COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY,

SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC,

U.S. HOUSE OF REPRESENTATIVES,

WASHINGTON, D.C.

INTERVIEW OF: ANTHONY S. FAUCI

Monday, January 8, 2024

Washington, D.C.

The interview in the above matter was held in room CVC-268, Capitol Visitor Center, commencing at 9:58 a.m.

Present: Wenstrup, Griffith, Jordan, Malliotakis, Cloud, Joyce, Greene, Dingell, and Castor.

Appearances:

For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC:

MITCH BENZINE, STAFF DIRECTOR.
JOSEPH CIPOLLONE, COUNSEL
JACK EMMER, SENIOR COUNSEL
ERIC OSTERHUES, CHIEF COUNSEL

ANNA-BLAKE LANGLEY, RESEARCH ASSISTANT
[redacted] MINORITY STAFF DIRECTOR
[redacted] MINORITY CHIEF COUNSEL
[redacted] MINORITY COUNSEL
[redacted] MINORITY SENIOR COUNSEL

For the COMMITTEE ON ENERGY AND COMMERCE,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS:

JOHN STROM, SENIOR COUNSEL
[redacted] MINORITY CHIEF COUNSEL

For the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:

PERRIN COOKE, SENIOR OVERSIGHT COUNSEL

For the WHITE HOUSE:

KEVIN BARSTOW

For ANTHONY S. FAUCI:

DAVID SCHERTLER

DANNY ONORATO

ALSO PRESENT:

[redacted]

[redacted]

GRACE MCMAHON (PARALEGAL)

MATT LAGANZA (PARALEGAL)

Mr. Benzine. Dr. Fauci, my name is Mitch Benzine, and I'm the staff director for

the majority staff of the Select Subcommittee on the Coronavirus Pandemic. I want to thank you again for voluntarily being here for this interview today and tomorrow.

I'm going to kick it to my colleague, Eric, who's going to read you the rules.

Dr. Fauci. Thank you.

Mr. Osterhues. Good morning, Dr. Fauci.

This is a transcribed interview of Dr. Fauci, conducted by the House Select Subcommittee on the Coronavirus Pandemic and the Committee on Oversight and Accountability under the authority granted to them by House Resolution 5, House rule X, and the rules of the Committee on Oversight and Accountability.

This interview was requested by Chairman Brad Wenstrup and Chairman James Comer as part of the committee's oversight of the Federal Government's response to the coronavirus pandemic.

Further, pursuant to House rule -- Resolution 5, the select subcommittee has wide-ranging jurisdiction but specifically to investigate the origins of the coronavirus pandemic, including but not limited to the Federal Government's funding of gain-of-function research; the implementation or effectiveness of any Federal law or regulation applied, enacted, or under consideration to address the coronavirus pandemic and prepare for future pandemics; the development of vaccines and treatments and the development and implementation of vaccination policies for Federal employees and members of the Armed Forces; the societal impact of the decisions to close schools, how the decisions were made, and whether there is evidence of widespread learning loss or other negative effects as a result of these decisions; and executive branch policies, deliberations, decisions, activities, and internal and external communications related to the coronavirus pandemic.

Pursuant to House rule X, the Committee on Oversight and Accountability has

jurisdiction to investigate any matter at any time.

At the discretion of Chairman Wenstrup, one member of the majority and one member of the minority staff of the Committee on Energy and Commerce have been granted permission to attend and participate in this interview.

Further, the chairman and ranking member of the Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, or their designee are also granted permission to attend and participate in this interview.

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

Dr. Fauci. My name is Anthony S. Fauci, and my last spelling name is F as in Frank, a-u-c-i.

Mr. Osterhues. Thank you, Dr. Fauci.

My name is Eric Osterhues. I'm the chief counsel for the majority staff of the select subcommittee. I want to thank you for coming in today for this interview. We recognize that you are here voluntarily, and we appreciate that.

Under the select subcommittee and Committee on Oversight and Accountability's rules, you're allowed to have an attorney present to advise you during this interview.

Do you have an attorney representing you in a personal capacity present with you today?

Dr. Fauci. Yes, I do.

Mr. Osterhues. Will counsel please identify themselves for the record?

Mr. Schertler. Yes. David Schertler.

Mr. Onorato. Danny Onorato.

Mr. Osterhues. Thank you.

Is there an attorney present representing the Department of Health and Human Services with you today?

Dr. Fauci. Yes.

Mr. Osterhues. Will counsel please identify themselves for the record?

Mr. Cooke. Perrin Cooke, senior counsel with HHS.

Mr. Osterhues. Is there also an attorney present representing the White House with you today?

Dr. Fauci. Yes, there is.

Mr. Osterhues. Will counsel please identify themselves for the record?

Mr. Barstow. Kevin Barstow, White House Counsel's Office.

Mr. Osterhues. For the record, can additional staff please introduce themselves with their name, title, and affiliation?

Mr. Benzine. Mitch Benzine, staff director for the majority staff of the select subcommittee.

Mr. Strom. John Strom, senior counsel, Committee on Energy and Commerce, majority, Subcommittee on Oversight and Investigations.

Mr. Emmer. Jack Emmer, senior counsel for the majority, Select Subcommittee on the Coronavirus Pandemic.

Mr. Cipollone. Joseph Cipollone, counsel for the majority, Select Subcommittee on the Coronavirus Pandemic.

[redacted] chief counsel for the minority, Energy and Commerce Committee, Subcommittee on Oversight and Investigations.

[redacted] minority counsel, the select subcommittee.

[redacted] minority staff, select subcommittee.

[redacted] chief minority counsel, select subcommittee.

[redacted] Democratic staff director of the select subcommittee.

Ms. Langley. Anna-Blake Langley, professional staff member, Select Subcommittee on the Coronavirus Pandemic, majority.

[redacted]

Mr. LaGanza. Matt LaGanza, paralegal.

Ms. McMahon. Grace McMahon, paralegal.

[redacted]

Mr. Osterhues. Thank you.

For the record, can the Members please introduce themselves?

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

Mr. Griffith. Morgan Griffith, chairman of the Subcommittee on Oversight and Investigations for Energy and Commerce.

Mr. Jordan. Jim Jordan, Ohio 4.

Ms. Malliotakis. Nicole Malliotakis, New York 11.

Mrs. Dingell. Debbie Dingell, Michigan, select subcommittee and E&C.

Mr. Osterhues. Thank you all.

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

The way this interview will proceed is as follows: The majority and the minority staff will alternate asking questions 1 hour per side per round until each side is finished with their questioning. The majority staff will begin and proceed for an hour, and then the minority staff will have an hour to ask questions. We will alternate back and forth in this manner until both sides have no more questions.

If either side is in the middle of a specific line of questions, they may choose to end a few minutes past the hour to ensure completion of that specific line of questioning,

including any pertinent followups.

In this interview, while one member of the staff for each side may lead the questioning, additional staff may ask questions.

There is a court reporter taking down everything I say and everything you say to make a written record of this interview. For the record to be clear, please wait until the staff questioning you finishes each question before you begin your answer, and the staff will wait until you finish your response before proceeding to the next question.

Further, to ensure the court reporter can properly record this interview, please speak clearly, concisely, and slowly. Also, the court reporter cannot record nonverbal answers such as nodding or shaking your head, so it is important that you answer each question with an audible, verbal answer.

Exhibits may be entered into the record. Majority exhibits will be identified numerically. Minority exhibits will be identified alphabetically.

This is not a secure room. If a question elicits a classified answer and you recall the information, you should answer any unclassified portions to the best of your recollection and affirmatively state, there is more information but it is classified. Do you understand?

Dr. Fauci. I do.

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

Dr. Fauci. I do.

Mr. Osterhues. If we ask about specific conversations or events in the past and you are unable to recall the exact words or details, you should testify to the substance of

those conversations or events to the best of your recollection. If you recall only a part of a conversation or event, you should give us your best recollection of those events or parts of conversations that you do recall. Do you understand?

Dr. Fauci. I do.

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

Dr. Fauci. I do.

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

Dr. Fauci. I do.

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

Dr. Fauci. No.

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

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

Dr. Fauci. Yes.

Mr. Osterhues. Ordinarily, we will take a 5-minute break at the end of each hour

of questioning, but if you need a longer break or a break before that, please let us know and we will be happy to accommodate. However, to the extent that there is a pending question, we would ask that you finish answering the question before we take a break. Do you understand?

Dr. Fauci. Yes.

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

Dr. Fauci. No.

Mr. Osterhues. Thank you.

Dr. Wenstrup. First of all, Dr. Fauci, thank you very much for volunteering to come in today. I want to congratulate you on your retirement --

Dr. Fauci. Thank you.

Dr. Wenstrup. -- and your many, many years of service. I appreciate it.

I haven't met you in person before, but I want to take this opportunity in person to thank you for the time that you and Dr. Collins took during the pandemic. We did a virtual meeting at NIH with the two of you to discuss mRNA technology and the creation of vaccines during Operation Warp Speed, and that was greatly appreciated as you did that with the Doctors Caucus.

I've looked at this entire event, if you will, not just your time here. The goal of the select subcommittee is to be an after-action review so that we can have lessons learned -- I guess that's my military background coming through on that -- with the goal of being possibly able in the future to predict a pandemic, to prepare for it, to protect ourselves from it, and possibly prevent it. And I think that's a lot of the goal.

I would say, due to the complexity of this entire situation, virology, et cetera, 2 days of discussion may not be really enough, but I appreciate you being here for these 2 days.

Were there any additional titles -- I mean, America clearly recognized you early on as the face of the government response to the pandemic under both administrations during the pandemic. Were there any additional formal titles? Or what were your formal titles in the Trump administration and the Biden administration?

Dr. Fauci. Are you asking only in that context or my title as the director of national -- you want to know all my titles?

Dr. Wenstrup. Well, your titles within the administration during the pandemic, related to the pandemic.

Dr. Fauci. Okay. Related to the pandemic.

In the Trump administration, I was a member of the Coronavirus Task Force, and during the Biden administration, I was a member of the Coronavirus Response Team and the chief medical advisor to President Biden.

Dr. Wenstrup. Okay. Well, thank you very much.

I do want to say one thing too. I'm sorry that there's been such a concern for your security. I'm grateful that you have security with the marshals. As someone who has been shot at at a baseball field, if not for Capitol Police being there, we might have had 20 Members of Congress killed that day. So I appreciate the situation you're in, and I appreciate the marshals being here and serving all of us today. Thank you.

Dr. Fauci. Thank you.

EXAMINATION

BY MR. BENZINE:

Q Dr. Fauci, I want to open, again, by reiterating what the chairman just said and thanking you for your decades of service and multiple public health responses that you have responded to.

In your 55 years of government service, you've obviously seen and experienced

quite a lot, so us picking a 4-year chunk is probably very limiting in how influential you have been.

Before we get started, I want to ask a few more baseline questions regarding this interview.

As you have stated, you're represented by personal counsel but also accompanied by both Department and White House counsel. Are you aware that those representatives do not represent your interests but instead those of the United States Government?

A I do.

Q Are you aware that it's possible that your personal interests may diverge from those of the United States Government?

A Yes.

Q These representatives may exert privileges on behalf of the government and instruct you to not answer questions. Are you aware that the decision to answer questions, even if instructed not to, resides solely with you?

A Yes.

Q Are you aware that if you refuse to answer any questions today, either as instructed or otherwise, the select subcommittee has the authority to compel your testimony?

A Yes.

Q Thank you.

The chairman did it a little bit, but I want to run through your education and experience a little bit more, primarily the NIAID chunk, but we'll ask a few broader questions.

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

A I attended the College of the Holy Cross in Worcester, Massachusetts, and I had a BA in Greek and philosophy and science.

Q Where did you get your medical degree?

A I got my medical degree at Cornell University Medical College in New York City.

Q And then who is your current employer and current title?

A I am currently a distinguished university professor at Georgetown University, with a joint appointment in the depar- -- in the School of Medicine and in the McCourt School of Public Policy.

Q And then, very briefly, just probably titles and date ranges if that works for you, run through your Federal career until you retired.

A After I finished my years of residency, I came to the NIH in 1968 as a fellow in infectious diseases and immunology at the National Institute of Allergy and Infectious Diseases. I left for 1 year to be chief medical resident, again, at the New York Hospital-Cornell Medical Center from '71 to '72.

I came back to the NIH in 1972, and I started off as a senior investigator to a section head in one of the labs to the chief of the laboratory of immunoregulation in 1980, a position I held until I stepped down at the end of 2022.

In 1984, I became the director of NIAID, and that was a position I held until I stepped down at the end of 2022.

Q And then beginning in January of 2021, as you mentioned, you became chief medical advisor to President Biden. Did you have additional responsibilities in that role on top of your directorship at NIAID?

A My responsibility was to be -- as I mentioned to the chairman -- was to be a member of the Coronavirus Response Team and to be the chief medical advisor to the

President.

Q Did that come with more direct access to the President than --

A Not any more than any member of the Coronavirus Response Team. Perhaps I would get asked a question in which they were not there. Like, you know, any kind of medical question. It was mostly just asking medical questions.

Q Did that role include a pay adjustment?

A No.

Q Do you currently hold any honorary positions?

A No, I don't. You mean at the NIH or anywhere?

Q Or anywhere.

A No. The only affiliation I have now is with Georgetown University.

Q Do you currently hold or have you previously held any positions on boards of companies, nonprofits, publishers, or academic institutions?

A I have been a member of a charitable foundation -- a board of a charitable foundation, the Doris Duke Charitable Foundation.

Q Going to your time as director, did you report directly to the NIH director?

A I did. We report directly to the NIH director, but we often do it, in some respects, through the deputy director.

Q Okay. And then for the course of the pandemic, the NIH director was Dr. Collins the entire time. Is that correct?

A Yes, that is correct.

Q Was the deputy director Dr. Tabak the entire time?

A Yes, he was.

Q As director of NIAID, just really briefly, what are some examples of decisions that you're able to make on your own versus ones that you would have to check with

Dr. Collins or check with Dr. Tabak on?

A Well, for example, in the beginning of the -- a typical prototypic example would be, in the beginning of the AIDS epidemic -- pandemic in 1981, I established within my depar- -- within my institute the Division of AIDS because I felt that not enough activity was being directed towards this emerging pandemic. So that's something that I had the capability of doing within my own. And that's a typical type of thing.

Q Okay. Thank you.

In 2004, you received a permanent pay adjustment in accordance with an increase in responsibilities. The increased responsibilities correlated to biodefense research activities and response to bioterrorism. Can you explain what that role was?

A I'm actually not sure what you mean an increase in pay associated with that. I don't recall what the reason for the increase in pay, but I don't believe there was an increase in pay associated with new responsibilities. I believe it was just the usual Office of Personnel Management type of increase, at least to my recollection. I don't recall that it was associated with a particular -- it may have been, but I don't recall.

Q Okay. Did you have responsibilities outside of your NIAID directorship for biodefense research activities?

A I had no official title, but when we had the anthrax attacks, we developed a biodefense program mostly against smallpox, anthrax, botulism, et cetera. But I didn't have a specific title associated with that.

Q At that point, did you receive a security clearance?

A I have received security clearances, yes.

Q What level did you have them?

A You know, I don't recall what the level was, but I think it was a pretty high level.

Q Okay. Do you --

A I don't recall what it is, but --

Q Does TS/SCI sound familiar?

A You know, I don't want to speculate about that.

Q Yeah.

A But I know it was more than just the regular --

Q Okay.

A -- security clearance.

Q During the pandemic, did you receive any classified briefings regarding the origins of COVID-19 or China or COVID-19 in general?

A I did. I don't recall how many, but I did.

Q Do you recall about when they started?

A You know, it was -- I don't really recall. I hesitate to speculate when they started.

Q You've said before, and I think everybody in this room would widely consider you an expert in any number of things. As the chairman kind of alluded to, there's a lot of different specialties in medicine. What is your specific expertise?

A I'm trained in infectious disease and immunology. My specific degree of expertise is in HIV/AIDS and in immune-mediated diseases.

Q Beyond kind of the medical expertise, you've been in government quite a long time as a director of an institute that has a multibillion-dollar budget. Would you consider yourself an expert in anything nonmedical related? The appropriations process? Policymaking? Anything like that?

A I don't think I would call myself an expert in that. I've obviously been the director of NIAID for almost 40 years, so I've testified at a lot of Appropriations

subcommittee meetings. So I don't think I know the ins and outs of appropriations, but I know I've testified at Appropriations.

Q I don't know if the Appropriations Committee knows the ins and outs of appropriations, if that makes you feel better, but I appreciate that.

I want to go ahead and start and introduce what'll be majority exhibit No. 1.

[Fauci Majority Exhibit No. 1
was marked for identification.]

BY MR. BENZINE:

Q So as this goes around the table, this is a March 16th, 2022 letter from, at the time, Ranking Member Scalise to you inviting you to testify at a March 30th, 2022 hearing. The panelists at that hearing were Surgeon General Murthy, Assistant Secretary O'Connell, and former CDC Director Walensky.

Do you recall receiving this letter?

A You know, I received a lot of letters that don't usually come directly to me. They come from different channels. I can't say I recall specifically receiving this. Often, letters, when they do come from the Congress, they don't come directly to us. So I can't say I specifically remember this letter.

Q We'll go ahead and introduce exhibit 2.

[Fauci Majority Exhibit No. 2
was marked for identification.]

BY MR. BENZINE:

Q So this is a letter from you back to Ranking Member Scalise from March 28th, 2022.

Before I ask you if you recall this one, I've been here a while, sent a lot of letters, and usually, like you just said, if Congress sends a letter directly to you, we get a letter

back from the NIH or NIH Leg Affairs or HHS. This one came back directly from you.

Do you recall this letter?

A The only thing I recall about this -- I don't recall this specific letter. It has my signature on it. But, again, as you mentioned, there were a large number of letters coming in from the Congress through either the NIH or the Department.

But I do recall that there was -- upon reading this, it says, "In my roles as director" -- yada, yada -- "I defer to Chairman Clyburn to issue invitations to testify before the subcommittee. I am always willing to testify upon the request of the committee chair and agreement by the administration to discuss ongoing critical efforts."

So the only thing I remember about this is that we were told that we should not -- that we would not be allowed to testify unless it came from the chair of the committee.

Q As much as you can recall, understanding it was a little while ago and a lot has happened since then and you get a lot of letters, did you want to accept the invitation to testify?

Mr. Cooke. Yeah, Mitch, I'm going to jump in here. To the extent that you're getting into the details of discussions leading up to, you know, this communication, as we've discussed in other TIs, those are deliberations for which the executive branch has a confidentiality interest, and we're not going to be able to get into those details in this setting.

Mr. Benzine. And, respectfully, whether or not he wanted to testify is not a deliberation. That is a yes or no question.

Mr. Cooke. I take that to be, you know, an input into the deliberation over what became of this response. So I would view that as deliberative.

Mr. Benzine. Okay.

BY MR. BENZINE:

Q You just testified that you were told that in order to accept a congressional testimony invitation, it had to come from the chair. If the invitation had come from the chair, would you have testified at that hearing?

A If the invitation came from the chair, yes, of course.

Q Okay. And along that same sentence, you said you were told that it had to come from the chair. Were you told anything else regarding accepting this invitation?

Mr. Cooke. Yeah. Again, you're getting into the details of those deliberations. We're not going to be able to get into that here.

Mr. Benzine. I want to introduce another letter. It will be majority exhibit 3.

[Fauci Majority Exhibit No. 3
was marked for identification.]

BY MR. BENZINE:

Q This is a letter from June 23rd, 2022. And it is front and back, just so you know. And it's from Mr. Scalise, Mr. Comer, and Mr. Jordan, and it is inviting you to testify at a transcribed interview.

Do you recall receiving this letter?

A Let me read it first. Okay.

Again, there were many, many letters. I mean --

Mr. Schertler. Why don't we wait for the question.

Dr. Fauci. Oh, I'm sorry. Yeah.

BY MR. BENZINE:

Q Just, do you recall receiving this letter?

A Do I recall receiving the letter? Again, to be honest with you, I don't specifically recall receiving this letter, because in the context of letters, many, many

letters were coming in through various channels. So I can't say, ah, I recognize this letter.

Q Do you recall any conversations about requests for you to testify for a transcribed interview?

A I recall there were requests. I don't exactly recall what the discussions around it were.

Q Perfect. Thank you.

I'm going to ask you to bear with me while I run through a long list of names, just trying to set a baseline of the level of communications.

So it's, for now, a yes or no of whether or not you communicated with these individuals regarding the origins of COVID, the Wuhan Institute of Virology, or EcoHealth Alliance. And for yeses, we'll come back, and if we need to refresh your recollection as we go through, we can.

Mr. Schertler. And then just to be clear, so communications on, I think, those three topics?

Mr. Benzine. Correct.

Mr. Schertler. Could you just repeat those again so that --

Mr. Benzine. Yes. Origins of COVID, the Wuhan Institute of Virology, or EcoHealth Alliance.

Mr. Schertler. Okay. Thank you.

Mr. Benzine. Yeah.

Mr. Cooke. And, of course, this is to the best of his recollection.

Mr. Benzine. Yes. And it's just yes or no for now. We don't need to get into what the conversations were.

Dr. Fauci. What if I don't recall? Then that's not a yes and it's not a no.

BY MR. BENZINE:

Q Yes, sir. So "yes," "no," or "I don't recall" works.

President Trump?

A EcoHealth, origins --

Mr. Schertler. And Wuhan.

Dr. Fauci. -- and Wuhan.

I don't recall.

BY MR. BENZINE:

Q Vice President Pence?

A I don't recall specific conversations.

Q Mick Mulvaney?

A Again, the same thing. I don't recall specific conversations with Mick. Could have been, but I don't recall.

Q Mark Meadows?

A Same thing. I don't recall specifically discussions.

Q Matthew Pottinger?

A I don't recall specifically talking about the three issues that you were talking about, but let me answer it as honestly -- I'll say, a specific conversation of me with Matt Pottinger about that, I don't recall.

Q Any conversations with him about China generally during the pandemic?

A The precisely correct answer to that question is, I don't recall the substance of a conversation, but Matt spoke a lot about China, either directly in the Coronavirus Task Force meetings or peripherally around, but I don't recall a specific back-and-forth conversation. But I believe he was in China, so I believe he spoke a fair amount about China.

Mr. Onorato. These are yes or no, remember?

Mr. Benzine. Yeah.

BY MR. BENZINE:

Q Robert O'Brien?

A I don't recall.

Q Joe Grogan?

A I don't recall.

Q Phil Ferro?

A I'm trying to remember who Phil is.

Q I think he was biodefense at the NSC.

A I don't recall a specific conversation with him about that.

Q Mark Milley?

A Chairman of the Joint Chiefs of Staff? I don't recall any conversations with him about that.

Q Lieutenant General Robert Ashley?

A Robert Ashley, I don't recall any conversations with him.

Q Lieutenant General Scott Berrier?

A Again, I don't recall any conversations with him.

Q Anthony Ruggiero?

A I don't recall specific conversations, but to my recollection, the answer is no. I don't recall a specific conversation with him.

Q Ambassador Andrew Bremberg?

A No, I don't recall any conversation.

Q Russell Vought?

A You know, I have to tell you, I don't recall who these people are.

Q Okay. That's fair.

A I can't recall.

Q Then that counts.

John Ratcliffe?

A No, I don't recall a conversation with him.

Q Gina Haspel?

A No, I don't know who they are.

Q Mike Pompeo?

A I don't recall.

Q Alex Azar?

A Yes, but I don't recall the substance of the conversation.

Q Brett Giroir?

A Don't recall precisely.

Q Robert Kadlec?

A Yes.

Q Deborah Birx?

A Yes.

Q Robert Redfield?

A Yes.

Q President Biden?

A I don't recall a conversation with the President about that.

Q Vice President Harris?

A I don't recall.

Q Ron Klain?

A Again, I don't recall.

Q Jake Sullivan?

A I'm trying to think in my mind if I had a conversation about that, and I don't recall specifically that I did.

Q That's fair.

Raj Punjabi?

A I don't recall, no.

Q Ashish Jha?

A I'm trying to take the three points that you're saying, and I don't recall a specific conversation.

Q Jeff Zients?

A Again, not specifically.

Q Andy Slavitt?

A I don't recall specifically.

Q Rob Flaherty?

A Don't recall for sure.

Q Avril Haines?

A Avril Haines?

Q The current Director of National Intelligence.

A I don't recall that, no.

Q Bill Burns?

A I don't recall.

Q Christopher Wray?

A I don't recall, no.

Q Xavier Becerra?

A I don't recall.

Q Antony Blinken?

A Again, I don't recall specific conversations.
Q Jennifer Granholm?
A Again, I don't recall specific conversations.
Q Susan Rice?
A I don't recall specific conversations.
Q Neera Tanden?
A I don't recall specific conversations.
Q Shalanda Young?
A OMB?
Q Yeah.
A I don't recall specific conversations.
Q Major General Paul Friedrichs?
A I don't recall specific conversations.
Q Francis Collins?
A Yes.
Q Lawrence Tabak?
A Yes.
Q Hugh Auchincloss?
A Yes.
Q David Morens?
A Yes.
Q Ping Chen?
A I don't recall.
Q Cliff Lane?
A Yes.

Q Ian Watson?

A Don't recall.

Q Andrew Pope?

A Don't recall.

Q Victor Dzau?

A Don't recall.

Q Michael Lauer?

A Again, I'd have to say I don't recall.

Q Christian Hassell?

A You're talking about specific conversations with them. I mean, the idea -- yeah, I don't recall.

Q Yeah. Understanding that there's sometimes a large number of people.

A Yeah, there's large people talking about things, but a specific conversation with them, no.

Q Christian Hassell?

A No.

Q Gray Handley?

A Yes.

Q Greg Folkers?

A Yes.

Q Erik Stemmy?

A Yes.

Q Emily Erbelding?

A Yes.

Q Dr. Tedros?

A I don't recall a specific conversation with him.

Q Jeremy Farrar?

A Origins is one of the three?

Q Yes, sir.

A Yes.

Q Kristian Andersen?

A Yes.

Q Michael Farzan?

A I don't recall specifically talking to Dr. Farzan.

Q Eddie Holmes?

A Again, I want to make sure I'm precisely honest. When you say specifically talking to them about origins, the answer is, I didn't specifically talk to him about origins, but Eddie Holmes was on the phone call, so obviously.

Q But it wasn't -- Dr. Holmes was not a one-on-one or like --

A No.

Q -- a group of three?

A No.

Q It was a larger group?

A No, no. It was a larger group.

Q Ian Lipkin?

A Yes.

Q Andrew Rambaut?

A Again, part of a larger group but not specifically.

Q Christian Drosten?

A Part of a larger group.

Q Were both of those part of the February 1st -- the conference call with the --

A To my recollection, they both were. I'm not 100 percent sure, but the names on the list sound familiar.

Q Is that the reasoning for the "yes", that that conference call, not any other conversations?

A No. There were no other communications with him.

Q All right.

Mr. Schertler. And just to be clear for the record, we're talking about this February 1st, 2020 conference call?

Mr. Benzine. Yes, sir.

BY MR. BENZINE:

Q Ron Fouchier?

A Part of the conference call.

Q Marion Koopmans?

A Part of the conference call.

Q Peter Daszak?

A I don't recall conversations about that.

Mr. Schertler. With him?

Dr. Fauci. With him. I don't recall a specific conversation with him about that.

BY MR. BENZINE:

Q Michael Worobey?

A Again, I'm not sure he was on the call, but the answer is, I don't recall any specific conversation.

Q Jonathan Pekar?

A I don't recall specific conversations with him.

Q James LeDuc?

A Origins, Wuhan -- I don't recall a specific conversation, but I did talk to James LeDuc about China, because apparently -- yeah, I did talk to him about China, but I don't recall the substance of the conversation.

Q Do you recall about the timing?

A I don't.

Q Shi Zhengli?

A I don't recall any conversations with her.

Q George Gao?

A I know I spoke to George. I'm not sure if it was -- when it was. If it was after the pandemic, I might have spoken to him about that, but I don't recall specifically. But I have spoken to George Gao.

Q Ralph Baric?

A I don't recall speaking to Ralph about that.

Q I'm going to flip back to a couple and just see if -- I'll start at the top. And just, again, the extent that you can recall content, give us a little bit more substance here.

Mr. Cooke. And, again, I'm just going to note that, to the extent you're asking about details of conversations related to internal deliberations in the executive branch, we're not going to be able to answer that here.

Mr. Benzine. But not just conversations generally. It has to lead to a decision, correct?

Mr. Cooke. I mean, I don't know what type of question you're going to ask, but I presume that if you're asking about his conversations related to some of these topics, that you're ultimately interested in the deliberations. So, again, we wouldn't be able to get into that here.

Mr. Benzine. All right.

Generally, what were the content of the conversations with Dr. Kadlec?

Mr. Cooke. And, again, you're asking just for general topics?

Mr. Benzine. Or what he can recall about the conversations.

Dr. Fauci. You know, I don't recall the specifics of the conversations, but -- I really don't recall the specific of the conversation about those three topics, but Bob was the assistant secretary for preparedness and response, and we were on the phone a lot back and forth with the Department. So that certainly could have come up, but I don't specifically --

Mr. Benzine. Dr. Birx?

Mr. Barstow. I'm going to step in there.

Mr. Benzine. On what grounds?

Mr. Barstow. There are executive branch confidentiality interests in those conversations.

Mr. Benzine. On these three -- on everything about these three topics?

Mr. Barstow. Do you have a more specific question?

BY MR. BENZINE:

Q What were the general conversations you had with Dr. Birx regarding the origins of COVID, the Wuhan Institute of Virology, or EcoHealth Alliance?

A You know, I don't recall having specific conversations about those three things, but Dr. Birx was the coordinator of the COVID response team, and it is certainly conceivable that that topic came up, but I don't remember a specific conversation I had with Dr. Birx about that.

Q Thank you.

Generally, again, if you recall the content of the conversations with Dr. Collins?

A Well, I talk to Dr. Collins all the time, so I'm not --

Q Well, we'll save him for later with more specific exhibits.

A Yeah.

Q And we'll save some of these others too.

Do you recall the conversations you had with Dr. Lipkin?

A Again, I have to be perfectly honest. I know I speak to Ian Lipkin intermittently. He's an old friend. That subject may have come up, but if you were to ask me, can I give you the content of the conversation, I can't. I don't recall.

Q All right. Thank you.

All right. We'll move on. And, again, just generally, to the best of your recollection, kind of outside the specific people that we mentioned, do you recall any conversations with anyone affiliated with Fort Detrick?

A I don't recall any specific conversations.

Q What about --

A By the way, I'd have to add, like, who?

Q No, I know.

A I wouldn't know if they were from Fort Detrick.

Q I don't know who works at Fort Detrick either --

A Yeah.

Q -- so, like, I just didn't know if you knew.

What about any conversations with anyone affiliated with the State Department?

A The State Department? You know, I'm trying -- again, I'm trying to --

Mr. Schertler. We're still talking about the same three topics?

Mr. Benzine. Yes, sir.

Mr. Schertler. Okay.

Dr. Fauci. I don't recall specifically talking to anybody. The answer is that there was a State Department person on the Coronavirus Task Force in the Trump administration. I don't recall conversations that I specifically had with that person about the three topics you're talking about.

BY MR. BENZINE:

Q Who was that person?

A Steve Biegun. Biegun. Biegun, I think it is. The first name is Steve, I believe.

Q What about any conversations with anyone affiliated with the Federal Bureau of Investigation?

A You know, I don't recall FBI. There were a lot of security people that often would come in and out and talk. I don't know if there was a specific FBI person. There could have been, but I don't recall.

Q Do you recall any communications with anyone affiliated with the Central Intelligence Agency?

A Yes. I was briefed once or twice in a secure facility at the NIH, and I believe in the -- yes. The answer is yes to your question.

