













1 pandemic pathogen. So if you enhance it, it's referred to as "ePPP."

2 So then you ask the question, what is a PPP? And by the regulatory definition, it  
 3 is the following: It is a pathogen that is likely to be highly transmissible and spread  
 4 widely in a population and a pathogen that likely will cause a high degree of morbidity  
 5 and mortality in humans.

6 So, when I was asked the question, did the grant that was a sub-award to Wuhan  
 7 fund experiments that were enhanced PPP, that is what I was referring to when I said we  
 8 do not fund gain-of-function -- gain-of-function according to the strict definition, which I  
 9 refer to as the operative definition of "gain-of-function."

10 So, when someone asks me, as a scientist, are you doing gain-of-function, is that  
 11 gain-of-function, I always apply it to the operative definition of "gain-of-function."

12 Q That is very helpful. Thank you for drawing that distinction.

13 And at the time of that exchange, it was the P3CO framework. There was also a  
 14 time, I think from 2014 to 2017, when the gain-of-function moratorium was the operative  
 15 policy.

16 A Right.

17 Q So a similar analysis, I assume, would've been the case for that --

18 A Right.

19 Q -- period of time.

20 A Yes.

■ ■ [REDACTED]

■ [REDACTED] [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]









[REDACTED]

13

14 Mr. Benzine. I want to introduce the year 5 progress report as majority exhibit  
15 18.

16 [Fauci majority exhibit No. 18  
17 was marked for identification.]

18 Mr. Benzine. And in the nature of time, it's a long report, so I'd ask you not to  
19 read the whole report, but I'm going to draw your attention to a discrete paragraph. It's  
20 on page 15 under aim 3.1.

21 Mr. Schertler. Are you sure you don't want him to read the whole report?

22 Mr. Benzine. I'm pretty sure I don't want you to read the whole report.

23 BY MR. BENZINE:

24 Q And I believe, and Dr. Tabak has confirmed that in his letter he is referring to  
25 the experiment outlined in this paragraph.

1           And I'm going to -- you have it in front of you, but I'm going to read it in kind of  
2 layman's terms so it's comprehensible.

3           But, in essence, it says that mice were infected with four strains of SARS-related  
4 coronaviruses with different spike proteins, including full-length recombinant virus of  
5 SARS-related WIV 1 and 3 chimeric viruses, with the backbone of WIV 1 and the spike  
6 proteins from three other bat coronaviruses. So that's what we were just discussing.

7           All four of the viruses caused lethal infection in human ACE2 transgenic mice, but  
8 the mortality rate varied among the four groups. Fourteen days post-infection, five out  
9 of the seven mice infected with just the WIV 1 backbone remained alive, while only two  
10 out of eight mice infected with the SHC014 chimera survived.

11           And the paragraph ends with, "These results suggest that the pathogenicity of  
12 SHC014 is higher than other tested bat SARS-related coronaviruses in transgenic mice  
13 that express human ACE2."

14           I'll give you a minute to read the full version in the progress report. I know I kind  
15 of summarized it.

16           A [Reviewing.] Yeah.

17           Q So to me, it sounds like seven mice infected with the full-length WIV 1; five  
18 survived. Eight mice infected with a chimera of WIV 1 and SHC014 and two survived.  
19 Is that your understanding as well?

20           A That's what it says, yeah.

21           Q This to me sounds like the experiment that EcoHealth conducted by creating  
22 a chimera increased the pathogenicity of the underlying virus. Is that fair?

23           A The underlying virus is WIV.

24           Q Correct.

25           A And the spike that they put on indicated that the virus was more pathogenic

1 than the WIV.

2 Q Correct. Is that right? So by replacing the WIV 1 spike with the SHC  
3 spike --

4 A Yes, yes. But, again, you got to put it into context because, again, these  
5 viruses, when you -- if you -- are you hearkening back to the definition of whether --

6 Q I'm getting there.

7 A Yeah, but then let's go there, okay?

8 The fact is that what was built into the scope of the conditions was that if you do  
9 get an increase in viral load or pathogenesis, you've got to report it or reevaluate it, but it  
10 still doesn't change the underlying premise that this is not a PPP.

