinary?

3 A Perfectly normal.

4 Q Yeah.

5 A It takes sometimes years.

6 What normally happens is scientists collect sequences, start analyzing them. And
7 if there's nothing much interest in, they'll just wait. And then eventually they'll write a
8 paper, submit the sequences to GenBank or another database, and they won't go public
9 until the paper's published. It can take a few years.

10 Q And RaTG13 was originally sampled from what I think is known as the
11 Mojiang mine?

12 A Yes.

13 Q Is that correct?

14 A That's what I understand, yeah.

15 Q Were you or did EcoHealth -- was EcoHealth part of that field work?

16 A No. We checked. None of our staff have ever been there. I've never been
17 there. Yeah.

18 Q Okay. So presumably it was work that Wuhan Institute was doing
19 independently, I suppose.

20 A Yes. Yeah.

21 Q Okay. And from that mine came a series of novel SARS-like or beta
22 coronaviruses, I think nine in total, one of which was RaTG13. Is that right?

23 A Correct, yeah.

24 Q The other eight, do you recall, what was the status of those genomic
25 sequences, whether before or after the pandemic?

1 A Yeah. It's very confusing to me. They were all called originally, I assume,
2 BT-CoV something or other, or maybe they weren't even known. But there was -- it was
3 one of many, many theories, hypotheses about how someone's hiding something, what
4 about these eight sequences?

5 And, in the end, from what I could see online, virologists analyzed those
6 sequences and showed that some of them are identical, that it's just the same virus.
7 Others are completely irrelevant, and it really was not of any concern or interest.

8 Q Sure. I was just wondering, for those other eight from the mine, do you
9 recall -- and I'm not sure that I do -- what was the status of them as far as publicly sharing
10 or putting in a publicly available database those eight sequences?

11 A I don't know. I can't remember. I can't recall. I can check if they were in our
12 Latinne, et al., paper. I just can't remember on it.

13 Q And this is a version of the same question, so you may simply not recall, but
14 whether, for those eight, RdRp short frames were already on GenBank in the way that
15 was the case for 4991 or RaTG13, whether that was also the case for the other eight?

16 A I think so. I'm not sure, though. You'd have to check.

17 Q Okay. Something that I think I sometimes just am not totally clear on is
18 when we talk about databases of samples -- we sort of got into it in that previous
19 round -- is there is different categories. There is a world of samples that was collected as
20 part of what was joint field work with --

21 A Yeah.

22 Q -- yourself and the Wuhan Institute. There's a separate world or database or
23 universe of samples that the Wuhan Institute collected on its own, an example being
24 those nine beta coronaviruses from the Mojiang mine. That's a different set.

25 And then I think, but please correct me, there is also a set of samples that

1 EcoHealth has collected, not necessarily as part of its work with the Wuhan Institute, but
2 elsewhere, maybe in other countries in that part of the world.

3 Is that right so far?

4 A Yeah. And there is one other thing, which is work done in China to find other
5 viruses, not just coronaviruses. So I believe that the WIV database had all the
6 viruses -- mosquito virus, rat virus -- all this different stuff, yeah.

7 Q WIV database would have mosquito viruses, for example, that were
8 collected as part of joint field work between EcoHealth --

9 A No. We only worked with WIV through NIH on SARS-related coronaviruses
10 and through PREDICT on mammalian viruses.

11 Q Got it. Your point just being that the Wuhan Institute --

12 A Yeah.

13 Q -- also did collection of other types of viruses?

14 A Yeah. And it's a big institute. They do a lot of other work, yeah.

15 Q What is -- for those three buckets that we talked about, so joint,
16 EcoHealth-WIV, and then WIV independent, and then EcoHealth independent -- what is
17 sort of the status today of those various buckets? Like, where are they? Who has access
18 to them?

19 A So for any virus sequence related to SARS-CoV or SARS-CoV-2, we've very
20 purposefully uploaded them into GenBank and made them public irrespective of whether
21 we're going to publish them down the line, just for the sake of openness and
22 transparency.

23 But there are hundreds of other viruses that we've found the genetic code for and
24 that other groups around the world have that are in the process of being analyzed,
25 getting ready for publication.

1 I think all of the ones from PREDICT were uploaded into a database at USAID,
2 which is public, and others are in the process of being analyzed for papers.

3 Q Is it -- just because it's easier for me to think in sort of discrete boxes, for
4 samples that were collected sort of jointly between yourself and the Wuhan Institute, am
5 I right to say that EcoHealth, sitting here today, does not currently have access to that
6 set?

7 A To which set? Sorry.

8 Q To samples that were collected jointly between EcoHealth and Wuhan
9 Institute of Virology?

10 A All of the samples are in Wuhan in freezers at the Institute of Virology.

11 Q Yes. Is it right to say that, sitting here today, EcoHealth doesn't have access
12 to that set? In other words, you don't know --

13 A We can't go and work on those.

14 Q Right.

15 A We're not funded to do that. We're specifically funded and have an
16 agreement not to do that.

17 Q For samples that were collected by EcoHealth elsewhere -- I mean, we can
18 name an example country -- perhaps you can -- but other parts of southeast Asia, where
19 are those samples?

20 A Well, for instance, we've been conducting work in Thailand. The grant that
21 you referred to, that someone referred to, we've done work in Thailand. We've found
22 viruses, SARS-related coronaviruses. And we're in the process of getting those ready for
23 publication.

24 As soon as we can, we're going to make them public. We're going to put them up
25 on GenBank. If there is anything we find that's of potential pandemic importance or

1 epidemic importance, we report it to the government. And if there is an outbreak that
2 we see, we would report it to the WHO.

3 Q Yeah. It's really just a lack of knowledge on my part. In that example,
4 Thailand, where are those samples? Would they be in Thailand?

5 A Yeah, in Thailand.

6 Q Okay.

7 A It's pretty standard for countries to either not allow samples to leave the
8 country, or discourage it, or it's very difficult to get them out of the country.

9 Q So would they be in the custody of a Thai subcontractor?

10 A Yes. And they would be in the custody of an accredited, certified,
11 high-containment laboratory working for the Thai government.

12 Q EcoHealth does not directly, I don't think, maintain custody of --

13 A No.

14 [REDACTED]. Okay. Great. Well, I appreciate it. Thank you.

15 Turn it right over.

16 [REDACTED]. Great. Thanks.

17 I'm [REDACTED] on the Energy and Commerce Committee's minority staff, and I
18 want to say thank you for being here, answering all these questions. Thanks for your
19 indulgence answering mine that are coming up.

20 Just so we can get shuffling papers out of the way, I'll probably have questions
21 mostly focused on minority exhibits A, B, C, and D. I'll be jumping a little bit back and
22 forth between those. But it makes sense if folks want to get those in front of them.

23 BY [REDACTED]:

24 Q Before we get to the documents, I do have just some general questions.

25 A Okay.

1 Q Just for everybody else's benefit.

2 So could you just talk through -- we've talked a lot about the submission sort of
3 logistics for progress reports.

4 A Yeah.

5 Q Stepping back from the specifics about the year 5 report, could you just talk
6 through for a second, in ideal, nothing-is-broken circumstances, who does what, when,
7 on your team at NIH, as specifically as you can describe it?

8 A Yeah. So I'm the principal investigator, PI on the grant, so it's up to me to
9 write the report.

10 So I reach out to all of the subcontractees on the ground, get them to write a
11 report of what they've been up to, make sure they've got the very latest information
12 there that we can get in the timeframe allowed, and then collate it into a document.

13 Admin staff then add all the administrative information in there, the budget spent
14 and all this stuff. And then we file it online to NIH.

15 It then goes -- my understanding is it goes to grants management at NIH and to
16 the program officer that is the point of contact to manage the work that you're doing as a
17 grantee. And that program officer will review the report from a scientific viewpoint, from
18 a biosafety, from a P3C0 viewpoint, and from, "Are you doing what you said you were
19 going to do, and what are your plans for next year?" The grants management will review
20 the admin side of it at NIH.

21 And then, once all that's done, you get a notice of award for the next year of
22 funding if everything's up to snuff.

23 Q Got it. And, to clarify, we talked -- there was some discussion about whether
24 you could still modify the report before it was formally submitted.

25 Am I understanding correctly that essentially this is -- it's an online system, you

1 can log into it almost like Dropbox or something like that?

2 A Exactly.

3 Q And you're just dragging and dropping a single file that contains all of that
4 information?

5 A Correct.

6 Q And then you submit just a document that contains all that?

7 A You submit later on.

8 Q Yeah.

9 A So when it's up there, it's hanging in the system, you can edit it and modify
10 it. Then, later on, you click submit, and then it's in the NIH system. Then you can't
11 modify it.

12 Q I think I understand.

13 A Yeah.

14 Q And you mentioned before that you could still modify it because it's just on
15 your laptop, you have a local version of it.

16 A Yeah. Correct.

17 Q It's just essentially a Word document?

18 A Yeah. A Word document. They convert it to a PDF when it goes on to NIH.

19 Q Okay. Thank you. That's great. Having not used it before, it's helpful just to
20 understand what it is that we're talking about.

21 And so are you normally the person -- you said you're responsible for the report,
22 so you collect information from the subgrantees, from everybody on your team --

23 A Yeah.

24 Q -- make sure that you have everything on what we'll call, like, the substantive
25 scientific side.

1 A Yeah.

2 Q And then you have admin staff that add in the dollars and cents and any
3 other sort of logistics things that are on their side.

4 A Correct.

5 Q And then who does it go to to sort of do a final compilation, upload, and
6 submit?

7 A We have a Authorized Organizational Representative, AOR, who does all that
8 work. And NIH specifically requires that the AOR is the person who contacts them,
9 Authorized Organizational Representative.

10 Q And so who does that for you?

11 A At EcoHealth, it's Dr. Aleksei Chmura.

12 Q Okay.

13 A That's why he gets the letters.

14 Q So, in a normal situation, everything would go into this document, both from
15 the information you collect, the administrative staff. Once you are content with it, you
16 tell Dr. Chmura, "Here is the final. Go ahead and get this submitted."

17 A Yeah. Correct.

18 [Daszak Minority Exhibit D

19 was marked for identification.]

20 BY [REDACTED]:

21 Q Okay. If we could turn to exhibit D. So this is the email chain, and we're
22 going to focus on the same email that everybody's been talking about, the
23 September 17th, 2019, email that's to your -- to the team working on this grant about the
24 renewal. Let me know when you have it in front of you.

25 A Yep.

1 Q Take a second. We have a big stack at this point.

2 A Got it.

3 Q Okay. So you mentioned -- first, well, you mention in this email that, in the
4 third paragraph, Zhengli and Hongying have worked up a draft report.

5 That's the draft of the year 5 progress report, correct?

6 A Yep.

7 Q And I think you mentioned earlier today that that was done at some point in
8 late June or July. Is that correct?

9 A Correct.

10 Q Okay. So, at that point, late June and July, you had presumably everything
11 that you needed to wrap up the report and get it to the --

12 A Yeah, because Hongying, although her name's Chinese, she works at
13 EcoHealth. She's in charge of collecting all the information from our staff.

14 Zhengli was the, I think, the one subcontractee, subrecipient on that grant. I think
15 that's correct. So, therefore, I've got everything. I've got the subrecipient's report. I've
16 got Hongying's collected all the data. We've got it ready to go. Yes.

17 Q Okay. So at this point what more needed to be done to get it submitted to
18 NIH?

19 A I believe at this point either I've got to give it one last look over or it goes to
20 our AOR, Dr. Chmura, who should press send.

21 Q Okay. And do you recall if you had sent it to Dr. Chmura and given him the
22 green light at this point?

23 A No. I don't recall. But I'm sure that -- I have a memory that we knew the
24 final deadline to get this uploaded. Before that final deadline, he told me it wasn't going
25 through. And maybe he told me back in July it wasn't going through. I thought that it was

1 just some minor problem with it, it would get fixed.

2 So yeah. I'm not sure of the real details on that.

3 Q Okay. But you don't mention anywhere in this email any sort of technical
4 issue in submitting it, right?

5 A No, because this is a management email. This is a, "Well done, everybody.
6 We've just received our renewal."

7 Now, you're all involved in it because Dr. Baric was on the renewal, and Lili Ren,
8 which was a new subrecipient that would have happened had it been done, or it had.

9 So this is an email to let everyone know, "Great news, we've got the grant. Well
10 done on all your hard work. There is only one or two minor things I've got to finish, but
11 bear in mind they've backdated it, so you're already 2 months into the grant. Get
12 working."

13 This was a motivational email, not a, "We have a technical issue." You know, it
14 wouldn't have been good.

15 Q Actually, that's something that I wanted to ask about. Well, let me actually
16 focus on that draft for a second.

17 So you said that you had, right, and this email is consistent with you having a
18 document saved somewhere on your system --

19 A Yeah.

20 Q -- that was a draft?

21 A That's right.

22 Q Did you ever provide that draft to, let's start with NIH, let's say in 2021, as
23 proof that, "Look, I had this draft. This is what I tried to submit. It didn't go through"?

24 A Well, no, because until someone would just -- we uploaded the draft. We
25 got it -- we eventually managed to get it in the system and uploaded.

1 Q Right, but you never sent a file that would have had metadata that showed --

2 A Scanned --

3 Q -- look, this was created -- but you never sent -- this was what we tried to
4 submit back then, you can see that it was created back in July 2021 or anything like that?

5 A I really didn't think it would create this much of an issue, honestly. I mean, I
6 can probably dig out a version of the document that has metadata maybe. We've tried
7 that in other things, and it turns out it's not there.

8 But, yeah, we had that report ready on time, early, and unfortunately I didn't -- I
9 wish I had sent it to the program officer like I did with the previous report. It would have
10 been so straightforward. I just didn't.

11 So, no, NIH never asked for it. They asked for the report to be submitted, and we
12 quickly submitted -- as quickly as we could -- submitted it.

13 Q And so I think I know the answer to these next two, but I just want to ask for
14 the record.

15 A That's fine.

16 Q So, likewise, you never submitted that draft report from 2019 to the HHS
17 Office of the Inspector General?

18 A I don't know. If they asked for it, we would have given it to them, but I don't
19 know.

20 Q Do you know if you've located it?

21 A No, I don't know.

22 Q Okay.

23 A I don't remember looking for a metadata to support a draft, that it's a draft
24 early on, but yeah, I don't -- I don't know.

25 Q And so the answer --

1 A There is probably emails with an attachment somewhere of an earlier
2 version of the report. But, yeah, I've not -- I don't remember digging that out or being
3 requested to dig it out.

4 Q And so the answer would obviously be the same for the committees that are
5 here today, that you -- since you --

6 A Oh, yeah. To my knowledge, no. No. I've not been asked for it, and I've not
7 been -- spent time digging it out. But one of the things that I'll do when I get back is to try
8 and dig one out. It exists somewhere.

9 [REDACTED]: Can I ask one, [REDACTED]? I'm sorry. Just very quickly.

10 [REDACTED]: Yeah, please.

11 BY [REDACTED]:

12 Q Just a question trying to understand the logistics.

13 How does the draft report typically get from the Wuhan Institute of Virology to
14 you? I mean, I would assume that that's an email with an attachment, right?