Q You said once or twice at the NIH, and then you were about to say something else. At Langley as well?

A No, no.

Q No?

A No. The only thing I can recall is that there were two instances of briefing with the CIA, possibly more. One was in the NIH SCIF and one was in the -- one of the situation rooms in the White House.

Q Do you recall about the dates? Was it 2020 or 2021?

A I cannot recall.

Q All right. What about any communications with anyone affiliated with the Defense Intelligence Agency or the National Center for Medical Intelligence?

A I can't recall, but I wouldn't know -- I don't distinguish these --

Q Okay.

A -- security people. So it could have been --

Q That's fair. There's a lot of three-letter agencies out there.

A Yes. Right.

Q We talked about a few, but do you recall any conversations with anyone affiliated with the Department of Energy?

A I don't recall.

Q Vanity Fair reported recently that, in mid-2019, then-Deputy Secretary Dan Brouillette alerted one of your top advisors that the coronavirus work funded at the Wuhan Institute of Virology risked being misappropriated for military purposes. Do you recall receiving that warning?

A I don't recall receiving that warning at the time. That has been brought up subsequent, but -- in newspapers.

Q In newspapers?

A But I have not -- I certainly don't recall receiving any communications from -- I can't even pronounce his name.

Q It's either Brouillette or Brouillette. I don't know if it's a double L.

A I don't recall specifically then, but it's been brought to my attention since.

Q Since the Vanity Fair reporting or before that?

A I think the Vanity Fair reporting was a big surprise to me when I heard it.

Q Okay. I'm going to keep walking through, and, again, if it's just the Vanity Fair reporting, please let us know.

They also reported that, in October of 2020, he was then-Secretary Brouillette, contacted you and told you that the Department of Energy scientists had evidence suggesting that COVID-19 originated at the Wuhan Institute of Virology. Do you have any recollection of that?

A Contacted me?

Q Yes.

A Personally? I do not recall that at all.

Q They also reported that the Secretary offered Department of Energy national laboratory resources and computing capacity to the NIH. Do you have any recollection of that?

A I don't recall that.

Q Do you recall if NIAID ended up partnering or working with any of the national labs during the pandemic?

A I don't recall.

Q Throughout the course of the pandemic -- I'm going to ask you a few entities, and I know one of them -- we're going to exclude family members in this. If you had any communications with anyone that worked -- like, is employed at these entities that is not a member of your family.

Twitter?

A Employees of Twitter? No.

Q Yes, sir.

A No.

Q Facebook?

A Is Facebook Mark Zuckerberg?

Q Yes.

A Yes. So the answer is yes. I did some podcasts with Mark.

Q Instagram is also Mark Zuckerberg, but anyone else at Facebook or Instagram?

A No, not to my knowledge.

Q What about --

A The reason I say that is because I did interviews on Instagram, but I didn't know if they were people who used Instagram or they were Instagram employees.

Q They were probably not Instagram employees.

A I don't know much about social media, so you have got to help me with that.

Q Yes.

Mr. Barstow. Sorry. Are we still talking about the three topics?

Mr. Benzine. Yes.

Any communications with anyone at YouTube?

Dr. Fauci. Not to my knowledge. I don't recall.

Mr. Benzine. Do you recall any conversations with anyone at -- within the Federal Government regarding providing information to any social media platforms?

Mr. Cooke. On those three topics?

Mr. Benzine. On those three topics.

Dr. Fauci. On those three topics?

BY MR. BENZINE:

Q Yes.

A No.

Q No.

A few more baseline questions. The select subcommittee originally invited you to testify back in February. We worked to then make these dates happen.

Outside of your counsel, Department counsel, and White House counsel, have you had any conversations with anyone regarding this interview?

A Well, it's been in the newspapers, and people have called me up and said good luck.

Q Okay.

A So, I mean -- but I haven't done anything more than that.

Q Have you had any conversations with Dr. Andersen about this interview?

A With Kristian? No.

Q Okay. What about Dr. Farrar?

A No.

Q Throughout the pandemic, did you ever have any off-the-record conversations with anyone in the press?

Mr. Schertler. Mitch, just to -- so throughout the pandemic, you know, just generally assume the timeframe from January of 2020 --

Mr. Benzine. January until retirement.

Mr. Schertler. -- through the retirement in December of 2022?

Mr. Benzine. Uh-huh.

Mr. Cooke. And are we still referring to the same three topics?

Mr. Benzine. Yes, same three topics.

Mr. Cooke. So off-the-record conversations with the press regarding those same three topics?

Mr. Benzine. Yes.

Dr. Fauci. You know, I can't recall off the record, on the record. I mean, obviously, I've been on a lot of interviews with people directly asking me questions and make accusations and all those sorts of things, but I can't separate the two --

BY MR. BENZINE:

Q Okay.

A -- because the press is one big glob to me. So I'd say it's possible, but I don't specifically recall.

Q Do you remember any times you had a conversation that wasn't approved by HHS or the White House with the press on these three topics?

A All of my press things get cleared through the appropriate press people.

Q Thank you.

I want to introduce majority exhibit 4.

That one's got a bad staple. I'll use that one.

[Fauci Majority Exhibit No. 4
was marked for identification.]

Mr. Schertler. This looks like it's a little lengthy.

Mr. Benzine. Yes. I'm only going to ask about one particular section, though.

Mr. Schertler. Okay. Then I would like just to have --

Mr. Benzine. He can flip through. While I identify it, if you would like to flip through.

Dr. Fauci. Yeah, what is it?

Mr. Benzine. It is an email conversation from a number of individuals: Dr. Holmes, Dr. Goldstein, Jason Gale, who's a reporter, Dr. David Morens in NIAID, Dr. Garry.

And for the record, it is Bates marked GARRY, G-A-R-R-Y, 1346 through 1352. The email that I want to draw your attention to is on page 1347.

Dr. Fauci. Actually, I'm a little confused because this is a long email. I want to make sure I get it in context. So let me -- sorry, but --

Mr. Benzine. No, no problem.

Mr. Schertler. And, Mitch, just like most emails, it looks like the beginning --

Mr. Benzine. The beginning is at the end and then it works its way up.

Dr. Fauci. So I want to make sure. So the thing that says, "Jason Gale, 27 July, 04:03," that's the first one?

BY MR. BENZINE:

Q Yes, sir.

A Okay. So --

Q If it makes it easier, I won't necessarily be asking about the content of Mr. Gale's email.

A I know. I'm a little confused about this email anyway, but let me read it at least.

Who's Jason Gale? Is he --

Q He's a Bloomberg reporter in Australia.

A Okay. I'm coming to the end of this. Hold on.

[10:59 a.m.]

Dr. Fauci. Okay. So that's Jason Gale to Buesching and Newman. Who are they? Okay.

BY MR. BENZINE:

Q And on 1348, Mr. Gale appears to forward it to --

A Right.

Q -- Dr. Morens and Dr. Garry, Dr. Holmes.

A Hold on a second.

Okay, that's that. And then -- okay.

Q So the email I want to ask about is from Dr. Morens on page 1347.

A Okay. He -- so I want to make sure I'm not missing something. So Jason sent it to David and says, "Ahhh. This makes more sense! By the way, I'm making some progress" --

[redacted]. And, Mitch, just so I know, does the hour include the preamble?

Mr. Benzine. No.

[redacted] It does not.

Dr. Fauci. Okay. Yes?

BY MR. BENZINE:

Q Okay. I'm going to ask you about some specific lines in this email.

Starting off, Dr. Morens writes, "I can almost always talk on background or off the record, and if needed I MIGHT be able to speak ON the record. In the US government we all have to get approval from HHS or the Whitehouse to speak to the press."

Do you recall what NIAID's press policy was when you were the Director? Could NIAID employees speak off the record to the press without approval?

A NIAID employees had to let the press office know and get approval.

You know, it really depends on -- it's a question with a complicated answer because there are various levels. If the press is somebody asking you a factual question about, by the way, what -- you know, what kind of mosquito transmits malaria, that's something that's less needing approval than, do you want to go on "Meet the Press" on Sunday? So there are really various -- various levels.

Q Okay. So it wouldn't necessarily, on its face, be a violation of a press policy for someone to speak --

A No.

Q -- off the record with a reporter?

A No. Again, it depends on what the issue is. If it's an issue that's a factual -- and I gave an example. It may sound facetious, but it's actually a good example. Calling up the subject-matter expert and say, you know, dengue in South America, what do you know about that? That kind of thing. I don't think the press -- but if they're talking about something that relates to policy or that has implications for the institute, that requires approval.

Q Okay.

Finishing out that top paragraph, Dr. Morens writes, "Sometimes they are touchy about certain issues" -- "they" referring to the HHS and the White House -- "and say no. For many months, I have not been approved to talk about 'origins' on the record."

Do you recall -- this is July 2021. Do you recall whether or not there was a limit on NIAID employees talking about origins on the record at that time?

A It depends on who the employee was. I don't think you could say all employees.

The press office wants to make sure qualified people speak about things, because sometimes press would call an inexperienced person and the person will say something

that winds up being not actually true or -- not that they're lying, but that doesn't really reflect what's going on. So they're careful about that.

I don't know what he means about that, so you'd have to ask him --

Q Okay.

A -- because I don't know what he meant by that.

Q Going to the next paragraph down, "... to my total surprise, my boss Tony" -- I believe he's referring to you -- "actually ASKED me to speak to the National Geographic on the record about origins. I interpret this to mean that our government is lightening up but that Tony doesn't want his fingerprints on origin stories."

Did you have any conversations with Dr. Morens about what he could or could not discuss regarding origins?

A No. I never tell somebody what they could or could not discuss, because that's a press office thing.

Q He said that he interpreted your asking him to discuss origins as you didn't want your fingerprints on origin stories. Any idea what that meant?

A I have no idea what he's talking about. Yeah.

Q Okay.

The eventual National Geographic story that Dr. Morens is quoted in, he said, "There is a progenitor virus out there somewhere, and we should look for it. But at some point, it crosses over from doing due diligence to wasting time and being crazy. We may have seen that point already."

About a month after that story came out, the Office of the Director of National Intelligence released their declassified origins analysis that stated, "All agencies assess that two hypotheses are plausible: natural exposure to an infected animal and a laboratory-associated incident."

Do you agree with Dr. Morens's characterization that, at that time, investigating the origins was "wasting time and being crazy"?

Mr. Schertler. So -- and I know -- I'm sorry, that was a bit of a complicated question. So you're really just asking -- you're quoting something that Morens said from a National Geographic article, correct?

Mr. Benzine. Yes, sir.

Mr. Schertler. And then basically asking Dr. Fauci if he agrees with that?

Mr. Benzine. Yeah.

Mr. Schertler. I apologize. Would you just mind repeating the quote --

Dr. Fauci. What's your --

Mr. Schertler. -- from the National Geographic?

Dr. Fauci. Yeah.

BY MR. BENZINE:

Q The quote was, "There is a progenitor virus out there somewhere, and we should look for it. But at some point, it crosses over from doing due diligence to wasting time and being crazy. We may have seen that point already."

I am interpreting this, and I think a reasonable person would, as that by July 21st it is now wasting time and being crazy, searching for the origins. And, I guess, do you agree?

A I would disagree with that in the context of what I have repetitively said: that we don't know precisely what the origin is, and we have to keep an open mind. And I've said that many, many, many times.

So, with that as my statement --

Q Uh-huh.

A -- that would disagree with what he's saying --

Q Okay.

A -- that it's a waste of time.

Q Yeah. Thank you.

We are pretty close to our hour and at a good stopping point, so we can go off the record.

[Recess.]

[redacted] We can go back on the record.

Dr. Fauci, my name is [redacted] I'm chief minority counsel for the select subcommittee. Thank you for coming in today. We appreciate it.

Dr. Fauci. Thank you.

EXAMINATION

BY [redacted]

Q I'd like to ask a few questions, organized by topics. And perhaps if we could start with the broad topic of gain-of-function research and specifically in the context of the Wuhan Institute of Virology.

There was and still is a NIAID grant to an organization called EcoHealth Alliance. It was to study bat coronaviruses. That grant originally included a sub-award to the Wuhan Institute of Virology.

Are you generally familiar with that grant?

A I'm familiar now, after all this, with the sub-award to the Wuhan Institute of Virology from EcoHealth, yes.

Q Great.

There was certain lab work done in the Wuhan Institute -- I will just call it "WIV" --

A WIV.

Q -- to shorten things -- that has been the subject of significant scrutiny and

attention. And a lot of that attention has focused on the question of whether or not that work was, quote, "gain-of-function research."

And there's been significant attention but, I think, also confusion about that term as a term of art and what exactly it means. And I think that a fair amount of that confusion has been caused by the fact that we have heard people use the same term, the same three words, to mean completely different things at different times with different definitions.

And so I'd like you to help me untangle some of that, if you wouldn't mind.

I will lay out that we have heard that phrase, "gain-of-function," used in at least three different ways, different definitions.

Firstly, we have heard I think what I would call a layman's definition. It's basically just a literal usage. Has something been modified in a way that there has been a gain in function? And some people seem to include the idea of a loss of function or a change in function. But, regardless, this seems to be a very casual, sort of literal approach to the question.

Are you generally familiar with that usage of the phrase?

A I am familiar with that. And I'm also familiar with the confusion that that causes when you apply it to a specific set of experiments.

Q Great.

So, getting more specific from there, a second usage of the term that we have heard is "gain-of-function" but specifically in the context of the 2014 Federal gain-of-function moratorium. And this now includes specific limitations; it's just particular viruses. It's a forward-looking test.

Are you generally familiar with that usage of the term?

A Yes, I am.

Q Great.

And then, thirdly, we have heard people use the phrase "gain-of-function" in the context of the 2017 HHS P3CO framework, which replaced the 2014 moratorium, and that now involves an even more specific set of definitions: potential pandemic pathogen, which is a multipart definition, and all sorts of carve-outs.

Are you generally familiar with that usage of the term?

A Yes, I am.

Q Great.

So I'd like to talk in a little bit of detail about each of those three definitions, the ways in which they are either similar or different and may be more or less useful from each other --

A Right.

Q -- starting with that layman's definition.

So I will introduce an exhibit that I think is a good example of that as minority exhibit A.

[Fauci Minority Exhibit A
was marked for identification.]

BY [redacted]:

Q And I'll give you some time to look that over so you're familiar with what we're looking at. My focus will be on the first page, but, please, take your time to look at the document.

A Okay.

Q All right. So, for starters, I don't know exactly what this is. I don't know if you do. It looks like maybe it's some kind of informational toolkit or something of that nature.

A Right.

Q Let's do this: If I direct your attention down on the first page under the header "Gain-of-Function Research," I'll read out loud what seems to pretty closely track the idea of a layman's definition.

"The term gain-of-function research describes a type of research that modifies a biological agent so that it confers new or enhanced activity to that agent." It also says that, "Some scientists use the term broadly to refer to any such modification."

I'll stop there. That feels like a relatively broad definition.

A Correct.

Q We read recently that there was some work done last year that genetically modified bacteria so that they could detect tumors.

A Right.

Q That's great.

A Right.

Q It seems -- but, please, you tell me -- that that would also fit this definition. Is that right?

A That is correct, as well as making an influenza vaccine. Yeah.

Q To the extent that you recall, maybe because of its breadth, did this definition, in your time as Director, have any formal, regulatory significance? This is not a policy --

A No.

Q -- or regulation --

A No.

Q -- that we're looking at?

A No. It's a broader definition. It did not.

Q Just on the idea of "new or enhanced activity," because it has helped me to hear some examples, putting aside the "biological agent" concept, but agriculture community messes around with strawberries to make them taste better. That is a new or enhanced activity on the part of the strawberry? Is that fair?

A Right.

Q When you talk about this issue, this broader issue of gain-of-function and Wuhan Institute of Virology, publicly -- for example, the high-profile exchange with Senator Rand Paul --

A Right.

Q -- and if you say that NIH, quote, "has not ever and does not now fund gain-of-function research in the Wuhan Institute of Virology," is this layman's definition the definition that you are talking about in those occasions?

A No.

Q Great. What would you be talking about in those situations?

A What I was referring to when Senator Paul asked me and I repeated multiple times that we were not doing gain-of-function research, no -- I said that the NIH sub-award to the Wuhan Institute was not to do gain-of-function research. I was referring specifically to the operative definition of "gain-of-function" at the time, which is the P3CO framework.

And the P3CO framework is a policy and a framework that came out of a policy guidance from 3 years of discussions led by OSTP, the National Academies of Sciences, and multiple scientific working groups that came out with a very precise definition.

And the precise definition was: any experiment that is reasonably anticipated to result in the enhancement of a -- and by "enhancement," it is meant an increase in the transmissibility and/or the pathogenesis of a PPP. And what a PPP is is a potential

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

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

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

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

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

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

A Right.

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

A Right.

Q -- period of time.

A Yes.

Q So I think it might make sense to look in more detail at both of those sets of definitions. You may end up repeating yourself a little bit.

A Right.

Q I think it's helpful for folks like me.

So I will introduce as minority exhibit B the 2014 moratorium.

[Fauci Minority Exhibit B
was marked for identification.]

BY [redacted]

Q And although I imagine you are familiar with it, you're welcome to take a glance at it and refamiliarize yourself with it.

A I'm pretty familiar with it.

Q I imagine you are.

A Yeah.

Q All right. So I think what I might do -- the operative language is on the second page of the paper, the first page of full text, in italics in the middle of that page. I'm just going to read that single paragraph out loud so that we're all working off of the same thing.

"New USG" -- the U.S. Government -- "funding will not be released for gain-of-function research projects that may be reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route. The research funding pause would not apply to characterization or testing of naturally occurring influenza, MERS, and SARS viruses, unless the tests are reasonably anticipated to increase transmissibility and/or pathogenicity."

That's the end of the policy.

So my first question: Am I right that this was, for the time that it was in effect, a formal and binding policy?

A Correct.

Q Great. Can you talk maybe just a little bit for us about what this policy is, how it came to be, and what its purpose was?

A Well, the reason is that this followed the pause, which was the event that caused people to take a good, serious look at gain-of-function that might be of concern, that could be dangerous. So a policy was put forth that the viruses that were of concern were threefold. They wanted to narrow it down so that you wouldn't get confused about a broader.

So the policy at the time, as you correctly articulated, is any project, research projects and experiments, that might be reasonably anticipated to confer attributes to three very specific pathogens -- influenza, MERS, and SARS -- such that that experiment would have enhanced the pathogenicity or transmissibility in mammals via the respiratory route.

So it was a restrictive regulatory description of what gain-of-function research of concern would be, and it was restricted to three separate pathogens.

Q Out of curiosity, why those three in particular? Was there some particular concern about those?

A Well, this was at a time when we were post the H5N1 concern about bird flu that might evolve from an animal, predominant zoonotic in a chicken, to a human with a higher degree of transmissibility, of pathogenesis.

Turn the clock back to the original discussions that were going on -- and still to this day, actually -- about bird viruses, predominantly chickens, influenza viruses, that rarely jump species but when they did they had a high degree of morbidity and mortality. And the concern was that they would be more transmissible -- hence the word "reasonably anticipated" to confer increased transmissibility or pathogenesis.

The next was that we had MERS in 2012 and SARS -- the SARS-1 in 2002 and 2003. So those were the major concern of people doing experiments that have a reasonable assumption to increase transmissibility and/or pathogenesis in mammals by the

respiratory route.

Q That's very helpful. Thank you.

And an additional aspect of the policy -- it's a nuance, but I think it gets lost sometimes -- is that it seems to be a forward-looking policy. In other words, the moment of decision-making --

A Right.

Q -- occurs before --

A Right.

Q -- the experiment has occurred. Is that correct?

A Exactly.

And the reason for that was, back when we didn't have these kinds of official regulatory restrictions, the thing that triggered all of this, the H5N1 influenza ferret studies, was only really brought to everyone's attention after the experiments were done and the data was submitted to a scientific journal.

And that was a great concern, that we don't want that to happen again. So you've got to essentially regulate before the fact, as opposed to make a harried decision after the fact.

Q And so that also means that, when we think specifically about whether particular research is or is not implicated by this policy, it's not as simple as looking at a figure after the research has already happened --

A No.

Q -- and measuring that. It's about putting yourself back into the shoes of the decision --

A Right.

Q -- before the research occurred.

A Right. In other words, the scope of research -- the scope of the research project.

Q And I would imagine that that type of analysis would have to ask oneself questions about, okay, what type of virus is this? Does it even come under the pause in the first place? Is it novel? What do we know about it? How would we expect it to behave in these proposed experiments?

Those would all be part of that decision-making process, right?

A Correct.

Q And, as we understand it, there was a system at NIAID for doing all of that. There was a committee, at least in the DMID division --

A Right, Division of Microbiology and Infectious Disease.

Q So, in that division, there was a gain-of-function and dual-use research of concern committee --

A Correct.

Q -- whose job it would be, it sounds like, to ask and answer all those types of questions.

A Correct.

Q And we've heard a little bit about how that process would typically work. And it sounds like -- I'm generalizing -- that, typically, a program officer would sort of flag a question and maybe have a conversation with the grantee, have a discussion, ask for some information, take that information back to the committee that we just described, and then they would all sit together and make a decision on the moratorium question.

Is that basically your understanding as well?

A Yes, that's my understanding.

Q And specifically in the context of this EcoHealth grant, which is what we've

spent most of our time on, our understanding is that that is basically how that process unfolded.

Is that your basic understanding, that that process happened --

A Yes.

Q -- with respect to this grant?

A That is my basic understanding.

Q That was in the summer of 2016. Were you on that gain-of-function committee that took a look at that question?

A No.

Q Were you the program officer on the grant?

A No.

Q Were you involved in that decision at that time, now 8 years ago, in any way?

A No.

Q Just because it can help us to see what the org chart looks like, approximately how many reporting levels, in the context of NIAID, would exist between the folks who were making that decision and yourself, in your regular duties as Director?

A Multiple --

Q Would you be anywhere near it?

A I wasn't even close to it. It was multiple layers, up through the chain of the division and then to the Deputy Director. So I was not involved in that in any way.

Q So, for you, as Director, when folks come and ask, okay, well, was there or was there not research that should or shouldn't have happened under that 2014 moratorium, how do you go about answering that question?

I would think it would basically be as simple as saying: Well, we have a

committee. Did the committee look at it? If so, what did they look at and what did they find?

Is that basically what your process would be?

A Exactly.

Q Okay.

And, in this case, as we understand it, a program officer did flag the question, the committee did look at it, and they decided that that answer was no.

Is that also your understanding?

A Yes, it is.

Q And I imagine -- you tell me -- that you might do some kind of spot-check. In other words, you might say, "Hey, just walk me through the way that you guys approached it." But I would not think that you would be starting over from scratch. You would certainly have some degree of understanding that your folks, as subject-matter experts, did things as they're supposed to do them.

A Right.

Q This is a little bit more of a comment than a question, but I will say that I think we do think that it's fair for us now to be thoughtful about how the committee did go about approaching that question.

And we have done that in, I'll say, almost excruciating detail with the program officer. We've sat with that individual as well as with the grantee. We've talked about the extent to which they were using this particular virus as a comparator for purposes of increase or decrease, whether that was the right one.

We've heard explanations about, hey, wild-type SARS doesn't actually cause disease in mice, so if we're talking about a mice experiment, there has to be some sort of mouse-adapted --

A Right.

Q -- strain. We discussed the extent to which that's apples-to-apples or not.

My only point is, I don't think that there's a need to go back over all of that with you, but I do think those are important questions --

A Right.

Q -- which we've done with the right folks.

A Right.

Q I think it would make sense maybe to look at the third definition, which is the P3CO framework. So I will introduce that as minority exhibit C.

[Fauci Minority Exhibit C
was marked for identification.]

BY [redacted]

Q And you described this in some detail, but, again, take your time to look back over it.

A Okay.

Q Great. So this is probably the most complicated set of definitions that we have seen yet.

A Yes.

Q I think what I will do is read not the whole thing but a core, key part of it, which is on the second page, parts A and B, which you were alluding to earlier. I'll read those out loud.

In part A, it says, "A potential pandemic pathogen (PPP) is a pathogen that satisfies both of the following: 1. It is likely highly transmissible and likely capable of wide and uncontrollable spread in human populations; and 2. It is likely highly virulent and likely to cause significant morbidity and/or mortality in humans."

And then B, "An enhanced PPP is defined as a PPP resulting from the enhancement of the transmissibility and/or virulence of a pathogen. Enhanced PPPs do not include naturally occurring pathogens that are circulating in or have been recovered from nature, regardless of their pandemic potential."

I'll stop there.

Could -- you did already a little bit, but if you wouldn't mind again just describing a little bit about how this framework came to be, how it's interrelated with the moratorium that we just looked at, and how it differs. This seems like an awfully high bar that is being set. "Wide and uncontrollable spread," that's sort of a dramatic phrase.

So could you just talk a little bit about your view of this?

A Yeah. Well, what happened is that, as you mentioned in the description of the second of the three definitions, namely the one that is the pause definition, an integral part of that was an interim regulatory process that would lead to something that would ultimately be more definitive and more specific.

So that's how we evolved from the pause, which was then stopped, to then have all the experiments fall under this regulatory approach.

Q And am I right that one difference between this and the moratorium, the moratorium was a pause?

A Right.

Q Work under that simply would not occur during the pause?

A Right.

Q And this, there's been established a framework --

A Right.

Q -- to further review work that meets these definitions. Is that right?

A Right. In fact, an important point: HHS will periodically reevaluate and

modify this review process, as necessary, to reflect scientific advances, et cetera.

Q We've heard a little bit elsewhere about the system for sending projects to P3CO review. In other words, in order for that further review to occur, there has to be a decision to refer it.

A Right.

Q And it seems to be a multistep process that maybe involves some peer reviewers and a program officer all discussing amongst themselves.

Is that generally -- I know I'm generalizing, but is that your general understanding of how that --

A Yes.

Q -- process works?

A That is the general understanding of how the process works.

Q And we understand that specifically with respect to this EcoHealth grant that that process occurred. In other words, there was a conversation amongst the program officer and other people that that person deemed appropriate about whether or not this work should be referred for further review under the P3CO framework. And our understanding is that the answer to that question at that level was no.

Is that also your understanding?

A That is correct.

Q We have, I think, significantly less paper on that decision. My assumption is that's because that was not quite as difficult of a decision. In other words, "likely capable of wide and uncontrollable spread in humans" seems like a relatively high bar that that work would have to meet.

Is that generally fair?

A Yes.

Q Okay.

And would your analysis -- if you're asked, well, was any particular grant or the EcoHealth grant, was that gain-of-function under the P3CO framework, I would assume that your process for answering that question would be more or less the same as it was for the moratorium, which is: We've got a committee; we've got folks. Did they look at that question, and, if so, what was their answer?

Is that right?

A That is correct.

Q And, in this case, particularly since you helped us by explaining that in that particular exchange with Senator Paul P3CO was what you were talking about, I would think that that is what you were communicating.

A Right. I was communicating to Senator Paul when I used the word "gain-of-function" my -- my definition of "gain-of-function" is the operative definition of "gain-of-function," which we have just discussed now under the P3CO.

So, when I said to Senator Paul that we have not funded from EcoHealth with a sub-award to Wuhan gain-of-function research, I was referring to the operative definition under the P3CO.

Q And "operative," I think, is a really helpful term. That very first definition we looked at off of a website pull, was that definition ever operative, that you can --

A No.

Q -- recall, in your time as Director?

A No. That definition was not operative, because it includes, as you mentioned, so many other things that are of benefit, such as the ones you mentioned.

Q Great.

If I could ask a quick, more global question, when it comes to EcoHealth Alliance

or Dr. Peter Daszak, there's been significant focus on him. There have been suggestions, sometimes, that you and he somehow collaborated or conspired to hide something.

Let me just ask, what is the extent to which you knew Dr. Daszak prior to the pandemic, let's say?

A Prior to the pandemic, I really don't recall any specific interaction with him.

In the course of all of these activities that were going on, someone -- I guess it was in the press -- showed a picture of me with Dr. Daszak. I take probably thousands of pictures with people at scientific meetings.

So the picture shows I've met him. If you ask me, do I have a relationship of back-and-forth discussions with him, the answer to that would be "no."

Q Would that relationship, as you just described it, be pretty similar to other well-known folks in their respective fields who have grants with the agency?

A I would say less so. And the reason I say "less so" is that there are people who are grantees who are in an area of research that I am very familiar with and that I'm involved with.

For example, my relationship with many people in the field of HIV/AIDS research is something in which I talk to them all the time. Sometimes I collaborate with them on research. I see them at the scientific meetings that I go to.

That is not the relationship I had with Dr. Daszak.

Q That's helpful.

Also, you touched on it, but you may want to expand on the idea that, under the umbrella of NIAID, I mean, there are all sorts of grants on all sorts of different branches of subject matter. You have this intimate relationship with HIV, professionally. How would you describe your, sort of, links to the coronavirus field prior to, of course, the pandemic?

A Very little.

In the division of microbiology and infectious diseases, I would have much more interaction with things like malaria and tuberculosis and things like that.

Coronaviruses, except for a brief period of time during that very small window in 2002-2003 with coronavirus, I am not integrated, as it were, into the coronavirus field of researchers. I know them now. Obviously, there's a lot of discussion about them. But we have thousands of grants and grantees, and on each grant there may be many investigators. So we have a lot of people coming by, talking to me, meeting me at meetings.

Q And that's helpful.

What is the extent to which you were familiar with not necessarily Dr. Daszak as a person but this particular grant prior to all the scrutiny?

A Yeah. I do not recall any familiarity with this grant prior to the outbreak.

Q Would you recall approximately how many grants NIAID would have at any given time?

A A few thousand, I guess, between 2- and 3,000. I'll have to check that. I don't know what it is now; I've been out.

But, around that time, there were grants that are new grants -- you know, there's two types of grants. There's a grant that's submitted as a new grant, and then there's the continuing grants for 5 years. So, if we look at all the grants, I would say it would -- my recollection -- I'm not 100 percent sure, but my recollection is somewhere, a couple- up to three thousand, I think.

Q Okay.

A Yeah.

Q Great.

So I'm going to attempt to summarize what we've talked about so far.

When we think about the term "gain-of-function," there are various definitions which we have heard folks elsewhere mix and match by simply using the words "gain-of-function" regardless of what exactly they mean.

One of those definitions is more of a layman's definition that we talked about. It focuses more on the literal question of whether there has been a gain of function. It's not particularly useful, as we saw with the tumor-detecting bacteria example. It was not operative for your purposes as Director. And I would assume that nobody at the agency ever looked into that exact question for that very reason.

Is that all basically right?

A That is correct.

Q Great.

As for the more significant question of whether the work under the EcoHealth grant at the Wuhan Institute of Virology fit the regulatory and operative definitions in the 2014 moratorium or subsequently in 2017 and P3CO, the agency did look at those questions, and the answer was "no" both times.

Is that correct?

A That is correct.

Q And when you attempt to answer this question in public forums, such as in the exchange that we described with Senator Paul, you are referring to the operative regulatory definitions, not the layman's definition. Is that correct?

A That is correct.

Q And, I suppose, lastly, you were not particularly aware of or focused on perhaps at all this particular grant until everyone else was too, at which point you learned about it along with the rest of us. Is that basically right?

A That is correct.

Q Great.

I think at that point it's a natural pivot to my colleague [redacted], who can discuss some other topics.

Dr. Fauci. Thank you.

[redacted]. Thank you.

[redacted] Before I jump in, we had a member enter the room, and I would just like for her to put herself on the record.

Ms. Castor. Thank you.

I'm Kathy Castor. I represent the State of Florida. From the Energy and Commerce Committee.

[redacted] All right. Good afternoon, Dr. Fauci. It just hit noon.