11 That's the point. That's the conclusion -- that's the confusion people get. By  
12 the operative definition of gain-of-function of concern, even with this, this is merely an  
13 added going the extra mile that if something like this happens you stop and you look at it  
14 and discuss whether or not to go forward, et cetera.

15 And, to my understanding, that even if you do that, this still doesn't change that  
16 you're not dealing with a virus that's very likely to lead to widespread transmission, et  
17 cetera, et cetera.

18 So it doesn't change the definition or the operative guideline for this experiment,  
19 but it tells you, you should report this, because that was part of the fail-safe.

20 Q And I don't disagree with you that it's not an ePPP --

21 A Yeah, right.

22 Q -- and it doesn't fall under the P3CO framework.

23 What I think we're trying to understand is this was submitted, I mean, well, late,  
24 but the work was conducted during 2018 for the fiscal year 2018 to 2019 and the year 5  
25 progress report.

1           At that time, this definition of gain-of-function was still live on the website of  
 2           enhancing a biological agent.   And I guess what I'm trying to understand, and the  
 3           minority talked about it too, is you said what your intent was with Senator Paul, that  
 4           when you said NIH does not now and has not ever funded gain-of-function research in  
 5           Wuhan was that you meant to say or you intended ePPP research.

6           A     I said that before and I'll repeat it again.   When I talk about  
 7           gain-of-function, I talk about -- a gain-of-function of concern -- I am talking about the  
 8           operative definition of gain-of-function of concern, which for me is the P3CO that we've  
 9           discussed multiple times.

10          Q     And I agree, again, agree that this experiment did not meet the P3 definition.  
 11          Would you agree that it meets that broad definition of gain-of-function that was on NIH's  
 12          website when this research was conducted?

13          A     Again, I don't use the terminology "gain-of-function" because it can be very  
 14          confusing, which was the reason why we went through 3 years of discussion to avoid the  
 15          kind of confusion that we're going to get into now if we start going back and forth about  
 16          this.

17          That was the whole reason for 3 years of deliberation to establish a regulatory  
 18          guideline based on a guiding policy that led to a framework.

19          So, regardless of how you slice it, when I spoke to -- when I responded to  
 20          Doctor -- to Senator Paul, I was referring to the gain-of-function research of concern as  
 21          defined by the P3CO framework.

22          Q     My last question.   That hearing was May 11th, 2021.   When you testified,  
 23          like -- again, I apologize, but if I was a general C-SPAN watcher or watching the news  
 24          afterwards it obviously became a big deal, and I went and I googled NIH gain-of-function  
 25          research, this is what would come up.

1 Do you think you could have -- like, you knew that you meant ePPP.

2 A Yes.

3 Q Do you think you could have been more specific in your answer?

4 A Well --

5 Mr. Schertler. I don't think he can really opine as to what CNN news watchers,  
6 C-SPAN, whatever --

7 Mr. Benzine. No, I'm asking him -- I'm asking him -- he knew -- he knew the  
8 rules, he knew the definition.

9 Dr. Fauci. I think -- I think in terms of 3PCO, and that's embedded in my mind, he  
10 didn't appreciate what gain-of-function according to the regulatory guidelines are. I was  
11 speaking in that term. So he was thinking of a different thing.

12 When I spoke to him, I'll stand by my statement that when I said we do not do  
13 gain-of-function I was referring to gain-of-function of concern according to the 3PCO  
14 guideline, done, full stop.

15 Mr. Wenstrup. Can I?

16 Mr. Benzine. Yes, sir.

17 Mr. Wenstrup. Do you think that would have helped, if you explained that that  
18 day?

19 Dr. Fauci. I'm not so sure, to be honest with you, sir, that -- Rand Paul has a thing  
20 about me.

21 Mr. Wenstrup. I'm not talking about Rand Paul, but for me --

22 Dr. Fauci. Yeah.

23 Mr. Wenstrup. -- listening and watching.

24 Dr. Fauci. Yeah.

25 Mr. Schertler. And I think he can only talk about his interchange with Rand Paul.

1 Dr. Fauci. Rand Paul.

2 Mr. Wenstrup. He can have a retrospective opinion.

3 Mr. Schertler. Well, I don't know that we need a retrospective opinion of his  
4 answer. I think he's trying to answer your question --

5 Mr. Wenstrup. Well, he's saying it now.

6 Mr. Schertler. -- as straightforwardly as he can.

7 Mr. Wenstrup. The thing is he's saying it now. Why didn't he say it that day?  
8 That's all. That's fine.

9 Mr. Schertler. So maybe Rand Paul could have asked better questions. And  
10 maybe if Rand Paul had asked clearer, better questions, he would have gotten a more  
11 specific answer.