15 A That's right, yeah.

16 Q So where is that email?

17 A Somewhere --

18 Q Somewhere.

19 A -- in the system. It may have gone to one of our admin staff. You know, it
20 would have been our admin staff who write to subrecipients and say, "Hey, guys, we've
21 got a report going in. Send us the report." And they would have sent the report.

22 Q So with the email retention policy, that should still exist?

23 A It should still exist, yeah.

24 Q Okay.

25 A Yeah.

1 Q If it exists, we'd like to see it.

2 A Okay. Yeah.

3 [REDACTED]: Great. Sorry, [REDACTED].

4 [REDACTED]: No.

5 Dr. Daszak. I hope it exists. Yes.

6 BY [REDACTED]:

7 Q So you brought up something -- you mentioned in this email and you
8 mentioned just now that the award was backdated. Can you explain what you mean by
9 that?

10 A Yeah. This happens a lot with Federal grants. It's a very lengthy process of
11 review. You submit the grant, and you put an estimated start date that you hope it will all
12 be done by. If you get -- if you are considered of high enough quality to fund and if
13 everything goes through and all the oversight is correct, you hope to begin on that date.

14 With NIH, they often -- they tell you you're likely to receive the award, and then
15 eventually you get a notice of award that's backdated to an earlier time, because they
16 want to make things continuous, which is -- means that you've now -- you're already
17 2 months into a grant, and you need to be working.

18 Q So when did you actually receive the notice of award that was the renewal of
19 the grant, year 6 effectively?

20 A Well, if September 17th is when I sent the email, a few days before that
21 would be the right answer. But the notice of award will have a date on it. I think they
22 modified it, I think to be correct. But, yeah, it's -- it would have been a few days prior to
23 September 17th.

24 Q Okay. In that case, I'm going to introduce -- yeah, thank you -- minority
25 exhibit N, and this is the notice of award for year 6.

1 [Daszak Minority Exhibit N
2 was marked for identification.]

3 [REDACTED]. So you've looked at many more of these than I have, and I'm just
4 trying to reconcile some of what you said with some of what is on the document.

5 Mr. Grudberg. Here.

6 Dr. Daszak. We'll share it.

7 Mr. Grudberg. There you go.

8 BY [REDACTED]:

9 Q So take a look, and then just let me know when you're ready for questions
10 on it.

11 A Yeah. This looks like a notice of award for our grant.

12 Q Okay. So the Federal award date in the top is listed as July 24th, 2019,
13 correct?

14 A That's what it says.

15 Q Okay. And then, turning to the second page, it's just very brief, and at the
16 top it says Tseday Girma, grant management officer from National Institute of Allergy and
17 Infectious Diseases, correct?

18 A Correct.

19 Q Okay. On the third page, about two-thirds of the way down there is a little
20 subheading called, "NIH Administrative Data." Do you see that?

21 A Yep.

22 Q Okay. It says, "Award Processed: 7/24/2019, 12:03:26 a.m.," right?

23 A Yep.

24 Q Okay. So I guess my question is, how do we reconcile the dates that are on
25 this notice of award, all of which indicate July 24th, 2019, with what we were just

1 discussing about it being backdated?

2 A Because the record on these notices of award have dates that are different.
3 So, if you -- so this is my point here, that I say it's being backdated to July the 24th. This is
4 what they do. They backdate the award, and the Federal date -- the award date is
5 backdated, and -- yeah.

6 [REDACTED]. Do you mind if I ask just one question, Will, if I could? It's just a
7 follow-up to the same topic.

8 [REDACTED]. Sure.

9 BY [REDACTED]:

10 Q Minority exhibit C, which we've looked at a number of times, that's the
11 July 30th email from Dr. Chmura --

12 A Yep.

13 Q -- to Tseday Girma.

14 Whenever you have that.

15 A Yep.

16 Q So at the bottom of that page, Dr. Chmura's email, we haven't focused as
17 much on it, but it starts with, "Dear Tseday, many thanks for all your help and support
18 during our application and JIT processes for this continued award. We are excited about
19 our continued work and progress over the next 5 years!"

20 So although we can go find it if needed, but I think it is not really in dispute from
21 other documents in addition to this one that EcoHealth was made aware of the renewal.

22 A Yeah. It looks that way, so correct.

23 Q On July 24th.

24 A Yeah, yeah, it looks that way.

25 So I anticipate a few days between getting notice of award and sending a team

1 email to get everyone excited, but, actually, it was longer than that.

2 Q Well, we can hunt for it, but I think, with a pretty high degree of confidence,
3 the notice of award was received back in July.

4 A Yeah. That's probably true from what this email says. So, yeah, it took me a
5 long time to get 'round to writing the email.

6 Q Okay. But the September email does seem to indicate an immediacy. We
7 just received our renewal, but that was a month ahead of time --

8 A Well, it's a 5-year award. If you look at it from a 5-year perspective, that's
9 pretty recent.

10 Q Do you have any recollection of -- well, just first of all, just to be clear, now,
11 so we're all on the same page, the notice of award, I think we've refreshed your
12 recollection, may have been or likely was received back in July.

13 A Right.

14 Q Is there any recollection, if you can recall, of that lag between receiving it
15 and then notifying your collaborators about it --

16 A Well --

17 Q -- sort of giving the impression that it had just been received?

18 A Well, I didn't write them to give them the false impression. No. No.

19 Q No, I didn't say false, but --

20 A What I wrote them was to get them excited about the grant we've been
21 awarded.

22 Look, the probable reason for me taking a long time to write that email is shocking
23 workload, horrific travel schedule, and a backlog of emails to write to people to explain
24 what we're doing and keep them -- write papers, write grants, and do all that.

25 [REDACTED]. Sorry, [REDACTED]

1 Dr. Daszak. But yeah. I'm --

2 [REDACTED]. No, same questions.

3 Dr. Daszak. I clearly underestimated my slowness there.

4 BY [REDACTED]:

5 Q No, that's fine. I just wanted to make sure that we weren't missing
6 something on the --

7 A No. Correct. But bear in mind that email is just an email to the team to say
8 we got our award. I mean, I have other emails where -- it takes a long time to get 'round
9 to it. The critical stuff is getting the award set up, getting all the admin done. That
10 happens.

11 Q So can we -- let's turn to -- well, exhibit C is probably in front of you. That's
12 the --

13 A Yeah.

14 Q -- email that we were just discussing.

15 So I want to understand -- I think this is a significant email that's referenced in a
16 couple other documents, and I just want to make sure that I'm correct that this is what's
17 being referenced.

18 So when NIH asked why you haven't submitted the year 5 report in time, you
19 referred to issues with the online submission portal and that you had made attempts to
20 reach out to staff. I'll quote from -- this is from page 2 of exhibit A. This is your
21 October 26th, 2021, letter. So I'll quote from that.

22 "On July 30, 2019, we requested further information about the submission of the
23 year 5 report from the NIH grants management specialist who had been dealing with our
24 renewal, but did not receive a response to our question." And then, in parentheses, "PDF
25 attachment No. 6."

1 I'm assuming that this is the email that you're referring to there. This July 30th
2 email that's exhibit C --

3 A Correct.

4 Q -- is what's being referred to on page 2 --

5 A Yeah.

6 Q -- and 3 of exhibit A, right?

7 A Correct. Yep.

8 Q Okay. And, similarly, I believe that this is what you were citing in discussion
9 with the inspector general --

10 A Correct.

11 Q -- exhibit B, page 59? Okay. We can just skip all that.

12 So this is the document that we should be focusing on as -- if you want to call it
13 demonstrating efforts of diligence in submitting the year 5 report. Is that fair?

14 A Yeah, absolutely, because it's from our official Authorized Organizational
15 Representative to the official grants management staffer who is mentioned in the notice
16 of award.

17 The most interesting, if you read Tseday Girma's response, she says, "Hi, Aleksei. I
18 received your inquiry -- I will respond tomorrow. I may also have questions about the
19 revised budget..."

20 Aleksei writes back right away, within 10 minutes, and that's where the chain
21 ended. We never heard back. She never contacted us, and we never got a response.

22 Q Got it. So fair to say that, in your responses to both NIH and the inspector
23 general, you were trying to convey, "We had an issue, we reached out about the issue on
24 July 30th and never got a response"?

25 A Yeah.

1 Q Okay. So I want to look at the actual questions that were asked in the
2 July 30th, 2019, email from Dr. Chmura.

3 A Yeah.

4 Q So just two quick queries for you.

5 One, "I see that now we may commence our Year 5 annual report and eRA
6 Commons' RPPR. Peter just initiated our Year 5 report. We were already prepared to
7 submit this and expect to have everything uploaded and submitted by the end of July.
8 Will this be okay, and is there a due date?" Right?

9 A Yeah.

10 Q Okay. Is there any mention of being locked out of a system there?

11 A No, because I think that happened once we tried to submit. This is a
12 question, is can we commence the process?

13 Q So you're saying, at the time that this July 30th email had been written, you
14 had not yet tried to submit the year 5 report?

15 A You'll have to check the -- well, we have some documentary evidence on
16 this. Dr. Chmura would be the person who did this.

17 I think that he tried to upload it after this email, or at least he initiated the upload.
18 We had up until the end of September to get the report in.

19 Once the renewed grant came through, which is then, it was -- he was then unable
20 to submit. I'm not sure of the exact timing of when he tried to click submit, but I can get
21 the information to you.

22 Q But you communicated to both NIH and the inspector general that this email
23 was essentially the best evidence of your attempts to submit the year 5 progress report
24 on time.

25 A It's unfortunately the only evidence, other than we have a receipt. We have

1 a date in the system that says we initiated the submission. That's one thing we've got.

2 We have this email. We scoured our email records for other emails. We didn't
3 have any. But it remains a fact that we tried to upload it. It locked us out.

4 And I think another piece of evidence for that is the fact that, shockingly, when
5 NIH came back to us 2 years later and said, "You need to upload that report, do your
6 year 5 report," it was written in a way that was very matter of fact. "Submit the report.
7 You are out of compliance until you do that."

8 We said, "Okay, we will."

9 Again we went online, and it was locked out. And we contacted NIH, and then it
10 took them something like 11 days to open up that system to allow us to submit.

11 It's a fact that that system locks you out when you have a renewal. That's what
12 happened. And although we don't have an email chain to show that, all we've got is the
13 ticket, the receipt of when we initiated the upload, this email, and then the evidence that
14 I actually had trouble opening up the system later on.

15 Q Do you recall if, in 2021, when NIH came to you and said submit this
16 progress report as soon as possible, did you email them then about the issues being
17 locked out?

18 A We went to submit the report as soon as possible. That's what we did.

19 At that point in time communication with NIH was largely through letters from the
20 Office of the Director, which tended to be very bureaucratic and -- what's the
21 word -- directive. You know, they directed us to do stuff. We went off and did it.

22 We didn't say, "But, but we did this, we did that." We just went off and did it.

23 At the time when we got that letter from NIH, it didn't say to us, "You're out of
24 compliance." The fact that this report wasn't here is going to be a huge issue.

25 What it said was, "We have found out that your year 5 report was never uploaded

1 correctly. Please upload it ASAP." So we went and did that.

2 Q And you said you ran into issues when you tried to do that in 2021?

3 A It wouldn't allow us to upload the draft. Then, at that point, then we made a
4 huge effort to get that uploaded, multiple calls to NIH, multiple emails, which I'm sure we
5 can get for you. And it took them a number of days before that report was -- before the
6 system allowed the report.

7 And there were emails where program staff are trying to understand why it
8 doesn't work, and it was just not good.

9 And that isn't the only time we found errors in the system at NIH. There were
10 errors around the dates that were on the record of various other reports we'd submitted
11 in grants that we took a huge amount of effort and time to correct because of the level of
12 intensity around the allegations of what we'd been doing with NIH.

13 In a normal circumstance, if there is a mistake in the system with a date, you
14 would just leave it. But at that point we made a huge effort to do it, and we eventually
15 got it done.

16 Q So two more things on this exhibit.

17 First, just for sake of completeness on the record, on the second page of that
18 email, the second request from Dr. Chmura to Tseday Girma is --

19 A Yeah.

20 Q -- "Since this is Year 6 of our award, may we roll-over any un-expended funds
21 from Year 5 as we would usually do with a 5-year award?"

22 So the second request has nothing to do with submission of the year 5 report,
23 right?

24 A No.

25 Q Okay. So the only request related to the year 5 report submission is we're

1 prepared to submit it by the end of July. Is that okay?

2 A Yeah.

3 Q Is there a due date?

4 A The only email request that we've found is this one. The only other thing
5 we've got is the dates of initiating the report and upload.

6 Q Can you just explain what initiating the report means instead of --

7 A If means opening up the file in the system to upload the report into the
8 system and submit.

9 Q Okay. So you're creating a new entry --

10 A Exactly.

11 Q -- where the report will go.

12 A Yes.

13 Q Okay.

14 A Which was still well in advance of the final deadline.

15 Q Okay.

16 [REDACTED] Do you have anything else on this?

17 [REDACTED]. Just very, very brief.

18 But just on that email chain, I think you had said, but I just want to confirm, this is
19 the end of the email chain.

20 Dr. Daszak. From my memory, that's right, yeah.

21 [REDACTED]. Dr. Chmura ever sort of build on top of it and say "Tseday, I'm
22 locked out"?

23 Dr. Daszak. He didn't. He comes up to my phone. We had a phone number for
24 her. That's what he told me. And we just didn't hear back. We didn't get an answer. We
25 didn't hear back.

1 [REDACTED]. So just to confirm --

2 Dr. Daszak. And there seems to be no urgency or concern from NIH. The fact that
3 the funding went forward suggested to us that, well, this isn't -- and I'll confess. It may be
4 when you finish your R01 and get a renewal, you don't do a final-year report because it's
5 not final now. You've got year 6. So that's what we assumed.

6 BY [REDACTED]:

7 Q So just to be clear, there are no emails during this time period that
8 mentioned being locked out of the system that you've located?

9 A No. That's right.

10 Q And there are no emails that you've located during this time that mention
11 any other sort of technical issue with submission?

12 A There are other emails around issues on the date that NIH had as the dates
13 of record for our submission of other reports that were wrong and we needed to correct
14 because people were making all sorts of allegations around them.

15 Q But for the year 5 report --

16 A Correct.

17 Q -- there are no emails that state anything about a technical issue, even if it
18 doesn't use the term "lockout," that said anything about a technical issue in submission?

19 A Correct, yeah.

20 Q And there are no emails around this time of anyone providing the draft or
21 final year 5 report to anybody at NIH?

22 A Correct.

23 Q Totally separate topic. Aside from what NIH communicated to you in the
24 formal correspondence starting in April of 2020 about, first, the suspension of the WIV
25 subgrant and then, days later, the termination of the grant itself, did you ever get any

1 information on why the grant was terminated, any other explanation or information
2 suggesting why the grant was terminated that was different from what was formally
3 conveyed by NIH?

4 Mr. Grudberg. You mean other than in that formal correspondence?

5 [REDACTED]: Correct.

6 Dr. Daszak. I read newspaper reports from investigative reporters. I heard from
7 other staffers about what seemed to have gone on behind the scenes at NIH. But even
8 the communications we had from NIH were changed over time. The initial termination
9 was for cause, which is not appropriate for a grant. That's normally for a contract.