BY [redacted]

Q In the prior hour, you discussed a little bit of your background with the NIH and your long career there. So I just want to go over a little bit about prior pandemics that you were a part of the response to in your role at NIAID. So I'm just going to go through a couple one by one and ask for your experience and how that informed the COVID response.

A All right.

Q So the first one -- you mentioned it a little bit -- is the SARS-CoV-1, or the bird flu. What was your experience working on that pandemic?

A The primary responsibility of the institute that I direct is to do research and study, either in our own scientists or quantitatively more our grantees, anything from the pathogenesis to diagnostics to the development of vaccines and therapeutics.

So our first role in the SARS-1 would be to start to begin to develop a vaccine to see if we can actually prevent it, if it turns out to be something that got out of control,

which it did not. The other would be to understand the pathogenesis of it through our grantees and perhaps develop diagnostics and therapeutics.

So it was fundamentally the research effort associated with that outbreak.

Q And did anything about the SARS-CoV-1 outbreak inform the response to the recent COVID-19 pandemic?

A I'm not sure what you mean by informing the response, but, you know, there -- well, please explain, yeah.

Q I just mean, were any lessons learned during the SARS-CoV-1 response that were useful?

A Well, it wasn't a lesson learned from the response, but it was -- the research done by some of our grantees and others is that it was ultimately shown that it was a zoonotic that jumped from an animal reservoir, from a bat to a civet cat to a human.

The lesson learned is that, yet again, another pathogen that originates in an animal reservoir -- it is probably not particularly appreciated that anywhere between 70 to sometimes 80 -- I don't think it's 80, but probably 70 to 75 percent of all the new pathogens are zoonotic, in that they jump from an animal reservoir, sometimes with a one-off little blip; sometimes with a slightly sustained, as we saw with the original H5N1, where a few humans got it; and sometimes it explodes into an outbreak, as happened with HIV, which went from a chimpanzee to a human.

Q And my next question was actually about the H1N1 or swine flu pandemic. If you can tell us anything about NIAID's role in the response to that?

A Well, H5N1 is a chicken virus. And in the beginning, when we had individuals that were getting infected, there was little indication of human-to-human transmissibility but there were a number of species jumps, from the chicken to the human, with a high degree of mortality.

So we put a

major effort in developing vaccines for H5N1, bird flu. And, in fact, in collaboration with other elements of the Department, namely BARDA at HHS, we developed a vaccine that was actually put into a Strategic National Stockpile. So that was HVN2.

And the other one you asked about was the swine flu.

Q Yes.

A Exactly the same with the swine flu. I mean, our investigators were out there determining pathogenesis, looking about the virus, how it binds, and all the kinds of fundamental basic research.

Something not very well-appreciated, for example, is what we do versus other agencies like the CDC. Our responsibility is to conduct and fund basic and clinical research into the pathogenesis, diagnostic, prevention, vaccines, and treatment of existing diseases and of emerging diseases. And that's what we did with virtually all of the outbreaks.

Q And I've got a couple more on my list that you may want to lump together, or not, the next being Ebola and Zika.

A Yeah. Same thing. In fact, it's very, very similar.

Very briefly, Ebola, we were involved in the development of a vaccine that our team actually tested in West Africa during the West African outbreak of 2013, '14, '15. We also did some studies on various therapeutic interventions, such as remdesivir and a monoclonal antibody, that ultimately was used with Ebola. So that was that.

Very similar to Zika. When Zika came, we had our team of vaccine developers at our Vaccine Research Center, which is a subgroup of the intramural program of NIAID, which developed what looked like a promising vaccine for Zika. The only trouble is that,

when we were ready to test it in a phase 3 study, Zika had fell off the radar screen and just stopped spreading in South America and the Caribbean.

But there still is work that's, you know, kind of smoldering along, waiting for the next outbreak -- another example of the research and its ultimate application to interventions in the form of diagnostics, therapeutics, and vaccines.

Q And I think you've been very clear that on multiple fronts vaccines were one of the priorities. And it seems that, to me, when people are dying of a disease, it makes sense that a vaccine would be a priority. Is that what the thinking is?

A Yeah. Well, that's the thing that we did immediately. In fact, we -- I guess you're getting up to that -- with COVID.

So, as soon as we knew what the sequence of the virus was, we immediately -- because we had been working, you know, I would say, for years on the development of vaccine platforms and immunogen design, fundamentally but not exclusively at our Vaccine Research Center -- we had a number of grantees throughout the country, but -- we had a very high density of experts in the development of vaccine.

And, in fact, my team at the NIAID Vaccine Research Center, led by John Mascola and Barney Graham and others, were actually the individuals that developed the stabilized immunogen that has gone into virtually all of the vaccines -- Moderna, Pfizer, J&J, all of them. That immunogen was developed by my team at the NIAID.

So our job was to develop a vaccine. We also did other things. We did the basic and clinical research, sometimes -- often, actually -- in collaboration with industry, for the development of Paxlovid, for the development of molnupiravir, and for the development of remdesivir, and with the development of monoclonal antibodies.

So our job was to do the vaccine, which was highly successful, as we all know -- it saved millions of lives throughout the world -- but also to develop certain of the

interventions, which were twofold: monoclonal antibodies and direct antiviral agents, such as molnupiravir and remdesivir.

Q And I think we all thank you and your staff at NIAID for all that work on vaccines that we've seen be so useful.

Similarly but slightly different, we know that most of your career has been focused on HIV/AIDS and that epidemic. Can you please tell us about your work on that, specifically related, first, to vaccine development?

A Yeah.

Again, AIDS is a very complicated disease. We did a lot of work -- I know myself, personally, in my lab, worked on the pathogenic mechanisms of HIV. So we were responsible -- not alone; a lot of other investigators did it; we weren't the only ones -- to delineate the fundamental pathogenic mechanisms of HIV, which led to the ability to design drugs that could actually treat -- and, ultimately, one of the major successes in biomedical research is the combination of drugs for HIV.

That is what my institute did in collaboration with industry, was to develop those drugs.

With vaccines, it has not been as successful. We have funded, literally starting in 1987, vaccine trials. Unfortunately, several of which in our network of vaccine trial network, not only domestically but internationally, you've probably heard, a few -- several -- three of the African trials did not actually lead to any substantial protection. So we're now working on a much more sophisticated approach towards developing broadly neutralizing antibodies.

And that's what we've done. But there are a number of other things that we did. I mean, you might want to -- well, I'll wait for you to ask about them.

Q Well, I know there are a number of drugs on the market now to prevent

infection --

A Right.

Q -- from HIV. I don't know if you want to talk about that a little bit?

A Yeah. Yeah. The great, great success of what we did with HIV is that the drugs that took -- the first drugs were in 1986-'87 with AZT. By the time we got to 1996, we had a combination of three drugs that were usually given in the form of multiple pills that were difficult to take. We now have a single pill with three drugs in it that can drop the level of virus in persons with HIV to below detectable and keep it there.

That has led to one of the most important breakthroughs in biomedicine in decades, and that is what's called "undetectable equals untransmissible," which means, if you treat someone who's infected, who's living with HIV, and get the virus to below detectable, it is virtually impossible for that person to transmit the virus to somebody else.

We also developed what's called pre-exposure prophylaxis, or PrEP, which is given as one pill per day to a person who's at risk for acquiring HIV. Has a 99-percent efficacy if the pill is taken every day.

The most recent exciting advance is we now have a long-acting injectable, which, given every 2 months and hopefully every 6 months, has greater than a 95-percent efficacy in men and women.

So a lot of success stories in what comes out of my in- -- my former institute with HIV.

[12:13 p.m.]

BY [redacted]

Q And I think that is definitely work you can be very proud of.

Another piece of the HIV/AIDS epidemic that you worked on was outreach to the LGBTQ+ communities. I think everyone recalls --

A Right.

Q -- back in the late '80s, there was a lot of frustration from that community towards the Federal Government and you, yourself. But you were able to overcome that and work with the community together to move forward.

A Right.

Q Can you tell us a little bit about that?

A Yeah. In the beginning of the outbreak, understandably but unfortunately, the regulatory community, as well as the scientific community, including myself, approached HIV in the standard rigid way of clinical trials that were designed with very strict entry and exclusion criteria that would take a very long period of time to get an answer.

The regulatory restrictions were very, very pristine. They worked well for other diseases but not for a disease with someone who, when they present to a clinic, they had a life expectancy of no more than 15 months.

And the gay community predominantly -- it was the activist community but mostly the gay community -- felt that they wanted to be part of the discussion of the design of the trials, the inclusion and exclusion criteria. And the scientific community didn't pay any attention to them. So they demonstrated in a very iconoclastic, disruptive, and theatrical way.

Most of the scientific community and the regulatory community withdrew from

that. I think one of the best things I've ever done in my career was to listen to them and put myself in their shoes and say, "What would I do if I were in their shoes?" And I would have done the same thing.

So I brought them into our fold, and I brought them in and met with them in a conference room similar to this. And that was the first time any government official has ever spoken to an activist in the gay community.

That led to, I think, one of the most important transformations in the relationship between advocacy groups and scientists because now those populations -- mostly but not exclusively of gay men -- are all integrated into the decision making of clinical trials into the scientific agenda.

So what turned into a confrontative relationship turned out to be one of the most productive involvements of advocacy communities in the scientific endeavor.

Q And we appreciate that work as well.

Another group where HIV/AIDS was of particular concern was the developing world, particularly in Africa.

How did you work with researchers around the world to help solve the problem of HIV/AIDS in those places as well?

A Well, we did it with science by developing and working with companies to get drugs that were cheap enough to be used there.

But the contribution that I think was one of the most transforming contributions and the thing that, of all the things in my five-and-a-half decade career that I'm most proud of, is that I was one of the principal architects of the PEPFAR program, the President's Emergency Plan for AIDS Relief, where President George W. Bush sent me to Africa on a fact-finding mission and with the direction to come back to him with a program that is accountable and transforming, because people in Africa, as late as 2002,

were dying at the same way that my own patients that I took care of in 1981, '2, '3, '4, '5, not that there were no drugs available, but they could not afford the drugs and they didn't have the drugs.

So he asked me to put together a program. And I spent about -- I went to Africa multiple times. I met with the African physicians. And I came back and I worked with the White House staff, mostly George W. Bush's staff, Josh Bolten and a bunch of people that some of you may know, over a period of 7 or 8 months. And I put together a program that initially was a $15 billion program over 5 years to treat 2 million people, prevent 7 million infections, and care for 10 million people, including AIDS orphans.

I convinced the President, to his great credit, George W. Bush, to put that program into effect in 2003, announced it in the State of the Union address in January 28th, 2003. And we just had a dinner in Washington a little bit over a year ago to celebrate the 20th anniversary of PEPFAR.

And fast-forwarding from that time when I developed the program to then, has spent $115 billion and is responsible for saving 25 million lives.

Q That's an impressive feat.

And now just to loop this all back to COVID-19, all of your work on SARS-CoV-1, swine flu, Ebola, Zika, HIV/AIDS, I assume all of that informed the work you were doing on the COVID-19 pandemic as well.

A Oh, absolutely. I mean, it's the question of using cumulatively all the knowledge you learn about the development of vaccines, how you develop what's called targeted antiviral therapy. I mean, I think AIDS deserves much of the credit for that because an enormous amount of money was put into the AIDS effort.

And, for example, I know sometimes the lay public has difficulty understanding that, but the two things that make a vaccine are, one, the platform -- in this case it was

the mRNA platform, it wasn't the only one, but it was absolutely suited to COVID; and the other one is immunogen design, namely, what you put into the vaccine.

And many of the immunogens did not induce an adequate immune response. But the immunogen that we developed at the Vaccine Research Center, which related to the structure-based vaccine design that we were working on for years for HIV and for other vaccines and, in fact, the recently approved respiratory syncytial virus that is now recommended for people 65 -- 60 years of age and older, and for pregnant women, that vaccine was developed by the structure-based vaccine design in my institute at the VRC.

That work with RSV totally informed us in how we could hit the ground running and making a vaccine for COVID. And as you know, the story is very, very clear. When the sequence became available on January the 10th, my team, I met with them, like, on the 4th or 5th. I said, as soon as we get a sequence, let's get the vaccine going.

And we got a vaccine phase 1 trial in 69 days, a phase 2 trial in a hundred-some-odd days. And 11 months later, in a completely unprecedented way, we had a vaccine that was going into the arms of people that was more than 90 percent effective and safe.

That is completely beyond any precedent. Mostly that would have taken about 7 to 10 years, and it was done in 11 months.

So all of those previous experiences that you referred to in those other diseases allowed us to culminate in the situation with HIV -- I mean with COVID.

[redacted] And I would love to talk to you for another hour about all of that, but we are at ours. So we will go off the record.

[Recess.]

Mr. Benzine. We can go back on the record.

Dr. Wenstrup. Dr. Fauci, you know, as a doctor who's always treating patients,

you know, you don't always talk to your patients with the same terms and definitions that you might with your fellow scientists or doctors, right, because it's a different level.

So I just want to go through some definitions and then at the end if you disagree with any of them. But this is more for constituents or nonscientists that may be reading what we're talking about. So I just want to go through them. I got them from a science class, but we'll just see if you disagree.

It says science, a study of the natural world; scientist, a person that asks questions about the natural world; observations, information collected using the five senses; evidence, data gathered during an investigation; hypothesis, an idea or explanation that can be tested with an investigation; investigation, a procedure carried out to gather data about a subject or an event. Objective observations deal with facts. Subjective observations deal with opinions.

Are you good with those?

Dr. Fauci. Sounds good.

Dr. Wenstrup. All right.

Just one question. Would assumptions fall under objective or subjective observations, in your opinion?

Dr. Fauci. Assumptions? You know, I think there's varying degrees of assumptions, depending upon what the assumption is based on. And, you know, I don't want to expand too much on that.

But I think you're familiar with, when you do models, models are only as good as the assumptions that are put into the model. Sometimes the assumptions are really very, very close to what the reality is, and sometimes they're just wild-out assumptions.

But, in general, assumptions would fall more under the, what was not --

Dr. Wenstrup. Objective or subjective.

Dr. Fauci. Subjective. Yeah.

Dr. Wenstrup. Thank you. Appreciate it.

BY MR. STROM:

Q So, Dr. Fauci, just to reintroduce myself, I'm John Strom with Energy and Commerce, majority.

I wanted to circle back on something that was touched on the last hour regarding your exchange with Senator Paul at the hearing.

I believe that hearing was May 11th, 2021. Does that sound correct?

A I'm not certain.

Q Okay.

A Yeah.

Q I know you had help periodically, so --

A Yeah. Right.

Q But in the May 11th, 2021, hearing, where Doctor -- Senator Paul, I think, took exception to some of your testimony, when you were stating that no gain-of-function work had been done at the WIV sponsored by NIAID, at that time, though, you didn't -- NIAID did not have the year 5 progress report?

A Right.

Q Is that correct?

A I'm not certain about that. But just to correct --

Q Yes, sir.

A -- my statement was that the grant that went through the EcoHealth as a subaward did not fund gain-of-function research, according to my definition.

Q Okay. And I guess what I'm actually getting to is that I assume, given NIAID has several thousand grants a year, or maybe even just several thousand issued every 3 months or so, 4 months --

A Not several thousand every few months but the totality --

Q Okay.

A -- is about two or three thousand, correct.

Q And so there's one grant, and there's a subrecipient of a grant.

A It's a $120,000 grant.

Q Yeah.

A And a budget of 5 billion.

Q Right. So I'm assuming that you had to rely on Dr. Erbelding's division to sort of get you the relevant information for the -- on the grant, among maybe other sources.

A Yeah. I mean, I had no direct access into the grants. This was always, as was said in the questioning before, this was handled very much at the programmatic level.

Q Sure.

A Right.

Q So, I mean, do you recall being sort of frustrated that when you were making these -- when you were testifying at Congress that you -- well, let me not get ahead of myself.

Do you recall when you first found out that the year 5 progress report was missing from the EcoHealth grant?

A I don't recall precisely. It was somewhere in a briefing that the staff gave to me. I don't know exactly when that was. It could have been later. I don't know.

Q Okay. Do you think, just to the best of your recollection, whether it was before you were aware that the year 5 progress report was late before May 2021 or it would have been after?

A I don't recall.

Q Okay. And I guess what I'm wondering of, and it's come up in a number of our interviews with the program office staff, is it seems strange that they would miss that

progress report for so long.

We've had, I think, an explanation as to why that might be the case. But it does strike me as odd that, when this grant gets a lot of scrutiny, that the program office staff never went back and looked at the file and noticed that, you know, a progress report is gone.

Is that something that is common for grants or --

A I can't comment on that because that kind of compliance issues never raises to the level of me, the director of the institute. So I would be hesitant to speculate on something that -- a process that I essentially never get involved in.

Q Sure. And, again, I guess in context of your coming to testify to the Senate, I guess it probably would have been nice to know whether or not the grant file was complete at the time.

A I'm wondering if we're apples and oranges here, because whether a -- somebody complies or not is not, in my mind, directly related to the question: Did you, did NIAID fund a grant whose work scope was gain-of-function --

Q Sure.

A -- according to the operative definition?

So in many respects a progress report or not does not change the answer to the question: Was the grant that was funded with a work scope that was not gain-of-function by the operative definition?

Q Uh-huh.

A So I didn't get -- and I don't know what the timeframe is of that, of that progress report. I may have heard about it only after the fact.

Q Okay.

A Right.

Mr. Strom. We can move forward.

Mr. Benzine. Thank you.

BY MR. BENZINE:

Q I want to talk about, as much as you know, the NIAID grant process and what individual terms mean. This is my first foray into what --

A Right.

Q -- how the Federal Government does all these grants.

Can you just very briefly run from proposal to funding for -- how long that would take, what the steps are, those kinds of things?

A Yeah, it varies, depending upon what the grant is and whether it's in response to a request for application or whether it's a response to a de novo grant that just comes in what we call investigator-initiated grant.

But the process of a grant being submitted, getting reviewed by a study section, getting the grant either approved or not -- or, what happens frequently, it gets sent back for revision and then resubmission, then it goes -- and that process takes months and months. And then it goes to the study section, which makes the priority score.

And then the grant, which is usually the case, is funded on the basis of a priority score cutoff.

So if you have enough money to fund something that has a priority score of X, anything worse than that doesn't get funded. Anything better than that does.

Then it goes to the next level of review, which is approval by the National Advisory Council of the institute. And that's how the grant ultimately then gets funded, which is usually sometime after that.

So the process is several months, sometimes up to a year.

Q During the peer review process, which I -- the study section would be the peer review, right? Is the advisory council government employees?

A The advisory council fundamentally are not, but there are some ad hoc

members that we have from different agencies that are part of the council.

But the predominant population of the council are outside scientists.

Q Would you describe both of those levels as peer review?

A The real hardcore peer review is the study section. The peer -- it would be considered by some as peer review because these are peers that are reviewing the decision of peers. So it's a secondary review of something.

For example, if you have a grant that gets sent to a study section, people sit around a room like this, you get a stack of things like that, and they go over every single page, and it takes a long period of time. They make their determination.

When you give it to the council, the council may look at the summary report and put other things into that and then come to the conclusion.

Q So it would be kind of fair to say the study section is what most people would look at as peer -- as the big peer review.

A Yeah, the big peer review. And the council looks at special issues, right.

Q During the study section, can -- if you know -- can those peer reviewers see who the applicant is? So an example, EcoHealth, if I'm in the study section of EcoHealth --

A Yeah.

Q -- does it say application number one by EcoHealth Alliance or does it just list what the --

A You know, that's a good question. I don't know where we are now. There was a period of time when the person who is submitting the grant is known by the study section. I had heard, I'm not sure, but I heard there's some talk now about anonymizing that, but I don't know exactly where we are with that.

Q We've heard from Dr. Daszak that -- and I think the picture that you referenced earlier -- was at an event that EcoHealth threw at the Cosmos Club about I

forget which virus it was. But Dr. Daszak mentioned that he threw those -- he threw those events in order to meet funders and get kind of like face-to-face interactions with funding agencies.

In your understanding, does kind of the reputation or name recognition of an applicant matter in the peer review process?

A Again, it depends on w here you are in the process. The various different criterias are originality, applicability, capability of an institution to carry it out.

And I believe, but I'm not a hundred percent sure, since I don't get involved in the granting part of it, I believe that at one point track record was something that was considered.

But right now, again, I'm saying I believe that they're moving away from that to try and make it more just on the basis of what the proposal is.

Q Do you know if peer reviewers have to sign a nondisclosure agreement?

A I believe they do, but I'm not a hundred percent sure.

Q And then, you've mentioned it a couple of times in the scoring process, my understanding is a low score is good. It's like golf.

A Yeah. It confuses people.

Q Yeah.

A The lower the score, the better you are, right.

Q And you mentioned some of the categories. They're --

A Yeah.

Q Grants are scored on each of those categories.

A I don't know what they are. I'm picking them out empirically. I think that -- I haven't looked at the menu of that recently.

Q But is that how the scoring process works in general? There's categories.

They're scored on each category?

A And they're weighted. They're not equally weighted.

Q Okay.

A They're weighted relatively.

Q And you touched on this a little bit. If a grant receives a fundable score, does that guarantee funding?

A Well, you know, it depends on the fund -- which you say fundable score, it depends on where you are in the budget process.

So, for example, when you set a pay line, which is a percentile, you could set it at, like, 14, which is pretty good. If it goes to 18 -- see, it's the opposite with the pay line. So if the pay line is the 14th percentile, then if you're in the 18th percentile you're in trouble because you've got to go all the way down to the low percentile.

Percentiles are set. And then it depends on what the budget is. And the appropriation process often, particularly when you have continuing resolutions, lags behind.

So I could get a score that looks like it might be fundable. And then when the money comes in, it's not fundable. And you can get a score that may look like it's not fundable. And then you may get -- the Congress may give more money than what the President's request is. So you might wind up being fundable.

So there's not a real guarantee depending until the money is there.

Q I guess that's what I'm kind of wondering, that if a grant could go through the peer review process, it could go through the study section, receive a score, go through the advisory council, receive a score, all check the right boxes, but then not subsequently get funded, depending on what the appropriations look like.

A Yeah. It's almost -- the way it works -- and, again, there are always

exceptions -- but the way it works is it almost never is a situation that if a grant gets a good score, and you have enough money, that you would not fund that grant.

There are other things called select pay where you might have a grant that's of particular interest of something that was emerging that you would then, even though the score wasn't a particularly good score, you would pay it.

BY MR. STROM:

Q Would you ever have a circumstance where, say, four grants are fundable or get a fundable score, but because presumably each grant has a different sort of budget proposal, you might pick one, three, and four, because two is really expensive, and you can do more science if you spread it out a little bit out of order?

A That, again, I don't get involved at all --

Q Sure.

A -- in that. That's a programmatic decision.

Q Uh-huh.

A But from what I hear, when it ever gets up to my level, which is not frequent, it may be that, when you have three or four grants that have the same thing, that you could tell the very expensive grant: We can't fund it at that level. You need to bring down your costs if you want to fit into the funding scheme.

And they go back. They revise the grant. And they come in with a different proposal. They cut out --

Q Sure.

A -- one or two things.

Mr. Strom. Okay. Thank you.

BY MR. BENZINE:

Q And we got kind of through the National Advisory Council, and I'm just -- as

John has said, we've talked to a number of people in the program office, in DMID, and it's kind of unclear who gives the stamp of approval.

Is it kind of by coalition in the advisory council, or is there a final approval for funding a grant?

A We have a council agreement. We have a council meeting three times a year. And the grants en bloc get presented to the different subcategories. There's a DMID advisory group. There's an AIDS advisory group. And there's an EI, allergy, immunology, infectious disease group.

They look at the grants, and they give their stamp of approval. Sometimes there's a question of a grant. This is a grant that is on an extension or has some circumstance, and the council usually handles that.

At the end of the council, they en bloc approve it, and then it just comes in for final approval.

Q Who gives the final approval?

A You know, technically, I sign off on each council, but I don't see the grants and what they are. I never look at what grants are there. It's just somebody at the end of the council where they're all finished and they go, "Here," and you sign it.

Q Is it -- and as well as you know -- is it -- does it have to be unanimous from the council? Is it 51 percent? How does --

A You know, I'm not actually sure. I don't -- I don't think it has to be totally unanimous. I think -- I'm not sure.

Q All right.

A Yeah.

Q Are there instances -- and, again, I'm posing a hypothetical. So if it never happens, just let me know. But --

A So, but, anyway, but when you get back to majority -- when these things are en bloc, there almost never is, you know, majority versus unanimous. There's unanimous.

Q It's unanimous.

A Yeah, I don't think that there's a, "I object to 600 grants."

Q Yeah.

A I don't think that has ever happens.

Q Okay.

A Yeah.

Q If -- and, again, I'm sorry, it's a hypothetical -- but if the council is kind of divided, how do you -- how is the division resolved?

A Yeah. I can't speculate on the hypothetical. I really have to know the real details of the circumstance, and I've not really even heard of that.

Q Okay.

A To be honest with you.

Q No, that's totally fair. I appreciate it.

You mentioned this a little bit, and I want to ask again. Could a grant that did not receive a fundable score end up getting funded?

A The answer is that's possible according to select pay mechanism, which means that a grant might just miss by a point or two, but there's a really good reason to want to keep that particular grant going because of the quality of the work or that the -- maybe the study section missed something that was important in it. That's what's called select pay.

Q Do you at NIAID have the authority to terminate or suspend a grant?

A Terminate a grant?

Q Or suspend.

Mr. Schertler. Do you mean director --

BY MR. BENZINE:

Q Yeah, the director level.

A No.

Q Who would have that authority? Would that only be an NIH authority?

A Yeah, that's a compliance issue. So that's -- if they even have that authority. I -- well, I certainly didn't as the --

Q Okay. So we've walked through kind of the, I guess, the standard practice of standard operating procedure of how a grant gets approved.

And you had testified previously that you do not individually approve grants, which is substantially similar to what you just said, and they go through multiple levels of peer review. "So I would not have by standard way things work, have seen this, read it, or individually approved it."

You were discussing the EcoHealth grant.

The -- and, again, if I'm wrong, please correct me -- the use of "standard" there at least implies that there is a not standard way that this would work. Is there -- are there procedures where a grant could get funded without going through these steps?

A I've never heard of that.

Q Okay. Have there ever -- and, again, to the best of your recollection -- have there ever been any grants that you individually approved outside of the en bloc process?

A I don't individually approve grants.

Q I want to -- we want to ask a couple questions about grants that involve a foreign component.

Do you know the process for vetting or certifying foreign labs to then receive U.S. taxpayer money?

A I don't think I could give you chapter and verse of it, but there is -- first of all, whenever you have a foreign grant, the State Department has to know about it at least. That's one thing. And the other thing, it requires special attention of the council.

Mr. Strom. Which council, just for clarity?

Dr. Fauci. The National Advisory Council of the institute. So often you see something that gets special attention. And it'll be, you know, too much money, blah, blah, blah. It says foreign grant. They have to get special attention of the council.

Q Does -- as much as you know, what's the involvement of the State Department?

A You know, I don't know for sure. I'd hesitate to surmise. But there's some involvement that I think has to do of at least making them be aware of it.

Q I guess what we're trying to learn going forward is, obviously, U.S. labs are vetted, certified, and there's a standard of how U.S. labs operate.

Are foreign labs held to the same standard as U.S. labs when they receive U.S. money, or are they the standards of the country in which they operate?

A I am not certain. I have heard -- again, I think it was subsequent to -- of course, that was never brought up.

Q Uh-huh.

A When I was the director, no one ever asked me, you know, who determines, you know, what the standards of a foreign lab are.

But so the answer to your question is I don't know, okay?

Q Okay.

A You can go on to that, but the answer is I don't know, yeah.

Q Did -- you kind of just alluded that it had gotten brought up since the EcoHealth issue?

A Well, no, it got brought up about, someone mentioned that it's the standard of the country involved that you give it to.

Q Do you recall who that someone --

A I don't recall who that was, yeah.

Q Okay. So to your knowledge, NIAID wouldn't kind of independently verify the biosafety of a foreign lab.

A Again, I'd have to say I'm not sure. To my knowledge, I wouldn't be able to make a statement that I would be confident it would be.

Q No, that's fair.

And this question may be a compliance issue, so it may be better for NIH, and I apologize if it is.

But is there a mechanism to even do that? How would -- obviously, it's kind of up to the foreign country if they're going to let an American go into their lab. How would the U.S. even go about vetting these labs?

A Again, speculation. I wouldn't know how we would do that.

Q Same kind of questions but for foreign collaborators. Do you know what the process is for vetting a foreign collaborator?

A It depends on what you mean by a foreign collaborator. If we have grants that are submitted as investigator-initiated awards or as a co-investigator together with an American investigator, some of those are individual grants and some of them are part of large consortia.

So the thing I would think about with regard to a large consortia is one of the things I mentioned in questioning from the minority, that in the AIDS clinical trial groups it's an international network of clinical trials. So you have investigators from South Africa, you have investigators from Australia, and you have investigators from Canada and the

United States.

And that whole grant, to my knowledge, and I think I'm correct but there may be some technical thing I'm missing, but that goes through the same peer review process as if it were only an American grant.

Q Okay.

A But then the foreign -- when there's a foreign component, that's when the council comes in and approves it.

Q I guess what -- and, again, it might be in the divisions and in the council that this happens -- but trying to get an understanding of, like, if there's -- how individuals and labs are getting vetted. If there's an Iranian nuclear lab listed on a grant --

A Yeah.

Q -- is NIAID just going to check the box and move ahead?

A You know, I, honestly, Mitch, I -- that's not what I get involved with.

Q Okay.

A That's a compliance issue. So I would not have any knowledge of that.

Q Okay. I appreciate that.

Do you know if NIAID works with any agency other -- any agency on the vetting of individuals?

A I don't -- I'm not aware. Possible, but I'm not aware.

Q You -- and this is from a long time ago -- you testified in front of HSGAC in 2012 that it was the Department of Justice that screens individuals. Does that refresh your recollection?

A Department of Justice?

Q Screens foreign collaborators on U.S. grants.

A I don't recall saying that, yeah.

Q Do you know if NIAID grants go through any type of national security review as part of the process?

A National security review?

Q So, like, through the National Security Council or --

A No.

Q -- or anyone in the --

A Not to my knowledge.

Q Okay.

A Again, I'm saying not to my knowledge. It's conceivable that at the programmatic level, when something gets checked off, they put it through. But I am not aware of anything going through national security.

Q Okay. And I want to talk about how stereotypically pandemics kind of emerge or viruses kind of spill over.

Mr. Osterhues. Mitch, before we move on, can I ask?

Mr. Benzine. Yeah.

Mr. Osterhues. Dr. Fauci, understanding that you didn't get involved in some of the compliance issues, can you ever recall in your time as the director an instance where the council did not approve a foreign collaborator or lab or something that was proposed for funding?

Dr. Fauci. I don't recall. It's possible, but I don't recall that. Yeah.

Mr. Osterhues. Thanks.

BY MR. BENZINE:

Q And as we go through this section, I'm a lawyer, not a scientist, so bear with me as I try to describe some of these things, and please correct if I am wrong.

My general understanding is that for a -- the two most viable pathways for a spillover into humans is either zoonotic, so animal directly to human; animal-animal; intermediary source-human; or some kind of laboratory or research-related accident.

Is that generally correct?

A The answer is generally correct, too. But there's different versions of laboratory things.

Q I'll ask some.

A Okay.

Q And we'll go through it, yeah.

I'm going to start with zoonotics. And, again, my general understanding is two kind of main ways that happens, direct from an animal, spillover into the humans, or some kind of path with multiple animals into humans.

Have there been major zoonotic coronaviruses spilled over before?

A Major coronaviruses spillover before.

Q Uh-huh.

A Yes, there have been.