12 So it can go both ways. Wouldn't you agree, Chairman? I mean, wouldn't you  
13 agree with that?

14 Mr. Wenstrup. What's your answer?

15 Dr. Fauci. No, I agree with that. I mean --

16 Mr. Wenstrup. So it was his questions that kept you from being more specific?

17 Dr. Fauci. No, when he asked me --

18 Mr. Schertler. I didn't say it was his question. I said he could have asked better  
19 questions. You're going back now and you're saying, could somebody have said it  
20 better? Could somebody have asked it better? I don't think it's a fair question.

21 Mr. Osterhues. But this was the definition on the website.

22 Mr. Schertler. That is not the definition that was referred to.

23 Mr. Osterhues. That is on the NIH website.

24 Mr. Schertler. Then if Rand Paul had said, this is the definition on your website,  
25 we'd have gone with the definition on your website.



1           Mr. Wenstrup. Sir, we're going to have a conversation here for a second about  
 2 what the average American perceives. You may not be out talking -- you may not be out  
 3 talking to the average American every day. I have to.

4           So all I'm saying is, because as he says this today it's an explanation for why he  
 5 said it. So all I'm saying is, in retrospect, do you think it would have been perceived  
 6 better -- I think it would have been -- let me just say it as a statement then.

7           I think it would have been perceived better by the American people if he  
 8 explained that at the time.

9           Now, regardless of the situation, I'm just giving you that opinion of the average  
 10 American, because all they heard was that, and what's on the website is not that. So  
 11 that's the point I'm trying to make.

12           Mr. Schertler. Chairman, I appreciate that. And I appreciate your point. And I  
 13 appreciate, you know, dealing and communicating with the average American. I don't  
 14 mean -- I don't mean to --

15           Mr. Wenstrup. I'm not doubting your intent and what you thought it meant.  
 16 I'm just giving you the perception of the average American, and then you go to the  
 17 website and it says something different from what you were thinking.

18           Mr. Schertler. Okay. So we've got the chairman's statement.

19           BY MR. BENZINE:

20           Q     The last thing I'll say is we interviewed Dr. Tabak on Friday -- it's been a long  
 21 weekend -- and we asked him a similar question. "What's described in the EcoHealth  
 22 year 5 progress report would fit the definition -- the broad definition of gain-of-function  
 23 research?" And he answered, "The generic, broad description of what gain-of-function  
 24 is, yes."

25           Would you agree with Dr. Tabak?

1           A    You know, again, we're going in circles, because it's going to get the same  
2 confusion that the chairman was just talking about.

3           Q    I'm --

4           A    Because then, if I say yes, then, "Ah, yes, he says it was gain-of-function."  
5 It is not gain-of-function of concern that is associated with the regulatory  
6 operative definition of gain-of-function.

7           Q    No. And I'm entirely willing to stipulate that and stipulate that it didn't  
8 need to go through the P3CO and it didn't meet the definition of ePPP.

9                   And I'll end on this, and if it's the same answer it's the same answer. But we've  
10 asked Dr. Auchincloss this question. We've asked Dr. Tabak this question. Both have  
11 said that it meets the definition, the broad definition of gain-of-function research.

12                   I'm not trying to catch you in a trap. I'm not trying to catch you --

13           A    But the thing is I have been living a life over the last few years of getting  
14 total distortion of things that I've said and done, and you know that. So if you want me  
15 to --

16           Mr. Schertler. So, look, I think you've asked and answered the question. But if  
17 you'd like to answer it again, you can answer it again.

18           Mr. Benzine. You don't need to answer again. I'll take that what you meant is  
19 what --

20           Dr. Fauci. Right.

21           Mr. Benzine. And I agree that that is what you meant. I'm not trying to go  
22 against that. I'm just -- when people read things in black and white and words are said,  
23 it's hard to distinguish sometimes.

24           Dr. Fauci. Yes.

25           Mr. Benzine. Our hour is up, and we can go off the record. Our day is up too.