10 The rationale for the termination was that this doesn't fit within
11 the -- NIH's -- NIAID's -- NIH's mission and vision for coronavirus research. But they
12 published it a day earlier through NIAID, a set of major goals at NIAID's work on
13 coronaviruses, which we fit all of.

14 When we protested it through legal letters from our counselor here, NIH then
15 reactivated and suspended it for other reasons. So it shifted as things progressed.

16 BY [REDACTED]:

17 Q On April 17th of 2020 there was a press conference that
18 then-President Trump was asked about a grant to a lab in China.

19 And in response to that question, he said, "We will end that grant very quickly."

20 Are you aware of that press conference at all?

21 A Yeah. I heard it live actually. I was in the kitchen with my wife, and I heard
22 him asked that question.

23 I mean, I'd actually had some communication from program staff at NIH warning
24 me that people were writing letters about our grant, Members of Congress, and that I
25 should be careful and I should hire a lawyer and talk to my congressional Representative.

1 That was pretty worrying, to hear that. They didn't really give me any details.

2 Then I heard this comment from President Trump, and at first I didn't believe it
3 was our grant, to be honest. You don't expect the President of the United States of
4 America to talk about a 5-year R01, that's \$3 million or something. And if the President
5 does talk about your research, that's usually a good thing. So I was -- I didn't believe it
6 was us.

7 The amount of money that was listed by the reports -- I then went to my laptop
8 and checked, and it was the same amount that we had on our grant. So I knew it was our
9 grant, yeah.

10 Q What was your reaction when you realized it was your grant?

11 A Shock, horror, sadness.

12 Q And then, 2 days after that, if I'm getting the timeline right, on April 19th, is
13 when you were notified that the WIV subgrant was suspended, correct?

14 A Yes.

15 Q Okay. And then, several days later, you were notified that the grant to
16 EcoHealth Alliance was canceled, correct?

17 A Correct. And during that period we did everything we could to support NIH
18 in any information they needed. We informed them we hadn't subcontracted to WIV on
19 this grant. And we received a very positive email from Dr. Lauer saying, "Thanks. Thanks
20 for the information."

21 And we thought that was it, that cutting the WIV subcontract would be enough.
22 So when it was terminated it was an awful moment.

23 Q Did you ever learn any information, either from government officials or
24 nongovernment officials, that connected the statement of intent by
25 then-President Trump to terminate the grant to the decision that was ostensibly made by

1 NIH to terminate the grant?

2 A What I heard was that -- look, when President Trump says something, he
3 usually does it. Let's face it. I mean, that's one attribute of President Trump, that when
4 he makes a statement like that he normally follows through.

5 What I heard was that the HHS Secretary spoke to Dr. Fauci, and then
6 Francis Collins, and that Francis Collins made the decision to terminate and got
7 Michael Lauer to send the emails and come up with a reason. I'm now seeing FOIA'd
8 emails that explain how they were working behind the scenes to come up with a good
9 rationale for terminating this grant.

10 And then you can see in other FOIA'd emails how they looked through, sifted
11 through everything we've ever sent them and used the year 5 report as another rationale,
12 the delaying submission as another rationale for continuing pressure.

13 This is an email from Dr. Lauer that says, "Gift," it's titled, "Gift," to his team of
14 lawyers and other people that's been FOIA'd. The details of the email are gone, but it's
15 about the year 5 report being delayed.

16 Once they found that out, it was then used to continue to put pressure.

17 Q And from what you heard and what you understand, do you believe that it
18 was the HHS Secretary making the decision himself at that point, or through instructions
19 from the President?

20 A Well, I think President Trump very clearly stated in that press conference,
21 "We will end it very quickly." And within a week it was ended.

22 Q And is this, is your understanding of that formed through public reporting
23 and your sort of connecting the dots, or have people directly told you that?

24 A So all of the above.

25 Q Okay.

1 A Yeah.

2 [REDACTED]. Okay. We can go off the record.

3 [Recess.]

4 BY MR. BENZINE:

5 Q I want to ask you a couple questions about the last hour.

6 You said that you had heard from staffers about what went down behind the
7 scenes regarding your grant termination. Were those staffers at NIAID or NIH?

8 A Yeah. I think I heard from people at both organizations.

9 Q Can you elaborate more on what you heard? You said a little bit, but can
10 you --

11 A Well, I heard that it came from the White House, the order to terminate, and
12 that it was passed through the HHS Secretary to Dr. Fauci and/or Dr. Collins.

13 In the end, Dr. Collins decided that something needed to be done about it, and
14 they initially cut the WIV subcontract and then terminated. But I think the order to
15 terminate came directly from the White House.

16 Q And then you said program staff were warning you about congressional
17 letters. Can you elaborate a little bit more on --

18 A It was not a good week. I think it was something like the 14th of April. I
19 gave a talk at NIAID by Zoom. Everyone was on Zoom at the time. And it was part of an
20 ongoing meeting they had to bring together all the coronavirus researchers from around
21 the U.S. to talk about what we're going to do about the pandemic. And I was explaining
22 some of our work on bat coronaviruses and what the relevance was.

23 And then, at the end of -- the day after, I got an email saying have a talk with
24 program staff that are higher up the chain at NIAID.

25 I thought, "Oh, great, they're going to say, 'Hey, that was a great talk you did, blah,

1 blah, blah. What other work are you doing?"

2 But, no, they were calling me to tell me that there were concerns from some
3 Members of Congress about this work that was going on in China, and they said there
4 were efforts to take away the funds or cut the grant and that I should get a -- I should talk
5 to lawyers and get ready and I should talk to my congressional Representative.

6 Q Did they give you advice on how to respond to Congress, or just kind of give
7 you the summary you just gave?

8 A Oh, no, the staff at NIAID up the chain on the program side were 100 percent
9 professional. They would tell you regularly, "We can't comment on this. We can only tell
10 you that there had been letters written to us to ask about this research, and you should
11 get ready to answer questions." And they advised that I should get a lawyer and talk to
12 my congressional Representative.

13 Q All right.

14 A Yeah.

15 Q I want to shift gears.

16 Who in the program office did you talk to?

17 A Anyone I could.

18 Q Do you have recollection as to any specifics?

19 A Well, the first step is your program officer. That's Erik Stemmy. And actually
20 I was asked to get on a call with Dr. Erbelding, who was head of the division at the time.

21 So, yeah, those were two I initially spoke to, but I spoke to anyone at NIH who
22 would take my call.

23 BY MR. STROM:

24 Q Was Dr. Morens on the call?

25 A No. Dr. Morens isn't in the same way -- to manage the work, you have a

1 program officer, and then it goes up the chain to the director. He's an adviser to the
2 director.

3 Q Your recollection would be sort of branch division office level?

4 A Yeah. That level, yeah.

5 Q Okay. Great.

6 BY MR. BENZINE:

7 Q Again, I apologize if I'm being nitpicky, but you just said Dr. Morens was an
8 adviser to the director at the time. Do you have any insight into what Dr. Morens' current
9 position is?

10 A His current position is adviser to the director.

11 Q He's still at NIAID?

12 A Any questions about Dr. Morens, you need to ask Dr. Morens.

13 Q Okay.

14 A I'm not entirely sure --

15 Q Okay. That's fair.

16 A -- what his current status is.

17 Q Thank you.

18 [Daszak Majority Exhibit No. 11

19 was marked for identification.]

20 BY MR. BENZINE:

21 Q I want to introduce majority exhibit 11. This is an email chain pulled off of a
22 FOIA. It's why it's not Bates marked. It begins January 6th, 2020, and ends January 14th.

23 I want to go back to the very last page. It's an email from Dr. Stemmy to you on
24 January 6th and says, "Hi, Peter. Happy New Year! I'm sure you've been following along
25 with the Wuhan pneumonia cases, and I wanted to see if you had any information from

1 your contacts over there. I saw SARS and MERS had been ruled out, but curious to know
2 if there is any indication you've seen that another bat coronavirus might be involved."

3 And you respond: "Definitely focusing attention on this, Erik -- I spent New Year's
4 Eve talking with our China contacts and with ProMED staff between glasses. I've got more
5 information, but it's all off the record. Could I give you a call tomorrow to fill you in? I've
6 cc'd Alison Andre who can arrange a time that works for a quick call..."

7 Did that call take place?

8 A I think so, yeah.

9 Q Do you recall what was discussed on the call?

10 A Yeah. I would have told him -- and I think he did bring on Alan Embry. I
11 think that's right now when I see that email chain.

12 Yeah. So Dr. Embry was on the call.

13 I told him what I knew. Of course the reason it's off the record is because we
14 don't know if it's true. You know, these are rumors and hearsay about a 20 percent
15 different coronavirus that's bat related. So I told him what I knew. I pointed out that I
16 already put it out on Twitter. And ProMED had a story on it, too.

17 I think in my tweet I didn't specifically say that this -- we heard this was 20 percent
18 different to SARS-CoV, because it wasn't verified. It was just rumors.

19 Q Uh-huh.

20 A Yeah.

21 Mr. Strom. And nobody on this call from the NIAID side mentioned, "Hey, we
22 don't have that year 4 or year 5 progress report"?

23 Dr. Daszak. No.

24 BY MR. BENZINE:

25 Q And you didn't offer it up to them?

1 A No.

2 Q Why not?

3 A It wasn't on my mind. What was on my mind was a pretty interesting and
4 potentially dangerous outbreak in China of the types of viruses we were trying to get
5 ready for and deal with, yeah. So it wasn't on my mind.

6 Q Okay. I want to introduce --

7 A And the other thing about that is it's not the normal procedure to send your
8 year 4 report directly to a program officer. That's something that I've done. But the
9 process is to get it into the system.

10 Q Thank you.

11 [Daszak Majority Exhibit No. 12

12 was marked for identification.]

13 Mr. Benzine. I want to introduce majority exhibit 12.

14 This is an email chain Bates marked SSCP_NIH2924 through 2932. The emails
15 we're going to be referencing are largely in the first two pages. I'm going to read out
16 what's underneath the redactions.

17 If the rest of the staff in the room will stipulate that what I'm reading is accurate
18 to the best of their knowledge as well, just so you guys know I'm not hiding the ball on
19 what's underneath the redactions.

20 Mr. Grudberg. Sure. I just -- are you talking the first two pages in time sequence,
21 or the first two pages of the physical exhibit?

22 Mr. Benzine. First two pages of the physical document.

23 Mr. Grudberg. Thank you.

24 BY MR. BENZINE:

25 Q So the email at the bottom of page 2924 is from Dr. Chen, and it goes to

1 Dr. Stemmy and a couple others.

2 And she writes, "If you haven't seen this Wall Street Journal article on the
3 outbreak of the pneumonia in China, here it is." That first redaction is Erik.

4 And then, flowing onto the second page, she says, "Have you talked to Peter
5 Daszak? His grant funds the coronavirus research in China. Dr. Shi Zhengli in WIV is the
6 expert on coronaviruses. Her work on the coronaviruses in bats in China may allow the
7 quick identification of the virus causing the pneumonia outbreak, assuming Wall Street
8 Journal report is correct on the strain of coronaviruses is the culprits. Ping."

9 The next email -- now we can stay on the first page -- the next email is from
10 Dr. Stemmy, and he responds, "Thanks, Ping! I spoke to Peter yesterday afternoon. He
11 says he doesn't have any new information to share and that his collaborators at Wuhan
12 haven't been sharing any details since Christmas. He did say that the original rumors of a
13 novel coronavirus came from a commercial lab that was used to do initial sequencing
14 leaked the information."

15 Is Dr. Stemmy referencing the call that you had on January 8th --

16 A Yeah. Looks like he was.

17 Q -- the off-the-record call?

18 A Yeah. It looks like he was, yeah.

19 Q On that call, to the best of your recollection, did you share the 20 percent
20 differential with Dr. Stemmy?

21 A I think I did, yeah. I mean, you know, he did say that the original rumors
22 came from a commercial lab. So I would have told her that this is where we've heard that
23 the information is coming from, that it's 20 percent different, and that -- obviously I must
24 have been told by my China contacts that it was from that commercial lab.

25 So that's how that information -- yeah. So I shared it with him, and it's not him

1 saying -- you have to ask Erik Stemmy what he means by, "He says he doesn't have any
2 new information."

3 But I don't have any verifiable data at that point. I've got rumors, hearsay. But I
4 passed it on. He passed it on.

5 Q Dr. Stemmy says that your collaborators in Wuhan haven't been sharing any
6 details since Christmas. Had you been notified about a possible outbreak as early as
7 Christmas?

8 A No. I was notified on -- well, I wasn't notified, but I heard about it on the
9 30th and didn't speak -- wasn't able to get hold of WIV since then, since the 30th, from
10 my memory.

11 They were working on an outbreak. It made sense. You know, all hands on deck.
12 People are dying in the streets, et cetera. We didn't know what the situation was like. So
13 I assumed it was all because of that.

14 Q No, that makes sense. I'm just wondering if -- and I think I'm going to ask the
15 same question again, so excuse me.

16 A Sure.

17 Q But you hadn't heard any rumors from any of your contacts in China as early
18 as December 25th?

19 A No.

20 Q Okay.

21 A No. Something very important about when a new virus emerges. Scientists
22 want to be the first to report that. It's a very natural human thing.

23 So you hear a lot of people say, "Well, I heard about it on this date. I heard about
24 it on that date." If I'd heard about it on the 25th, I would have been contacting people on
25 the 25th, even though it was Christmas Day.

1 Q That's fair. An outbreak probably warrants that?

2 A Yeah.

3 [Daszak Majority Exhibit No. 13
4 was marked for identification.]

5 BY MR. BENZINE:

6 Q I want to introduce majority exhibit 13. Apologize for the small font.

7 A Sure.

8 Q This is a list of your calendar produced to us by EcoHealth --

9 A Yeah.

10 Q -- and Bates marked EcoHealth Alliance 2 through 3.

11 I want to touch on a couple of the early calls, especially in the January-February
12 timeframe.

13 So we just talked about the January 8th call up at the top with Erik Stemmy and
14 Alan Embry.

15 A Yeah.

16 Q You also had a January 23rd call with Dr. Stemmy. Do you recall what that
17 one was about?

18 A No, I don't.

19 Q And then, going to the next, the next line down, you had a call on
20 January 24th with Rob Cohen, who's at USAID.

21 Do you remember what that call was about?

22 A Vaguely. I mean, I think that everybody was seeing this news and was
23 interested to find out if there was any more information, yeah. But I did speak with Rob
24 Cohen regularly. He was working on deforestation and health initiatives at USAID.

25 Q Was he at all involved in any of your grant work at USAID?

1 A No. To my memory, no.

2 Q The next line down, Sara Woodson at NIH, NIAID. Do you recall what that
3 call was about?

4 A Not sure, but I would assume it's related to the proposal we had for the EID,
5 for the CREID Network grant that we then were funded.

6 Q Okay. Keep on going down the line. January 31st, a call with Tim Rieser and
7 Kali Farahmand.

8 First, do you recall who Tim Rieser and Kali are?

9 A I remember Tim Rieser, yeah.

10 Q Who is he?

11 A Yeah. He's -- he was -- he worked for a senior Senator. Is it Burr? No.

12 Q No. My understanding is that he was one of the -- on the Democratic staff of
13 the Senate Appropriations Committee.