Q SARS and MERS being maybe the two that come to mind?

A Those are the two that come to mind. We don't know the historical etiology of the common cold coronaviruses before. There's speculation that way, way, way, way back it jumped over, and then it became part of the human system. But the ones that we know of are SARS in 2002-2003 and MERS in 2012.

Q Do you recall how many worldwide cases SARS has? SARS-1?

A SARS-1 had about close to 8,000 with 784 deaths.

Q And do you recall with MERS?

A MERS was different because MERS was multiple introductions. It had a very high mortality. But it was more like a spurt and there'd be an outbreak and a bunch of people would get infected, a high percentage of death, go under the radar screen, a few months later spurt up again, and then go back down.

So MERS was not a sustained outbreak that went down, whereas SARS-1 was one that went up a little higher than MERS and then came back down.

Q And is that tracking -- and understanding every virus is different and maybe my understanding is wrong -- that the viruses that are more infective aren't necessarily more deadly because they want to keep their host alive so that they can infect more hosts?

A That is generally what is the -- I'm trying to figure out the right word -- the accepted narrative about that, but that's not quite so sure.

Q Okay.

A But, in general, when you have jump-overs, I mean, for example, historically the H5N1 was able to jump but didn't adapt itself well to humans. It had a high degree of pathogenesis and a low degree of tansmissibility.

But that's not always the case. When you have HIV, it transmits, but without therapy it kills almost everyone.

So, you know, you can't categorize them, A, black and white. It's not that way.

Q Do you know, and off the top of your head, how many COVID-19 cases thereabout there are now?

A You know, it's really interesting. We have a lot more handle on deaths and hospitalizations than we do on cases because there are so many asymptomatic cases and

mildly symptomatic cases. And what's going on right now -- and I believe in your question, Mitch, you said "now" -- and right now many people are getting infected and they don't even want to get tested.

So they just get a cold. They blow their nose. They don't tell anybody because they don't want to be out from work.

But if you look at the wastewater, there are probably millions of cases per day now. And we're not seeing hospitalizations and deaths because such a large proportion of the populations have either been vaccinated or infected.

So the impact of an infection in 2024 on the population level is much less than the impact on a virgin population that has no immunity either through vaccines or natural immunity.

So the answer is the last time that they were doing a lot of testing, it was something like there are, you know, 7 million cases worldwide and probably -- 7 million deaths worldwide, probably 20 million cases.

Right now in the United States the last time they did a wastewater model they -- I read it yesterday in the newspaper, that 1 in 24 people right now are currently infected with COVID.

Q So two or three in this room?

A Yeah.

Q This is just my own curiosity. Do you think maybe, like, do you think it's plausible that almost everyone in the world has had COVID once and maybe just didn't know it?

A Yeah. You know, in biology, you know, you don't ever say never.

Q Yeah.

A There are going to be some people who maybe have some genetic

polymorphism that we're not familiar with yet that protects them the same way that people have a Delta32 deletion on one of their genes are protected from HIV. So we don't know, there may be some genetic polymorphism.

But right now, if you look at the estimate in the United States, is that, like, 98 percent of people have either been infected, vaccinated, or both. And there's no reason to believe that in the rest of the world that we're seeing the same thing.

Q Another curiosity is, why the big difference between SARS, MERS, and COVID? The last time I looked at the case numbers, understanding that it's based off testing, it was 800 million-ish worldwide?

A Right.

Q SARS had 8,000, MERS 3,000-ish?

A Right.

Q Why -- that's a really big gap for being in kind of a very similar virus.

A Yeah. I believe it's the ease and efficiency of transmissibility. So, for example, if you look carefully at the cases that were reported in the literature with SARS, it was mostly transmitted by people who were symptomatic, and a lot of it was associated with the healthcare setting.

But when you got into the general population, it didn't seem to efficiently spread at all. So there were cases of people going into a clinic and coughing around and everybody in the clinic got infected.

But it wasn't the situation where you had individuals who were asymptomatically infected, went out into the environment, and then infected everybody.

So the short answer to your question, Mitch, is the degree of what's called efficiency of transmissibility and the ability to handle something by classical public health measures, because SARS got handled, SARS-1, by identification, isolation, contact tracing,

and some quarantining, which did it. It shut it off.

Q The effective transmissibility, is that the R naught?

A Yeah. Yeah.

Q All right. Back to zoonotic and lab, just to kind of wrap my head around what would be, like, the stereotypical zoonotic spillover of maybe a farm or a market has a couple cases, probably a farm, and then the animals are shipped and a couple of cases here, a couple of cases there, until it gets to a metropolitan area where there's a lot of people where it could spread a lot. Is that --

A That's one of the scenarios of it, yeah.

Q And then we haven't really seen this in this case, though, right? Is that just because the backtracking hasn't been done?

A You know, yeah, the backtracking haven't been done. And it really varies. I mean, there are some infections that, when they jump species, they just take off. I mean, you hear people say, well, it's got to somehow adapt itself.

Swine flu, in 2009, just jumped out and, whew, it just went right across the world. Fortunately for us, it didn't have a high degree of pathogenesis, but it had a high degree of transmissibility right from the get-go.

Sometimes something needs to adapt itself sort of underneath the radar screen before, as you say, you get into a population, then it explodes.

Q So it'd be possible that COVID-19 acted as one of those viruses, that it didn't need the time to adapt to humans, or did we just not notice it?

A I think it's possible, and we don't know.

Q Okay.

A I just don't think we can make any speculations about that. There's not enough known about it.

Q So you brought up kind of what a laboratory or research-related accident is.

A Right.

Q And I want to run through some scenarios, and you can say whether or not you think it is or isn't.

A Right.

Q A researcher intentionally manipulating viruses like the construction of chimeric viruses and getting infected.

A Well, I'm not going to say, because you're jumping into chimeric.

Q Okay.

A You're talking about a specific situation.

It depends on whether that virus is actually adaptable to be able to affect a human because you can get somebody -- you could be playing with viruses in the lab and they don't have the capability of infecting humans.

Q No, no, I'm saying if it does infect a human while they're doing that experiment, would that be a lab accident?

A Lab accidents are much more common, much -- in fact, I'm pretty sure that they're the only documented ones where people are working with a virus that is known to infect humans, like they're working with tularemia or another bacteria or another virus that's already well adaptive.

They're studying it in the lab, they're looking for an antibiotic sensitivity, or they're trying to get the right confirmation for a vaccine, and they get infected. Then that's a lab accident.

Now, if that's a pathogen that is not out in the community but it is well known to be able to infect the community and the person gets infected accidentally, goes outside and spreads it, that's a lab accident of a pathogen that's already pathogenic and

transmissible. Nobody did anything to it. It was an accident that that person got infected.

The other one is the one that's hypothetical, that we don't see, at least I can't give you any good examples of that, it may have happened, but I don't know any examples, where somebody is manipulating a virus than has never infected anybody, that then infects that person and then goes out.

I think that's theoretically possible, but I haven't heard of that as something that did that and caused a pandemic.

Q Both of those scenarios, though, in your mind would be a laboratory accident. I guess I'm not trying to -- I'm not trying to delineate, like, how it would spread.

A Right.

Q Just, like, what -- trying to get an understanding of what the term means, because we've heard -- the last one on my list is a researcher in doing field work, getting infected in the field, and bringing it back to the lab.

A Yeah. See, the only thing with that, that people get confused -- so, well, you ask your question because, I mean --

Q I guess, you would consider that to be a research --

A Well, you got to be careful, because if somebody goes in the environment and gets infected, okay, while they're out there, and goes into a laboratory, that person has already been infected by something that has jumped from an animal to a human.

So if they go in the lab and then infect the people in the lab and then the people in the lab infect other people, I wouldn't call that a lab accident. I would call that a natural spillover that spread. But the natural spillover was someone who happened to be a lab person who was out there looking for whatever they were looking for, right?

Q Okay. No, that is helpful.

One of the primary purposes of our subcommittee is to investigate this in order to prepare for any future pandemics.

What do origins of a virus like COVID-19 tell us to help prepare for the next pandemic?

A Oh, goodness.

Q Briefly.

[Laughter.]

A There are lessons learned. There are lessons learned that I've spoken about in a lot of lectures, you know.

Q Uh-huh.

A The first lesson is in preparedness investment in the scientific community, because, as I said in response to one of the questions, that if we had not made the investment in platform technology and in immunogen design, we would not have had the vaccine as quickly as possible.

The first lesson, when you're dealing, because with an outbreak there's preparedness and there's response. So preparedness can be scientific preparedness. Preparedness can be the preparedness of any of a number of factors that help you to respond.

Responsiveness is a public health issue. How well do you control it? For example, do you have the local public health capability of identifying, surveillance, communication, those kind of things? So that's one of the lessons.

Dr. Wenstrup. What lessons learned on personnel? You talked about response.

Dr. Fauci. Yeah.

Dr. Wenstrup. That requires personnel.

Dr. Fauci. Yeah.

Dr. Wenstrup. So what are your thoughts there, how we can do better?

Dr. Fauci. Well, I think we need trained personnel. We need to make sure that among the global population of personnel that there's transmiss -- excuse me -- transparency among them.

I mean, one of the things that was so helpful to us -- I'm not sure we responded as well -- was the South Africans, when they found omicron, they let us know in a phone call on my Thanksgiving dinner to say, "Hey, we got to get together. We got something new here."

That was really helpful because it allowed us to realize we now have a virus that's so different from the alpha, beta, delta that we were going to have to start thinking about isolating it and finding out does the vaccine work or not.

So we need trained personnel, and we need people who are transparent.

Dr. Wenstrup. Thanks.

BY MR. BENZINE:

Q I want to in the time we have left in this hour shift to when COVID first emerged, it was reported on ProMED first on December 30th, 2019, and then China reported it December 31st.

When did you first become aware?

A I first became aware of an outbreak in China, I believe it was the first day of 2020, January 1st. Yeah, I believe it was that. I may have vaguely heard about something before, but I first specifically heard about it on January 1st.

Q Did you hear that, as it was reported, a pneumonia, or at that point you had heard it was a new coronavirus?

A I had heard it was a pneumonia. You know, the first thing you think of when you hear about a new pneumonia coming out of China, based on the experience with

SARS-1, is the first thing you want to think of is it a coronavirus. Could be something else. Could be a strain.

You think of two things. You think is it influenza, I mean, because influenza historically comes out of the Far East except for 2009 when it came from California and Mexico but that's another story.

But the other thing you think of because of the history with coronavirus that could it be a coronavirus. So the first thing I heard it was a pneumonia. So we thought, well, what is it?

Q Is pneumonia kind of like a standard term for any respiratory disease? I don't -- when I think of pneumonia I think of like in high school you have pneumonia and you don't feel good. But to you, when you read pneumonia, does that read as this is a respiratory virus?

A Yeah. Pneumonia to me means a respiratory virus of the lower airway, not somebody just coughing and sneezing, but of the lower airway which, if you examine, you hear crackles, you hear dullness. If you do an X-ray, you see either haziness or a cavity or a pleural effusion. It's just objective disease in the lower airway.

Q Okay. Do you recall how you learned of COVID on the first day of January?

A You know, I was trying to remember specifically. But I believe it was a reporter -- and I forgot, I don't know who it was -- who called me up and said, "Dr. Fauci, there's a new pneumonia that's in China. Do you have any comment on it?"

And I said, "Well, I think we need to learn more about it before I have any comment on it."

Q Do you recall when the sequence of the virus was released?

A Yes.

Q What date was that?

A I believe it was January 10th, I believe.

Q And what can the -- understanding it's just the sequence, it's not an isolator or --

A Right.

Q -- something more specific -- what can the sequence itself tell you about the virus?

A Well, it was very important for us. And I know we don't have a lot of time but I'll try to be --

Mr. Schertler. We have plenty of time.

[Laughter.]

BY MR. BENZINE:

Q We can be succinct. We'll take succinct.

A No, I'll be succinct.

So apropos of what I had mentioned to a question about what we do at NIAID versus what others do, the first thing that we think of is, if this is something that is going to be a problem, we're going to need a vaccine. So see if we can mobilize.

And what I did before January 10th is I called a meeting with the senior members of the Vaccine Research Center, Barney Graham, John Mascola, and others, and I said, "Get prepared when we find out what this thing is."

And Barney said, and the reason I remember January 10th, he said, "Tony, get me the sequence and we are now really perched because we have the platform and mRNA. We've been working with Moderna. We have the immunogen because we've already done it successfully for RSV and for MERS. So get us the sequence."

January 10th came. The sequence came. And we had another meeting. They said, "Let's go do it. Let's get a vaccine starting to go."

And we had a conversation. He said, "That's great, but, you know, we don't have any money."

And I said, "Let me worry about the money. Start the work on the vaccine."

So within 5 days we had the vaccine going, and then we had a phase 1 trial in 69 days, which was the record of ever getting into a phase 1 trial.

Q Yeah. No, it was impressive. If memory serves me, the Moderna vaccine started within, like, a couple days of the sequence.

A Five days.

Q Five days coming out of the sequence.

In Dr. Farrar's book, he wrote about the sequence. I don't know if you've read his book.

A I haven't. Is that -- it's called "Spike"?

Q "Spike."

A "Spike"? "Strike"?

Q Yeah.

A Something like that.

Q "Spike."

A Yeah, right.

Q He wrote: "Eddie" -- he's talking about Eddie Holmes -- "has screenshots taken from social media in China about the coronavirus sequence. They suggest the full genome was known by a genomics company in China by December 27th, 2019, and then reported to the Chinese CDC and a hospital who provided the sample on the 27th and 28th of December."

Do you have any awareness of that?

A No, I'm not aware of it.

Q In our transcribed interview with Dr. Daszak this past November he testified similarly that by December 31st, 2019, he was aware of a coronavirus that was 20 percent divergent from SARS-1 circulating in Chinese. And he said that was strangely accurate information because SARS-CoV-2 is 20 percent divergent from SARS-1.

So he had pretty solid information 12 days before the sequence was released. Did you have any awareness of that?

A I did not.

Q Do you have any awareness of whether or not a sequence prior to January 10th or 11th was submitted to NIH or any other databases?

A To my knowledge, no. I mean, we were waiting for a sequence because of what I said about getting my team together that needed a sequence to start the vaccine.

Q Do you recall who made the sequence publicly available?

A I believe it was on a publication from -- again, I didn't know it at the time but it was shown to me after that. I think Eddie Holmes and a Chinese person.

[1:50 p.m.] +

BY MR. BENZINE:

Q Zhang Yongzhen, does that sound right?

A With no disrespect, they all -- that sounds the same to me.

Q Dr. Yongzhen's lab was shut down the next day after the sequencers released by Chinese authorities. Do you have any awareness of that?

A No, I don't.

Q Shifting back to the sequence a little bit, one of the things that's interesting and has come up in lots of conversations that I know you've had with some of these scientists and we've had in Congress, is that in SARS-CoV-2's lineage, there's never been at least an observed furin cleavage site before and that this would be the first one.

And you talked about that the kind of explosion of the cases compared to SARS-1 and MERS was the transmissibility. And, again, my kind of layman's understanding is the furin site assists with that, that it can pierce the ACE2 receptor to bind with cells --

A ACE1, ACE2.

Q Yeah. And then infect the host. Is that close to accurate?

A Well, yeah. I mean, the furin cleavage site creates a greater capability of binding to the ACE2 receptor.

Q Could you tell that it -- maybe not you, but could a scientist tell that it has a furin site by looking at the sequence, or would you need an isolate or more --

A I believe -- that's not my lane. I'm not an evolutionary virologist, so --

Q Do you recall any conversations where people said, here's the sequence, it's got a furin cleavage site in it?

A You know, certainly furin cleavage sites are sort of like, you know, popcorn.

Q Yeah.

A They talk about it all the time. I don't recall when I first heard the word "furin cleavage site."

Q We'll come back to it in the context of some other things, but I want to run through some quick questions about kind of the initial outbreak, what you were hearing out of China, what -- if you were aware of things that China was doing.

So I talked about Dr. Yongzhen's lab getting shut down. You didn't have any awareness.

A No.

Q It was also reported that kind of the -- for lack of a better phrase, the original COVID-19 whistleblower, Dr. Li Wenliang, who passed away from COVID, was forced to sign a nondisclosure agreement to not publicly discuss the virus, and then there were reports of China locking up journalists and gagging scientists. Did you have any awareness on any of that?

A You know, I was hearing indirectly -- you know, you hear all kinds of strange things about what goes on in China and their lack of transparency. I mean, that's not an unusual thing. You know, there was lack of transparency early on with SARS when it was in Guangdong Province. The Chinese tend to be nontransparent even when they don't have to be nontransparent.

Q Another thing that was reported -- and I can introduce the exhibit if you want me to, but did you have any awareness of China hoarding PPE early in the pandemic?

A Not that I recall.

Q Okay. And some of this -- again, not a scientist, so if the words in the scientific publications don't mean what I think they mean, tell me.

On January 3rd, ProMED came out with an update on this and said the number of

cases in Wuhan was rising and that there were now cases in Hong Kong. Does not only the rise in cases but also shifting out of kind of the original metropolitan area within a few days mean that there might have been human-to-human transmission already?

A Yeah. I think when you have spread like that, it has to, you know, particularly when you have it disassociated in different places. That strongly suggests human-to-human transmissibility.

Q Is that about the time that you would have started at least estimating that there was human-to-human transmission of this virus?

A You know, again, I'm trying to recall now 4 years ago what the evolution of my understanding was. And it was really evolving, because the first thing we heard was that it was likely an animal to a human, and it wasn't particularly transmitted efficiently from human to human. Then somehow, a week or so went by, and they said, well, maybe it is transmitted human to human. And then another few days to a week goes by, and it's, well, it's pretty well-transmitted from human to human.

And then you start hearing cases from the news media that there were cases over here, that you say, well, it really is transmitted. And then you get the report that the Chinese are building a thousand-bed hospital overnight. Then you say, I think it's transmitted pretty fast.

BY MR. STROM:

Q Bearing in mind what you mentioned about the Chinese being not transparent even when they don't have a reason for it, do you -- is it plausible there were only 177 cases in December of 2019?

If you go back, the Chinese were fairly adamant -- and these were the representations they made to the WHO -- that the earliest case was December 8th. And so it's always struck me as remarkable that you can go from a handful of cases -- you

know, 177 cases in December to hundreds of thousands of cases in January.

A Yeah. You know, I really hesitate, you know, to speculate on that at all because there are many factors that we don't know. The degree of transmissibility among asymptomatic people, how long that was going on, and where it was going on. So this would be really speculation on my part. So I wouldn't want to guess on that.

Q I guess, you said -- I think you said earlier not enough is known about the early cases. Are you referring to those 177 or just generally to -- because assuming even if they were transparent and doing the best they could, they would miss some early cases.

A Yeah.

Q I mean, asymptomatic spread makes up a quarter thereabouts, maybe more early on.

A I wasn't getting any -- first of all, as the director of NIAID, I have to make sure that you understand and I reconfirm. What my job was was to develop a vaccine and wasn't the surveillance of what's going on at different places. It was not that. I mean, I was interested in it.

Q Sure.

A I'm an infectious disease person. Of course, I'm interested in what's going on. But I don't really -- I can't really speculate about, you know, whether this number of cases was truly reflected. All I knew, it was kind of like a moving target in the first few weeks. That it went, you know, like I told you, from something that generally was reported as not particularly transmissible to something that, weeks down, clearly was spreading rapidly.

Q I guess last thing I'll say is, we're trying to understand, because we get a lot of -- we've reviewed a lot of emails both from Dr. Daszak, from people in NIH and HHS writ large, where they're saying, oh, I think -- they basically seem to be thinking it's going

to be SARS-1 all over again. That you'll have sustained but sort of stuttering transmission, and eventually, the interventions will work and it'll die out.

Was that your initial expectation?

A Well, you know, you never make final conclusions because emerging infectious diseases continue to fool you. For example -- again, not to belabor this -- but, for example, when -- I was one of the first people in the country to take care of persons with HIV, and when we first started taking care of patients, we only saw the patients that were really critically ill that were brought to the attention of a hospital. Little did we know that that was the tip of the iceberg of people who were infected for years.

And when we finally got the diagnostic test, my heart sank because, you know, instead of the several hundred people that I was taking care of at the NIH personally, there were thousands of young men out there in the Castro and in New York and in L.A. that were infected.

So, right now, when you talk about what was going on then, it was the moving target of trying to understand just what the scope of this was. And it did sort of -- like, every -- when you hear "coronavirus," the people who would -- and there were several that were making what I think was your suggestion. Oh, it's a coronavirus. It's like SARS, you know. It'll go boom, and then it'll go down.

Q Yeah. Really unlucky if you get it, but it'll be fine.

A Well, you know -- but if you do it, you could identify, isolate, contact-trace, and then we're done. But it became clear as the weeks went by that this was different.

Q Thank you.

Mr. Benzine. We have about a minute left, but I know the chairman has one or two questions to finish out the hour.

Dr. Wenstrup. Yeah. We were talking about transparency. I always refer to

Reagan's line of trust but verify.

And, yeah, there was a tremendous concern, at least on my part, that the CDC was not allowed boots on the ground in early 2020. And the WHO called it, it's a regional problem only. So it seems like we were getting misinformation.

Were you suspicious that they weren't being totally transparent? And you kind of alluded to that maybe that wasn't your lane in your work on the vaccine, but who should be in that lane?

Dr. Fauci. Yeah. I mean, it wasn't my lane for sure, but, I mean, I could not help but wonder why we're not going to be allowed to go in there. But, again, Mr. Chairman, the Chinese fundamentally in every lane -- and the point I was just making -- even when they don't need to be opaque, they're opaque.

Dr. Wenstrup. Yeah. And they had this Li Wenliang. He was warning about this dangerous virus, and he later published a letter that reprimanded him for issuing that warning. He later died.

But I do have one question before this ends. When our CDC was not allowed in China, was your relationship with George Gao affected? You know, did you trust him after that, the way he was telling you things?

Dr. Fauci. You know, I never had what one would call a relationship with George Gao. I knew him. I met him at a meeting here in the United States once, that I recall. I may have seen him at other scientific meetings, but it wasn't like I had a relationship.

I mean, he had a position of significance in China. He was the director of the Chinese CDC, which was essentially, you know, the Chinese equivalent of the United States CDC.

Dr. Wenstrup. So maybe that's a better question for CDC then?

Dr. Fauci. Yeah, I think so. Yeah.

Dr. Wenstrup. All right. Thank you.

Mr. Benzine. All right. We can go off the record.

[Recess.]

[redacted] We can go back on the record.

BY [redacted]

Q Dr. Fauci, I wanted to discuss and ask a few questions about another topic that's been of significant interest, and that is the proximal origin paper, which I imagine at this point you are generally familiar with what that paper is. Is that correct?

A That is correct.

Q Great. I will say at the beginning of this conversation, I do not think it makes sense to drag you all the way into the details of the science of that paper. We have flown all over the country to interview the authors of the paper, and we have done all of that with them. We have discussed furin cleavage sites and receptor binding domains and O-linked glycans --

A Wow.

Q -- and pangolins. We have done it all with them, so I'm not going to repeat all of that with you.

I will say, however, just because it's interesting, we had a discussion with one of the coauthors about the furin cleavage site and the extent to which it has been found to go away in serial passage, which has created a little bit of confusion about the role that it actually is or is not playing in transmission. But whatever. Neither here nor there. I'm not going to do that with you unless you really, really want to.

A I don't.

Q Okay. Great. What I think would make sense to discuss is the separate question of who organized this paper. Of course, the authors wrote it, but there has been

some discussion of whether there was anybody else who had the idea that it should be written or maybe helped organize it. That might be of slightly more interest to our colleagues in the majority than ourselves, but we've tried to take a close look at that question.

And for us, when we read the documents and we've done these interviews with the authors of the paper, it feels as if -- our perception is that Dr. Jeremy Farrar, who's a British scientist -- to the extent that anybody was playing that sort of a role, it seems as if he was playing that role.

I'll just start with, from 30,000 feet, is that your general --

A Yeah.

Q -- recollection?

A Yeah. Dr. Farrar, who you correctly mentioned, is a -- at the time was the director of the Wellcome Trust, which is a scientific funding organization in the U.K., was the one who initiated the process, both the original call that these evolutionary virologists were on, and about, what are we going to do about it? So you are correct in saying that he was the prime mover of getting people together.

Q Okay. Great. I'd like to go into a little bit more detail. This whole sequence occurred over a few different phases.

A Right.

Q That first phase, I think, is an initial phone call between yourself and Dr. Kristian Andersen, I think on January 31st --

A Correct.

Q -- 2020.

Our understanding is that Dr. Farrar reached out to you, said that you should talk to Dr. Andersen.

A That is correct.

Q Is that your general recollection?

A Yeah. I got a call from Jeremy in the afternoon, evening of the 31st of January saying, I just got off the phone with Kristian, and I believe he said Eddie Holmes was also in the discussion. He said, you really need to call Kristian.

So Kristian called me up and -- or I called him. I think I called him. I'm not sure. And he explained to me that when a smaller group of these evolutionary virologists were looking at the sequence of the virus, they were disturbed that there was something about it that looked like it could have been engineered. And my response was, wow, we have to look into that much more carefully, and we should probably get, you know, a group of -- broader group of evolutionary virologists together.

And that's what happened the next day on February 1st. And I think I responded to Jeremy right after that.

Q If you'd like, I can save you the trouble, because there's an email chain, I think, that draws out this entire sequence of events. So I'll just introduce it, for ease of reference, as minority exhibit D.

[Fauci Minority Exhibit No. D
was marked for identification.]

BY [redacted]

Q And although it's probably familiar to you, I'll give you a moment to look it over. Like other chains, it starts at the back and works its way forward.

A Right. Yeah, well, the emails accurately project what I just mentioned, that Jeremy called me and suggested that I call Kristian Andersen.

It says here, "Can you phone Kristian Andersen?" And I do.

And after I get off the phone call with Kristian, I wrote an email to Jeremy. And,

you know, the email, I guess, tells us about where my mind was, and it says, "I just got off the phone with Kristian, and related to me his concern about the furin site mutation in the spike protein of the currently circulating 2019-nCoV. I told him that as soon as possible he and Eddie Holmes should get a group of evolutionary virologists together to examine carefully the data to determine if his concerns are validated. And he should do it very quickly, and if everyone agrees with this, they should report it to the appropriate authorities. And I would imagine that, in the United States, that would be the FBI, and in the U.K., that would be MI5. And it would be important to quickly get confirmation of the cause of his concern by experts in the field of coronaviruses and evolutionary biology. And in the meantime, I" -- me, Tony -- "will alert my U.S. Government official colleagues of my conversation with you and Kristian and determine what further investigation they would recommend. Let's stay in touch."

So it was my response to the call that I had with Kristian.

Q So as a reader, I take away from that that you are communicating, hey, if you think that this could be from a lab, specifically the product of deliberate manipulation, you need to learn more and tell somebody, alert the authorities.

A Right.

Q Is that right?

A Absolutely. I said it very explicitly in the email.

Q This is sort of speculative, but that feels not consistent with what we would expect to see if you were somehow trying to suppress the idea that it might have come from a lab?

A I think that's obvious, yes.

Q We have heard from Dr. Andersen that, in this phone conversation, as far as the question of writing any kind of paper went, his recollection is your only remark that

would fall into that category was, if you think this was from a lab, you should write a paper about that.

A Right.

Q In other words, that that remark was specific to the idea that the paper would be arguing that it may have come --

A Right.

Q -- from a lab. Is that generally your recollection?

A Yeah. No, I said if -- almost exactly what you're saying. But my thinking was that, if, in fact, you think this is the case, put out all the information in a peer-reviewed paper so that it could be publicly scrutinized, because of my -- you know, as a scientist, peer review is the openness of it. Let the peers look at it and scrutinize it and put the information and what opinions they're having and see what happens.

Q So as we understand it, subsequent to that conversation, Dr. Farrar goes and organizes another larger phone call for February 1st that's got all sorts of folks from all over the world on it. Do you generally recall that phone call?

A I do.

Q Great.

A I do.

Q So there's been some question -- before even getting to who said what on the call, there's been some question of, whose call was it? And we've seen some documents on that question, so I'm just going to introduce minority exhibit E.

[Fauci Minority Exhibit No. E
was marked for identification.]

BY [redacted]

Q I'll give you a second to look that over. It's a pretty short email exchange.

A Right. Yes.

Q So I would just sort of -- the part that I'm focused on in the middle of that first page -- which is Bates labeled SSCP_NIH-796 -- we've got an email from Dr. Farrar on February 1st to yourself.

Subject is "Regarding conference details," and the email is, "Could you join? Trying to set up an initial call with" -- and then he lists a bunch of the folks that ended up on that call.

Is your recollection, if you can remember, that it's the February 1st --

A Yeah.

Q -- conference call?

A No, I remember very clearly. He called me and asked me could I join, and told me he has a bunch of these other people who are listed there that he's trying to get on the call.

Q So it's not a difficult question, but is it fair to say from this or from your own memory that it was Dr. Farrar who set up that call?

A Yes, it was Dr. Farrar who set up the call.

Q All right. With respect to the question of what happened on the call and how did that call unfold, we have also seen some documents that help us understand that question. And so I will introduce minority exhibit F.

[Fauci Minority Exhibit No. F
was marked for identification.]

BY [redacted]

Q And I'll give you a moment to look that over as well.

A Okay.

Q So this email chain includes within it, it looks like dial-in details for the call,

an agenda, list of participants. I'll just sort of walk through it maybe in reverse order starting on the first page, but we've got an email starting with from Dr. Farrar with the dial-in code.

And it's neither here nor there, but the +44 we understand certainly not to be your dial-in code, right? That's an English phone number?

A That is correct.

Q All right. And then in the email preceding that, again, from Dr. Farrar, it's got a lot of content.

So he lays out -- and the recipients here, I think, are the folks who end up joining the call. He lays out the dial-in details starting at the top of the second page. He explains that he'll be on email throughout the call.

He says to email Paul or I -- and Paul is somebody who works for Dr. Farrar, based on the cc line -- if there are any problems. If somebody can't make it, they're supposed to call Jeremy.

There's an agenda here, which starts off with an introduction and a focus and desired outcomes. That's Dr. Farrar. It wraps up with a summary as well as next steps. That's also Dr. Farrar.

So in between there, some of these other evolutionary virologists do some of the content and the substance, but in terms of who is sort of the master of ceremonies here, it feels to us as readers that that is Dr. Farrar. Is that generally your recollection as well?

A That is correct.

Q We've talked to some of the folks who were on that call, and Dr. Andersen told us that the call was organized by Dr. Farrar and that he did not remember you, Dr. Fauci, chiming in. Dr. Garry told us that it was Dr. Farrar's call and that you, Dr. Fauci, identified yourself, said, I am here, at the beginning, but then didn't say much or anything

of substance.

Again, is that consistent generally with what you remember about the call?

A That is correct.

Q Great. As far as you as a listener on the call in terms of what actually happened and the content, I think you have written a little bit contemporaneously about the content of the call. And so I think it would be useful to introduce that document as minority exhibit G.

[Fauci Minority Exhibit No. G
was marked for identification.]

BY [redacted]

Q And I'll give you a moment to look that over and familiarize yourself with it.

A Okay.

Q So the part of this email chain -- which, for the record, is Bates labeled SSCP_NIH-1796 -- the part of interest is on the second page, 1797. And this is a pretty lengthy email from yourself to other colleagues who I think have HHS sort of email branches.

Do you generally recall this email? What was the context of it?

A Yeah. The email was -- as you said, I virtually said nothing but introduced myself. This was a report of that February 1st conference call with the evolutionary virologists, and I was reporting what I had heard and what I had witnessed on the call, and I was doing it because it was part of what I had suggested in a prior email that I want to notify my superiors at HHS.