14 A Yes. So he was the lead of the Senate Appropriations for Democrats.

15 Q Why did you call him?

16 A I don't recall. But I've been in contact with him repeatedly. But I think at
17 this point in time people were reaching out to me very, very frequently to say, "What's
18 going on in China? What's this new virus we've heard about? You've worked in China for
19 20 years, 15 years. You know, what information do you have?"

20 And I spoke with them. You know, when important people call, you answer the
21 phone, or they try and set up a call.

22 Q Yeah.

23 A So you're doing it.

24 Q You had another call on February 18th with Tim Rieser. Same kind of
25 situation, an hour-long call.

1 A Probably. I don't know.

2 Q At this point or mid-February 2020, were you at all worried about your
3 funding?

4 A No. No.

5 Q No?

6 A I had no reason to be.

7 Q Okay. I'm going to run through a couple of events really quick that I don't
8 think you were really affiliated with, but want to get on the record.

9 Are you generally aware of, through press reports or otherwise, of a conference
10 call hosted by Jeremy Farrar and Anthony Fauci on February 1st, 2020?

11 A Yeah, I've heard about that.

12 Q How did you hear about it?

13 A Through press reports and et cetera.

14 Q You didn't hear about it from --

15 A Didn't you have a hearing about it or something? Yeah.

16 Q Yes. You didn't hear about it from anyone on the call contemporaneously?

17 A I'd heard that there was a problem, because I took part in a follow-up call
18 run by the National Academies of Science, Engineering, and Medicine. And in that call I
19 think there was a mention that Dr. Holmes and Dr. Andersen had contacted Dr. Farrar,
20 who then contacted Dr. Fauci, who then spoke to the White House, and the Deputy
21 Secretary for Pandemic Preparedness had then set up this call. So there was a link back
22 to an earlier call.

23 Q Okay.

24 A I didn't know the details.

25 Q Okay. But you weren't invited to the February 1st conference call?

1 A No, I wasn't invited.

2 Q Should you have been invited?

3 A Well, my role was to take part in the National Academies' objective effort to
4 understand what was going on with this virus. I'm not sure what happened on the earlier
5 call.

6 Q Okay.

7 A Yeah.

8 Q You just referenced the paper -- I'm going to just call it Proximal Origin.

9 A Yeah.

10 Q I think we can all understand what that paper is?

11 A Yeah. I've read that paper at one point.

12 Q Were you at all involved in that paper?

13 A No.

14 Q Were you invited to be on that paper?

15 A No.

16 [Daszak Majority Exhibit No. 14

17 was marked for identification.]

18 Mr. Benzine. Shifting again, majority exhibit 14, to talk about the publication in

19 The Lancet.

1 [5:53 p.m.]

2 BY MR. BENZINE:

3 Q Do you have your own?

4 A I've got my own.

5 Q Okay. So this is correspondence published in The Lancet, entitled,
6 "Statement in support of the scientists, public health professionals, and medical
7 professionals of China combatting COVID-19."

8 Do you recall this correspondence?

9 A Yes.

10 Q What was your role in the conception, drafting, and publication of this?

11 A Well, I -- I think I did the first draft of the shot of this. It was my idea. The
12 original idea was to just put a statement up on the web to say, look, scientists believe that
13 attacks on science, at a point when we're going to need these people to protect our lives,
14 is a huge mistake.

15 So in the end, I contacted a couple of the scientists, and then they contacted
16 others, and it became quite a significant group of people. You know, this represent
17 multiple countries. You've got, you know, MBs and OBs from the U.K. You've got
18 members of various national academies.

19 So in the end, we felt that it would be good to publish this in a proper scientific
20 journal, which we decided The Lancet was a good strategy, and moved ahead to do that.

21 Q Did you talk with Dr. Farrar about publishing this?

22 A Yeah, I did. I met Dr. Farrar at the World Health Organization. I forget the
23 date of the meeting, but it was before the publication. And it was at the point in time
24 where I was hearing more and more disturbing information from China through, you
25 know, talks about scientists getting death threats and, you know, real -- you know, you

1 mentioned earlier on people having their lab closed down or people getting pressure
2 from the government, and it was just unpleasant.

3 And so I mentioned this to various people at the World Health Organization
4 meeting I was at, including Dr. Farrar. He was concerned too. He'd heard about it. He
5 agreed to be part of a statement, which is what we did in the end. It's just a short letter,
6 making a statement about supporting scientists. This is what scientists do.

7 So a lot of people agreed to sign onto it, and then we -- I think Dr. Farrar may have
8 suggested The Lancet would be a good place for it, which it is, and it was, and it's the
9 appropriate thing to do.

10 We also have an online sign-on letter. I think 20-plus-thousand people signed
11 onto it in fairly short order. It was something that scientists, we do this a lot when we see
12 fellow scientists getting pressured around the world. We want to keep those channels
13 open and get the pressure off. So that was the goal of this.

14 Q Did Dr. Farrar facilitate the publication in The Lancet?

15 A He -- I think he suggested Lancet, but, you know, I'd already thought Lancet
16 would be a good place. I think he offered to speak with the editor of Lancet, to me and
17 WHO, which is normal. He's a very senior scientist, and he's -- I know -- I knew the editor
18 of The Lancet. I'd written a -- I'd edited a section for their journal a few years earlier. But
19 he was -- obviously knew him a lot better, and -- yeah, so I think he spoke to the editor of
20 Lancet, who then agreed to look at it to see if it was good enough, which he did, and in
21 fairly short order, published it.

22 Q I don't want to mischaracterize what you said as kind of like the goal, but it
23 sounded like the goal was more focused at actions taking place in China -- the gagging of
24 scientists, recertification of labs, death threats in China. Was it more focused at the
25 Chinese Government or at the -- or the U.S.?

1 A It was hard to know where those threats and problems were coming from. I
2 think they were coming from everywhere. There were a lot of intern- -- from what I've
3 heard, there were a lot of internal threats and conspiracies and rumors in China against
4 Chinese scientists, against American scientists, including us, very early on in the
5 pandemic.

6 So the point -- the point was to write a statement -- I mean, it says it right in the
7 title -- in support of scientists who, at the time, were the only ones who were able to do
8 anything about this outbreak because it was in China.

9 Mr. Strom. Were you also hoping that maybe by writing it -- and I believe you
10 secured a Chinese translation --

11 Dr. Daszak. Yes.

12 Mr. Strom. -- that you would maybe get the Chinese Government to back off
13 some of its repressive tactics?

14 Dr. Daszak. The reason we did a Chinese translation, which The Lancet editor
15 agreed to do, was to have it read in China. You know, maybe -- maybe it's naive, because
16 I'm sure the Chinese scientists get access to The Lancet, but to have that Mandarin
17 statement, then, could be seen by the public, by the authorities, by everybody in China,
18 and anybody who was in the business of attacking the scientists there would see that and
19 back off, correct. Hopefully.

20 BY MR. BENZINE:

21 Q Were you originally planning on signing this letter or just drafting?

22 A I was originally -- like any good scientist, you want your name on every paper
23 you write, so of course I was originally planning to be on it. I ran into some pushback
24 from various scientists. Rita Colwell was concerned about the politics, the potential for
25 this to look political, and I reassured her that this was not a petition. This was her

1 concern, that this online sign-on letter. Unfortunately, the only place you could really do
2 that was change.org, I think, in the end, which looks like a petition.

3 So I tried to reassure her this is not political. This is a scientist speaking out, as we
4 did during the Cold War with Russian scientists who were thrown in the Gulag. It's the
5 same thing. We're trying to speak out about scientists.

6 I know Ralph Baric didn't want to be on it. He was very hesitant. He has a
7 personality that's risk averse on these things, and probably it was a good move. Linfa
8 Wang, who was from China, who lived through the cultural revolution, had a terrible
9 time, didn't want to be involved.

10 So I tried to persuade people who were willing to. But, yeah, I -- I was hesitant at
11 one point when Linfa spoke to me, said, this is going to cause political problems for you.
12 But in the end, what do you do? You know, when people are being bullied, you have two
13 choices. You either look the other way or you speak out. And sometimes when you
14 speak out, you get hurt in the process. That was my vision and passion for this, and I still
15 feel strongly that it was the right thing to do.

16 Q Did you -- we just talked about the Proximal Origin paper. Did you reach out
17 to Dr. Andersen to sign on to this?

18 A I don't think so.

19 Q Did you reach out to Dr. Holmes?

20 A No.

21 Q What about Dr. Rambaut?

22 A No.

23 Q What about Dr. Lipkin?

24 A No, I don't think so. I think he would've signed on. He would've been an
25 author if I'd reached out.

1 Q Okay. I want to ask about one particular line in the letter.

2 A Yeah.

3 Q It's in the first column, three-quarters of the way down. It starts with, "We
4 stand together," and reads: We stand together to strongly condemn conspiracy
5 theories --

6 A Yeah.

7 Q -- suggesting that COVID-19 does not have a natural origin.

8 First, this feels a little out of place with what your kind of theme of the letter was,
9 like, standing in support with people who were working on the ground.

10 A Yeah.

11 Q What was the purpose or rationale for putting that line in the letter?

12 A It -- you know, this was something that we'd come to fight -- to understand
13 was that a lot of these attacks were coming from people who believed some of the really
14 outlandish -- they are conspiracy theories -- that this was a virus bioengineered as a
15 bioweapon to release on human kind to depopulate the planet or that it was a CIA-linked
16 operation. I mean, they are conspiracy theories with no evidence, no support at all.

17 So I felt strongly that that needed to be in there. Other authors did. Others said,
18 well, let's reword it. And it may look a bit out of place, but it's part of this -- this message.
19 It certainly isn't the main part of it. It's just one sentence.

20 Mr. Strom. Can I ask one question?

21 Mr. Benzine. Yeah.

22 Mr. Strom. Do you think that at this time, perhaps the biggest single threat to sort
23 of the liberty and well-being of the Chinese scientists was their government? I mean,
24 they're throwing whistleblowers in jail at this point.

25 Dr. Daszak. Yeah, I'm not sure we knew all the details at the time. I was

1 hearing -- because I have different connections into China, I was hearing that our
2 collaborators in China, who we knew in Wuhan were working on the outbreak, they
3 were -- Wuhan by then was on shutdown, lockdown, very severe lockdown. You weren't
4 allowed out of your apartment for 76 days. They were one of the -- some of the few that
5 were allowed out to do this critical work, and they were getting death threats.

6 Yeah, I mean, we then found out that other things happened that were people
7 being oppressed. So, yes, that was -- the goal was to get that message out there.

8 BY MR. BENZINE:

9 Q Sitting here today, and I understand hindsight is 2020, do you think that
10 sentence was too broad?

11 A There's a lot been made of that sentence. It's been misconstrued,
12 misinterpreted, quoted out of context. The date of that publication was March the 7th.
13 The letter was written earlier than that. The theories that were around about the origin
14 of COVID back then were, oh, this thing's got snake RNA in it, it's got HIV inserts. It's a
15 manipulated, bioengineered virus. They were clearly, were at the time, conspiracy
16 theories.

17 Of course, now we know that not all hypotheses about the origin of COVID are
18 conspiracy theories, but at the time, we were focused on that.

19 Q So the intent of that sentence was not to mean every possible biosafety
20 incident a conspiracy theory.

21 A Correct.

22 Q You were focusing on kind of like the bioweapon, HIV, snake DNA-level
23 theories?

24 A Yeah. Which were the ones that were predominant at the time, absolutely.

25 Q Would you have said a genetically modified or genetically engineered virus

1 was a conspiracy theory?

2 A You know, I think -- what did I say? Genetically modified virus, there was no
3 evidence for that, you know, so had that been the prevailing theory, maybe one would've
4 said that. But the prevailing theory were outlandish. HIV inserts, ridiculous. Snake
5 sequences, I mean, just weird. And a bioweapon. Clearly, flawed logic designed to cause
6 trouble for people around the world, not good when you're dealing with an outbreak.

7 Q Understanding what you've said and kind of how I'm reading how you feel
8 about that sentence now, do you think it should've been worded differently?

9 A No. I stand by everything I've written, I've said about these things. And at
10 some point, we now look back with hindsight. At the time it was the right thing to say,
11 therefore, it still is.

12 Q Sitting here today, do you think a potential lab origin of COVID-19 is a
13 conspiracy theory?

14 A Well, I'm on the record in multiple reports, including the WHO, World Health
15 Organization, report, including Lancet/COVID Commission Task Force Report, and I've
16 spoken with the press about this and said lab leaks happen, biosafety incidents happen,
17 and that is a possible cause of the origins of COVID.

18 And I've kept an open mind, despite what people say. Every single new hypothesis
19 that I've come across, including the snake, you know, the HIV inserts, any good scientist,
20 you look at it and you analyze it. And the Mojiang mine, the various things that have
21 come up, I've gone back to my notes and files and said, is that true, and found no
22 evidence.

23 Q So no evidence in your files, but obviously you testified a little bit, I think, on
24 this earlier, that you didn't have full visibility into what was happening in the Wuhan
25 Institute of Virology?

1 A Oh, yeah, correct.

2 Q Did you have any knowledge that there was a military aspect to the Wuhan
3 Institute of Virology?

4 A I still don't. You know, look, I think that if you look at universities in the U.S.,
5 you see -- I mean, we get DOD funds.

6 Q Uh-huh.

7 A We work with the Uniformed Services University. It's called the Uniformed
8 Services University, but they're good people doing good work, and not necessarily
9 militarized, you know, bioweapon research. This is proper scientific research. I just don't
10 know. I haven't seen any evidence of any nefarious activity.

11 BY MR. STROM:

12 Q So I'm just going to pause while we're sort of talking about the delta
13 between sort of what we know of WIV's activities versus maybe the full scope here. Is it,
14 if I'm doing the math right, and it's admittedly not my strong suit, your grant gave about
15 \$140,000 a year to the WIV to do research over a 5-year -- or it's, I believe, like \$700,000
16 over a 5-year period?

17 A Yeah, something like that.

18 Q What do you estimate, just based on your sort of knowledge and experience,
19 the WIV's operating budget might actually be on a given year?

20 A I don't know. I can't estimate that, but it's a big organization. It's a --

21 Q Yeah.

22 A -- large lab with a few hundred people. I think they've got like 500 -- 300 to
23 500 people.

24 Q Would \$35 million as an operating budget seem not implausible on an
25 annual basis?

1 A Well, I know of similar sized organizations that have a much bigger budget
2 than that, yeah.

3 Q Uh-huh. Okay. So whatever it is, your funding was a very, very small part of
4 their entire sort of --

5 A Sure.

6 Q -- portfolio of activity?

7 A Yeah.

8 Q So when we're talking about making sure that you're getting the sequences
9 that, you know, you signed up to get as part of the collaboration that the American
10 taxpayers are paying for, as I understand, the system is, at some point during the year,
11 maybe several times during the year, someone at the WIV emails you an Excel sheet with
12 the genetic sequences of the viruses. Does it contain any sort of background information,
13 like sampling dates and things like that?

14 A I mean, we've got records of roughly when they went out sampling. We've
15 got pretty good records of where the samples came from.

16 Q And this is maybe where the legal field and the academic field diverge a little
17 bit, is, but it's fundamentally an honor system. You would expect Shi Zhengli and her staff
18 to send you what she's working on.

19 A Yeah.

20 Q That's the expectation. So if for whatever reason she chose not to send you
21 a sample, maybe gives in to a temptation to be first on a paper, solo on a paper,
22 something like that, you wouldn't really know -- she collected a hundred samples for me, I
23 only got 99, you wouldn't know that one was necessarily missing?

24 A Well, I would know because she would publish it. That was -- the goal is
25 to get in a paper.

1 Q Well, and that would play into RaTG issue --

2 A Yeah.

3 Q -- as, like, hey, what -- sorry, sorry.

4 The goal is to publish.

5 A Yeah, but -- so, I mean, look, I'm not an intelligence officer, but I'm a human
6 being and I can read people. And she has no rationale, no reason to hide the RaTG13
7 virus. They've been to the Mojiang mine, correctly, because people in that mine that
8 were cleaning it out died of a severe, acute respiratory disease. Quite shocking.

9 So they were called in, now we know all the information, by the
10 Chinese Government to investigate. They looked for viruses. They found RaTG13, some
11 others, and some other stuff.

12 But we know this even before the pandemic because they published one of them.
13 They published in a U.S. journal, the CDC's Emerging Infectious Diseases journal. And the
14 virus is called -- they even called the virus Mojiang paramyxovirus. They thought that
15 might be one of the causes potentially. So everything rings true about the Mojiang mine,
16 for sure.

17 There is also no real rationale for people in Wuhan to -- in the Wuhan Institute of
18 Virology to covertly hide a SARS-related coronavirus. It's 20 percent different to SARS.
19 When we found them that were 20 percent different, we thought they were irrelevant
20 because we were interested in SARS. We didn't know about SARS-CoV-2.

21 So it doesn't make sense to me, and it doesn't make sense to most scientists
22 who've looked at it. However, the truth is we don't know everything that was going on
23 there, correct.

24 Mr. Slobodin. But can I just interject that the renewal grant you guys were
25 interested in SARS-like viruses that were 10 to 25 percent divergent --

1 Dr. Daszak. Yeah, and in other grants --

2 Mr. Slobodin. So you did have an interest at 20 percent?

3 Dr. Daszak. We -- later we started -- I mean, the renewal grant came through in
4 2019. So at that point, going forwards in the renewal work, our goal was different to the
5 original goal.

6 In the original grant for 5 years, we were focused on SARS, and where did SARS
7 come from, and what other virus is out there. But we had a new hypothesis, and our
8 hypothesis was, well, wait a minute, there were drugs and vaccines and monoclonals that
9 seem to work against SARS -- and we now know, definitely not a great job, but it worked
10 at the time -- we have monoclonals, you have molnupiravir.

11 What if there were viruses that are different that can escape the vaccines and
12 drugs? So that's why we shifted, but that shift happened in '21.

13 BY MR. STROM:

14 Q While still being able to infect?

15 A Correct, yes. So that would've been the focus of work going forward, but the
16 outbreak happened. It was exactly as we predicted, unfortunately, the virus with 20
17 percent difference. So -- and it, unfortunately -- well, fortunately, some of the drugs
18 worked to some extent, but unfortunately, it spread, so --

19 Q I guess the statement that sticks in my head from earlier today is you said
20 you felt comfortable that Shi Zhengli's team has handed -- has made available to you all of
21 the SARS coronaviruses which she has in her possession?

22 A Yes.

23 Q And that is based on your understanding of the alignment of sort of her
24 incentives to publish, to get it out there?

25 A Yeah.

1 Q Your sort of personal knowledge of her integrity and character?

2 A Yeah.

3 Q But not, like, you know, clairvoyance as to the WIV's virus holdings?

4 A Correct. And, you know, when you work in China as a U.S. citizen, you go
5 there with eyes wide open. You know that behind every organization there is a
6 government structure linked to the Communist Party and with representatives in the
7 organization that make sure party mandates are carried out and all this. So you're aware
8 of that. And sometimes you meet those people, sometimes you don't. You develop a
9 sense as to who is a believer in that system and who isn't.

10 Now, Shi Zhengli, the person we're talking about, happens to not be a party
11 member. I know that. And not only that, she's extremely indiscreet in the way she
12 speaks. She tells you things and expresses opinions that would get people into trouble in
13 China.

14 So I think, you know, after 20 years of working with her and the group, you've
15 heard stories, heard them recounting what's going on here, there, and everywhere, and
16 you hear the same stories. I've never once heard of any change in her story. We never
17 had any strange request to delete a sequence or shift anything around. Everything's been
18 above board, so that's what you go off of. And, correct, we don't know for sure.

19 Q Yeah. And I mean, it's one of those things, and this is maybe straying a little
20 bit far from the point, but, you know, she is in a specific political system --

21 A Yeah.

22 Q -- that has a different set of values, a different set of circumstances, where
23 even if she would want to as a person beat you to the publication on something and
24 publish it, is it conceivable that she wouldn't be able to, that she would be censored?

25 A Anything's possible.

1 Q Okay.

2 A Yeah.

3 Mr. Strom. I've got one or two year 4 questions I hope will be very quick.

4 Mr. Benzine. Let me -- I'll crank out Lancet, and then we'll go back to that.

5 Mr. Grudberg. John, if I might, I just want to make sure I understand the universe
6 of what we've just been through.

7 Mr. Strom. Yeah.

8 Mr. Grudberg. My apologies if --

9 Mr. Strom. No, no, let's clarify.

10 Mr. Grudberg. -- if I missed it. But I think that your questions were going to the
11 basis of Dr. Daszak's confidence that Dr. Shi is providing to EcoHealth sequences from all
12 SARS-related viruses, including, but not limited to, those viruses that --

13 Mr. Strom. Yes.

14 Mr. Grudberg. -- were derived from samples delivered by EcoHealth collections?

15 Mr. Strom. Correct.

16 Mr. Grudberg. In other words, a broader set?

17 Mr. Strom. My recollection is that they expressed a high degree of confidence
18 that because of the timing of the Latinne paper and other factors --

19 Dr. Daszak. Yeah.

20 Mr. Strom. -- she would have made known everything she has in her possession,
21 pandemic interruptions notwithstanding, and that just -- that seems like a very specific
22 assertion sort of worth exploring --

23 Dr. Daszak. Well, it was a very specific set of circumstances that were actually
24 perfect from the point of view of, do we get that information at this critical point.

25 All the sequences for that paper were sent to us before the pandemic. Then the

1 pandemic happened. Now, what you would expect, if people are doing nefarious
2 behavior or covering up, would be a request, polite request, hey, some of these
3 sequences aren't right, we need to remove them.

4 We didn't get any of that. All those sequences were eventually published.

5 BY MR. STROM:

6 Q Since the pandemic began, are you aware of the WIV doing a similar
7 large-scale release of their coronavirus holdings?

8 A Well, they've already released them all, so, no.

9 Q They -- this is a -- I mean, you've been doing this, you know, since --

10 A Yeah.

11 Q -- you guys found the SARS cave. It's an annual process. I mean, every year
12 on these grants you're going out --

13 A Yeah, yeah.

14 Q -- to the field and collecting.

15 A Well --

16 Q Is it that they stopped collecting?

17 A I -- well, I don't know if they carried on, but I don't think they're doing much
18 virus sample collection. I don't think so. I think, from what I hear in China, that's largely
19 seen as not a good avenue of research for a scientist right now, for various reasons --

20 Q Sure.

21 A -- political reasons.

22 There are other viruses, unrelated to the outbreak, unrelated to SARS, which will
23 come out in the press -- we're working on papers to get those out as soon as we
24 can -- that are -- will be made public. And, you know, yeah, there's still the possibility that
25 further work could happen on those samples if it was ever allowed.

1 Q Do you recall what -- and we could look in the Latinne paper -- what year
2 those viruses, the range of years that they were sampled?

3 A I think they were pretty early on in our collaboration. It takes a long time to
4 get all that analysis done and all the sampling done.

5 Q So if you had a sampling expedition, as we saw on your grant -- and I'm not
6 saying this is one you funded --

7 A Yeah.

8 Q -- but they had active sampling activity going on in, like, no later than June of
9 2019, it seems unlikely to me that they would have the, just by the nature of the process,
10 have those sequenced, characterized, and sort of sifted through by the time you're
11 saying, We know all the SARS-related coronaviruses she has.

12 A Well, they would've have carried on sequencing --

13 Q Okay.

14 A -- from samples. It's not that difficult. It's quite cheap and efficient.

15 Definitely the pandemic would've put a stop to all that work. But, yeah, I think
16 they're all there. I mean, that's my view.

17 Mr. Strom. Okay. Thank you.

18 [Daszak Majority Exhibit No. 15

19 was marked for identification.]

20 Mr. Benzine. Shifting back to The Lancet just really quick, a couple more
21 questions. Majority exhibit 15, this is an addendum that The Lancet published along with
22 that correspondence, disclosing a conflict of interest on --

23 Dr. Daszak. Well, yeah.

24 Mr. Benzine. -- for EcoHealth. And so I was curious, first, stepping back, why you
25 chose not to disclose a conflict of interest on the first -- on the original draft.

1 Dr. Daszak. Well, I certainly wouldn't characterize it as a conflict of interest. It's
2 called competing interests, and there's a reason for that. These -- a conflict of interest is
3 a real conflict. You're a scientist working on a drug, and you're in charge of the clinical
4 trials, but you also have shares in the company. So you have a clear conflict of
5 interest -- financial, et cetera.

6 This was a 300-word letter, statement in support of scientists, with no new data in
7 it, no new information really. It was just us scientists, saying, hey, things are going on out
8 there, and we believe people should rally around and support scientists who are under
9 pressure.

10 I think there were 25 authors or whatever on this paper. None of us in our minds
11 at the time that we wrote it felt that anything we did was a true competing interest to a
12 statement of support. That's the reality of it. So we clicked the box "no competing
13 interests."

14 However, when these other hypotheses came up, the Mojiang mine, the research
15 that was going on in Wuhan, the links to EcoHealth, it became such a political maelstrom
16 that the editorial team from Lancet reached out to me and said, look, you've got no
17 competing interests in this.

18 I was on The Lancet COVID-19 Commission. I had signed some competing
19 interests for that one, and because things had begun to happen, and now we realized,
20 well, let's be -- let's get a new competing interests statement out that's extremely
21 detailed.

22 And, in fact, the competing interests statement, I think, is longer than the paper
23 itself here. I mean, I think it was almost a little bit over the top in the level of detail, but I
24 felt, The Lancet editorial team felt, that we should get all that information out there.

25 Mr. Strom. I have one exhibit that I should've introduced during my other

1 questioning. So this will be majority exhibit --

2 Mr. Benzine. 16.

3 Mr. Strom. -- 16. It is from a FOIA release, a email from Dr. Daszak to some UC
4 Davis personnel, as well as other EcoHealth Alliance personnel, on April 28th, 2020. So I'll
5 give everyone a chance to look at it.

6 Dr. Daszak. Yeah.

7 [Daszak Majority Exhibit No. 16
8 was marked for identification.]

9 BY MR. STROM:

10 Q So this is sort of in that maelstrom of right after the NIH grant cancellation,
11 you emailed to a number of people, individuals at Metabiota -- this is the second email in
12 the sequence on the front page.

13 A Yeah.

14 Q You say: It's extremely important that we don't have these sequences as
15 part of our PREDICT release. As you may have heard, part of a grant was just terminated.
16 Having them as part of PREDICT will -- I think you mean "bring"; it says "being" --

17 A Yeah.

18 Q -- very unwelcome attention to UC Davis, PREDICT, and USAID.

19 So what were those sequences?

20 A Those sequences were the ones that were in Latinne, et. al. And the real
21 reason I send this message is, look, at the time of this outbreak, especially at this period
22 of time, April, early in the outbreak, scientists who do anything in China wanted to publish
23 their papers, so they can turn around very quick and say, look what I've been doing, we've
24 been working on the wildlife trade, we've been working on these viruses.

25 The people who are running the -- who are the prime contractor on this USAID

1 contract, wanted to upload all the China sequences that we'd shared with them, to the
2 PREDICT USA database, whereas they were actually already -- I think they were already
3 submitted to the NIH GenBank, and the paper was going to come out with them
4 submitted to the NIH GenBank.

5 So the real reason is, no, these belong to -- these correctly attributed to NIH
6 funding, not USAID.

7 Secondly, it will bring a huge amount of political problems to you. Why would you
8 want to claim those Chinese viral sequences as part of the work you've done when they
9 weren't? It could only lead to problems. Look, our grant just got terminated.

10 Q So you weren't -- so you were concerned about the perception of double
11 billing?

12 A No. It was inappropriate. Not perception of double billing. It's just wrong.
13 At some point when the vast majority of the sequences were funded specifically through
14 NIH, even though PREDICT had -- USA PREDICT had some acknowledgements on paper for
15 some of these, it should go through the NIH system. It was just the right thing to do.

16 Q So the unwelcomed attention is not the fact that these are SARS-related
17 coronaviruses that are essentially collected from around the area where maybe
18 SARS-CoV-2 progenitor is --

19 A Yes.

20 Q -- but that the unwelcome attention is that people might get mad that you're
21 wrongfully attributing to PREDICT what --

22 A No. No.

23 Q -- should've been done by NIH?

24 A That's the scientifically -- that's the kind of ethical reason why not to do it.
25 The practical reason for people at UC Davis was, hey, look -- and I cite the article above,

1 Trump cuts research bat human virus China, because I'd rather have been terminated.

2 In fact, only 4 days prior to that email, I couldn't believe that UC Davis wanted to
3 put these up in the USA database as part of the PREDICT project. Then, surely, politicians
4 who were concerned about the Wuhan link would then look at this and say, hey, that
5 one's going to be cut too, and it would bring -- that's why I raised that.

6 Q So it was an effort to sort of cordon off PREDICT from the controversy
7 surrounding the NIH grant?

8 A It was an effort to correctly attribute the sequences to the right grant,
9 number one; and, number two, to mention the fact that funding had been terminated as
10 a good rationale for UC Davis to reconsider their desire to be the -- to be the folks that
11 put those sequences up on the web.

12 Mr. Strom. Thank you. Sorry for taking this out of order.

13 Dr. Daszak. No problem.

14 Mr. Benzine. Time check.

15 Mr. Osterhues. Oh, sorry. Ten minutes.

16 Mr. Benzine. Okay. Why don't you do yours.

17 Mr. Strom. Yeah.

18 BY MR. STROM:

19 Q So the two that are -- in addition to all these other issues surrounding the
20 year 5 report and whatnot, there are also, rather confusingly, two year 4 reports -- or two
21 iterations of the year 4 report.

22 A Okay. Oh, yes. Yeah.

23 Q Yeah. One that shows like a submission date in September of 2020,
24 obviously when the grant is suspended, and then one showing the correct submission
25 date, the timely submission date back in 2018.