And if you look at the people to whom it was sent, it was sent to Garrett Grigsby, who's the director of the Office of Global Health Affairs. It was sent to Brian Harrison, the chief of staff to the Secretary of HHS. It was sent to Larry Kerr, who was in the office

of -- I think he's a biosecurity kind of guy in HHS. And to Robert Kadlec, who was the assistant secretary for preparedness and response. And it was sort of like -- you know, you talk about trip reports? This was a phone call report.

Q That's really helpful.

And although the email is lengthy, I think it's all connected to itself. In other words, it's hard to take one sentence out of this and read it. So I'm just going to read the email out loud, which might take a little time --

A Sure.

Q -- but the record will be clear.

It reads, "Folks, the call with Jeremy Farrar (Wellcome Trust) went very well. Francis Collins joined, and there were several highly credible scientists (including and in addition to the two that I spoke with last night) on the call with expertise in evolutionary biology. One point to make clear, and this was brought up on the Task Force call. Most of the rumors that are going around relate to the paper by an Indian group saying that there are HIV gene sequences inserted into the 2019-nCoV virus. All of the scientists on our call felt that this was not credible, and they dismissed it as they the two did last night. That is not what they were concerned about. They were concerned about the fact that upon viewing the sequences of several isolates of the nCoV, there were mutations in the virus that would be most unusual to have evolved naturally in the bats and that there was a suspicion that this mutation was intentionally inserted. The suspicion was heightened by the fact that scientists in Wuhan University are known to have been working on gain-of-function experiments to determine the molecular mechanisms associated with bat viruses adapting to human infection and the outbreak originated in Wuhan. Upon considerable discussion, some of the scientists felt more strongly about this possibility, but two others felt differently. They felt that it was entirely conceivable that this could

have evolved naturally, even though these mutations have never been seen in a bat virus before. The reasons for each side of the argument are too complicated to bother you with. Bottom line is that they all agreed with my strong suggestion to gather an even larger group under the auspices of an internationally credible organization. After some discussion, they all felt that the WHO would be the most appropriate convener of such a group and that the scientific experts be broadly representative of the global scientific community. Jeremy Farrar and Francis Collins will contact Tedros and ask him to do this. They hope to initiate this in the next day or so.

"They pass no judgment at all at this point and feel that the group's mandate should be: 'What are the evolutionary origins of 2019-nCoV, important for future risk assessment and understanding of animal/human coronaviruses.' In this way, there is no assumption of foul play or guilt on anyone's part and merely an intense scientific look at the evolutionary origins of this virus. Where that leads remains to be seen. Happy to chat with any of you about this. Best regards, Tony."

That's the end of the email. I think for some folks what jumps out to them is the mention of, "Scientists in Wuhan University are known to have been working on gain-of-function experiments."

Could you, if you recall, discuss a little bit what that sentence meant by you at the time?

A Yeah. Yeah. I was reporting what I had heard by -- and I don't know exactly who it was. You know, it could have been Kristian. It could have been one of the others. But in the discussions back and forth.

And if you look at the wording, it says they were concerned about the fact upon viewing the sequences, that there was mutations that most unusual naturally in the bats, and there was suspicion that this mutation was intentionally inserted.

And the suspicion by them on the call was heightened by the fact that apparently -- at least during the call -- I used the word "by the fact." Probably shouldn't have used the word "the fact." But saying, but the discussion that scientists at Wuhan were known to have been working on gain-of-function experiments to determine whatever.

So it was a report of what I had heard on the call that someone -- and certainly someone said it. I think it was Kristian. I'm not sure. But said that they had heard that there was gain-of-function research going on and, therefore, that makes it even more compelling to look into this.

Q And so you are basically repeating something you heard in this remark?

A Absolutely, yeah.

Q And so if you are repeating something that you heard somebody else say, when we go back to this long conversation about what exactly the term "gain-of-function" means, particularly here, if you're just parroting the fact that you heard somebody else say the words "gain-of-function," would you have known -- do you have any idea which version of gain-of-function?

A Absolutely not. I mean, it was sort of like -- in fact, I'm not even sure they used those words. They could have said manipulated the virus, and I interpreted it as gain-of-function of some sort. I don't really recall. But it was what was said by them on the conference call.

Q And it seems like a lot of this discrete conversation about intentional manipulation on this call, it seemed to revolve around the furin cleavage site.

A Right.

Q Is that right?

A That's correct.

Q I think -- in our conversations with the coauthors of the paper later on, I think it is not clear the extent to which, at this point, they had their arms around the idea that furin cleavage sites may not have previously been observed in sarbecoviruses per se, but they are perhaps not so unusual when you move up to beta coronaviruses.

A Right.

Q It's not a question. It's just an observation, if you feel this way, that the body of knowledge upon which this whole conversation is based evolved subsequently to this call.

A Right. Yeah. The thing I do remember about the call -- and I think I may have been alluding to it -- there was discussion back and forth about what some people thought and what other people thought. But the underlying theme was, we don't know all that needs to be known right at this moment. We have to go back and start looking at a whole bunch of other sequences to see similarities or not.

So there was a feeling not of what we talk about on this call is the final determination. It's, we need to be thinking about it more and looking more into it.

Q And is it right that -- I think from the email we can tell -- there was already disagreement amongst this group to begin with on February 1st, right?

A Oh, there were those in there who felt that this most likely was a manipulated or created virus, and there were those in the group who felt, no, they have no concern at all, and there were those in the group that were somewhere in the middle. It was definitely -- it was not a unidimensional discussion.

Q Could I ask -- this reference to HIV gene sequences, we've seen passing mentions of that. What was that conversation about?

A Yeah. There was an Indian paper that came out that was making claims that there were HIV sequences or similar repeat sequences in the published sequence of

SARS-CoV-2. That the reason that -- even the ones who thought this may have manipulated, those who didn't think so, and those in the middle, everybody universally said, anybody that knows anything about molecular virology knows that that is a completely ridiculous assumption.

So that's the reason why I said, that's not what they were concerned about. They said that that's nonsense. There's nothing that resembles HIV in those sequences. So that's when they went on to talk about what they were really concerned about.

Q That's very helpful. Thank you.

So after that February 1st call, what we've heard is that the authors of the paper went off and wrote the paper. And as far as the paper itself went -- who was writing it and who was guiding it -- we've talked about that with the coauthors.

Dr. Andersen told us that Dr. Farrar was a, quote, father figure to the paper, which is sort of a curious but illustrative phrase, and that you played no role in the paper, as far as he could see.

Dr. Garry has called Dr. Farrar a leader, an amazing leader of the paper, but reported that, from his vantage point, he didn't influence the paper in any way.

And Dr. Ian Lipkin, who joined the paper a little bit later than the others, told us that nobody suggested to him that you were even involved in the paper.

So as far as the substance of the paper went, is that generally consistent with your recollection of your own role?

A That is correct.

Q We have seen emails where sometimes the authors would write up a draft, and they would share the draft with Dr. Farrar, and he would occasionally forward those drafts on to yourself or on to Dr. Collins.

When that would happen, just as a general matter -- we can look at a few

examples -- but, in general, if you recall, how would you have seen your role as the recipient of those forwarded emails? Is it more that, oh, Jeremy is sending me this so that I can open up a version, go in, and make line edits? Or is it, from your point of view, more of an FYI situation?

A Absolutely, an FYI and a courtesy.

Q So we can look, I think, at an example of that. And so I will introduce minority exhibit H.

[Fauci Minority Exhibit No. H
was marked for identification.]

BY [redacted]

Q And I'll give you a second to familiarize yourself with that. For the record, the Bates label of this email chain is SSCP_NIH-751.

I won't take too long with the exhibit itself. I won't quiz you on the contents of the draft.

So this is February 4th. So we're now 3 days out from the conference call. And at the top of the first page, it looks like we have what we just talked about. Eddie Holmes, a coauthor of the paper, sends to Jeremy Farrar, hey, "Here's our summary so far."

And then Jeremy Farrar forwards that on to yourself and Dr. Collins and says, "Please treat in confidence. A very rough first draft from Eddie and team. They will send on the edited, cleaner version later."

Is this basically an example of exactly what you were just saying?

A Yeah. To me, this was an FYI and a courtesy to let you know where we are in the process.

Q So when it comes to -- that's helpful in terms of your process role, the role or lack thereof that you were playing.

When it comes to the substance of the paper, I do want to say there's been a fair amount of discussion about whether or the extent to which the authors somehow flip-flopped. That on February 1st, these folks were saying, hey, gosh, I think this came from a lab, and just merely days later, they somehow changed their minds. All of a sudden, they're saying it couldn't have come from a lab and that there must be something improper about that process.

I think -- it is useful because I think that that timeline sometimes has gotten a little bit foggy.

I'm going to introduce just one more draft of the paper that was forwarded on to you, as minority exhibit I.

[Fauci Minority Exhibit No. I
was marked for identification.]

BY [redacted]

Q And I'll give you a moment to look that over. I may want to chat a little more about the substance in the draft, so take your time.

This Bates number, for the record, is REV411.

A Yeah.

Q Great. So this email chain is now February 8th. So we are a full week out from that February 1st conference call. And it's another similar example, it looks like, where Dr. Farrar is forwarding the current draft, but in this case -- I just want to know, as a preliminary matter, the to line is not just yourself, Dr. Collins in this case. It's other folks who were on the February 1st conference call, right? Such as Ron Fouchier, for example?

A Right.

Q Who is Dr. Fouchier, if you recall?

A He's a Dutch scientist.

Q What is his general field of expertise? I think it's virology, maybe evolution.

A No. He's an evolutionary virologist.

Q Got it. So the body of Dr. Farrar's email here looks a little bit different than the last one in that he appears to be soliciting a little bit of substantive input. Is this reasonably balanced? Does anybody disagree?

I just wanted to ask just as a threshold matter whether -- if you recall it's more likely that Dr. Farrar is interested in the opinion on those questions of somebody like Dr. Fouchier, or somebody like yourself who, as I understand it, is not a virologist?

A Well, he's certainly interested in what Andrew Rambaut and Ron Fouchier and Marion Koopmans -- I couldn't comment on this because I'm not an evolutionary virologist. This really is not even close to my lane.

Q That's exactly my question.

And then with respect to the content of this particular draft, the draft at this point walks through three possible scenarios for the origin of SARS-CoV-2: natural selection in humans, natural selection in an animal host, or selection during passage, being sort of the lab origin option.

And on the very last page, Bates numbered 414, under "limitations and recommendations," I'll just read out loud the first sentence there, which is, "The evolution scenarios discussed above are largely indistinguishable and current data are consistent with all three. It is currently impossible to prove or disprove either, and it is unclear whether future data or analyses will help resolve this issue." That's the end of the quote.

So it's less of a question, more an observation. And if you recall, it seems to us as readers that, you know, in the days after the February 1st call, the position of these folks seems to have been, we honestly couldn't tell you whether it's from a lab or from an

animal.

Is that basically your recollection?

A Yeah. I think they -- I don't know. Let me read it.

I think the idea of artificially creating it was out. But they said -- they didn't rule out that it could have come from a lab for the reasons that are -- so they had a pretty open mind about where it came from.

Q Precisely. And when the article ultimately came out -- which I think was a month or a month and a half after this -- at that point, it had some language in it that folks have pointed to that was a little bit more definitive about, we don't think that any laboratory-based scenario is plausible.

My point is simply that that seems to have come much later in the process. Is that your general -- to the extent you would even know.

A No. I don't know --

Q Yeah.

A -- but I assume that after further examination of sequences and backbone viruses and all that, that there was strength in that it would be less, less likely given the -- what you would need to be able to manipulate it in passage, that it is unlikely that passage would have been the case.

Q And that's some of what we've heard from them of, hey, we started learning about the furin cleavage sites that are a little more common than we thought, and it turns out that the receptor binding domain is really prone to mutations in a way that maybe we didn't appreciate at first, and we've got a receptor binding domain out there in nature that looks like a 99 percent match to the one in SARS-CoV-2.

So it seems like they were accumulating data points as they went along that led them to wherever they ended up -- is our perception of how this process unfolded.

A Right.

Q One last point on this. It's a narrow one, which is, there's been this suggestion that -- I mean, "bribe" is an extreme word, but there's been a suggestion that you somehow bribed the authors of the paper to write a paper that would suppress the lab leak theory in exchange for a $9 million grant to Dr. Andersen and Dr. Garry.

We went and asked Dr. Andersen about this. We did the same for Dr. Garry. Dr. Andersen told us that the allegations are false and that he had not even talked to you about the grant application.

And we had an exchange with Dr. Garry on this topic that I think I'll introduce as an exhibit and read out loud because I think it's helpful. So I will mark that as minority exhibit J.

[Fauci Minority Exhibit No. J
was marked for identification.]

BY [redacted]

Q So on the back page of that exhibit -- I'll give you a moment to glance at it, but I'm just going to read an excerpt from the middle of that page while you also read over it.

We can see in the middle of that page that -- we asked Dr. Garry, quote, "Did Tony Fauci or Francis Collins ever threaten you or bully you or intimidate you into concealing or altering the findings of your paper or in any other way?"

To which Dr. Garry said, "No."

And we asked him, "Okay. Did Drs. Fauci or Collins ever threaten to revoke or withhold Federal funding from you in any way?"

And Dr. Garry answered, "No."

Then we asked him, "Are you aware of any efforts by Drs. Fauci or Collins to

suppress scientific inquiry into the origins of the virus?"

Dr. Garry answered, "No."

To which we asked him, "Is there any version of this question that I haven't asked you yet to which the answer would somehow be yes?"

To which he answered, "There is not."

So we'll do our diligence and ask you as well.

Did you, in any way, ever threaten to withhold Federal funding from the authors of the paper or award Federal funding to the authors of the paper in exchange for changing their scientific findings?

A No.

[redacted] Great.

I'm going to kick it to my colleague, [redacted] for a few more questions.

BY [redacted]:

Q Dr. Fauci, it is additionally our understanding that the grant review process throughout NIH at all the institutes is thoughtfully designed to prevent undue influence. Is that right?

A Correct.

Q In the last hour, you spent a lot of time with our colleagues going through the grant review process. I'm not going to go through the entire thing with you, but I just want to get some clarification on a few aspects.

You said the initial peer review or the study section is conducted by scientists and academics who are not employees of NIH. Is that correct?

A That is correct.

Q And are those members of that committee -- or that peer-review committee, are they fully vetted for potential conflicts of interest and to ensure that they have the

appropriate expertise to join that peer-review panel?

A Yes.

Q Similarly, you spoke about the NIAID advisory council and their secondary review of grant applications. And those are also predominantly external to NIH, correct?

A Correct.

Q Are the members of the NIAID advisory committee also fully vetted for potential conflicts of interest and to ensure they have the appropriate expertise prior to joining the advisory council?

A Right. Not only are they vetted, but whenever there is a vote on the en bloc approval, you specifically say, is there anyone that has a conflict of interest with one of these grants that have been discussed? If so, you need to get up and leave the room and not be involved in the discussion. So it's in general and specific.

Q Perfect. And in my review of the entire application process for grants throughout NIH, I saw many references to preventing conflicts of interest. So it seems to me that this is a high priority for NIH and for NIAID, and that this is to protect the integrity of the grant application process. Is that correct?

A That is correct.

Q All right. And just to reiterate, you, as director of NIAID, were not involved in the grant-making process, correct?

A That is correct.

[redacted] Thank you, Dr. Fauci.

I'm going turn things over to my colleague[redacted].

BY [redacted]

Q Dr. Fauci, while we have you here today and tomorrow, I think one of the most important things we can do is collect your perspective on reforms and positive steps

we can take for future pandemic preparedness and response. And so with that, I would like to look back at the COVID-19 pandemic starting with contact tracing.

At the outset of the pandemic, it was suggested that contact tracing was going to play a key role in containing the spread of COVID-19. For the record, could you explain the public health practice of contact tracing?

A Yeah. Contact tracing is a process when you're trying to determine exposures and potential mechanisms of spread throughout the population.

So if I get infected and I'm known to be infected, and I'm in close contact with family members, fellow employees, or whomever, that you then trace the contact and you observe them to see if they are being -- if they're sick, and if they are, then you isolate them depending upon the nature of the infection.

So it's identification, isolation, contact tracing. That works well when you have a virus that has symptoms always associated with it.

[3:02 p.m.]

BY [redacted]

Q And so, looking back at the outbreaks that my colleague [redacted] covered in the previous round, how was contact tracing successful in containing prior outbreaks of infectious diseases?

A Well, when you have a disease or an infection that is transmitted mostly by syndromic transmissibility -- someone who is obviously sick -- that contact tracing becomes much, much more easy and effective in getting people to be isolated. It becomes much more difficult when there's community spread, because you can't identify, contact, and trace it if you don't know who they came into contact with.

So that's when things really fall apart, particularly when you have widespread community spread where someone just appears in the emergency room or in a clinic and is infected, and you say, well, who did you come into contact with? And they say, I never came into contact with anybody that I knew was infected. It becomes problematic.

So contact tracing is really good under certain circumstances, but in others it's less effective.

Q And so, looking back to the earliest days of the COVID-19 pandemic, what steps were taken across the board to stand up nationwide contact tracing? And what did collaboration between the Federal Government and State and local governments look like to do that?

A Well, you know, it was problematic. I can't -- I don't think it would be -- I want to be perfectly honest about it, is that I was not involved in all of the issues of setting up contact tracing, doing the testing, because, as I mentioned to you, my responsibility as a scientist was to direct the NIH's and NIAID's vaccine effort.

In the beginning, there were problems with contact tracing because the diagnostic

test we were using was not an adequate test. That really created a problem, because if you can't test somebody to see if they're infected, it becomes really problematic to contact trace. So I would say the contact tracing in the beginning did not work very well.

Q So what about COVID-19 specifically -- for example, the ways it spread -- made contact tracing so difficult to stand up in the United States?

A Yeah. We found this out gradually, but then it became very clear that, anywhere, depending upon your study, between 50 to 60 percent of the transmissions occurred from a person who had no symptoms. Either they never would have any symptoms or they were in the pre-symptomatic phase.

So, if you have at least half of the infections in the community are spreading, it becomes really difficult to make contact tracing effective.

Q So, looking to the potential for future outbreaks or future pandemics, it's my sense that contact tracing could take a greater role under certain circumstances.

Are there lessons from the initial COVID-19 response that we should be taking away --

A Yes.

Q -- for the deployment of contact tracing?

A Yeah. Contact tracing is intimately associated with your local public health capability of mobilizing people to do the contact tracing.

What became clear -- it became clear to me, because what I would do after a while, because I'm a physician who takes care of patients, I would call up my colleagues in different places and say, how's contact tracing going? And they were saying that contact tracing is not working very well because we don't have the public health infrastructure in place to make it work.

So my recommendation for what are lessons learned, that we need to support

more the local public health capability of doing contact tracing.

Our local public health infrastructure, as good as it was decades ago, has sort of attenuated a lot, almost as victims of our own success, because we have good vaccines and we have antibiotics, so the local public health people who go out into the community and do public health things has diminished greatly over the last several years. People who have left their jobs have not been rehired.

So one of the big lessons learned is that, you know, public health at the local level is absolutely critical, and we were weak in that regard.

Q And so, then, looking at the role of the Federal Government both in investing in local public health infrastructure and revitalizing our public health workforce, what more could Congress be doing to support those efforts?

A You know, again, I'm not really quite sure. I don't want to speak for Congress. But they certainly, from a resource standpoint, they could give more resources and/or make sure that resources that are directed to different agencies ultimately get to the local public health infrastructure.

Q You mentioned just now testing, which is something we'd like to dig into a little bit more as well.

As I understand it, testing is a key pillar of the public health response to any sort of disease outbreak. Could you elaborate specifically on the role of testing in containing outbreaks?

A Yeah. I mean, testing is your eyes on what's going on in the community.

So, I mean, right from the very beginning, if you go back and look at quotes that I have made, is, we've got to absolutely -- what did I quote? -- flood the system with testing, both people who are symptomatic as well as asymptomatic individuals, to get some vision into what's going on in the community.

Because if you wait for people to get sick and present to a clinic or to a hospital, you are already weeks behind what's actually going on in the community. In order to stay ahead of it, you've got to test very, very robustly.

Q Now, as I understand it, in epidemiology, there are two key measures of a test's performance or effectiveness; those are sensitivity and specificity. Do those concepts sound familiar?

A They do.

Q And so, as I understand it, sensitivity is the ability of a test to identify true positive cases; specificity, the ability of a test to identify true negatives.

A Right.

Q I also understand that there are different kinds of COVID-19 tests -- for example, PCR tests and antigen tests.

Could you explain for us how the different types of COVID-19 tests that we've deployed across the pandemic are different, for example, in terms of sensitivity and specificity?

A Yeah. I mean, the PCR test, if done properly, is both very sensitive and also very specific. The problem is, if not done properly, there could be some contamination, so there are some false negatives and false positives.

The antigen tests are clearly less sensitive, in the sense of picking up an individual. When you do get a positive antigen test, it usually is quite specific for the particular antigen.

Q And so, when we look at how each of these tests were deployed as part of the COVID-19 response, are there different pros or different cons to each of the types of tests you described?

A Well, yeah, I mean, the pro of a rapid antigen test is that you can just give it

to people to go ahead and test and report it in, and you could be done very rapidly. You can do it in 15 minutes. Some of them are even 12 minutes or 10 minutes. For those of us who've tested ourselves in positive, you sometimes find out in 1 minute that you're positive when the band appears.

Whereas the PCR test, as very specific and sensitive as it is, is a test that requires, at least what's available now, a specialized lab to do it. And it usually -- again, you get better and better at it. If you really want to do it in an emergency, you might get it overnight, but usually you've got to wait several days. And one of the problems, again, getting back to your original question of contact tracing, is that if you have to wait several days to find out if something is positive, then that really makes things very complicated.

Q Thank you.

Now, when it comes to testing for COVID-19, I recall we experienced some initial stumbles in developing effective tests. For example, the CDC's early COVID-19 tests were both contaminated and contained initial design flaws. Is that correct?

A Correct.

Q Could you elaborate on those specific issues that we observed with the early rollout of the CDC's COVID tests?

A Well, I don't have the specifics of the defect, but it became very clear that when the tests were made by the CDC and then distributed, there were people who were calling in and saying, wait a minute, we're getting false positives here, it's not working very well.

That became pretty clear when they were distributed out into the community. The exact detail of what the defect was, I don't think I can give you a totally accurate answer to that, but they were clearly inadequate.

Q And so you mentioned earlier in this round the role of testing, obviously, and

contact tracing, some difficulties, that the testing rollout -- the way that that informed contact tracing and standing up that effort in the United States.

Are there other ways in which the rollout of the COVID-19 tests and some of those early missteps undermined our early response to the pandemic?

A Yeah. I think, you know, if you're relying solely on a test, a single test, to get eyes on the outbreak and that test doesn't work, in some respects, you're really operating blindly about what's going on. That was a real problem.

Commercial firms were not drawn in quickly enough, I believe, to substitute for a defective case. Kept on trying to make it better, trying to fix it, trying to fix it. They ultimately never really fixed it. And then the commercial tests came in and took over.

So February was a month that really was an issue with regard to testing.

Q We're approaching the end of the hour, and we will have additional questions on testing, but before we conclude the round, I just want to turn it, in case Congresswoman Dingell or Congresswoman Castor have any followup questions.

Do either of you?

Mrs. Dingell. I do, but do we want to wait until the next hour?

Ms. Castor. Yeah, we'll wait to the next hour. Thank you.

[redacted] Then, in which case, I think we can go off the record. Thank you.

[Recess.]

Mr. Benzine. We can go back on the record.

BY MR. BENZINE:

Q Dr. Fauci, when I was running through the really long list of names what feels like forever ago now, I brought up Dr. Ping Chen. She was stationed by NIAID in Beijing up until mid-December 2019 and had toured the Wuhan Institute of Virology in 2017.

After the pandemic emerged, did you ever request to meet with her?

A No.

Q Why not?

A There was no reason to meet with her. She reported to Gray Handley, and if there were any issues, Gray, I'm sure, would've brought it up. So --

Q Did you ever talk to Mr. Handley about anything related to Dr. Chen stationed in Beijing?

A Ultimately, when everyone started -- yeah, I mean, the first time was when all the hearings started and all the questions started getting asked.

Q Okay. But not, kind of, contemporaneously?

A Contemporaneously, as things are happening, I didn't even know she existed.

Q It just seems -- and we talked to Mr. Handley, and he said pretty much what you just said, that he didn't recall you requesting a meeting or anything.

It's just, in this particular aspect, from where we're sitting, is, you have someone in Beijing while the outbreak is going on -- we didn't know it was going on, but it was going on --

A Right.

Q -- who had been to the laboratory that was being at least somewhat blamed --

A Right.

Q -- maybe not, for the outbreak, it just seems to us that she's kind of, like, a material witness in some of this and, you know, would be of interest in determining how --

A No.

Q -- China was behaving. But no?

A That didn't upset the -- I didn't look upon it that way. I barely knew she existed, so it was tough to say, "Let me talk to Ping Chen." Gray Handley was the one who handled those kind of global-affair issues.

Q Okay.

[redacted] Sorry. If you could just go a little bit louder, just for the end of the table, if you can.

Dr. Fauci. Sorry. Do you want me to repeat what I said?

[redacted] It's up to the members.

Mrs. Dingell. I heard the answer.

Mr. Benzine. Okay.

Ms. Castor. And the name of the person you're inquiring about?

Mr. Benzine. Ping Chen, C-h-e-n.

Ms. Castor. That is what we didn't hear.

Dr. Fauci. Yeah, Ping Chen. Yes.

Ms. Castor. Thank you.

Mr. Schertler. And the other name, just for the record?

Dr. Fauci. Oh, the other name is Gray Handley. Ping Chen reports directly to Gray Handley, who's the head of our Office of Global Health Affairs.

So the question was, did I interact at all with Ping Chen, and the answer is no.

BY MR. BENZINE:

Q We also talked about Dr. Stemmy a little bit earlier. Did Dr. Stemmy ever brief you about any information he was gathering from Wuhan?

A The only time that Dr. Stemmy directly briefed me, multiple times, was in preparation for the multiple hearings that I had.

Q In early January 2020, Dr. Stemmy had multiple communications with

Dr. Daszak about the outbreak. He never told you about that?

A No, he didn't.

Q And then also in early January 2020, Dr. Chen spoke to Dr. Zhengli Shi at the Wuhan Institute of Virology about the outbreak. No one told you about that?

A No.

Q We touched on it very briefly, but Dr. Redfield has previously testified that in January of 2020 he was working with Dr. Gao to get a CDC team into China. Were you aware of those efforts?

A In January of 2020?

Q Uh-huh.

A I was aware that we all were trying to get -- not me personally, but the Coronavirus Task Force as well as the CDC were trying to get their team in. I believe that was before -- I'm not sure, but before the WHO became the convening group to get a team in.

Q Okay.

A But it was clear that the CDC wanted to get a team in there. Yes.

Q And then in mid-February 2020, two U.S. scientists, Dr. Lane from NIAID and an individual from the CDC, were part of a 13-person WHO team that joined a team of 12 Chinese scientists touring a couple cities around China.

Is that what you were just referencing?

A Yes.

Q Did you help coordinate this trip for Dr. Lane?

A I'm not sure what you mean by "coordinate."

Q Were you involved in setting up this trip at all?

A No, I was not involved in setting up.

I was asked -- and I don't recall by whom; it likely -- likely, but I don't know for sure -- was by HHS -- who would be the best person, who's the most knowledgeable about infectious diseases. And that certainly would be Cliff Lane, so I recommended Cliff Lane.

Q Do you recall any reluctance on the part of the Chinese to let a WHO team in?

A In February, I'm not sure if it was reluctance, but I do recall it was difficult finally getting the team to be allowed to go in.

Q Uh-huh.

A It wasn't -- I don't recall the back-and-forth of the reluctance, but it was clear that they kept on asking to get the team in, and for one reason or other it didn't happen, and then finally it did happen.

Q The "they" in that answer is the WHO?

A No. It was, I believe, the Chinese -- again, I'm saying I believe, but I don't know for sure -- that the Chinese were -- not the Chinese -- the WHO was trying to get a team to go and it was not happening as quickly as people wanted it to happen.

Q Were there any conversations about why it wasn't happening as quickly?

A No. I don't know.

Q Do you know Dr. Bernhard Schwartlander?

A Bernhard Schwartlander is a senior official at the WHO.

Q Did you ever receive an intelligence briefing regarding Dr. Schwartlander?

Mr. Schertler. And, I'm sorry, when you say intelligence briefing "regarding" him, is it from him or --

Mr. Benzine. No, no.

Mr. Schertler. -- about him?

Mr. Benzine. About him.

Dr. Fauci. About him?

Mr. Benzine. Uh-huh.

Dr. Fauci. I don't recall receiving an intelligence briefing about him, no.

BY MR. BENZINE:

Q Did you receive any other types of briefings regarding Dr. Schwartlander?

A I don't recall ever receiving a briefing regarding Dr. Schwartlander. He's a well-known figure in WHO, and I certainly over the years have had conversations with him at meetings or in correspondence. But I don't ever recall being briefed about him.

Q Okay.

There were some emails early on with him and you about this trip, and, in one of them, you expressed concern about maybe getting zero Americans on this trip. Do you remember that?

A Could you show me the email?

Q I can.

Mr. Schertler. And this is an email with Dr. Schwartlander; is that correct?

Mr. Benzine. Yes.

So this will be majority exhibit 5.

[Fauci majority exhibit No. 5
was marked for identification.]

BY MR. BENZINE:

Q And it is an email chain from February 9th, and it has Garrett Grigsby, Dr. Schwartlander, Larry Kerr, Brian Harrison, eventually you, and Dr. Kadlec and Dr. Redfield. And it was produced via FOIA.

And at the very top of the second page is an email from you, where it says, "I do

not like the sound of this. So now we are in the queue with other countries? Seems like he is talking about at best 1 USA person and maybe even 0 USA people." And you're referring to an email from Dr. Schwartlander on the second-to-last page.

Mr. Schertler. I don't know that we've seen this before. Is it okay if he takes a few minutes to just read it?

Mr. Benzine. Yes.

Mr. Schertler. So I think you start at the back, if you haven't already, because that's where the first page would be.

Dr. Fauci. So the back is just an announcement by -- it isn't really an email. He's just --

BY MR. BENZINE:

Q No, that's just a --

A Yeah.

Q And then --

A And then the --

Q -- Mr. Grigsby emails Dr. Schwartlander. It's all redacted. And Dr. Schwartlander responds and --

A So Bernhard says, "We have three people on the way to Beijing who will work with our Chinese counterparts on finalizing the TOR," whatever that is --

Q Terms of reference.

A -- okay -- "and composition of the joint" -- oh, so they're trying to put together the group.

Q Uh-huh.

A I see. Okay.

"As you are well aware, the US has given us a number of names who will be able

and willing to join such a mission. We have received similar proposals from other countries and will now match the 'long list' of experts with the required specific expertise. We hope to have more clarity...keep you in the loop...overall number...."

And Grigsby says, "Many thanks! I know I'll be asked, so I will pass [it along]."

"Brian -- more clarity from 'the horse's mouth'...."

And I say, "I don't like the sound of this. So now we are in the queue with other countries? Seems like he is talking about at best 1 person and maybe 0 people."

So I was concerned that we were not going to get eyes on what's going on.

Q Did you have any communications with anyone at the WHO about ensuring that --

A No.

Q -- Americans were on the trip?

A No. I didn't communicate with the WHO about that. I just wrote to Garrett, saying, I don't like the idea that we might not have anybody going.

Q Uh-huh.

And you said you recommended Dr. Lane for this trip?

A Yeah.

Q Was he your first choice?

A Yeah.

Q He was on the way to Japan to see the Diamond Princess at the time?