1 So can you explain your understanding of how there came to be these two
2 versions?

3 A I believe NIH's system just made a mistake.

4 Q So --

5 A That was what we -- we looked into it. We got NIH to correct it, show them
6 the evidence that we submitted it.

7 Q Submitted the year 4 in a timely fashion?

8 A Yeah.

9 Q So you -- EcoHealth didn't -- and this is what's been confusing to
10 me -- EcoHealth, while the grant was suspended, didn't initiate to get at like -- with NIH to
11 get access to the year 4 --

12 A Oh, no.

13 Q -- to update, like, enrollment data or anything like that?

14 A Absolutely not.

15 Well, hang on. To update enrollment data?

16 Q Uh-huh.

17 A Well, I don't know about that, but we didn't -- we didn't try to get access to a
18 report that's already been submitted. We tried to change the date of submission on the
19 NIH website because it was incorrect.

20 Q I'm sorry?

21 A We didn't try to get access to a report that had already been submitted to
22 change anything. We tried to get NIH to change the date of submission so it was correct.
23 I think --

24 Q Oh, oh, you're talking about -- what I'm concerned of is it appears that
25 something happened in September of 2020 that basically caused the automatic updating

1 sections of the report to automatically update. But to your point, the narrative text part
2 looks --

3 A Yeah.

4 Q -- tremendously identical.

5 A Yeah. There's a new enrollment data.

6 Q Yeah.

7 A We must've been told by NIH that you failed to put in the enrollment data or
8 it was in there wrong.

9 Q Okay.

10 A So we would've corrected it. That's all.

11 Q So the other confusing rankle to this is, this is also when the grant is now, I
12 think, under suspension because it's in June or July.

13 A Yeah, yeah.

14 Q So you would have access -- you still had -- you're still able to access the file,
15 writ large?

16 A Well, we -- my goal was to have the grant unsuspended --

17 Q Sure.

18 A -- and reactivated. And I spoke with Erik Stemmy at NIH and said, Should we
19 submit a year -- a report on this grant, even though it's suspended at this point, do we
20 then need to file a report? So at some point we did submit a report, even though it was
21 suspended.

22 Q And this would've been sort of a year 6 report?

23 A Yeah. We submitted a year 6 and 7 report for that grant, even though it was
24 suspended, yeah.

25 Q And so to the best of your recollection, NIH reached out to you to update

1 enrollment data -- well, to make a correction to the enrollment data?

2 A Either that or we did that because we were supposed to be working
3 on -- yeah, I think -- it comes back to me -- with -- with writing a report for a suspended
4 grant, we've not done any work on the grant, so how do you deal with the enrollment
5 data section. And NIH told us, you need to do this, so we did it, yeah.

6 Q Okay.

7 A Yeah. I see what you're talking about.

8 Q And then my last sort of set of questions, to make sure that I understand
9 this, the year 4 report contains the beginnings of this experiment. The November
10 renewal which you say is substantial -- you know, it is a longer document, it's got a more
11 detailed recitation -- also contains that same -- more or less that same scientific data. So
12 that was submitted November of 2018, the year 4 was in April of 2018.

13 The year 5 report with all the --

14 A Pathology.

15 Q -- analysis --

16 A Yeah.

17 Q -- the pathology, was in June of 2019 -- end of June of 2019.

18 A Yeah.

19 Q So does that mean that the WIV did the pathology in November of -- after
20 November of '18, between November and June?

21 A It probably is correct. They gave it to -- they gave us the data.

22 Q Yeah.

23 A The results were known at that point.

24 Q And so -- and this is my own ignorance again -- is it normal to have a
25 7-month gap between doing the initial experiment -- well, excuse me, longer -- is it

1 normal --

2 A Yeah.

3 Q -- to have this kind of -- yeah, a 7-month gap between the November
4 submission and the April year 4, is it normal to have that kind of gap where you're not
5 doing the pathology work or it's -- you're waiting for results?

6 A Yeah, because the pathology samples are there, fixed --

7 Q Yeah. And I just don't know how complicated the pathology -- sorry.

8 A They're there, they're often -- some of them are fixed informally so they're
9 inert, they're going to be there forever. Others are frozen, you can come back to them
10 later, and they would've prioritized that as a lower priority.

11 Q So the path -- the pathology data is a lower priority than the stuff that's
12 reflected in year 4?

13 A Yeah.

14 No, sorry. It's a lower priority compared to other work they had to do. So --

15 Q I mean, just asking, do you know what that other work was, have any sense?

16 A Well, they were doing a lot of work with us on various other phylogenetics,
17 sequencing the DNA -- RNA samples, as well as what other work they were doing.

18 Pathology is something you can put on the back burner. You're going to cut
19 sections and analyze them in microscopes. It's a lot slower process.

20 Q Would they have approached this in the same way that you approached
21 sequencing? I mean, you've got this little group of potentially interesting spikes, and
22 you've got your backbone. So you do sort of a fleet of those experiments, and then, yeah,
23 you put the results on ice. You get your preliminary data, it's interesting, not
24 overwhelming.

25 Then do you grab another set of spikes with the backbone and do the same thing

1 so that you're building up some volume of data to look at, like an assembly line process?

2 A No, no. Pathology and those animal experiments were not the mainstay of
3 what -- where it was. It was a small set of experiments.

4 Q Okay. Thank you.

5 A In fact, two, yeah.

6 Mr. Slobodin. John, just a quick followup.

7 BY MR. SLOBODIN:

8 Q So in the year 5, was it just the pathology work on the brain -- viral load and
9 the brain tissue?

10 A I can't remember. I'd have to look it up, but I think --

11 Q Well, the other graph is the -- you're showing the number of deaths --

12 A Yeah.

13 Q -- in the mice.

14 A And I think the weight loss was there, I'm not sure, but --

15 Q You normally do pathology work here in 7 months. You know at the end of
16 the experiment whether the mice are dead or not.

17 A Yeah, but -- but then we reported it in the next report. So the initial report
18 was the more interesting and impactful and high profile work on viral load and whatever.
19 And then later on, they analyzed -- and this is me talking for them, by the way. I don't
20 know their rationale, but from my point of view, it makes total sense. You do the viral
21 load work initially, and then later on you do the pathology.

22 If you're going to write that up as a publication, you would write the pathology up,
23 with the weight loss, with the deaths.

24 Q Well, first, just a point of clarity. They had the death data at the end of the
25 experiment.

1 A Correct, yeah.

2 Q You don't have to wait 7 months for it.

3 A That's correct, yeah.

4 Q Okay. And then just, again, one clarification for laypeople here, I understood
5 that they were measuring viral load both with whatever they were testing in the
6 lungs -- we talked about this before --

7 A Yeah.

8 Q -- it was testing for viral loads.

9 A Yeah.

10 Q They were also testing for viral load from whatever they were measuring
11 from the brain?

12 A That's right.

13 Q But that is --

14 A At the end of the experiment, once the animal's dead. You have to -- the
15 animal has to be dead before you measure that.

16 Q I understood that.

17 A Yeah.

18 Q But that reporting was split?

19 A That's right, but that's pretty standard. I mean, look --

20 Q But I think you said the higher impact --

21 [Reporter asks for clarification.]

22 Mr. Slobodin. The viral load data was in the year 4, right, because that was the
23 higher impact?

24 A That was the initial, as the experiment was going on, data they collected,
25 that they sent over to us that we put in the year 4 report.

1 It makes sense if you look at it from the point of view of pathology explains
2 mortality and weight loss. The viral load was already out there. I don't see -- I don't see
3 anything unusual about that at all. It's very common. And science works at a snail's pace.
4 You don't rush these things through, especially if this isn't the mainstay of the work that
5 you're doing on the grant.

6 A few months for a scientific project is nothing. People have sequence data for
7 years before it's eventually published, because you've got to do all the analysis. It takes a
8 long time.

9 Mr. Benzine. We can go off the record.

10 [Discussion off the record.]

11 [REDACTED]. We can go back on the record.

12 BY [REDACTED]:

13 Q Dr. Daszak, some discussion about the Latinne paper.

14 A Yeah.

15 Q The time scope for that data set I understand to be 2010 to 2015. I'll just
16 represent that to you. Does that sound right to you?

17 A Sounds right, yeah.

18 Q Okay. So any samples collected outside of that set would not have been
19 included in that particular paper, right?

20 A Well --

21 Q The paper's 2010 --

22 A Or another way of saying that would be, they clearly didn't collect any other
23 SARS-related coronaviruses from that time period or it would be in the Latinne paper
24 because their goal was to get a really high impact paper.

25 Q If they had collected a sample in 2016 --

1 A Yeah.

2 Q -- that sample would not be in the Latinne paper, is my only point. Because
3 the Latinne paper is data from 2010 to 2015.

4 A Well, that's your point. My point is that the fact that there are no 2016
5 samples in the Latinne, et. al., paper suggests to me strongly that WIV either collected
6 samples and never tested them or tested them and they were negative.

7 If they'd found SARS-related coronaviruses -- the strong impetus, motive for them,
8 was to publish a high impact paper -- then they would've included them in the Latinne, et.
9 al., for sure.

10 Q So to just make sure I'm hearing correctly, you interpret the time span of the
11 Latinne paper 2010 to 2015 to mean that only in 2010 to 2015 did the Wuhan Institute
12 collect SARS-like viruses?

13 A Yeah, and sequence them and get the results ready in time, yeah.

14 [REDACTED] Okay. We can go off the record.

15 [Discussion off the record.]

16 Mr. Benzine. We can go on the record.

17 BY MR. BENZINE:

18 Q I want to ask you about the WHO China trip to study the origins. You had
19 mentioned a little bit to the chairman, but I want to dig into it a little bit more. How did
20 you become a member of the WHO team to go to China?

21 A WHO, the World Health Organization, asked me to be part of the team.

22 Q What did that look like? Was that an email?

23 A It came as an email, I think, from -- actually, you know what, it came as an
24 email which I didn't read, from Maria Van Kerkhove.

25 And then I got a message somehow from Maria Van Kerkhove, you know, we've

1 got this thing we're going to do in China to understand the origins of COVID. We want
2 you to be on the team. You should answer the email if you're interested.

3 So I looked at it, and I thought it was a mistake to be part of that. I thought
4 it -- for a number of reasons. And then I then set up a call with Peter Ben Embarek, who
5 was going to be the lead for that work, and explained to him why I felt that I shouldn't be
6 on it, and I said -- and he persuaded me to be on it.

7 Q What was --

8 A With good rationale. You know, it was the right thing to do morally as a
9 scientist. What are you going to do if your career for the last 20 years has been
10 understanding more than anyone about coronaviruses in China, and then one emerges?
11 Are you just going to turn the other way, you know? So at some point I felt a duty to do
12 that work.

13 Q What was the original hesitation?

14 A Well, a few different things. One is, I was doing that original work. You
15 know, we'd been working in China. I'd offered to go to help investigate the wildlife side of
16 the work on January 1st and didn't get a response.

17 And then I got the funding terminated for the very work that we could be doing,
18 that China didn't seem to want us to do, that the U.S. didn't want to fund us to do, and
19 now here's the WHO want to do that very work and want to send me to a hotel for 2
20 weeks in a room -- you don't get to leave the room and, you know -- so that was one
21 reason.

22 The other reason was, clearly we were under attack, I mean, literally under attack
23 with white powder letters, death threats on a daily basis at that point. So I felt it would
24 bring a huge amount of pressure to that WHO team.

25 So I told Peter Ben Embarek those two reasons, and he suggested that it was the

1 right thing to do.

2 Q Do you have any direct knowledge on why there weren't any U.S.
3 Government officials on the trip?

4 A I don't have direct knowledge. I have rumors and gossip about that.

5 Q Can you give me a little bit of the rumor, a flavor of the rumor?

6 A That WHO has rules on people who have -- work volunteering on their
7 committees, or the missions as they call it, who have links to military entities, and that
8 was one issue with someone who had been put forward, according to what I heard.

9 So, you know, they did a very careful selection process of the world's best experts
10 for that type of virus. Marion Koopmans is a very well-known expert on that, and there
11 were a whole host of people who were the right people to be on.

12 But it's their decision. It's not my decision. It's their business. All I know is the
13 world health authority organization asked me to do -- to do my job as a scientist and try
14 and investigate this. It's a huge issue, global pandemic, so I agreed.

15 Q Over the course of doing the work, did you hear who the U.S. submitted?

16 A Yes, but I can't remember it because --

17 Q Do you remember who the one was that had a military issue?

18 A No, I can't -- I can't remember the names, but I heard.

19 Q I'm going to run through some like broad topics, and John might have some
20 more specific questions.

21 It was reported that the Chinese Government exerted veto power over the
22 investigators involved. Did you ever hear anything about that?

23 A Well, I didn't get any veto pressure on me. And I didn't get any pressure on
24 the work that we did in China. We were independent, and we felt very strongly about
25 that independence. The conclusions we came to were reached as individual scientists

1 separately.

2 But, yeah, I don't know what the Chinese Government said to WHO about
3 anything.

4 Q Did the WHO or did your team create the itinerary for the trip or did the
5 Chinese Government?

6 A I believe it was a negotiation between the head of the team, Peter
7 Ben Embarek, and the Chinese Government. And initially we were told the lockdown has
8 been increased from 2 to 3 weeks, which was pretty bad news because we'd just gone
9 into lockdown. So that was a negotiation. And then we were told we weren't be able to
10 visit the lab. So that was a negotiation.

11 I think in the end we did an extremely good job under very difficult circumstances.
12 We got into the Wuhan Institute of Virology. That's not happened since from an outside
13 group.

14 We asked the questions that you're asking me now about the missing database,
15 missing people. You know, these are highly controversial things to say in front of political
16 attaches of the Chinese Government. We asked those questions, and we put people on
17 the spot, and we reported that globally. So I'm very proud of that work, and, yeah, I think
18 we did the right thing.

19 Q While you were asking those questions, were there political representatives
20 in the room or was it just scientist to scientist?

21 A There were members of the, from what I understand, the
22 Chinese Government's Ministry of Foreign Affairs in the room.

23 Q Do you think that would've exerted any pressure on any of the scientists to
24 answer how the Chinese Government would've wanted them to?

25 A I'm not sure about what happened between the Ministry of Foreign Affairs

1 and the Chinese scientists in the room. The Chinese scientists spoke very eloquently on
2 some of these issues and had quite a uniformed opinion about some things. The Ministry
3 of Foreign Affairs staffers also spoke out on occasion too.

4 Q How long did you spend inside the WIV while on the trip?

5 A Widely reported as a few hours.

6 Q Okay. Were you given unfettered access to what you wanted or was it kind
7 of scaled down?

8 A Well, without being facetious, you really don't want unfettered access to a
9 BSL-4 lab.

10 Q That's true.

11 A You don't want to be in that. But we got a tour of the lab. Then we
12 went -- which was interesting, but not highly relevant. When we got to see the
13 infrastructure and what state it was in -- I mean, we got a similar tour of the Huanan
14 Seafood Market and found that it was very old infrastructure, very clearly a wildlife live
15 market.

16 But what we also got in the Wuhan Institute of Virology was a sitdown meeting for
17 well over an hour, maybe a couple of hours, with all of the scientists and the director in
18 which we asked tough questions.

19 Q Were you given access -- well, I'll rephrase.

20 Wastewater collection has become kind of like the thing to do to track COVID.

21 A Yeah.

22 Q Was there any wastewater collection in Wuhan at the time?

23 A Not that I know of. But we certainly asked -- the whole goal of that WHO
24 mission was to do phase 1, to find out from all the possible hypotheses, including the
25 biosafety-related hypothesis, where is any evidence, and where are the gaps, and what

1 further work could be done. And that further work was then supposed to happen in
2 phase 2.

3 So we were doing phase 1. We were identifying the key evidence in the gaps. We
4 certainly talked to them about going back and sampling blood banks, about tracing back
5 to the animal farms, about lab audits. We asked for lab audits. We asked for information
6 about testing of people who worked in the lab, all the things that you would ask if you
7 were interested in that hypothesis. And that was then supposed to be done as part of
8 phase 2. Yeah.

9 Q Were all those things in the report? Were you granted access to blood
10 banks? Did the Wuhan Institute -- I'll not do compound questions.

11 Were you granted access to blood banks?

12 A We were not granted access to blood banks, neither should we be, because
13 we don't have the capacity to test. The idea was that that testing would then happen
14 over a period of months. Then there would be a phase 2 bringing all the evidence
15 together. It was a good plan. Of course, it was extremely political, and that's what got in
16 the way of that.

17 Q Did they end up testing the blood banks?

18 A I think in the end a paper came out that tested blood banks that's found no
19 evidence of SARS-CoV-2.

20 Q Were -- first, was it apparent that they had tested the lab workers, the
21 scientists in the Wuhan Institute for antibodies?

22 A Well, on the one hand, we asked them that, you know, and I asked them
23 specifically, did you do lab audits, did you test the workers, and how often did you test
24 them, and how did you test them. And we got answers from the scientists in the room in
25 front of the director of the lab.

1 Of course, because I had a long-term working relationship with a number of the
2 Chinese scientists there, I was also able to follow up one-on-one to see if there was any
3 chance of what they said privately was different to what they said on the record.

4 And we -- we got critical information, and it seems pretty clear that they did do lab
5 audits. I'm not sure if they were actually concerned about a biosafety incident or more
6 concerned that all around the world people are saying there's been a biosafety incident.

7 They did test the lab workers and they were negative, from our understanding,
8 yeah.

9 Q Was -- you said you reached out on a one-to-one basis. Was any of the
10 information provided, during the course of the WHO mission, different than what they
11 provided you one-on-one?

12 A No.

13 Q No.

14 Were you granted access to all the data that you requested?

15 A No.

16 Q Was that concerning?

17 A Well, let me clarify that. We didn't ask for -- we got data at the time. It was
18 slow to come, but we did get critical new information.

19 An example of that is, the environmental sampling in the market, they found live
20 animals. They also found frozen animals. One of those animals was a known coronavirus
21 reservoir. They said it tested negative for SARS-CoV-2, but it was important that there
22 was evidence of these animals at the market.

23 But the bulk of the data collection should've happened in phase 2. To my
24 knowledge, phase 2 hasn't happened.

25 Q You mentioned the animals -- and I could be conflating my WHO reports.

1 There's a couple different groups. One of them -- at least it's been heavily perceived this
2 way -- China tested 96,000 animals or something --

3 A Yeah, yeah.

4 Q -- including downstream. Did you see any evidence -- and they all came up
5 negative.

6 A Yeah.

7 Q Did you see any evidence of that testing, or is that thorough enough?

8 A Well, it's absolutely not thorough enough. It's a random sample of a random
9 assortment of unimportant species. Yes, there were a few known coronavirus reservoirs
10 in the group. But they were testing sheep, they were testing lions in zoos, they were
11 testing fish, amphibians. And the bulk of that -- of that testing was not relevant to the
12 origins of COVID, and it certainly wasn't a well-planned, thoughtful effort to trace back to
13 wildlife.

14 That was what we could've done had we got involved at the beginning of the
15 outbreak and what we should've done as part of phase 2 with the World Health
16 Organization.

17 BY MR. STROM:

18 Q Is it your opinion that the Chinese officials involved -- so I'm assuming the
19 CCDC and others --

20 A Yeah.

21 Q -- are capable of doing a better job, that they should've done a better job?

22 A Well, I do have an opinion, and I think that it's really that this sort of work
23 isn't high profile in China. They're not as sophisticated with animal one health type
24 approaches as they are with lab surveillance.

25 They're very good at working in labs, but they're not -- they've not got a long

1 history of doing this. So I think it was more they didn't have the capacity to do it right,
2 and they needed advice and guidance, and it's a shame that that didn't happen.

3 Q But your work with them on the SADS outbreak immediately preceding --

4 A Yeah.

5 Q -- the SARS-CoV-2 outbreak, I mean, that was an impressive -- that was a
6 matter of weeks, months. You had the individual farms --

7 A Yeah.

8 Q -- isolated. It probably helped that pigs were dropping dead all over the
9 place. But that suggests a significant amount of animal surveillance, capacity, skill, and
10 experience.

1 [6:53 p.m.]

2 Dr. Daszak. Except that that SARS work was -- first it was livestock, so they have a
3 little more experience with livestock. It was an international thing. We had a group from
4 Singapore that rapidly produced a new test. And our group that did a lot of analyses and
5 guidance on how to do the work.

6 So, yeah. I mean, what they needed for an outbreak, what anyone needs at the
7 beginning of an outbreak is an international team, but even if it is a local team that has
8 veterinarians, wildlife, scientists, biologists, ecologists working with the medical
9 community. That did not exist in China. It's the biggest mistake of the pandemic in a
10 way.

11 BY MR. STROM:

12 Q Do you believe their claim that they have not found not a single SARS-CoV-2
13 positive animal in China other than a few stray cats plausible?

14 A Well, if you do a survey of a country the size of China and you only collect
15 80,000 plus animals from random places, then it's likely you're going to find them, too.

16 Q Your opinion is they haven't done any additional testing whatsoever?

17 A I don't know what they've done. But we certainly advised them strongly in
18 the report, and made it public, that tracing back, they knew which farms were supplying
19 the market. Tracing back those farms would have been very straightforward and we had
20 no evidence they'd done it. They did some work here, but not in a sophisticated talented
21 way.

22 BY MR. BENZINE:

23 Q A couple of other overarching questions. The final report included things like
24 imported through international frozen food imports and accusations at Fort Detrick in
25 America. Did you hear anything about that while you were -- did you hear -- specifically

1 to Fort Detrick, did you hear any accusations while you were you doing your work?

2 A I don't remember the words Fort Detrick were in the reports. It's a shame if
3 they are. But what we did hear -- we started hearing this frozen food hypothesis very
4 early on in the process before we went to -- that would be prevailing hypothesis in China
5 for the origin of COVID.

6 Q Sorry, prevailing or preferred?

7 A Well, that's a very good way of parsing it. I think certainly in the group that
8 we were talking to it was the prevailing, but I also think it was the preferred from the
9 Chinese Government's point of view. It was pretty clear that if a virus of that lethality
10 originated within China through some activity that China's been doing, like the wildlife
11 trade, that's not a good image for the country. And for it to come from outside would be
12 politically preferable.

13 However, there is some evidence that the frozen food, frozen fish even, is capable
14 of spreading the virus. And that unfortunately, when presented with that level of data,
15 you have to agree with the scientists. Yes, it's plausible. It's not highly likely, it's
16 plausible. And that evidence included outbreaks in people that came from frozen food in
17 Beijing and in other places in China. It is probably people coughing on to the food and the
18 virus gets frozen on there. And it is highly, extremely unlikely that the virus came on
19 frozen food to originate the outbreak.

20 Q The --

21 A And one last point on that, in the report we very specifically -- I think we very
22 specifically said included in that frozen food mechanism is frozen wildlife and that's a
23 different issue. We knew there was frozen coronavirus reservoirs in the market. It
24 sounds bizarre, but it's a fact. And that is a much more plausible way that the virus could
25 emerge.

1 Q And so what's happening with thawing permafrost?

2 A Yes, that's another hypothesis. But look, if you've got a freezer with frozen
3 badgers, that's an unusual frozen product. That isn't frozen peas.

4 Mr. Grudberg. Except in Wisconsin.

5 Dr. Daszak. And that was reported to us when we got to Wuhan.

6 BY MR. BENZINE:

7 Q It was reported that the Chinese government had edit power over the final
8 report. Did you see anything like that?

9 A The report took a long time to come out. And the reason for that is very
10 long back-and-forth editing, arguing, reediting, redebating, reanalyzing, reediting
11 everything in the report. No one had edit authority. The report was our product. It was
12 a joint China-WHO report written by independent scientists from the Davich outside, and
13 we felt very, very strongly that no one had the right to override, unscientifically override
14 anything we said in that report, and no one did.

15 Q Did any of the edits water down, like, the lab leak theory or water down the
16 wet market theory?

17 A Well, on the lab leak theory -- I mean, it's very important to make the point
18 that China had far stronger -- the Chinese side had a far stronger pushback when it came
19 to live wildlife in the market than they did about a potential biosafety incident or a lab
20 leak. They did not water down anything, nor did they water down what was said about a
21 lab leak. We came to the conclusion it was extremely unlikely. However, if any evidence
22 comes to light, it should be investigated. And we say that clearly in the report.

23 On the wildlife origin side, I was in charge for the WHO, the animal environmental
24 group. I wrote the first draft of that part of the report. Sent to China team. We then
25 arranged to have a meeting the next morning, starting at 9, it was supposed to run until

1 12 to do the editing. That meeting took till 4 a.m. the next morning because of the issue
2 of, were there live animals in the market. I pushed back until 4 o'clock in the morning and
3 eventually the report states that there is some evidence, but it's unverifiable, which is
4 correct.

5 Q It was also reported that after the fact, some people on the team and the
6 reporting was vague for obvious reasons, were not given access to the lab's raw data,
7 original biosafety protocols, personnel, sick logs, experiment logs, the virus database or
8 animal breeding logs. Is that correct?

9 A Well, we didn't ask for them at that time. That was part of phase 2 work. So
10 that should have happened after the report came out. That should have been the next
11 step.

12 Q It was never designed to get access to those --

13 A Correct.

14 Q -- in phase one?

15 A Yes. It would have been nice for them to give us the lab orbits or evidence of
16 the testing of people who worked in the lab, or more information on the wildlife side, but
17 it was to start with this and then push, push, push over the next few months.

18 Mr. Strom. There's a New York Times article from -- and I can make it into an
19 exhibit if we need to, but February 12, 2021, you're quoted in it, you, very vociferously,
20 objected to the portrayal or the reporting in the article that said that they didn't have
21 access, that the team did not have access --

22 Dr. Daszak. Yeah.

23 Mr. Strom. -- to the data. I mean, it sure sounds like not having access to the
24 underlying data for either origin theory is what happened. And I'm just trying to square
25 your reaction to subsequent statements by people like Dr. Embarek who seem to

1 disagree.

2 Dr. Daszak. Well, look I can't speak for Dr. Embarek. What I can say is that I was
3 right to push back. And we did get new data. All of the work that's been done analyzing
4 the first cases and trying to say where did they come from is based on data that are in
5 there for the HR report. And a critical piece of data we found coronavirus, animals that
6 carry coronaviruses in the market. That's critical. And so, we did get access to data. I felt
7 that the press was just painting a picture that wasn't true.

8 BY MR. BENZINE:

9 Q What was your case definition?

10 A Well, we didn't use a case definition. We looked at what case definitions
11 were used. For human cases, there was a change-in-case-definition. At some point, they
12 were initially starting with links to the market at one point when it became clear that that
13 was -- and then there were also cases that were tested by just X-ray. It certainly made it a
14 lot easier to get all the cases so it shifted. We did not do the analysis on that. That
15 analysis has been done in a very detailed way by Dr. Worobey in a paper that he
16 published. I think it is very convincing as to the origins. He accurately dealt with that bias
17 in the case definition.

18 BY MR. STROM:

19 Q I guess what I'm struggling with a little bit is I mean Dr. Tadros, Dr. Embarek,
20 Secretary Blinken, have all sort of, in one way or another, distanced themselves from this
21 report for the lack of access to data for the criticism received for his conclusions. I also
22 recall that when we spoke last Congress, you characterized it as a joke, or words to that
23 effect.

24 A What was a joke?

25 Q The report's conclusions, that the report's findings were a joke.

1 A Me?

2 Q Uh-huh.

3 A I don't remember saying that it was a joke.

4 Q And that's fine. I guess I'm trying, everyone else -- not everyone else, but
5 the people who were on the team, the people who led the team says, it is sort of walking
6 away from the report. It is actually hard to even find it on the WHO's website now. So
7 I'm just trying to square your position with these other positions.

8 A Well, I don't know what the very eminent people you mentioned wanted
9 from a report, but it's not true to say there are no new data in that report. There are new
10 critical data in that report right in front of you, including the evidence, for the first time,
11 of animals that we know carry coronaviruses in the market, including the first case data,
12 including asking why -- the questions that everyone wants to ask to the people working
13 the lab and their responses written down made public. That was what we were asked to
14 do. That's what we did and that's what we reported.

15 Q So within the terms of reference, it sort of met the terms of reference.

16 A Well, it met the terms of reference but on that very issue of were there new
17 data in the report, absolutely yes. Talk to Michael Worobey about whether there were
18 new data or not. Talk to Peka Ridal (ph) and Chris Nunsen (ph), who have used the
19 sequence information to analyze the origins of COVID. That's what we set out to do. We
20 didn't set out to solve the origins of COVID, we set out to make sure data was flowing that
21 we could have access and that it would likely be a follow up --

22 Q And that is what I want to be fair to. Is that there was a phase 2?

23 A Yeah. There was a phase 2. And I think what one of the problems is the
24 report became political. The whole mission became political. And it was the politics that
25 clearly have gotten in the way of a phase 2, which is a real shame. I think we are on our

1 way towards getting even more data.

2 Q And last question on this for me. So you had to get consensus between the
3 two groups of -- well, within all the groups of scientists and the contents of the report,
4 and your impression is that the Chinese Government did not exercise a heavy hand on its
5 scientists?

6 A Well, we didn't have to get consensus, no. We were there to produce a
7 report. If it was a difference in opinion, some of that is in the recommendations that the
8 relative risk of different pathways, or confidence, in those conclusions. Some Chinese
9 scientists felt differently to some Western scientists and vice versa, that's in the report.

10 Q So your impressions is that the Chinese Government did not closely police
11 the participation, the findings of presentations that you were given of --

12 A I don't know what happened, but I do know that there were ministry of
13 foreign affairs people in the room, at almost at all times. And that the member of the
14 China side were picked by the Chinese Government.

15 Q This were after several iterations of essentially a gag order nationwide on
16 sharing new information related to the SARS-CoV-2?

17 A Yes.

18 Q So presumably everything that you guys were presented with was screened
19 by the origins of the Chinese Central Government. And this is a repressive government.
20 This is, you know, they imprison people without trial, they shut down labs without due
21 process. They --

22 A And again, we have two choices. Don't we? In the face of a global pandemic
23 that seems to originate in China, what do we do? Not go there, not ask the questions, not
24 try and get the information and just say, this is a sham and a farce or go there and do our
25 best to get whatever we can. We went there, we got new data that's been valuable in

1 trying to understand the origins. And I stand by that report. And I'm sure that most
2 members of the team that were on WHO side also stand by the report.

3 We are still the only people who've been able to get into the lab, to get into the
4 Huanan Seafood Market. WHO set up a new organization to continue this work, they've
5 been unable to even go to China.