A Yes.

Q And we talked to Dr. Lane, and he said that, pretty much, he was, like, on -- he was boarding a plane at Dulles when he got a call from you that said, "When you land in Japan, you're going to get on a plane and go to Beijing and go on this trip."

Does that sound like that's what happened?

A Unfortunately for him, that was correct.

Q Okay.

A No. Let me explain what I mean by "unfortunately for him," is that he was sort of, like, traveling all over the place. He was in Japan trying to set up a remdesivir study on the people who were there. And no sooner did he land than we said, "Sorry, but now you gotta go to China." That's what I meant by "unfortunately."

Q And then he said, while he was on the plane to Tokyo, he got plane WiFi and the State Department and NIH worked on getting him all set up to go to China and the complications that went with that.

While he was on the trip, he nor the CDC individual were chosen to go to Wuhan?

A Correct.

Q Do you -- is that correct?

A That is correct.

Q Did you have any conversations with anyone about that?

A I didn't have any conversations with anyone, but it just -- I was disappointed, because Cliff is a very competent person.

Q Would there have been -- why do you think they weren't chosen to go to Wuhan?

A I don't think they specifically were not chosen. I think that they allowed -- if my recollection is correct -- it might not be. But I think they allowed one person to go to Wuhan. And you could understand, if they have a group of multiple people, that they didn't pick Cliff.

I don't think they specifically said, "I don't want Cliff to go." I think they just decided they were going to pick somebody else.

Q Did Dr. Lane brief you when he returned?

A Yes.

Q What was the content of that briefing?

Mr. Cooke. So, again, if we're getting into the details of internal communications, we have a confidentiality interest in maintaining the --

Mr. Osterhues. So facts are what you're concerned about disclosing?

It has to be deliberative. Facts are not deliberative. If he's telling him what he saw -- I mean, come on. We've been through this in every one of these. I know you've been out for a while. But, again, it has to be deliberative, pre-decisional. Getting a briefing on what happened in Wuhan or in Beijing is -- should be primarily factual.

Mr. Cooke. If you recall the general topics you discussed, you can speak to that.

Dr. Fauci. Yeah.

BY MR. BENZINE:

Q So what were the general topics that Dr. Lane briefed you on?

A They were mostly clinical topics. What Cliff was impressed with was the equipment and the number of personnel they had working in these hospitals where -- he spent most of his time talking about how effective they were in, you know, every bed has a monitor, and every bed has a pulmonary physiologist, every bed has a physician, every bed has a nurse. He said, they really are putting a major effort at good clinical care to them.

Of course, that's his area. I mean, he's --

Q Uh-huh.

A -- one of the best clinicians around.

Q Dr. Lane said that the final WHO China report, some of the more narrative sections should be taken with a grain of salt, is the quote from Dr. Lane.

Did you have any conversations with him regarding the language in the report or --

A No.

Q No?

A No, I did not.

Q Did you have any conversations with him regarding whether or not he believed, being there, that China was controlling the message?

A I don't remember specific conversations with Cliff that they were controlling the message, but I do recall that he would've liked to have gone to Wuhan.

Q Uh-huh. Did you have any discussions with him about whether or not he felt like China was being forthcoming?

A You know, that wasn't the conversation that I had with Cliff. Most of the conversation with Cliff is how they were handling the people who were sick or who were at risk. It was mostly a kind of a public health commentary about the kinds of things that they were doing.

Q Dr. Lane wrote that China was good at controlling the outbreak, albeit at great cost, is again a quote from him.

A Yeah.

Q Did you have any conversations with him regarding, kind of, China's extreme lockdown policies at that time and their effectiveness?

A The only thing I can recall about what Cliff said back then was that their social distancing seemed to have been working, in that -- I didn't get into the details of how stringent it was, but I remember him saying that their social-distancing program seems to be working well in controlling the infection.

And then, as I mentioned a moment ago, the other part of the conversation was he was really struck by their really competent intensive care.

Q Did you have any conversations with him that would suggest China knew this

was worse than what they were publicly portraying?

A No, I didn't. I think that by the time I had a conversation with him it was very clear that there was a big-time disease going on.

Mr. Benzine. I want to introduce majority exhibit 6.

[Fauci majority exhibit No. 6 was marked for identification.]

BY MR. BENZINE:

Q This is an entry from your calendar from January 17, 2020.

And I have a just, kind of, question on what one thing means. At 3 o'clock, there's an entry, "Call to Discuss CDC Gao Writing Request." Do you recall what that was?

A I believe -- I don't know if this was a specific thing, but around -- again, I don't know the timing, but Dr. Gao had approached me about writing an article with him, which I don't think I did. But that's what I think this is referring to, to call -- Gray, I believe, set it up, because Gao went through Gray -- Gray Handley, that is --

Q Uh-huh.

A -- to try and see if we could co-author a scientific paper. And, as I recall, I believe I declined. Yeah.

Q Had you had any conversations with Dr. Gao regarding the outbreak prior to this?

Mr. Schertler. Prior to January?

BY MR. BENZINE:

Q Prior to mid-January?

A You know, I believe I had a conversation with Dr. Gao, but I'm not sure exactly when in the time. I may have had one conversation.

Like I said when I was asked before, the only thing I remember about Dr. Gao is

once I met him here and once I spoke to him on the phone. But I don't know exactly timeframe, when that was.

Q We have a few documents to hopefully nail down the timeframe of the phone call.

A Okay. Sure.

Q I'm going to introduce majority exhibit 7.

[Fauci majority exhibit No. 7 was marked for identification.]

BY MR. BENZINE:

Q This is an email chain with Mr. Handley, and then it also has Dr. Chen and a couple others on it, and is Bates marked SSCP_NIAID 1 and 2.

You're not on these emails. There's no reason that you should have seen these emails before.

And I just want to draw your attention to the one from Mr. Handley at the bottom of the first page. And he said, "I have asked Ping to reach out to George Gao to see if he is interested in having a research information sharing call with ASF. We will see if he has time to respond."

I'm assuming "ASF" is you?

A That's me. It's usually only me --

Q Yeah.

A -- right?

Q Dr. Chen responds with a draft invitation to Dr. Gao with some Chinese language in it, which makes sense, and, "Please let me know if this is acceptable."

Mr. Handley responds with some suggestions -- it's unclear, based on this email, what his suggestions were -- and then said, "Good to send it via WeChat."

A baseline -- and you may not know: Does NIAID have any policies regarding the use of WeChat for official purposes?

A I only heard about WeChat a couple days ago, so I think --

Q Okay.

A -- I think not.

Q Okay.

Dr. Chen reached out to Dr. Gao. And, based on these messages, it looks like the call got eventually set up for the night of January 31, 2020.

Not these messages; the WeChat messages. I'm happy if you want to see them.

A No, I don't.

Q Does that sound about right --

A Yeah.

Q -- for the timeframe with Dr. Gao?

A Yeah.

Q Do you recall if there was anyone else on the phone with you?

A I don't recall. I don't recall the phone call. I mean, I don't recall what we said.

Q Uh-huh.

A But when you just mentioned here -- let me see the thing that -- "interested in having a research information sharing" -- that doesn't trigger the conversation I had with George Gao, but it tells me that that's not at all incompatible with somebody wanting to talk to me about a research agenda. Since I'm in charge of infectious diseases research, that somebody who's in China might want to talk to me about what are the kind of things that we might do. But I don't recall the details of that call.

Q So what you're saying there -- and I'm just trying to distill it down a little -- is,

the call may not have been, like, about the Chinese response, but it might have been trying to set up or understand the research agenda to attack COVID-19. Is that --

A In fact, that would be strongly like- -- not "strongly likely," but that would be -- if you were to ask me, what would a call be when someone wants to talk about research information, it's not rare that when a problem arises that someone would call me and say, what is your idea about it? I mean, how best to investigate? You know, is a vaccine feasible? How long do you think it would take to get a vaccine? Or stuff like that.

Q Uh-huh.

A That's what I think this is about.

Q Did you ever speak with -- to the best of your recollection, did you ever speak to Dr. Redfield about this call?

A To my recollection, no, but it's possible. Yeah.

Q You kind of just answered it, that you're obviously -- NIAID is more of a research organization, maybe, than how people would view the American CDC being.

A Right.

Q So that might answer this question. But was it odd to have this not be a CDC-to-CDC kind of conversation versus NIAID-to-Chinese-CDC?

A I think if he was talking about what kind of research -- because we're the big, you know, 600-pound gorilla when it comes to research --

Q Uh-huh.

A -- with the amount of money we put in. So I don't think it would be unusual for him to call me to kind of get a feel for what kind of research is being done and what are the best research questions.

Q Okay.

I'm going to move on from Dr. Gao and move to Dr. Baric and just ask a couple

questions about a couple documents.

This will be majority exhibit 8.

[Fauci majority exhibit No. 8
was marked for identification.]

Mr. Benzine. And while that exhibit is being passed around, a few members have come in the room.

Dr. Joyce and Ms. Greene, do you mind identifying yourselves for the court reporter?

Mr. Joyce. John Joyce, representing Pennsylvania's 13th Congressional District.

Ms. Greene. Marjorie Taylor Greene, Georgia 14.

Mr. Benzine. I think I caught everyone.

BY MR. BENZINE:

Q So this is an entry from your calendar, Dr. Fauci, from January 31, 2020.

Excuse me. This is the wrong exhibit. We can ignore this one. This is the wrong calendar exhibit. This was just a -- a Dr. Gao meeting was not on here, but --

A Right.

Q -- you think it was around that time.

A Right.

Q Since it's already been introduced, we'll move on to 9.

[Fauci majority exhibit No. 9
was marked for identification.]

BY MR. BENZINE:

Q Okay. Now we have the right exhibit. So, an entry from your calendar from February 11, 2020.

And at 2:30 it looks like, it says, "HOLD -- Meeting with Dr Ralph Baric (and

erbelding)."

Do you recall if you met with Dr. Baric?

A You know, I don't recall, but it's here on the calendar. So, I mean, it's not unusual for me to meet with scientists who pass through D.C., so it's not surprising. But I don't recall the meeting or what was discussed at the meeting.

Q Do you recall if anyone else was meeting with Dr. Baric?

A If it's in -- 7A18 is my conference room.

Q Okay.

A So it is likely that there are other people involved. Because when it's a one-person meeting, I usually meet in my office, which is a couple of -- you know, a couple of doors down.

Q Since it says "Erbelding" next to it, would it be safe to assume that Dr. Erbelding would've attended that meeting?

A It's safe to assume that Dr. Erbelding would've attended that meeting, yes.

Q All right.

A Yeah.

Q I want to introduce majority exhibit 10 and make sure I have the right one this time.

[Fauci majority exhibit No. 10
was marked for identification.]

BY MR. BENZINE:

Q So this is a memorialization of a Slack message from the Vineet Menachery and Matt Frieman. And it was produced via FOIA, and Bates marked UTSystem 58871.

Do you know either Dr. Frieman or Dr. Menachery?

A I don't recall. No, I don't. Vineet Menachery? No, I'm sorry. I may have met

that person. Again, when you put scientists in front of me, I meet hundreds of them. So --

Q Uh-huh.

A Matt Frieman, same. I don't see anything. So let me read this email.

Q Uh-huh.

A Yeah.

Q So I'm going to read the message into the record.

Dr. Frieman writes, "I talked to Ralph for a long time last night. He sounds beat. His ACE2 mice are breeding up but not ready for anyone to have. He said he sat in Fauci's office talking about the outbreak and chimeras. Clearly he is in other kinds of meetings than what we are invited to! I joked about his link to WIV, he wasn't very amused." And then a few other things.

To avoid beating a dead horse, do you recall anything about Dr. Baric during this meeting discussing --

A No, I don't.

Q -- the WIV or chimeras?

A I don't recall, really. Honestly, I don't.

Q In 2018, Dr. Baric, Dr. Daszak, and Dr. Shi submitted a proposal to DARPA named "DEFUSE." Are you aware of that proposal?

A I heard about a proposal that was submitted to DARPA. Yes. It got a lot of publicity.

Q So you heard through the press?

A I heard through the press, yes.

Mr. Schertler. And just to be clear, when did you hear about it?

Dr. Fauci. Yeah. I don't recall when I heard about it, but I heard through the press

that Daszak and a couple of others had submitted a proposal to DARPA to do some experiments. I heard about it because I -- I heard it through the press. I think there was a confusion that that was an NIH proposal, and it wasn't.

BY MR. BENZINE:

Q It came out, kind of, within the last year. Does that sound about right? Like, it wasn't at the time; it wasn't in 2020.

A No. No, no, no. It was definitely after that, yeah.

Q So Dr. Baric didn't tell you about this proposal during that meeting?

A The first I heard about the proposal was from the newspapers, not Dr. Baric.

Q Thank you.

I want to -- I will avoid retreading a lot of past topics, but -- talk about gain-of-function a little bit.

And [redacted] and the minority, I think, laid out there's multiple definitions, there's a lot of confusion. People say "gain-of-function," people say "gain-of-function of concern," people say "ePPP," and they're all talking about different things at different times and different places under different definitions.

So, again, I want to walk through, and, to avoid introducing a whole lot of paper, if you still have them, I'm going to use what the minority introduced as exhibits. I'll announce them as I go.

So, going through this section, I want to focus on the definitions, not necessarily the policies that govern them.

A Right.

Q And I'll wait for -- it's going to be A, is what we're going to start with.

Mr. Schertler. Yeah, I think we've got the three exhibits here.

Mr. Benzine. So this is minority exhibit A.

Mr. Schertler. I don't think we have the number on it. What is the title of A?

Mr. Benzine. It's this one.

Mr. Schertler. Okay. Yeah.

Mr. Benzine. It's the NIH website, "Gain-of-Function Research Involving Potential Pandemic Pathogens."

BY MR. BENZINE:

Q So this page was last reviewed by the NIH on July 12, 2021. So this page was online until at least July 12, 2021. We know it was online until October 20, 2021.

And you were read the definition under the header "Gain-of-Function Research" as describing a type of research that modifies a biological agent so that it confers new or enhanced activity to that agent.

And you generally agree with that definition as would apply to broad, big-level, kind of the top level of gain-of-function research?

A The broad generic.

Q Yes.

A Not the operational definition or the regulatory definition.

Q Correct.

Then, I believe it was -- I'm going to skip over the pause, but minority exhibit C outlined the definition for what would fall under further HHS scrutiny as research that would involve an enhanced potential pandemic pathogen.

And that's defined as -- a potential pandemic pathogen, one that is likely of wide and uncontrollable spread in humans and likely to cause significant morbidity and/or mortality in humans resulting from the enhancement of the transmissibility and/or virulence of the pathogen.

So that's research enhancing potential pandemic pathogens; is that right?

A Reasonably anticipated to enhance the --

Q So it would be -- this definition would be applied when someone proposes doing an experiment?

A Right.

Q And the difference between these two, beyond the "reasonably anticipated," is primarily the "enhanced potential pandemic pathogen" part of it?

A Right.

Q A definition that was not introduced but I want to touch on is "dual-use research of concern," which is defined by the Assistant Secretary for Preparedness and Response as life sciences research that, based on current understanding, can be reasonably anticipated to provide knowledge, information, products, or technologies that could be directly misapplied to pose a significant threat, with broad potential consequences to public health and safety, agricultural crops and other plants, animals, the environment, materiel, or national security.

Does that sound about right?

A That was the definition way --

Q Okay.

A -- back before that. I think the dual-use research of concern was the thing that was discussed, like, years ago. This, here, supplanted that.

Q Is there not a -- I guess, could something be ePPP research, so fall under this framework and this definition, but not dual-use research?

A I'm not sure what you're saying. I'm just saying that this is the policy guidance that was determined by OSTP that the Department created a framework from to guide us on research with these types of organism. This is the framework that was used for our definition of the operative definition of "gain-of-function research of

concern."

Q Okay. I guess I'm trying -- and I'm sorry, and I'll drop it after this. I'm trying to figure out if there are three buckets or if there are two buckets; if there is a bucket of high-level gain-of-function, that first definition we just talked about, big, broad gain-of-function; ePPP gain-of-function --

A Right.

Q -- and then dual-use research.

A Yeah. I believe that the dual-use thing was, in many respects, part of the confusion of what it is that does it. And these were the things that became the regulatory guidelines.

So, when I -- to repeat, when I'm asked is something gain-of-function, I'm referring to the operative definition of gain-of-function according to the framework of the 3PCO.

Q Okay.

A That's my definition. That is the regulatory operational definition.

And as we were talking about before, other people use the word "gain-of-function"-this, "gain-of-function"-that, and everybody's got their own interpretation of it. But when you're deciding whether a grant should be funded, this is the operational definition.

And when I was asked anywhere -- by the Congress, by the Senate, by Senator Paul -- this is what I was referring to.

Q This website has been changed -- and we're going to talk about that in a little bit too -- I imagine, in part, because of the confusion. It's just the timing on the change --

A Right.

Q -- is kind of interesting.

But this was up and confirmable by July 12, 2021. If this isn't the NIH's definition

for gain-of-function research, why is it on the website?

A I can't answer that, because I had nothing to do with putting --

Q Okay.

A -- the definition on their website.

Q Do you think it being on the NIH website was confusing?

A I think -- I don't want to surmise. That's a speculation. But I would imagine they changed it because they thought it was confusing.

Q Okay.

Under these definitions -- broad gain-of-function, ePPP gain-of-function -- can something fall under definition under Exhibit A and not under definition under exhibit C?

Mr. Schertler. Could you just clarify that? So exhibit A is the website's definition, right?

Mr. Benzine. Yeah. Could research meet the definition of "gain-of-function" on exhibit A?

Mr. Schertler. So which "gain-of-function" definition on exhibit A? Because it goes into --

Mr. Benzine. The one under the heading "Gain-of-Function Research."

Mr. Schertler. So the big, broad definition?

Mr. Benzine. Yes.

Dr. Fauci. So the term "gain-of-function" describes the type of research that modifies a biological agent so that it confers new or enhanced activity to that agent.

Now, there are many, many gains-of-functions that --

Mr. Schertler. So, if you have that definition, why don't we just go with --

BY MR. BENZINE:

Q I'm not disputing that there are many gains-of-function. I'm trying to

determine if something can meet that definition without meeting the standard of more regulatory review under the P3CO framework.

A Yeah.

Q Yes?

A Yeah. I'm trying to think of an example. So, if a gain-of-function where you make a virus grow better in eggs so that you can then make enough virus to create a vaccine, you've made that influenza virus have a gain-of-function. That does not fall under an ePPP, because it is not a pandemic potential pathogen.

Q Okay. Thank you.

A All right.

Q I want to introduce majority exhibit 11.

[Fauci majority exhibit No. 11
was marked for identification.]

BY MR. BENZINE:

Q So this is majority exhibit 11. It is an op-ed in The Washington Post written by you, Dr. Gary Nabel, and Dr. Collins and published December 30, 2011.

I'll give you a minute to skim it over, but do you generally recall this, writing this piece?

A Yeah.

Q Why did you draft this article?

A I believe this was about the time when there was a lot of discussion and some confusion about the articles that were submitted for publication and published on the ferret studies that were done by the Dutch and the University of Wisconsin investigators.

Q And that was taking avian influenza, H5N1, and making it transmissible in

ferrets. Is that correct?

A Right.

Q At the top of the third paragraph on the first page, you say, "... important information and insights can come from generating a potentially dangerous virus in the laboratory."

What did you mean by that?

A I explained that, I believe, in the subsequent part, and I also explained it in a subsequent article in Science Magazine, which means that there are some questions that are important for the public health, such as determining are there mutations that signal the evolution of a virus that you would have to be concerned about or that might signal you to the type of antiviral drug that you want to make -- that this important information can come from that, but it needs to be done under very, very careful circumstances by very highly trained and competent investigators.

Q In this article, you also say that it's important -- and you kind of just touched on it -- it's important that a risk-benefit analysis comparing the --

A Yeah.

Q -- risk of the research to the --

A Yeah. And I was -- we were very careful in this article, as well as in the Science article that was written by Francis and I and not by Gary Nabel, in which we said that, when you do it, you've got to be very careful and you've got to do it with a good reason and you've got to make sure that the information you get is important for the public health.

Q So, in researching for this, there was a -- "argument" may be too strong a word, but -- a back-and-forth on whether or not Dr. Fouchier and the University of Madison and his Erasmus in the Netherlands should publish their work on H5N1, that, by

virtue of publishing it, it could be misappropriated --

A Right.

Q -- and used poorly.

A Right.

Q How does NIAID review that sort of situation? Like, do you get a heads-up on when publications come in that might describe research that could be misappropriated?

A Well, now you're talking 2024 and 2023. Absolutely.

Q Okay.

A But, back then, things were not as strict. In fact, this whole scenario of the Netherlands-Wisconsin experiments on the ferret are what triggered the pause. Because what happened is that these manuscripts were submitted to a journal, and the journal editors as well as people who were reviewing it said, wow, you know, they did this experiment; was this done properly?

It happened to have been done by very experienced, highly trained investigators. But that allowed the field to say, we really need to start looking at things before the experiments are done. And that's when the pause occurred.

And, during that pause, we had the 3-year deliberation of, what are the things that really need to be regulated? And that's how we came up with the policy guidance and the framework.

But, back then, this was a wake-up call, yes.

BY MR. STROM:

Q So, within NIAID, who does that risk-reward assessment that you guys talked about needing to be done in advance of the experiment? Is that another DM- -- Dr. Erbelding's division?

A Yeah. Well, that's a combination -- now that, you know, we had the wake-up call about those experiments that, fortunately, were done by very competent people who did it correctly --

Q Uh-huh.

A -- that right now there's, I believe, two levels at least, maybe more, of review.

Q Uh-huh.

A The peer review who looks at it makes an estimate of it. But before the thing even gets submitted as a grant, the boards at the institutional level -- I think it's called the Institutional Review Board of an institution -- makes a determination on whether or not it should even be submitted.

Once it's submitted, then the DMID, the Division of Microbiology and Infectious Disease, staff also makes a determination of whether it's worth doing given the risk.

[4:15 p.m.]

BY MR. BENZINE:

Q What about the review process for publications? So like you said, this kind of triggered a thought on -- "censoring" is too strong a word --

A Yeah.

Q -- but reviewing publications --

A Yeah.

Q -- on that could lay out research that could be misappropriated. How does that --

A Yeah, right now, most of the time, not always, but most of the time the people who are doing the experiments, who write the paper up, send it in to the program staff out of courtesy to show that we have now a productive amount of research from the funding you give.

But sometimes papers come out -- remember, these are papers that are now modern, being approved -- that the staff doesn't know about it.

But usually they send it to their program staff out of courtesy, and I believe it's to their benefit because it's telling this program staff, "See, you funded us, and, look, we now have some productive results from that."

Q Thank you.

I want to introduce majority exhibit 12.

[Fauci majority exhibit No. 12
was marked for identification.]

Dr. Wenstrup. While that's going around, let me ask, is virtually all research published?

Dr. Fauci. The answer is probably not. And the reason is that sometimes when you get a negative result and you submit it, the journals reject it.

And that's one of the issues that I believe the scientific community is dealing with, is that how do you get data out, that you did an experiment, it didn't work, it was a failure, but you submit it to the New England Journal and they say, "Sorry, we're not interested," you submit it to the Annals of Internal Medicine, they say, "Sorry, we're not interested," and then nobody really sees it. So --

Dr. Wenstrup. What about not submitting it at all for fear of rejection?

Dr. Fauci. Oh, i doubt that. I think most investigators, when they put enough work in it -- I mean, I can't speak, Mr. Chairman, for everybody -- but most investigators, when they put a lot of work in it, they want to submit it somewhere, even if it's a third-tier journal, just so that they can, you know, get some credit on their CV for it.

I doubt it. If there's -- I mean, I'm sure there's somebody that's done that, that's decided --

Dr. Wenstrup. I mean, if their premise was way off, they may not be anxious to --

Dr. Fauci. Yeah.

Dr. Wenstrup. -- show that to the world.

Dr. Fauci. Yeah, yeah.

Dr. Wenstrup. So --

Dr. Fauci. Yeah, I see what you're saying, yeah.

Dr. Wenstrup. Yeah. Thank you.

Mr. Benzine. So this is majority exhibit 12. It's an article written by you in mBio entitled, "Research on Highly Pathogenic H5N1 Influenza Virus: The Way Forward." And it's from the September/October 2012 issue, 2012 issue, so about a year or so later than the Washington Post article.

I want to draw your attention to one particular section that you wrote in here because it really stood out. The second paragraph on the left-hand column about halfway through, there's a sentence that starts "Putting aside -- "

Dr. Fauci. Uh-huh.

Mr. Benzine. I don't know if you see it.

Dr. Fauci. Yeah.

Mr. Schertler. Second --

Dr. Fauci. Yeah, right here.

Mr. Benzine. And it reads, "Putting aside the specter of bioterrorism for the moment, consider this hypothetical scenario: an important gain-of-function experiment involving a virus with serious pandemic potential is performed in a well-regulated, world-class laboratory by experienced investigators, but the information from the experiment is then used by another scientist who does not have the same training and facilities and is not subject to the same regulations. In an unlikely but conceivable turn of events, what if the scientist becomes infected with the virus, which leads to an outbreak and ultimately triggers a pandemic?"

What stood out to me is at least from some of the people we've talked to is this sounds almost premonitionary of what could have happened, what one of the possible scenarios is for COVID-19 of a well-known, world-class laboratory and scientist, in Dr. Baric and UNC, collaborating with the Wuhan Institute with known biosafety and training lapses, them attempting to recreate a UNC experiment, and a lab worker

subsequently getting infected.

You wrote this in 2012. Is that -- is the scenario you authored then still possible today?

Dr. Fauci. Well, you know, what I was really referring to here is that -- and it's a broader picture, and I think that's something, Mr. Chairman, when you said you want suggestions about lessons learned -- what we really need, even if we have the strictest, best control of what we fund in the United States, we don't have control of what's done in other places.

And I would think that if you were to ask -- and you did ask -- what lessons that I could suggest to the group, I think we would need a broader international organization, a strengthened WHO or a U.N. or something, to have much more regulatory control of what everybody does.

Because if you just do what we're doing here with this, which our framework, which is good for us, that doesn't control what's being funded privately or what's being funded by other organizations.

Dr. Wenstrup. And that's my concern. I agree with what you just said on that, Doctor.

And as I read this, too, you know, I'm a soldier. I sit on the Intelligence Committee. I've been concerned about bioweapons before COVID ever came around. Our State Department said as far back as 2005 China's interested in bioweapons.

What may be good intentions don't always end up good intentions. I don't think the Wright brothers ever thought that what they invented could be used to kill 3,000 people in one day by flying planes into buildings. But there's always nefarious people out there, and there's nefarious components to especially adversarial governments.

And that is one of my -- one of my concerns in this whole process is to what are

we doing, doing this -- these research projects in China at all --

Dr. Fauci. Right.

Dr. Wenstrup. -- at all, especially you're familiar with the AMMS, I believe, the Academy of Military Medical Science in China. Where are they located?

Dr. Fauci. Yeah.

Dr. Wenstrup. In Wuhan.

Dr. Fauci. Right.

Dr. Wenstrup. I'll let Mitch continue, but I'm just expressing my concerns --

Dr. Fauci. Sure.

Dr. Wenstrup. -- as you are here, I think.

Dr. Fauci. Yeah, no, I am. And I think historically that the collaborations that we have had with China for decades have been quite productive, leading to things that could be very beneficial for public health.

What the situation is now, I can't surmise on. But we've had very good collaborations with the Chinese over the years.

Dr. Wenstrup. I was in China years ago, and I mentioned that to them. I said, when I get my surgical journals, I see papers written by Chinese physicians. So there's a lot we can do together. But I was more there to talk about fentanyl at the time.

Dr. Fauci. Okay. Sorry. Thanks.

BY MR. BENZINE:

Q I want to, sitting here today, do you still agree that -- or do you still think that the benefits outweigh the risks regarding this type of research?

A I think you have to take it on a case-by-case basis. What is the question you're trying to ask and answer? Is this the best way to get it? Is the risk-benefit worth it?

And all of those things need to be taken on a case-by-case basis as to what pathogen you're dealing with, what is the risk of that pathogen. It's very complicated. You can't say, though, I still agree with this. You really have to apply it to a specific case.

Q Okay. Really quickly, wrapping up our hour, if you could turn back to minority exhibit B, it's the gain of function, the deliberative pause document, that one.

A This one here?

Q Yes, sir.

Were you involved in crafting the deliberative pause?

A Crafting the pause?

Q Yeah, the language.

A No.

Q No?

A No.

Q Do you recall who was?

A No, I don't. I assumed it was OSTP was involved, I believe. But the honest answer, I don't know who crafted it.

Q All right. And then flipping to minority exhibit C, the P3CO document?

A This one here?

Q Yes, sir.

Were you involved in drafting that?

A No.

Q Do you know who was?

A Well, this was at the departmental level. What it was, was the 3 -- to my understanding -- I was not involved -- is that the 3-year pause was a combination of OSTP, the National Academies of Science, Engineering, and Medicine, and multiple scientific working groups that were discussing it with individuals who put together a guidance, policy guidance, which then months later the Department used that policy guidance to come up with the framework which came to the paragraph that we've read multiple times.

Q Yes.

A Right.

Q HHS is the only department to use that OSTP guidance, and NIAID is the only division within NIH to submit any proposals under the P3CO.

Does it -- it comes across a little strange that NIAID wouldn't be involved in the drafting of the policy that they then have to work under.

A Well, you know, they may have -- and, again, I'm not certain -- but they may have tapped into some of our subject matter experts at the program level. But I certainly was not involved in the drafting of these.

Q Sitting here today, we've been through, like, obviously been through a once-in-a-generation pandemic. All of this has come under the microscope. Do you think the P3CO policy is sufficient?

A As I've said in the past, we have got to continually -- and I think it was said here, too, as part of it -- I didn't say it -- but I think part of it says HHS will periodically reevaluate and modify the process, as necessary, to reflect scientific advances and

changes in the regulatory landscape.

So my feeling, and I publicly expressed this, that I'm always very much in favor of taking a look back and say, do we need to modify these, do they need to be broader, do they need to be changed?

And I believe, if I'm not mistaken -- I've been out of government for a year -- I believe that there is a process ongoing now to relook, do they want to broaden this and not make it so restrictive to this type of a PPP.

Q Yes, the NSABB put out recommendations to OSTP to --

A Right.

Q -- to broaden it. Were you contacted by NSABB during that process?

A No, I was not.

Q Do you think, in your opinion, that it should be broader?

A Well, my feeling is that there should be more wiggle room, because clearly the amount of anxiety and concern that has been generated by this process means we need to consider, you know, the general public's comfort in this, as well as people who, you know, who made this in a good-faith way over 3 years of discovering it.

And, quite frankly, you recall part of the process wasn't just NSABB and the OSTP and others. They had broad public input. So now we have the situation where there's a lot of concern and discussion -- test assess, we're sitting here at this table.

So I think that we really do. We need to relook at it, you know, and maybe get more opportunity for people to look at things more carefully to avoid this kind of confusion about what was done correctly or not.

Mr. Benzine. We are coming up at the end of our hour. Unless John has any questions, we can --

Mr. Strom. I don't.

Mr. Benzine. We can go off the record.

[Recess.]

[redacted] All right. We can go back on the record.

BY [redacted]

Q Dr. Fauci, I just wanted to start with a few questions on the general concept of zoonotic spillover as it relates to viruses in general.

We've talked a little bit about SARS-CoV-2. But just to start with, I think we, at least here in the subcommittee, we've spent a lot of time examining what a lab accident could look like, exact details, chimeric work, serial passage, different BSL levels. It's all great. That's all important. We agree.

But I'm not sure whether we have always spent the same amount of time fleshing out what a zoonotic origin might look like.