6 Q Thank you.

7 BY MR. BENZINE:

8 Q One last kind of threshold question just to understand the scope of the
9 report a little bit clearer. You're saying it was the understanding that the -- I don't want
10 to phrase it as lack of access, but the request without granting the request for certain
11 data was within the scope, that phase 2 was supposed to be the one getting the data,
12 analyzing the data, reporting on the data. Phase one was to do the interviews, make the
13 requests, and then report out what you requested, and if you found anything new?

14 A Yeah. And we asked for data as part of phase 1, too. I mean, we asked for
15 sequence data, case data, and we got it. There was a lot of confusion around some of
16 these. We asked for data on where were the animals supplied to market, where did they
17 come from and we got that information. So we did get a lot of data. But the bulk of the
18 real work, like the testing of further samples, going back into blood banks, looking at
19 audits, going through patient test results and case studies, that was to happen in phase 2,
20 yeah.

21 Q All right. I'm going to ask a couple questions about DEFUSE. I have the
22 proposal, if you need it. Do you need it?

23 A I don't know which one you've got. I've got the actual one.

24 Q I have the actual one from you.

25 A Oh, you have the actual one from me. Good.

1 Q Yes.

2 A Because I'm not sure of the validity of the one that was on the web.

3 Q Yeah. So tell me a little bit about DEFUSE very briefly so we don't --

4 A Yeah. It was a proposal written to DARPA who had a new call for proposals
5 to try and understand what emergencies could emerge, viruses in particular, and are
6 there any ways to disrupt the emergence of new -- to preempt it, which is why they call it
7 preempt. So we applied to work in China. We checked with them first so that would be
8 okay. They said yes. We applied to work on coronaviruses. We believed there was a high
9 chance of a novel coronavirus from bats emerging and causing a pandemic.

10 And we believed that as part of those predictions, we should look for viruses that
11 are 10 to 20 percent different to SARS-CoV-2, because those might escape vaccines and
12 therapeutics. In one part of the proposal we even suggested that proteolytic cleavage
13 sites, like the Furin cleavage site, might become part of the virus that emerges and
14 becomes able to infect people.

15 All of those predictions were correct. It was what caused the next pandemic. I
16 think it was a simple proposal to DARPA to do work on that. Unfortunately, it got
17 rejected, so it became a failed grant in the filing system and the work was never done.

18 Q Can you explain a little bit of the Furin cleavage work that was proposed?

19 A I will try.

20 Q I know it was Dr. Baric's area of expertise but --

21 A Yeah, and it's detailed virology. So the Furin cleavage site in SARS-CoV-2
22 adds an element to the virus that makes it more pathogenic. It probably isn't the sole
23 reason that's it is in SARS (ph). And before the pandemic, there were a series of things
24 that we knew about from virological research that add to the virility of viruses and can
25 evolve when a virus emerges. So we would -- our hypothesis was that maybe some of the

1 viruses out in bats have the beginnings of a Furin cleavage site and that therefore they
2 might be of concern and that they might be more evolvable and pathogenic if they
3 emerged. And so, the idea was under very tight biosecurity standards to insert different
4 types of proteolytic cleavage sites to change the sequence in these viruses to have the
5 precursor for it to see if that then made them more able to infect cells in a lab, and
6 therefore, that virus was a potential risk. Our whole goal is to reduce risk at those viruses
7 that we found to be potentially pandemic. Of course, we didn't get funded so we don't
8 do the work.

9 Q Was the work supposed to happen at UNC or at the WIV?

10 A My understanding for that work it was going to be done at UNC. I think the
11 proposal says it was going to be done in pseudotype, which is not even a live virus.

12 Q You said a couple times here you said in the press regarding this proposal,
13 I'm going to quote you: "When you write a grant proposal, it proposes to do a new line of
14 research. We would not be doing that research before we submit the proposal, that's not
15 how it works." We've heard testimony a lot that you do do at least preliminary research
16 before making a proposal?

17 A Yeah.

18 Q Was any of the research in the DEFUSE proposal started prior to preposing
19 it?

20 A I think that in the DEFUSE proposal we talk about the work we've been doing
21 in China, finding all these viral sequences and that sometimes we have it published, so
22 that would become -- so, yeah. It's a \$14 million proposal. So first of all, you couldn't do
23 this work without funding. No lab has the capacity to do that.

24 Secondly, if you were going to begin some work, you would begin at the beginning
25 which is to find the viruses in nature that have these potentials for virilis factors. You

1 wouldn't pick that one paragraph out of this whole proposal and say, That's what I'm
2 going to start with. It doesn't make any sense at all.

3 Q But, you know, the WIV would have already had a gathering of viruses, but
4 you're saying not the specific viruses that you would have needed to do this work?

5 A We have since published all the information. By 2020, that was supposed to
6 have been made public.

7 Q So I guess my point is with this knowledge, with this know-how was the WIV
8 capable of doing the Furin work without this grant?

9 A I don't know, you'd have to ask them. Some labs have done that work. It's
10 been done on SARS-CoV in the U.S. in a virological lab. It is a highly technical piece of
11 work.

12 Q Did the WIV have the ability to genetically modify viruses without leaving a
13 trace? The Dr. Baric no-see-um technique?

14 A I don't know.

15 Q In the proposal you used the word "our" to describe cave sites. Do you own
16 cave sites in China or is it just colloquial?

17 A Not to my knowledge. It's a -- when you run a proposal that involves
18 multiple partners, that's our proposal. So yeah, thus the way you write the proposal.
19 You're a team.

20 Q And as you said, DARPA denied it. Did you ever submit this proposal to any
21 other funding agencies?

22 A Well, there was a little bit said about DARPA declining to fund this, including
23 people who have said that they declined it because of biosecurity concerns. Absolutely
24 not true. We had an interview with DARPA specifically so they could inform us why it was
25 rejected. I have got the contemporaneous notes right here, never once did biosafety

1 come up. It was too much money. They didn't have enough money. It was too
2 ambitious, which is standard grant -- agency language for too ambitious. So just a little
3 miff around that. I forgot the question, though.

4 Q Did you ever submit this proposal to any other funding agency?

5 A No. However, DARPA did come back to us when the pandemic began. And, I
6 mean, with all rational reason, they were very early in the pandemic they said, we are
7 interested in funding parts of your proposal that didn't get funded, because now we have
8 a coronavirus 20 percent different emerging in China from bats, just like your proposal
9 was designed to help prevent. So we talked to them, they suggested different avenues
10 we could work with on this, different sections that could be done. And in the end, I didn't
11 follow up. It was too much work and it didn't involve us. It was more the lab work, all the
12 back colony work that was to be done in a different country.

13 Q Did you ever submit it to any private organizations for funding?

14 A No, no.

15 Q To your knowledge, did UNC or the WIV ever conduct any aspect of the
16 proposal?

17 A You will have to ask UNC and the WIV. I don't know. I doubt it.

18 Q I'm going to run through just very quickly a couple like stage-setting
19 questions. I don't know if John has a couple more after that.

20 Yes or no, is investigating the origins of COVID important?

21 A Yes.

22 Q Is discovering the origins of COVID important?

23 A Yes.

24 Q Is the origin of COVID-19 currently unsettled science?

25 A It's as settled as many other emerging diseases, to be honest. But in the

1 context of the huge interest in this global pandemic, yes, it's unsettled.

2 Q Do you believe that the intelligence community plays an important role in
3 investigating the origins of COVID-19?

4 A I believe the scientific question of the origins of COVID is far better left to
5 scientists. But I do believe the intelligence community has access to information that we
6 don't have as scientists that may have some bearing on this.

7 What I've seen from the ODNI, Office of the Director of National Intelligence,
8 declassified report is that there is no real evidence of that from the intelligence
9 community that helps really.

10 Q And then, I want to ask you about a couple laboratory research related
11 scenarios and just ask if you would consider them to be a lab or biosafety originated
12 pandemic.

13 A Yeah.

14 Q A researcher intentionally manipulating viruses and getting infected in the
15 lab?

16 A That would be a lab infection.

17 Q A researcher conducting serial passage and getting infected in the lab?

18 A Any infection in the lab is a lab accident.

19 Q A researcher working with a naturally occurring virus in the lab and getting
20 infected?

21 A Yes, that's a biosafety incident for sure.

22 Q Researcher getting infected by a virus during fieldwork and bringing it back
23 to the lab?

24 A Well, I think if you had a field team and the field worker got infected in the
25 field, that would be considered a field exposure to virus. And if the exposure happens in

1 the lab, that would be considered a lab exposure. It's very straightforward.

2 Q Thank you.

3 John.

4 BY MR. STROM:

5 Q I have got a few quick questions on the reinstatement. And then one circle
6 back on the intelligence community issue. So the reason you should know this, but Drs.
7 Lauer and Erbelding gave us a congressional briefing a few months ago on the
8 reinstatement and some of the decisions and, you know, additional terms put in place.

9 One of the reasons -- one of scientific rationales for reinstating the grant is that
10 there remains thousands of bat samples collected from China with funding basically paid
11 for by the grant before it was suspended, but still need to be tested for the presence of
12 the virus. Is that still the case?

13 A Well, we have new data from China on some of those -- on the results from
14 some of those samples. We are currently analyzing it. Very important critical data. And
15 yeah, I think it's -- we're getting there. It's good to have new information, but there are
16 still many samples that we don't have direct control over.

17 Q Sure. Who is the custodian for those samples presently?

18 A Right now, they are in the Wuhan Institute of Virology. And theoretically, a
19 sample collected in a foreign government belongs to the foreign government so yeah.

20 Q But the WIV has been debarred. They can't participate in this grant?

21 A Yeah. And they are not participating in this grant.

22 Q But they have custody of all the samples?

23 A But we have got information, data from the samples that has not yet been
24 analyzed. We have that information here in the U.S.

25 Q But the Latinne paper, you said that was all your information?

1 A Since the Latinne paper, since the pandemic began, Wuhan Institute of
2 Virology's staff has continued to sequence out some of those initial small fragments to get
3 whole genome sequences, critical information. I agree with what Dr. Erbeling and
4 Stemmy or whoever it was has said that that was paid for by U.S. taxpayers. It is our right
5 to get that information. We've got it and we're now working on it to publish that
6 information.

7 Mr. Benzine. Is there information derived from the samples that you don't have?

8 Dr. Daszak. From what I hear, no. Not -- until they do more work on them. And
9 then we have an understanding that we'll be able to get some access to those data too.

10 BY MR. STROM:

11 Q I'm trying to understand how this works. With the WIV debarred, and not
12 talking to you anymore, which --

13 A Well, they do talk to us. I can talk to them. It's not illegal to talk to them.

14 Q No, no, no. But you said, like, we've asked them for the progress reports,
15 they never answered an email.

16 A I asked them for the lab notes.

17 Q For the lab notes.

18 A Yeah, yeah.

19 Q But your -- I'm trying to understand how we have debarred them, but we're
20 still paying them to process samples.

21 A No, no. There's no money going to Wuhan Institute of Virology at all. No
22 money going to China.

23 Q So there's a bolus of data that left the WIV before they were
24 suspend -- between -- before they were suspended that has yet to be analyzed, that has
25 to be analyzed or that need --

1 A My understanding is that the debarment is they are not able to take Federal
2 funds, now for 10 years. I think at least that is, what I understand, from what the phrase
3 means. They have other samples. If they are going to do further work on those samples
4 and they are willing to give us that information, that's a positive win for the U.S. taxpayer.

5 Q Sure.

6 A I'm going to take the opportunity and publish it, and I think that's a good
7 thing.

8 Mr. Benzine. So why do you think the difference? Why do you think the
9 difference in the WIV is willing to give you access to the samples, the results of tests on
10 these samples but not the laboratory notebooks?

11 Dr. Daszak. Well, you would have to ask WIV about that. I'm very delighted that
12 we've been able to get that. Information out of WIV and out of China. It's a good thing.

13 BY MR. STROM:

14 Q And they are, functionally, doing it for free? We may have some prior claim
15 on it because the initial sampling was done with our money.

16 A Yeah, unfortunately, the legalities of ownership are not good and not clear in
17 this sort of issue. However, if we can get the data, we're going to get it and we're going
18 to work it and we are going to make it public and we are going to try and get at much
19 good information as we can out of it.

20 Q Do you have a timeframe for when you're anticipating publication?

21 A We have multiple projects in that reinstated grant that they are going to last
22 now another couple of years, but we will try to get the data as soon as we can. We are
23 currently working on that right now. Obviously not me right now.

24 Q Yeah, yeah, yeah, yeah?

25 A People in the office.

1 Q Well, I think that's all I have on this issue.

2 So the one thing I wanted to circle back on, you mentioned the ODNI assessment,
3 and you're aware of President Biden's I guess it is hard to believe it was this long ago but
4 the 2021 90-day assessment and all that?

5 A Yeah.

6 Q And you're aware it was released in October of 2021, the short ODNI
7 declassified assessment. So you're aware of the assessment? It looks like you've got a
8 copy of it here.

9 A Well, I have got a copy of the 2023 one.

10 Mr. Benzine. That's the relationship to the Wuhan institute one?

11 Dr. Daszak. Yeah.

12 BY MR. STROM:

13 Q So at any point, were you contacted by anyone in the intelligence
14 community to assist with this assessment or with investigating the origins of COVID-19?

15 A At any point ever?

16 Q Well, I mean, it is a limited timeframe here of 2022 to 2023, 2020 to 2023.

17 A Can you repeat the question?

18 Q Were you ever contacted by anyone in the intelligence community to assist
19 in the assessment or investigation of the origins of COVID-19 that they are undertaking?

20 A EcoHealth Alliance staff were contacted very early on in the pandemic by the
21 intelligence community to -- with questions about relevance to the origins of COVID.
22 We've done everything we can to assist every government agency that contacts us within
23 the limit of what we can do.

24 Q So during the course of that process, which agencies?

25 A Initially --

1 Mr. Benzine. We can off the record for one second.

2 [Discussion off the record.]

3 Mr. Strom. Leave off, or to restart where we left off. In the period of 2020, and
4 2022 were you ever contacted by an intelligence agency over the course of their review
5 or excuse me, over the course of their assessment of the importance of COVID-19?

6 Dr. Daszak. Yes.

7 Mr. Strom. Thank you. Which agencies?

8 Dr. Daszak. Defense Intelligence Agency, Central Intelligence Agency, the Federal
9 Bureau of Investigation.

10 Mr. Strom. Thank you very much. No further questions for me. Thank you.

11 Mr. Benzine. We can off the record.

12 [Discussion off the record.]

13 BY [REDACTED]:

14 Q Dr. Daszak, in the previous hour the discussion about samples that are at
15 WIV but you have information related to them, do I sort of understand correctly the
16 physical samples are at WIV, and is it that you have the sequences. Is that right?

17 A That's correct.

18 Q Okay. Got it. Great. We can go off the record.

19 [Discussion off the record.]

20 Mr. Benzine. Thank you. After a crisp 9-1/2 hours, we are done.

21 Dr. Daszak. Is that all?

22 Mr. Benzine. I want to say thank you very much.

23 Dr. Daszak. My pleasure.

24 [Discussion off the record.]

25 [Whereupon, at 7:33 p.m., the interview was concluded.]

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Certificate of Deponent/Interviewee

I have read the foregoing ____ pages, which contain the correct transcript of the answers made by me to the questions therein recorded.

Witness Name

Date