So could you start and help us by just talking a little bit about historical context for zoonotic jumps, whether with coronaviruses or other viruses or whatever pathogen you might choose?

A Sure. So as I mentioned earlier, about 70, 70-plus, maybe 75 percent of all the new infections, namely infections that we had not experienced before, are zoonotic in that they are fundamentally a reservoir in an animal and jump species.

So the classical ones that have been studied for years are influenza, the bird flu, which was the H5N1 and the H7N9, which jumped from a bird, in one case a clearly identifiable chicken outbreak, that led to human infections and then human transmission but not efficient transmission.

Another example of a zoonotic is HIV, which clearly, it took several, several years to determine what the source was, but it's a chimpanzee. Very clearly jumped probably decades and decades before the actual recognizable outbreak. And it was only change in

demographic and sociological circumstances that allowed it to explode in a population. So that's another one.

Another zoonotic is Ebola. And the interesting thing about Ebola is that we still don't know exactly what the steps of it. We know that bats can harbor Ebola, and we know that there might be a reservoir in forest animals. We don't know whether the forest animal infects the bat or the bat infects it. But it's a zoonotic that jumps into humans. It isn't primary.

And you can go on and on. There are multiple, multiple examples of that.

Now, just -- well, I'll wait for your question.

Q No, please.

A But to go on a little bit more, sometimes, in fact maybe more often than not, when there's a jump from an animal species to a human, it doesn't adapt very well for transmissibility, and it's sort of easy to stop. There are some examples of that.

One that we worry about a fair amount in pandemic preparedness for what are the risk viruses that we need to look at sooner rather than later is Nipah virus is one of them that can jump species, infect humans, but we don't have a global Nipah outbreak. But it's something you're concerned about.

So there are a number of viruses, and depending upon the species and depending upon the fact of they can either jump a species, a zoonotic, and not spread rapidly or they could jump. And I gave an example in the prior discussion of the 2009 H1N1 influenza, which clearly was a swine flu, jumped into humans and immediately began to spread rapidly. So various versions.

Q Is there -- we've heard sometimes, what, if any, is the special significance of bats as the originators?

A Yeah. Bats are bad actors. I mean, we know that. Bats very, very often are

able to harbor viruses without getting sick and without dying from it. It's something unique about the bats' immune system or lack of the ability to cause disease in different organs. And they are the source of a number of infections, Nipah being one of them, yeah.

Q Are there -- when we think about China specifically, I know that that has been a place where a lot of this research has been focused. Does China as a country have any characteristics or traits that might make it ripe for zoonotic spillover?

A Yeah, yeah. I mean, we've studied that and written about that. And if you look at the animal-human interface, and there are two ways to have an animal-human interface. You can encroach upon their habitat, or you could bring them into your habitat.

And when we had the H5N1 crises that prompted us to stockpile tens of millions of doses of an H5N1 virus, I actually went on a fact-finding trip to multiple countries in Southeast Asia.

And what became patently obvious to us was what we saw were people who were sleeping in the chicken coops where there were pig coops next to it and waterfowl were landing on -- I mean, talk about a perfect storm of people being close to a virus, namely flu, that can be a mixing bowl in a pig and that often has occurred by waterfowl.

So that's a classic example of Far East -- China, Indonesia, Laos, Thailand -- where you see that kind of interaction.

The other one is when you bring into a market where you have forest animals not cultured, cultivated animals where you sort of have a chicken farm where you have control over it, where you bring in exotic animals that never really have an opportunity to have much interaction with people. So they could harbor an infection that you never really noticed because the public doesn't go into contact with these.

But when you bring them into a market where you have a lot of people congregating, that really is a perfect setup for I think perturbing a normal animal-human interface. That was shown to have happened with SARS-1 where it was clear that a bat infected a civet cat. And civet cats are ceremonial, festive meals, very, very common in China and in Guangdong Province, and that almost certainly is what happened there.

So it depends on how you perturb the normal animal-human interface. That's what zoonotic infections do.

Q Great. So then zooming into SARS-CoV-2 specifically, knowing that we don't know the answer, but in theory what might a zoonotic origin have looked like in the context of this current virus?

A Well, a zoonotic origin might look like a bat who is generally the ones that are the reservoirs of that interacting with animals in the wild.

And when animals are brought into a marketplace and people have direct contact with that, that could be the scenario where it jumps species, maybe infects someone or affects a few people. Maybe it doesn't have much impact on them, and then that person infects another person. And then you'll reach a critical point where it actually explodes into a major outbreak.

Q So there's a body of research out there sort of examining data points on that question. If you're able to talk a little bit about your understanding of it, for example, there's a question of whether the extent to which early cases may have been clustered around the Huanan Seafood Market. I don't know if you're familiar with that work.

A I am. But not being an evolutionary virologist, there are a number of papers, two in particular, one written by a person called Pekar and another one written by a person called Worobey in Science magazine, with a commentary in Cell, in which they use geospatial, epidemiological, and virological investigation to come up with not a

conclusion but what they consider -- and I have to rely on these evolutionary virologists who are international and highly, highly respected people, who feel that it is very likely that the scenario of animals that were illegally in the Huanan fish market in Wuhan -- and we know that they were there because, according to the papers, that photographs were taken of raccoon dogs and others that should not have been in there, that we know animals were in the market that shouldn't have been there. Virus was isolated from a part of the market where the animals were known to have been.

And then here's where you get into molecular virology that I rely on the expertise of people -- and that's not my lane of expertise -- is that there were two lineages that came out which really indicate that there were multiple introductions which would be very, very much compatible with there being infection among animals and different people getting infected.

Q In the case of -- SARS-1 is a good example -- was it instantaneous that folks were able to pin down that pathway --

A No.

Q -- you described?

A No, it took quite a while. And the actual definitive molecular proof took years, even though it, you know, the published data say, well, they strongly suspected this after -- I don't know, I'll have to take a guess but, you know, a year, we'll say. But it really took a while. It took decades, well over a decade to make the connection with HIV for sure.

Q Is it fair to expect that sorting through something like that, you know, even in this case would take some time?

A It would take some time if you had easy access to the potential species that are carrying it, which is, you know, one of the reasons why I and others have said it would

be wonderful if we could be able to go in and sample these animals.

Because apparently what happened -- I wasn't there -- but apparently what happened was that as soon as there was a realization of the outbreak, the animals were killed and disposed of. So the evidence might have already been knocked out, which is unfortunate.

Q Knowing that it's not possible to know definitively, do you have a personal point of view about what you think is more likely in this case?

A I do. I mean, I, as I've said and I'll say it here, in total open honesty, I have a completely open mind that it could be either a lab leak or a natural occurrence.

When I read the papers written by an international group of highly, highly respected evolutionary virologists, I lean much more heavily that this is a natural occurrence because I don't see any specific data except coincidental innuendoes and things like that, that it's a lab leak. It certainly could be. It certainly could be.

And I keep that very open. And even though people have said that I don't have an open mind, that I'm very open about that.

But because something is possible doesn't mean it's equally probable. And if you look at the scientific data, I think the probability weighs much more heavily toward it being a natural occurrence.

[redacted]. I appreciate it.

I think, with that, I'm going to hand it to my colleague, [redacted]

[redacted] Great. Thank you.

BY [redacted]

Q Thank you, Dr. Fauci. I'm [redacted] from the Energy and Commerce Committee.

I just want to echo my colleagues. Thanks for your time. Thank you for all of your

work and walking through all of this with us today.

To pick up where [redacted] left off, you know, you're talking a lot in terms of prior flu viruses, other viruses that originated from wildlife reservoirs and that we know that these are circulating and other viruses that have not yet jumped to humans.

And presumably we know what is circulating -- or at least in part -- because of wildlife surveillance and monitoring work. Is that accurate?

A That is accurate. In fact, some recent studies, even like a month or two ago, three ago, have shown that there are viruses out in bat populations that are quite similar.

Q And so just taking a step back, broadly, in terms of thinking about pandemic preparedness, understanding not only, you know, what we are directly facing that we know is transmissible to humans but what could become transmissible to humans, could you just talk about where wildlife surveillance and monitoring sort of fits among all the other pieces that we've talked about today?

A Yeah, it is -- it's an essential part of knowing what the threat is, what the risks that are out there, because if you don't have any idea of what's going on out there you have to do surveillance. Surveillance is absolutely critical.

In fact, just dating back to 2009, one of the criticisms of the scientific community with the swine flu of 2009 is we weren't doing surveillance in the pigs to look for viruses that might have the capability of jumping species.

I remember that very clearly because there was, you know, criticism about that. Why don't we have better surveillance in the animal-human interface, you know, the people who are talking about One Health, namely looking at animals together with humans to be able to have a good idea of the surveillance.

Q And can you just explain again at a high level what changes have to occur in a virus that exists in an animal reservoir for it to become transmissible to humans, and

how do we look for that?

A Yeah. Well, there's various levels of it. There could be animals -- there could be viruses that are in a animal that just needs to jump and it'll go right ahead and infect an individual. It doesn't have to change much.

There are other viruses that need to adapt in a host. And that's the reason why the bat virus that was originally the one that infect -- not the bat virus but the type of virus that infected the civet cat likely adapted itself in the civet to get the right number of mutations to become transmissible and pathogenic to form SARS-CoV-1.

So really it is sometimes direct. There are no good examples that have been well, well documented to my knowledge of bats directly infecting humans with those viruses.

So usually what we've seen is a bat will directly infect another species, and the virus will evolve in that species to develop the ability to infect and transmit in humans.

Q So in many ways is it fair, if we're thinking about the spectrum of pandemic preparedness and response, you know, we're at the far end, you have things like therapeutics and vaccines, that this is really at the very, very front end --

A Right.

Q -- of preparedness and understanding what could become a pandemic?

A Yes.

Q Okay. So as a result of that, you know, it's a crucial part of pandemic preparedness to sustain and even bolster the wildlife surveillance activities that are out there currently.

A There's a whole discipline of that in One Health of surveying animals and looking to see what's out there that might actually have even a distant capability of being able to transmit.

Q And can you just talk a little bit about the importance of international

collaboration in this particular aspect? I mean, some of the other things we've talked about, you know, you have a gene sequence, for example. You can, you know, analyze that in your lab from ostensibly wherever. You don't need the presence of something. You just need data, right? You can sort do have that kind of analysis.

But it seems that wildlife surveillance needs to happen where the wildlife --

A Right.

Q -- is around the globe.

A Right.

Q So can you talk about that?

A It's absolutely critical because once you get a disease that becomes a pandemic, it doesn't know geographic boundaries. And we're experiencing that right now. We have a virus and a disease that evolved in China, and the whole world has gotten infected.

However, there are certain pathogens which are very, very specific for particular parts of the world. And if you want to stay ahead of the potential of a pandemic evolving from that, you have to go to and/or collaborate with scientists in that part of the world.

You know, when people ask me that and I try and explain it in lay language is you don't go to Jersey City, New Jersey, to study malaria. You know, you go to Africa to study malaria or certain countries in South America.

It's very much the same when you talk about the diseases we're talking about. You have to have enough global international collaboration to be able to study viruses that might originate in one country but affect any of a number of other countries.

Q So when there's a reduction for whatever reason in international collaboration in various regions, fair to say then that that limits our ability to see what might be coming at us.

A Right. As I was mentioning, it takes your eyes off what's possible. That's one of the problems.

Q Earlier, when you were talking about testing, you said that, you know, testing for SARS-CoV-2 or really any other disease is our eyes during a pandemic in terms of the human population. So fair to think of, like, wildlife monitoring as our eyes in the wildlife population, this is what is happening there that could come to us?

A The analogy is appropriate.

Q Okay. I mean, are there instances that you've seen where work that has been done in monitoring wildlife and viruses that either have not yet jumped to humans or, you know, some ancestor of it may have jumped to humans like some of the other viruses that we talked about or the actual work of wildlife monitoring itself and things that we learned about those reservoirs contributed to response of a pandemic like in SARS-CoV-2?

A I think monitoring of wildlife, of waterfowl has allowed us to appreciate, if you look at the history of H5N1, when it got -- appeared first in China and then it went to Eastern Europe and then it went to other countries, it was by anticipating that it would occur by the flight patterns of wildfowl that actually were going to be ultimately landing, as you know, in a certain place.

And it was quite predictive that the wildfowl got infected, and you had spread of H5N1 from what was probably the original nidus in China. It started to be seen in a number of other countries.

Q So if I'm understanding correctly, I mean, we've talked a lot about therapeutics, and we'll talk about vaccines and all of that. But at a sort of practical level, there are things about wildlife surveillance that could inform things like agricultural ranching practices that are not necessarily as sophisticated as developing a vaccine but

have the practical effect of mitigating or in some cases maybe even eliminating risk of human --

A Right, yeah, yeah. So let me give you an example.

If you do -- there are two types of surveillances. Well, there are more than two.

But two in particular are what's called sero-surveillance, where you take serum samples from a large group of people representative of different demographic groups, different occupation, different risks, and you could determine from antibodies that are present in an individual whether or not they have been exposed to a potentially harmful virus.

And that actually was done in some of the studies in question where you know that X percent of the population, and you could determine were those farmers, were those peoples that cleaned guano out of caves, were they people who worked in the markets.

So sero-surveillance is one way of do it. You survey the human population.

The other surveillance is to go into the wild, get bat viruses out, and see if those viruses might actually be, are they or are they not capable of infecting a human? Not trying to make them capable, but are they or are they not?

So those are the two ways that -- surveillance either of the bat population or surveillance of the human antibody population.

Q So in terms of, you know, lessons learned from the COVID-19 pandemic, where does wildlife surveillance fit, if anywhere, in there? You know, do we need to increase wildlife monitoring, maintain it, add more safety processes?

A Yeah, I think you need to maintain it. But you've certainly got to make sure it's safely done. And that's where we get into the question of international collaboration and international guidelines of how to do it.

You've got to do it in a way that's safe and that the risk of doing that is commensurate with the information that you'll get out. But you really have to keep surveying the potential of what's out there.

[redacted]. At this point I want to turn it over to Congresswoman Dingell for some questions.

Mrs. Dingell. We're gettin' there. We're gettin' there.

Dr. Fauci. No, no, no. No, Deb, I got to tell you, my phone just went off, and I wanted to make sure it wasn't my daughter calling me. So I was looking at my Apple Watch.

Mrs. Dingell. No worries. No worries.

Let's go back to testing, to finish up on what we were talking about.

So once we got a good test, there was still a -- the focus became on focusing up the accessibility of the test. And it was hard at the beginning.

What was the role of the Federal Government in scaling up the nationwide testing?

Dr. Fauci. In doing what with the Nation?

Mrs. Dingell. Scaling up --

Dr. Fauci. Scaling.

Mrs. Dingell. -- the Nation.

Dr. Fauci. Well, the role of the Federal Government was that we should have made, and did in some respects, make testing widely available. I mean, if you go back in statements that I've made way back is that the words I use is that we should be flooding the system with tests in the same way that we mentioned keeping eyes on what's going on, particularly as we got more information that the virus was spread in many cases by asymptomatic people.

Mrs. Dingell. So let me -- how did you partner with State and local government? And by the way, that didn't happen at the beginning, as you well know.

Dr. Fauci. Right.

Mrs. Dingell. So what were the issues? Why did -- and how do we prevent something like that happening in the future?

Dr. Fauci. Well, if you're talking about the issue of lessons learned and how do you prevent that in the future, you've got to immediately, when you have a test, you've got to get the private sector involved in making tests that are inexpensive, sensitive, specific, and available to everyone who needs it, and particularly when you're dealing with a highly transmissible virus like a respiratory virus.

And you're right, that was not done. And when it finally got close to that, it took a long time to get there.

Mrs. Dingell. So what was the role of the Federal Government? How did you partner with State and local? I mean, I remember going through tents for -- I mean, we had drive-through testing for a long time.

So what is -- what -- and what challenges did the Federal Government play? What's the Federal Government's role? What's the State and local role?

Dr. Fauci. You know, that's a good question that's argued about that. There are some that feel that this is a local issue and the States should be the ones that are responsible for that.

But when the States don't do it and you have a situation where there's a public health issue at hand, that's when you start talking about maybe the Federal Government should step in and do that.

Mrs. Dingell. I think that's going to become a bigger issue, because when you were talking about public health before --

Dr. Fauci. Right.

Mrs. Dingell. -- a lot of public -- local public health departments aren't being funded. Local governments don't even have the money. So --

Dr. Fauci. Yeah, I'm totally aware of that, Congresswoman. And I've learned that by I -- one of the comments that I made in response to a question that was asked, I'm not sure if it was from the majority or the minority, that when I got on the phone and spoke to the people in the trenches, and there were multiple cities that I called every other Tuesday -- L.A., Seattle, Washington, Chicago, New Orleans, and D.C. -- and they all said exactly what you said, "We don't have any tests." And that was really a problem.

Mrs. Dingell. So what were the challenges that the Federal Government faced in getting it scaled up more quickly? Or was it that you -- the Federal Government didn't think it was --

Dr. Fauci. Well, in the beginning there weren't good tests that could be used. So there was a whole period that we just didn't have the tests that were sensitive, specific, a 15-minute test that could be used by anybody.

When we finally did get it, we didn't get enough of them distributed. And in order to -- there were a lot of different problems. Like one of them was, you know, a test could be used -- this was before the rapid test -- a test could not be used unless somebody was the contact of someone who has a symptom. But that was almost oxymoronic because most of the people were not asymptom -- were asymptomatic.

So if you can only get a test by someone who was the contact of a symptomatic person, you're missing all of the asymptomatics.

Mrs. Dingell. So what are lessons learned that you'd recommend for the future?

Dr. Fauci. I think we should put in an extraordinary amount of -- not extraordinary -- an ample amount of resources into making tests widely available at the

local level.

Mrs. Dingell. If we had been able to do that sooner than we did, would it have made a difference in what happened in this country?

Dr. Fauci. I think it would have made a difference. The degree of the difference, I don't think I can accurately quantitate. But I think if we had a test easily available that -- and people were encouraged to utilize the test, people would not have inadvertently infected anybody, particularly vulnerable people.

I mean, if there was a test where someone knew, I test myself, I'm not going to go and visit my grandmother or my mother who's, you know, has a compensated -- I mean a compromised immune system, I wouldn't do that.

Mrs. Dingell. So we're looking at an increase in COVID-19 right now.

Dr. Fauci. Right.

Mrs. Dingell. There's nobody in this room that doesn't know somebody that has it.

Does testing still play a role --

Dr. Fauci. Oh, absolutely.

Mrs. Dingell. -- in managing it?

Dr. Fauci. Absolutely.

Mrs. Dingell. And then how do we make sure -- I'm very concerned that not everybody -- I test every day only because I don't know who's got it and who doesn't. And I'm with a -- this is the smallest group of people I'm with in a room.

But how do we -- what do we need to do to make sure that -- a lot of people can't afford to get a test every day.

What's the Federal Government's responsibility? State and local? What do we do to address this going forward?

Dr. Fauci. Again, I don't have control over that. But if I were able to do that, I would say we need to make copious tests freely available to anyone who wants it, particularly when you're in the middle of now a resurgence.

Mrs. Dingell. So I guess -- I have a lot more questions. But I want you to have time, and I know he's going to be ready to go.

So I'm going to turn it over to Kathy Castor so we can end this for you at some point.

Ms. Castor. Dr. Fauci, I'm Kathy Castor. I'm in my 17th year in Congress. A lot of that time has been on the Energy and Commerce Committee. So over the years you have advised us. I remember very well during Ebola many of your visits. The symptoms of Ebola were -- are scary. So that did capture a lot of attention.

You were there as we were grappling with Zika. Zika was of particular concern because I represent the State of Florida. It's a mosquito-borne illness.

And it was surprising along the way because at first it was, I guess, did it determine in Brazil and it passed from mother to fetus and caused some very significant encephalitis.

But then we -- it evolved over time, and it turned out it was also you could pass along that disease through sexual transmission. That was a surprise, wasn't it?

Dr. Fauci. Correct.

Ms. Castor. And then throughout the COVID-19 pandemic we relied on you.

And I just want to thank you for your years of advising policymakers like us that don't have that base of scientific knowledge and always putting it in real-world terms so that we can understand it, so that we can pass along to our -- the folks we represent back home the best advice as things evolve with a lot of these epidemics and pandemics.

I also want to focus a little bit on lessons learned, build a little bit on -- not on

testing, but on what we've learned on public health data.

We -- right off the bat folks back home, after COVID-19 blew up in early 2020, they wanted to know where is it, who is susceptible to it, where -- and we were grappling with all of those issues.

Meanwhile, we can look at -- we had kind of a baseline of different public health authorities. The State of Florida at that time had -- we had a pretty strong public health system built up over decades that helped report illnesses at the county level, reported up to the State. The State had pretty good dashboards. A lot of communities did not have that kind of public health data.

I think a lot of folks thought the CDC, you could go right to the CDC website and see a lot of information. But their data gathering over time, it's not immediate, is it? You can't go to a CDC page and see a dashboard in real time of public health concerns in a community. Is that correct?

How would you characterize it?

Dr. Fauci. Yeah. I would -- I would characterize what you're bringing up as one of the major stumbling blocks and problems that we had with the pandemic. It's a combination of the CDC not having the capability or even the authority of getting on-the-ground local public health information that in real time they could know what's going on.

It's -- and, in fact, when you know the CDC went through an internal review, and that was one of the many difficulties that were pointed out, is that they don't get data in real time.

Part of it might be their fault, but part of it is the fault of the system where data that comes in at the local public health is so fractionated in our country, we don't have one system that when a -- and I'm going get to and I'll be concise about it -- but get into

an example of that.

If someone comes in and they're infected, that test may not get reported. If it does, it gets reported locally. And it doesn't necessarily go to a central system.

So at any given time, depending upon how well the local is collecting data, how well the local who collects data is giving it to the central system, so that the central dashboard is generally anywhere from weeks to, believe it or not, months behind.

And we knew that because in the middle of many of the waves of variants that we had, the information that we, and I even personally as part of the various Coronavirus Task Force and Coronavirus Response Teams, we had to get on the phone with our colleagues in South Africa to figure out what was going on with the trend of the virus. We had to get on the phone with our colleagues from Israel and find out. We had to get on the phone with our colleagues from the U.K.

It was a humbling experience that they knew more about what the trend of the virus was than we did in our own country. That is a lesson learned we've got to correct.

Ms. Castor. So in the -- Congress did act, and through the public health emergency we kind of unlocked some data streams. So hospitals were required to report. I think skilled nursing centers were required to report. They would report infections. They would report deaths. They would -- I guess they were -- we were trying to get a handle on age-related data, race-related data, urban, rural.

Was that helpful to you?

Dr. Fauci. It was helpful but -- it was necessary, but it was not sufficient. It wasn't done completely to make it equivalent to what our colleagues in other countries who knew essentially immediately in real time what was going on.

It was the right direction, and we need to keep going in that direction, but it didn't solve the problem.

Ms. Castor. So I learned from folks back home in the Tampa Bay area that it's so outdated that they were even reporting basic public health data to CDC via fax machine in the year 2020, 2021.

Dr. Fauci. That is true.

Ms. Castor. Is -- and I know that they -- we gave -- the Congress, bipartisan, in the early CARES Act, I think, we -- no, it was -- yes, I think it was in the CARES Act. We said here are resources to help modernize so that locals don't have to go through faxing this material.

But there's a better way, isn't there, in this digital age to be more efficient and save taxpayer money rather than relying on fax machines and doing things digitally? Would you agree?

Dr. Fauci. I would agree. I would agree with you.

Ms. Castor. And that would also help us understand any kind of health concerns in a region or locally or among a certain population or in a rural area, wouldn't it? Wouldn't that kind of real-time data be helpful to preventing the spread of disease or tackling any problem?

Dr. Fauci. The answer is an overwhelming yes, of course. When you're dealing particularly with a rapidly moving target, the way COVID was clearly a premier example of a rapidly moving target, you have to stay with it and hopefully ahead of it instead of weeks, if not months, behind it.

Ms. Castor. So the -- that's why it was entirely frustrating, coming from the State of Florida, where we had invested over time in public health and we had good -- fairly good reporting systems, and yet kind of withered. Like Rep. Dingell mentioned, across the country, it's kind of declined, the State and local investment in public health and local health departments.

But there was a point where leaders in my State started to hide the data. And this was a particular concern because we have in our State constitution a requirement for public records law.

So a lot of this was public records that my hospitals but just all of my neighbors, they wanted to know how widespread are the infections, can their kids go safely back to school in this area.

And at the time of the Delta surge in 2021 it seemed like there was this political turn by leaders in my State. And they actually started to take down public health data that had been publicly available. And it just seems like from -- you know, I think it cost lives.

They're downplaying the vaccine efficacy. Some of the misinformation. And now we're running into, at the time the delta surge is on the increase, heading into the summer of 2021, to withhold that data would be just the last thing that you would want to do.

Did that ever get your attention at that point?

Dr. Fauci. No, I don't recall --

Ms. Castor. Well --

Dr. Fauci. -- coming to my specific attention that Florida was withholding data. That would be much more something that would come to the attention of the CDC.

Ms. Castor. Oh, and it did. And it did. And it actually, there -- this is top of mind because it is in our State constitution, public records, and we have a strong public records laws. Governor DeSantis was sued for it, and just a couple weeks ago they had to settle the case and admit they were wrong and pay attorneys' fees.

But that's why it kind of goes back to we've got to -- it seems like it would be -- it would be wise and cost effective and it would save lives if we did have some basic

requirement that States report real-time health data to the CDC really and that you modernize it.

Would you agree --

Dr. Fauci. Yeah.

Ms. Castor. -- with that?

Dr. Fauci. Yeah. I'm not -- I can't address Florida specifically, but, in general, the idea of a requirement to report data centrally so that there could be the kind of robust dashboard that we're talking about I believe is one of the things that was discussed in how you get the CDC to be a more effective agency.

Part of it was to making sure they get the data in real time on time, and one of the ways to do that is to make it a requirement that the States give them the data.

Ms. Castor. It's the same kind of consternation we have with China, isn't it? We know they haven't been transparent. That's been one of our -- something that's -- that's confounded us along the way.

Do we know how many people died in China --

Dr. Fauci. No.

Ms. Castor. -- based upon COVID-19?

Dr. Fauci. No. I mean, they report a certain amount, but I don't think many people take that as what the actual number is. But I don't know myself how many people died in China.

Ms. Castor. So the same consternation applies to here in the United States.

But I'm concerned when State officials deny us the transparent information that we need, just like we get fed up with China not being transparent. And what they did impacted the world and we can't -- we still can't -- don't have the animal samples that we needed to take conclusions farther.

But this is the same frustration at the State level, too. We need this basic data for people to make decisions about their lives.

So thank you very much for letting me go over that.

[redacted] I'll turn it over to you.

[redacted] So just to follow up on a finer point on something that Congresswoman Castor raised, as I understand it, when we look at the process of collecting public health data in the United States, one key obstacle we're navigating is that there is a lack of a uniform standard or baseline for reporting data to the CDC.

Is that correct, Dr. Fauci?

Dr. Fauci. That is correct, yes.

[redacted] And so as we look to planning for future pandemics, as we look to preventing and addressing future outbreaks, are there modifications to the process of collecting public health data through the CDC that we made during this past pandemic that we should consider carrying forward for future outbreaks or future public health preparedness?

[5:29 p.m.]

Dr. Fauci. You know, I'm not actually sure exactly what modifications you're talking about. So I can't answer that question in a way that I feel comfortable with.

BY [redacted]

Q Okay. But as a general matter, establishing that baseline threshold -- kind of what Congresswoman Castor was describing -- or a baseline standard would be a step forward?

A Yeah. I can say that the ability to get all the data and make it available in a central depot where you can utilize that data for the good of the entire country is certainly a desirable direction to go in.

Q And I think as we have been discussing or deliberating over the topic of strengthening Federal public health data collection, some have expressed reticence or concern about that being an overreach or that being intrusive.

Do you have sort of a perspective on that criticism? Or what would you say to those folks who have concerns about public health data collection?

A Well, as a physician and someone who's been involved with this, I would want to know why they think that would be an overreach. I mean, if it's data that is going to have the ultimate effect of being able to respond better to an outbreak both nationally and locally, I'd try to sit down and talk to them and find out why they feel that that's something that is not beneficial.

Q Because, of course -- and I anticipate you will agree -- but just for the record, up-to-date public health data is the foundation of ensuring accurate and responsive public health guidance during times of crisis.

A Yes.

Q Is that correct?

A I mean, up-to-date public health data is absolutely important in general, but also very important when you're in the middle of an outbreak.

Q Is there anything else you'd like to add on the topic of public health data collection?

A No. That's good.

Q So then, again, looking to the idea of preparing for future pandemics, taking lessons we've learned from COVID-19, and carrying them forward, I'd like to discuss with you where things stand with therapeutics for COVID-19 and continued efforts to develop COVID-19 therapeutics, and then the idea of getting ahead of -- the process to develop medical countermeasures for future health threats.

So although the public health emergency for COVID-19 ended last year, it obviously is very important to stay on top of COVID-19. We discussed the current uptick in cases. We understand that COVID-19 continues to pose a threat to the medically vulnerable, people like the elderly, those who are immunocompromised.

Just briefly, could you explain for us why COVID-19 continues to be a threat for those populations specifically?

A Well, it's certainly a threat because we're having an upsurge in cases right now, which is the second largest uptick in surging cases since the beginning of the outbreak. It isn't nearly as high as the highest, but it is the second highest. And we still have a considerable number of people in the population who are vulnerable.

And the deaths are going up right now. The last that I saw a couple of days ago, even though the deaths are very much lower than they were at the worst part, when you compare it to what the deaths were a couple of weeks to a month or so ago, we were down to less than 100 deaths per day, and now, the last time that I looked, was 1,400 deaths in a week, which means that there was 200 deaths a day. So it's going up. So

we're not -- COVID is not completely behind us by any means.

Q And so an important way we can continue to reduce the threat of COVID-19 -- the ongoing threat of COVID-19 to vulnerable populations is by investing in the development and continued availability of therapeutics.

You mentioned some of these therapeutic options earlier during today's rounds, but for the record, would you mind just briefly explaining for us the current therapeutic options that are available to treat COVID-19?

A The therapeutic options are a number of drugs. The one that has been used the most and is effective in a number of studies to show it decreases hospitalizations, particularly for those who are at a higher risk, is Paxlovid. And there's molnupiravir, and then there is remdesivir, and then there's a drug from a Japanese company -- Shionogi is the company. I don't know what their latest name of the drug is.

But antiviral drugs are really critically important to continue to develop them. And, in fact, before I left when I was the director, we put together a proposal to have a drug development program that would be developing new drugs for COVID that unfortunately did not get the funding that it needed.

Q And so you mentioned Paxlovid specifically. I'd like to zoom in on that just a little bit.

For those of us who are not scientists, would you mind just briefly explaining why Paxlovid is particularly effective at treating COVID-19?

A Well, Paxlovid is a drug that interferes with one of the enzymes that the virus needs to replicate. So it is what's called a direct antiviral drug. It's a drug that's given over -- well, initially over a 5-day period, and it diminishes the likelihood that you're going to have advanced disease and go to a hospital and die. So it's an important tool in our armamentarium against COVID.

Q So you mentioned the importance of taking Paxlovid within that 5-day window.

A No, no. I said it's given on a 5-day course.

Q Thank you. As I understand it, however, taking Paxlovid within sort of the immediate realization of your symptoms or your immediate infection is a critical component of ensuring that the treatment is as effective as it can be.

A Right.

Q Is that correct?

A It is most effective if given within the first 24 to 48 hours, but it has some effect after. Most effective -- the earlier you give it, the better.

Q And so could you, just for the record, you know, briefly explain the process by which a patient would go about accessing Paxlovid?

A Well, you know, the reason I'm hesitating is that, when I was at the NIH, we were in a tertiary hospital. So the easiest way my patients would get it is I would prescribe it and give it to them, and they would go to the pharmacy and get it.

But an outside patient would have to get a prescription from the pharmacy -- excuse me -- a prescription from their physician to allow them to go to a drugstore and get the Paxlovid.

Q And so recognizing that that process can be time-consuming, are there steps that we should be considering or that could be considered to streamline the process by which patients access Paxlovid? Again, recognizing that the first 24- to 48-hour period is critical.

A There was a program -- and I have to tell you, I am not sure what the status of that program is, whether -- it may have gotten started or may not have gotten off the ground -- which was called Test and Treat, which was a program where you can go to a

pharmacy and you could get a test for COVID, and if you're positive, the positive test alone would allow you to get the prescription.

Q And so some patients, as I understand it, have expressed a hesitation to take Paxlovid over this concept of rebounding -- a reemergence of symptoms, testing positive after testing negative -- following taking a course of Paxlovid.

What would you tell COVID-19 patients who may be concerned about this concept of rebounding?

A I would tell them that the risk of rebound is overcome by the enormous benefit of the drug itself. So when you talk -- we've been talking today a lot about risk-benefits. That if an individual takes Paxlovid, the data is showing the positive impact in preventing progression of severe disease, particularly in those who are at a higher risk, is well worth any increase or not in the rebound percentage associated with Paxlovid.

The one thing that I might mention that's another unfortunate aspect of the underutilization of Paxlovid is the fear on the part of physicians of the drug-drug interaction. And there is a misperception. For example, the most common drug that people are on that synergizes, in a sense, with Paxlovid and is one of the drug-drug interactions is the lipid-lowering agents.

And what people don't understand is that if you're taking Lipitor or Crestor or one of those drugs for your cholesterol or your triglycerides, if you stop that drug for the 5 days of the Paxlovid, nothing bad is going to happen to you vis-à-vis your cholesterol. And yet there's this unrealistic feeling that, oh, my goodness, I'm on Lipitor. I can't take Paxlovid.

And people are not doing it feeling that there's some horrible consequence of the drug-drug interaction when, in fact, you stop your Lipitor for 5 days and go back on it after 5 days and there's no problem, and yet you have the benefit of Paxlovid.

Q And then just with the few moments remaining in this round, I'd appreciate your perspective on the current landscape for ongoing work to develop new COVID-19 therapeutics. Are we doing enough to develop new COVID-19 therapeutics? Could we be doing more? And if so, what would that look like?

A Yes. I believe we can be doing more, because when I was the director, we put together a program that was an individual program of which I put one of my own people on as the leader of that program, and we were supposed to get a considerable amount of money, and we did not because of the restrictions on the budget.

[redacted] Before closing out this round, I just wanted to take a moment to see.

Congresswoman Dingell, Congresswoman Castor, any followup from this round?

Okay. Then I think we can go off the record.

[Recess.]

Mr. Benzine. We can go back on the record.

BY MR. BENZINE:

Q I want to talk really briefly generally about the Wuhan Institute of Virology and your knowledge of it.

Did you have any knowledge of the Wuhan Institute of Virology prior to the pandemic?

A I don't recall specific knowledge about it. Again, as I mentioned several times, when we have discussions in our conference room about grants, someone may have mentioned Wuhan, but I didn't specifically know Wuhan, and Wuhan is doing this, and et cetera. So the first time I really heard about it was after the outbreak.

Q The Office of Director of National Intelligence reported that WIV personnel have worked with the People's Liberation Army. Do you have any awareness of that?

A No, I have not.

Q They also reported that --

A I heard all these things after. I mean, you know --

Q As the reports kind of came out?

A Well, I mean, after all of these hearings and investigations about --

Q Okay.

A I had no knowledge of any connection with the Army or the Communist Party or anything like that.

Q ODNI also reported that the WIV first possessed SARS-CoV-2 in late December of 2019. We've talked about this a lot.

A Right.

Q Obviously no knowledge of that?

A No.

Q Along this line of discussion that we've talked about a lot, Dr. Holmes, Dr. Farrar, a Chinese genomics company, the Chinese CDC, Dr. Daszak, whoever told Dr. Daszak, seems like there was an awful lot of people that knew that this was a coronavirus by late December, yet China was reporting undiagnosed pneumonia.

Is that kind of standard in disease outbreak reporting, or would that concern you?

A I'm sorry. The question is what?

Q We've talked about a lot today that there were a lot of people that knew that it was a coronavirus. The Chinese Government knew that it was a coronavirus. ODNI assessed that, and the Chinese CDC had the sequence. Dr. Daszak knew it was a coronavirus. Dr. Farrar knew it was a coronavirus. Dr. Gao knew it was a coronavirus. Dr. Holmes knew it was a coronavirus. Yet the public reporting was undiagnosed pneumonia.

I'm just wondering if that's kind of -- like, in outbreak reporting --

A No, I can't comment on that.

Q Okay.

A I don't know what they were thinking and why they didn't report it.

Q Okay. Okay. The ODNI also reported that the WIV has the capability of operating genetic engineering projects that would make it difficult to detect intentional changes. Do you have any knowledge of that?

A No.

Q Dr. Baric at UNC uses similar techniques known as "no see'm" techniques. Do you have any knowledge of that?

A No. I've heard comments about that in association with these investigations, but I never -- before the fact, I didn't -- I'd never heard of that. Again, as I mentioned to you in response to other questions, this is not my area of lane of expertise as molecular and evolutionary virology.

Q Just a few more on the WIV.

ODNI also reported that the WIV did not use adequate biosafety precautions at least some of the time prior to the pandemic in handling SARS-like coronaviruses. Do you have any knowledge of that?

A Again, only after the fact that people were saying that that was the case, but I had no direct knowledge of it. Certainly not before my knowledge of Wuhan, which was after the outbreak.

Q Okay. And then, finally, ODNI reported that several WIV researchers fell ill in fall 2019 with symptoms, some of the symptoms consistent but not diagnostic of COVID-19. Do you have any knowledge of that?

A I heard about that, again, after the fact. I didn't hear about people in

December getting sick. Yeah.

Q During the course of the pandemic, did you receive any briefings specific to these issues?

Mr. Schertler. Just to be clear, Mitch, when you say "these issues" --

Mr. Benzine. Specific to concerns at the Wuhan Institute of Virology on biosafety or their capabilities.

Dr. Fauci. Again, all after the fact when questions were being asked and investigations and hearings and things like that. It was not something that I was -- like, again, getting back to my original premise, I didn't even know there was that before the outbreak.

BY MR. BENZINE:

Q We talked very briefly about Dr. Chen and her trip to the WIV. Contemporaneously, she went in October of 2017. Were you aware of her going to the WIV?

A Not to my recollection, no.

Q She wrote in her trip report that a technician told her that the WIV planned on reverse-engineering Ebola because it was against Chinese regulations to import Ebola. Did anyone ever tell you that?

A Again, I heard that well after the outbreak, months into it, but I didn't hear it exactly that way. What I heard was that they wanted to study Ebola, and the Chinese authorities did not want to bring Ebola into the country, and a technician made a comment that, well, I can just go ahead and reverse-generate it -- reverse-engineer it. I don't think it was said in the context that the Chinese were deciding they were going to reverse. It was a comment from a technician, according to what I heard.

Q Who did you hear that from?

A I probably heard that from Gray Handley.

Q Okay. Did Mr. Handley -- there was a widely publicly reported State Department cable from -- it was reported by The Washington Post regarding biosafety at the WIV. Dr. Chen's trip was some of the information that went into that cable.

Did Mr. Handley ever have any discussions with you regarding that cable?

A He did.

Q When?

A I don't recall exactly when, but he did have some discussions about what I think he felt was misinterpretations of the cable.

Q Do you recall the substance?

A Yeah. Yeah. The substance of the discussion -- and, again, I don't recall when -- but was that they were working with -- they being the Chinese in Wuhan -- were working with the French to put together a BSL-4 facility, and the Chinese were asking for help in training about how to operate a BSL-4.

And according to Gray, that that was misinterpreted that they kind of didn't know what they were doing, they needed training, when anybody who starts a BSL-4 needs extra training, including our own BSL-4s here in this country. That's what Gray told me.

Q All right. The cable didn't include the language about the technician saying maybe off the cuff, I'll just reverse-engineer Ebola?

A I don't know if the cable said that. I know I heard that from Gray.

Q The cable didn't say it.

A Yeah.

Q It was not put in the cable.

Did Mr. Handley relay anything to you about why or why not or his involvement in that cable?

A No. No, I didn't get that.

Q Okay. A general baseline. Do you know or have you ever interacted with Paul Dabbar, D-a-b-b-a-r?

A Not to my recollection, no.

Q And then quickly closing out the WIV section.

You had already separated from Federal service, but on July 17th, 2023, HHS suspended the WIV from receiving Federal funds. Prior to your retirement, were you involved in any aspect of that decision?

A No.

Q And then on September 19th, 2023, HHS debarred the WIV for a period of 10 years. Prior to your retirement, were you involved in any aspect of that decision?

A No. That was a compliance type. Was this before I left?

Q No, it was after. I just didn't know how long the lead-up was.

A No. I don't know what the lead-up was, but I was not involved in any of that. Those were all compliance issues.

Q Okay. Thank you.

BY MR. STROM:

Q One question on the WIV. Is it safe to sort of summarize that your minimal knowledge of the WIV is almost, like, no awareness of it pre-pandemic, perhaps beyond maybe some published papers and research?

A Right.

Q But operationally, no knowledge, I guess, other than they had a BSL-4 or were building one?

A Again, I heard about the BSL-4 after the outbreak when there was a lot of discussion about cables and discussions in safety and things like that.

Q But any of this -- I think Ian Lipkin maybe and some others have noted that, you know, some of their work in BSL-2 might not have been viewed as -- it would have been at a BSL-3 in the U.S.

A Right.

Q You weren't aware of any of that prior to the reporting on that?

A No, no. Prior to the reporting, I was not aware of that at all.

Q Okay. Thank you.

BY MR. BENZINE:

Q We have touched on this a little bit. And just to the best of your recollection -- probably month and year versus actual day at this point, if you can -- when did you become aware of NIAID funding EcoHealth? I guess, EcoHealth -- specifically, the emerging bat coronavirus grant.

A Yeah. To the best of my recollection, the first time I was aware of that, I believe -- I mean, things get confused now because there were so many briefings and hearings.

But the first I became aware of what experts we had in coronavirus and who we were funding -- I didn't learn about what we were funding but who we were funding -- was when we were getting ready to have our first press conference task force meeting at the end of July -- excuse me. I'm sorry. At the end of January, not July. Sorry. It's getting late, and my mind --

Q No.

A It was probably -- maybe January 27th or something I got an email from Greg Folkers, whose job is to essentially brief me and staff on important issues, and we were getting prepared to go to the first task force meeting and to have a press conference.

So I wanted to know, what's going on with coronavirus? And he gave an email

that, you know, said, you know, we have Baric, and we have this, and we have this, and we have that, et cetera. And that was in the email.

It was a combination of who was doing what, and these are the experts that we can call upon to help brief us about what we're doing. It was an informative data-collecting email. That's the first that I was consciously aware that there was a Wuhan Institute and that's, you know, what was going on, though I didn't know from that email exactly what we were doing in that.

Q I want to introduce majority exhibit 13. Give me one second.

[Fauci majority exhibit No. 13
was marked for identification.]

Mr. Schertler. Thanks. Thirteen, you said?

Mr. Benzine. Yes.

This is an email chain with Dr. Morens and Dr. Stemmy and Dr. Daszak. Really, I only want you to focus on the page that looks like this. It's an email from Dr. Daszak.

Mr. Schertler. Would you mind if he just took a minute to get the context of it?

Mr. Benzine. Yeah.

Dr. Fauci. Yes. So this is the email -- Peter Daszak, January 27th?

Mr. Benzine. Yes, sir, that you sent to Dr. Morens and Dr. Stemmy.

Dr. Fauci. Right.

Mr. Benzine. Concurrent with that exhibit being 13, I want to introduce exhibit 14.

[Fauci majority exhibit No. 14
was marked for identification.]

Mr. Benzine. This is just a one-page exhibit. And this is an email from Mr. Folkers to you that I believe you were just referencing -- January 27th, 2020 -- with some information about coronavirus experts that NIAID funds: Dr. Daszak, Dr. Baric, Dr. Lipkin.

On Exhibit 14, there's a line that starts, "From David M."

Dr. Fauci. Yes.

Mr. Benzine. And then it's, I believe, an almost near identical version of the page we were just discussing on exhibit 13.

Dr. Fauci. I'm sorry --

Mr. Schertler. So I think -- can you direct us to the page on 13?

Mr. Benzine. Yes. There isn't a Bates number. It looks like -- he's got it in front.

Dr. Fauci. Here?

BY MR. BENZINE:

Q Yes, sir.

A And what was the question?

Q I guess, did you know that when you were getting these talking points, you were getting them straight from Dr. Daszak in EcoHealth?

A I don't recall that I was. I know I got them from Greg, who was my information gatherer. I know he got them from a number of sources, but I don't specifically remember, well, this was from Daszak, and this was from Baric, and this was from -- I knew it was from multiple sources.

Q Would it be -- and if you don't know, that's okay. Would it be common for Mr. Folkers to reach out beyond expertise at NIAID to get this kind of information?

A Sometimes he would do that, he would call a grantee, but I'm not so sure he did. I think he spoke mostly with David. Yeah. Again, I can't tell from this whether Greg went out to an outside person. But, you know, he generally doesn't, but occasionally, he will.

Q It would appear that Dr. Morens emailed Dr. Lipkin and Dr. Daszak and asked for information on the new coronavirus, and this is what Dr. Daszak sent back, and then it

got transferred into an email to you.

A It looks like this was David Morens to Greg, Greg to me. That's what it looks like.

Q Yeah. But it wouldn't be terribly unusual for people in your office to go to the grantee instead of say, like, the grant file to find this kind of information?

A Well, again, I don't know what you mean by "unusual." I mean, when you said that -- for example, if a grantee was very familiar -- like, some of the AIDS grantees. Like, we have people at Harvard and people at Cornell and people in San Francisco. It wouldn't be completely out of the question for Greg to call up Deeks in UCSF and ask him about what's going on with HIV. He wouldn't do that. Normally, he would go through the program people, but occasionally, he would speak to a grantee.

Q Okay. Thank you.

Putting those aside, I just want to ask your general understanding of what the scope of work is that NIAID funded EcoHealth for. Now, obviously, you were unaware --

A Right.

Q -- going into the pandemic, but --

A Right.

Q -- as you've testified I don't know how many times now --

A Right. Right.

Q -- and obviously gotten this question an awful lot, so what is your general understanding of that award?

A My general understanding of that award was that it was a surveillance award. I believe the title is right here in front of me: "Understanding the Risk of Bat Coronavirus Emergence."

And my understanding is that there were two parts to it. One was sero-

surveillance to determine what particular demographic group might have been exposed, and was it related to any particular risk occupation. And I believe they found a relatively small percentage; 3, 5 percent or something like that.

And the other was to do surveillance by getting bat viruses and determine if, in fact, they might bind or not to in vitro ACE2 cell cultures as well as mice that have been transgenic for an ACE2. Not humanized mice, but mice that were transgenic for a human ACE2 receptor.

And it was fundamentally -- which we discussed a bit ago -- a surveillance. What is in the population that might have been exposed, and what bat viruses are out there that might potentially infect a human?

Q Just for my own edification, what's the difference between a humanized mouse and one that just shows ACE2?

A A humanized mice is when you have -- every aspect of it is like a humanized immune system. Like, when you take a mouse and you want to determine if they can replicate HIV, you give them a whole new stem cell transgenic insertion of a gene for the whole immune system. Then you could do it for a variety of other things. But this was one specific receptor that was a human receptor. The rest of it was all mouse.

Q And the second part of the grant, as you just described it, would be taking -- was there work taking backbones and dropping spike proteins into them and seeing if they could infect the ACE2?

A Right. Right. Right. Exactly.

Q Okay.

A They didn't modify it. They just see if it infected. Right.

Q Didn't modify --

A They didn't take the spike and do anything with the spike. They took a

backbone, which was WIV, and they took the spike from a number of different bat viruses. And my understanding -- which when it was explained to me is that if you take a bat virus and you try and sequence the whole virus to then see if it would bind to the ACE as opposed to studying just the head, it would take an inordinate if not infinite amount of time to sequence all the viruses.

So what they do, they get a backbone, which they know how to work with and it's something that's a tool that they're familiar with, and they just take different spikes, put it on, see if it binds, spike, put it on, see if it binds. And that's called a chimera, which people go like that with. But that's essentially a research tool.

Q Splicing together different pieces?

A Right. Right. Exactly.

Q And I'm going to go through this probably pretty quickly. I have the letters if you need them, but you said that you weren't involved in a lot of the compliance issues. So I'm just going to ask you if you were aware of them, and if the answer is no, then we'll just move on.

A Okay.

Q In May 28th of 2016, Dr. Stemmy sent a letter to EcoHealth requesting information regarding some proposed experiments and if they met the definition of the gain-of-function funding pause. Were you involved at all in that?

A 2016?

Q Yes, sir.

A No.

Q We touched on this a little bit, but in between that and the next letter, the P3CO Framework came out. And when the framework came out, Dr. Stemmy sent another letter July 5th, 2018, to EcoHealth informing them that their grant and the

proposed research did not fall under the P3CO Framework. Were you involved in any of that?

A At that time, no.

Q What do you mean by "at that time, no"?

A No, that I wasn't aware of it then.

Q Oh, okay.

A Yeah. I mean, after everybody started talking about it with all the investigations and the briefings, the hearings, they mentioned that. But since, that was an issue that I was not involved with in any way.

Q But you weren't involved in the decision-making process?

A No, I was not involved in the decision-making process.

Q And forgive me if this has been touched on. To your recollection, how is a grant referred to the P3CO? Obviously, they propose the grant to NIAID, NIAID would look at it, and then determine whether or not it goes to the P3CO.

A Right. Right.

Q Is there a structure or a process that that goes through?

A It's a committee that starts off with the program people. I don't know if there's anyone lower than Erik. Not that he's low. He's a very knowledgeable person. But it would be Erik and Diane Post and someone else whose name I forget, and then it would go to Emily Erbelding, and that group would make a decision whether or not it would go up.

Q We talked about this a little bit before in the grant process, but does anyone have the final determination on whether or not to refer a grant to the P3CO?

A I believe the final determination is the -- that committee who reports to Emily.

Q So would it be Dr. Erbelding that would be kind of the final thumbs up or thumbs down?

A You know, to be honest with you, I don't know precisely whether that would be Diane Post, who was a senior person, versus going up to Emily. It might not. If they have a kind of question, if it's a close call, I guess -- and I'm just guessing -- that it might go to Emily. But the exact process of that, I'm not familiar who has the final call.

Q But would you have any decision-making authority over grants that would be referred to the P3?

A No. That's something I totally delegated below me.

Q Okay. I want to shift to a time period a little closer -- it's still 2020, but it's at least closer than 2016 -- and ask a blanket question first.

Dr. Lauer testified that he would not sign or send a letter that he disagreed with. Do you have any reason to doubt that assertion?

A He would not sign --

Q Or send a letter that he disagreed with.

A I can't speak for him.

Q Okay. I want to introduce majority exhibit 15.

[Fauci majority exhibit No. 15
was marked for identification.]

BY MR. BENZINE:

Q This is a letter sent by Dr. Lauer to EcoHealth and Columbia University -- Columbia University by mistake -- on April 19th, 2020. And I'll give you a minute to familiarize yourself with the letter --

A Okay.

Q -- but the second paragraph kind of sums it up.

"While we review these allegations during the period of suspension, you are instructed to cease providing any funds from the above noted grant to the WIV."

So this keeps the grant intact to EcoHealth but severs their relationship with the Wuhan Institute of Virology.

A So let me read it.

Yeah.

Q Were you aware of this letter before today?

A No, not to my recolle- -- I wouldn't say no. I mean, a lot of discussion went back and forth about compliance. I may have been aware of a letter that was sent about stopping funding, but the fact that it's to Columbia University, I'm a little puzzled. Why is it to Columbia University?

Mr. Schertler. So I think the question is, are you familiar with this letter?

Dr. Fauci. I'm not. I mean, I don't recall being familiar with it.

Mr. Benzine. I'm going to introduce the one I think you might be more familiar with as majority exhibit 16.

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

Mr. Benzine. This is a letter sent from Dr. Lauer to Drs. Chmura and Daszak from April 24th, 2020 -- so 5 days after this one was sent -- that terminates the entire grant "Understanding the Risk of Bat Coronavirus Emergence."

Were you previously aware of this letter?

Dr. Fauci. Let me read it. Hold on.

I was aware that the grant was terminated. I'm not -- I don't recall this particular letter that I saw at the time. I think I was shown -- I don't think I was shown this, but I don't recall seeing this letter at the time it was sent.

Mr. Benzine. You testified in June of 2020 before the House Committee on Energy and Commerce. You were asked about this grant and the cancellation and said, "Why was it canceled? It was canceled because the NIH was told to cancel it. I don't know the reason, but we were told to cancel it."

Do you have any recollection of who told you to cancel it?

Mr. Cooke. Yeah. So as I think we covered with [redacted] during their hour, we're not going to be able to get into the details of those deliberations.

BY MR. BENZINE:

Q All right. I'll relay to you what Dr. Tabak told us was the chain of events, and you can just tell me if that's accurate to the best of your recollection.

Dr. Tabak testified that Chief of Staff Mark Meadows called the Office of General Counsel at HHS, who then called Dr. Tabak, who then called Dr. Lauer, who was instructed to cancel the grant. Is that consistent with your memory?

A Yes.

Q All right. Did you have any conversations with anyone at NIAID or NIH about the legitimacy of canceling this grant?

A I don't remember who I spoke to, but I asked -- no, I didn't ask. Someone mentioned, and I don't recall who that was. It may have been Hugh Auchincloss, possibly, because he was the level to which these things came up to. As I said, I was far removed from the compliance aspects of this, and this is falling under the general category of compliance. That the question was raised as, can you actually do that? Can you actually cancel a grant? I remember discussions about that.

Q When the discussion -- first, the kind of chain of events that I just laid out, how did you become aware of those?

A I don't recall. It was likely that Hugh Auchincloss, who was following this,

told me that the grant has been canceled.

Q How did you become aware of the actual people involved, though?

A I wasn't sure. What I heard was that it was someone from the White House. I didn't know who that was, so it was compatible with my answer to your question. Mark Meadows, to the Department, to Lauer. I heard it came from the White House. I didn't know exactly who in the White House had told him to cancel it.

Q Did you express any concerns to anyone regarding the cancellation of this grant?

A I don't recall if I expressed concerns, but I do remember that there were concerns on the part of the scientific community that a grant could all of a sudden just be canceled.

Q The compliance efforts went well into 2023, past your term as director, and Dr. Lauer ended up -- I mean, EcoHealth was 22 months late on a progress report. They had faulty subaward agreements. They hadn't disclosed the Wuhan Institute of Virology as a subaward.

Do you recall having any conversations while those efforts were going on that NIH was actually finding troubling aspects about the grant?

A No. That was compliance things that I -- I mean, I may have vaguely been hearing that they were discussing compliance issues, but I was not directly involved in the conversations of what they were and how that was going to be. Like I said, in general, the compliance issues were things that I didn't get involved in.

Q One more kind of on that. Did you have any -- we went through NIAID and NIH, but did you have any conversations with anyone at the White House regarding the termination of this grant?

Mr. Barstow. I'm going to step in here. I'm going to step in here.

Mr. Benzine. On what grounds?

Mr. Barstow. It's an executive branch confidentiality interest potentially.

Mr. Benzine. Potentially, but you don't know?

Mr. Barstow. I'm happy to talk to Dr. Fauci.

Mr. Benzine. Yeah.

Dr. Fauci. What's the question?

Mr. Benzine. You're going to talk to Mr. Barstow.

[Discussion off the record.]

Dr. Fauci. Question?

BY MR. BENZINE:

Q Did you have any conversations with anyone at the White House regarding this grant?

A The truth is I don't recall having questions at the White House level about this.

Q All right. John touched on it a little bit, and I just want to reiterate or ask if you recall more clearly.

When did you become aware that EcoHealth was late on their progress report?

A During preparations for one of the hearings that I was going to. The hearings now, a couple years later, are a bit of a blur.

Q I bet.

A I've been in a number of hearings, and I remember in preparation for it they were trying to brief me as much as possible about what was going on. I think I heard it at one of those briefings.

Q All right. Dr. Daszak testified that EcoHealth attempted to submit the progress report in a timely manner but was locked out of the NIH system, and Dr. Lauer

testified that the NIH did a forensic analysis of their system and found no evidence that EcoHealth was unable to submit the progress report. Did you ever get a briefing on that?

A Again, in the same situation in preparation for a hearing. And in that preparation, it was all compliance things that -- even though I got briefed, I didn't get briefed because I felt I wanted to explain it to anybody. I just said that I got briefed because that's a compliance issue, thank you very much.

Q As much as you can recall the substance of that briefing, was it similar to what I just said, that NIH had done a forensic analysis of their systems to determine --

A No, I don't recall that. I do recall that there was a disagreement, that EcoHealth said that they did this, and the NIH compliance said, no, you didn't. That may have been what you're talking about. But there was -- my recollection in one of my briefings that EcoHealth was saying that they were compliant in something, and the NIH compliance people -- namely Lauer -- were saying, no, you weren't. I don't know if it was forensic stuff that you're talking about.

Q Okay. I want to introduce majority exhibit 17.

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

BY MR. BENZINE:

Q So this is a letter from Dr. Tabak to then-Ranking Member James Comer from October 20th, 2021. I'll give you a minute to familiarize yourself with this.

A Both sides. Okay. Just give me a minute. I'm a slow reader.

Yes.

Q Were you aware of this letter prior to just now?

A I believe I got some briefing on this letter, yeah.

Q Were you involved at all in the drafting of this letter?

A No.

Q I want to start on the back page. And the tiny little paragraph before "if you or your staff have any questions" reads, "The analysis attached confirms that the bat coronaviruses studied under the EcoHealth Alliance grant could not have been the source of SARS-CoV-2 and the COVID-19 pandemic."

Were you involved at all in putting together an analysis like that?

A No.

Q Do you agree with that statement?

A Again, I'm not an evolutionary virologist, but every evolutionary virologist without exception that's been asked about that is pretty confident that, when you look at the bat viruses that were studied, that they are phylogenetically so distant that that could not have been the source of SARS-CoV-2.

Mr. Schertler. Bat viruses studied in Wuhan?

Dr. Fauci. In Wuhan, yeah.

BY MR. BENZINE:

Q And, again, I'm a lawyer, and words -- black-and-white words matter. And as you discussed with the chairman, I think 2 hours ago at this point, not everyone publishes everything. Not everyone makes everything available. This is an unequivocal statement that every bat coronavirus studied under the EcoHealth Alliance grant could not have been the source for the COVID-19 pandemic.

A Right.

Q It reads to me like an exaggeration of -- and I'm not saying this is what happened. I'm not saying that an EcoHealth virus started the pandemic. All I'm saying is that you can't make an unequivocal statement when you don't know all the facts. And it's impossible to know all the facts.

I guess, first, do you agree that this statement would -- that there are potentially facts missing in this statement?

A Well, let's parse it out in saying that the work scope of the grant and the viruses that came in under the work scope are viruses that could not have been the source of SARS-CoV-2.

I think the point that you're making is that people cannot know what's going on in another part of Wuhan or in Shanghai or in Beijing, but the NIH subaward work scope was involved with viruses that could not have turned into SARS-CoV-2.

[6:40 p.m.]

BY MR. BENZINE:

Q Would it be more --

A So I think -- I'm pretty sure that's what Larry was saying.

Q Would it be more accurate to say the analysis attached confirms that the published bat coronaviruses could not have been COVID-19? Peter Daszak has gone on record saying that he has not published every sequence of every coronavirus that he has collected.

A There is no -- there is no record anywhere, I believe, of any virus that was studied that has been described in a bat that is close enough to have been SARS-CoV-2.

That's the reason why they're looking for adaptation in an intermediary host that would have made it closer, because all the bat viruses that are known are distant enough that they could not have been the source of SARS in and of themselves.

Q And I'll belabor the point one more time, but that's kind of my point, is that at this point I don't know how -- what the fatality toll was, but it was pretty significant. And there was obviously a lot of calamity surrounding this grant, calamity surrounding the origins of COVID.

And, like, to us and to the people we hear from and the people, you know, our bosses represent, like, words matter. And when you see an unequivocal statement when you know there are unknowns, you know EcoHealth hasn't published every virus that we have funded, in fact, that's one of the reasons that they're still getting funding, do you think it could have been worded clearer?

A I don't want to surmise about how Larry would have worded it. I'll leave that up to Larry.

Q I want to flip over to the front page of this letter and read an excerpt from

the fourth paragraph down.

"The limited experiment described in the final progress report provided by EcoHealth Alliance was testing if spike proteins from naturally occurring bat coronaviruses circulating in China were capable of binding to the human ACE2 receptor in a mouse model. All other aspects of the mice, including the immune system, remained unchanged. In this limited experiment laboratory, mice infected with the SHC014 WIV 1 bat coronavirus became sicker than those infected with the WIV 1 bat coronavirus. This was an unexpected result of the research, as opposed to something the researchers set out to do."

So this is kind of what you were describing earlier in the aims of the grant, that they were using the WIV 1 backbone, dropping spike proteins onto it and seeing if it could bind with ACE2. Is that right?

A Right.

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

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

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

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

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

BY MR. BENZINE:

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

And I'm going to -- you have it in front of you, but I'm going to read it in kind of

layman's terms so it's comprehendible.

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

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

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

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

A [Reviewing.] Yeah.

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

A That's what it says, yeah.

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

A The underlying virus is WIV.

Q Correct.

A And the spike that they put on indicated that the virus was more pathogenic than the WIV.

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

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

Q I'm getting there.

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

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

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

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

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

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

A Yeah, right.

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

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

At that time, this definition of gain-of-function was still live on the website of enhancing a biological agent. And I guess what I'm trying to understand, and the minority

talked about it too, is you said what your intent was with Senator Paul, that when you said NIH does not now and has not ever funded gain-of-function research in Wuhan was that you meant to say or you intended ePPP research.

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

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

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

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

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

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

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

A Yes.

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

A Well --

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

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

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

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

Dr. Wenstrup. Can I?

Mr. Benzine. Yes, sir.

Dr. Wenstrup. Do you think that would have helped, if you explained that that day?

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

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

Dr. Fauci. Yeah.

Dr. Wenstrup. -- listening and watching.

Dr. Fauci. Yeah.

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

Dr. Fauci. Rand Paul.

Dr. Wenstrup. He can have a retrospective opinion.

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

Dr. Wenstrup. Well, he's saying it now.

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

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

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

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

Dr. Wenstrup. What's your answer?

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

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

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

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

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

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

Mr. Osterhues. That is on the NIH website.

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

Dr. Wenstrup. Sir, we're going to have a conversation here for a second about what the average American perceives. You may not be out talking -- you may not be out

talking to the average American every day. I have to.

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

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

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

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

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

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

BY MR. BENZINE:

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

Would you agree with Dr. Tabak?

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

Q I'm --

A Because then, if I say yes, then, "Ah, yes, he says it was gain-of-function."

It is not gain-of-function of concern that is associated with the regulatory operative definition of gain-of-function.

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

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

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

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

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

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

Dr. Fauci. Right.

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

Dr. Fauci. Yes.

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

[Whereupon, at 6:57 p.m., the interview was recessed, to reconvene at 10:00 a.m., Tuesday, January 9, 2024.]

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