

1 ALDERSON COURT REPORTING

2 DESIRAE S. JURA

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4 INTERVIEW OF: CLIFFORD LANE, M.D.

5 Friday, December 15, 2023

6 U.S. House of Representatives

7 Committee on Oversight and Reform

8 Select Subcommittee on the Coronavirus Crisis

9 Washington, D.C.

10 The Interview Commenced at 10:05 a.m.

11 Appearances.

12 For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS

13 CRISIS:

14 MITCH BENZINE, Staff Director

15 JOHN STROM, Majority Counsel

16 ERIC OSTERHUES, Majority Counsel

17 JOE CIPOLLONE, Majority Counsel

18 ALAN SLOBODIN, Majority Counsel

19 [REDACTED] [REDACTED] Minority Counsel

20 [REDACTED] [REDACTED] Minority Senior Counsel

21 [REDACTED] [REDACTED] Minority Staff Director

22 For the COMMITTEE ON ENERGY AND COMMERCE,

23 SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

24 [REDACTED] [REDACTED] MINORITY CHIEF COUNSEL

25 [REDACTED] [REDACTED] Minority Staff

26 [REDACTED] [REDACTED] Minority Staff

27 For the U.S. DEPARTMENT OF HEALTH AND HUMAN

28 SERVICES:

29 TARA GANAPATHY, Senior Counsel

30 MARTA COOK, Senior Adviser

31 YELENA TSILKER, Senior Adviser

32 Exhibits

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101

P R O C E E D I N G S

102

Mr. Benzine. We can go on the record. This is

103

a transcribed interview of Dr. H. Clifford Lane

104

conducted by the House Select Subcommittee on the

105

Coronavirus Pandemic, the Committee on Oversight and

106

Accountability, and the Committee on Energy and

107

Commerce, under the authority granted to them by

108

House Resolution 5, House Rule 10, and the rules of

109

the Committee on Oversight and Accountability and

110

Committee on Energy and Commerce.

111

This interview was requested by Chairman Brad

112

Wenstrup, Chairman James Comer, Chair Cathy McMorris

113

Rodgers, Chairman Morgan Griffith, and Chairman Brett

114

Guthrie as part of the Committee's oversight of the

115

federal government's response to the coronavirus

116

pandemic.

117

Further, pursuant to House Resolution 5, the

118

Select Subcommittee has wide-ranging jurisdiction,

119

but specifically to investigate the origins of the

120

coronavirus pandemic, including but not limited to

121

the federal government's funding of gain of function

122

research.

123

Pursuant to House Rule 10, the Committee on

124

Oversight and Accountability has jurisdiction to

125

investigate any matter at any time, and pursuant to

126

House Rule 10 and 11, the Committee on Energy and

127 Commerce has jurisdiction for public health service
128 agencies, including the National Institutes of Health
129 and the entities it funds, as well as federal
130 biomedical research and development.

131 EXAMINATION

132 BY MR. BENZINE.

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

135 A Henry Clifford Lane, L-A-N-E.

136 Q Thank you. Dr. Lane, my name is Mitch
137 Benzine, and I'm the staff director for the Majority
138 Staff of the Select Subcommittee. I want to thank
139 you for coming in today for this interview. We
140 recognize that you are here voluntarily and we
141 appreciate that.

142 Under the Select Subcommittee and Committee on
143 Oversight and Accountability's rules, you are allowed
144 to have an attorney present to advise you during this
145 interview. Do you have an attorney representing you
146 in a personal capacity with you today?

147 A No.

148 Q Is there an attorney representing the
149 Department of Health and Human Services with you
150 today?

151 A Yes.

152 Mr. Benzine. Will counsel identify themselves?

153 Ms. Ganapathy. Tara Ganapathy, senior counsel,
154 HHS.

155 Mr. Benzine. For the record, beginning with the
156 remainder of the Majority Staff, can the additional
157 staff members please introduce themselves with their
158 name, title, and affiliation?

159 Mr. Strom. John Strom, senior counsel, House
160 Energy and Commerce Oversight and Investigation
161 Subcommittee Majority.

162 Mr. Osterhues. Eric Osterhues, chief counsel,
163 Select Subcommittee for the Coronavirus Pandemic
164 Majority.

165 Mr. Slobodin. Alan Slobodin, chief
166 investigative counsel, House Energy and Commerce
167 Committee, Majority Oversight and Investigations
168 Subcommittee.

169 Mr. Cipollone. Joseph Cipollone, counsel for
170 the Select Subcommittee's Majority.

171 [REDACTED], professional staff,
172 Energy and Commerce Subcommittee on Oversight
173 Investigations, Minority.

174 [REDACTED], analyst, Energy and
175 Commerce, Minority.

176 [REDACTED], chief counsel,
177 Energy and Commerce Committee Oversight Investigation
178 Subcommittee Minority.

179 [REDACTED], professional
180 staff member, Energy and Commerce, Oversight
181 Investigations Subcommittee.

182 [REDACTED], Democratic staff
183 director of the Select Subcommittee.

184 [REDACTED], Democratic counsel,
185 Select Subcommittee.

186 [REDACTED], senior counsel,
187 Democratic staff, Select Subcommittee.

188 Ms. Cook. Marta Cook, senior adviser for
189 oversight at NIH.

190 Ms. Tsilker. Yelena Tsilker, senior advisor for
191 oversight at HHS.

192 Mr. Benzine. Thank you, all.

193 BY MR. BENZINE.

194 Q Dr. Lane, before we begin, I would like to
195 go over the ground rules for this interview.

196 The way the interview will proceed is as
197 follows. Majority and Minority staff will alternate
198 asking you questions, one hour per side, per round
199 until each side is finished with their questioning.

200 The Majority Staff will begin and proceed for an
201 hour, and then the Minority staff will have an hour
202 to ask questions. We will then alternate back and
203 forth in this manner until both sides have no more
204 questions.

205 If either side is in the middle of a specific
206 line of questions, they may choose to end a few
207 minutes past an hour to ensure completion of that
208 specific line of questioning, including any pertinent
209 follow-ups. In this interview, while one member of
210 the staff for each side may lead the question
211 additional staff may ask questions.

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

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

225 Exhibits may be entered into the record. The
226 Majority exhibits will be identified numerically.
227 Minority exhibits will be identified alphabetically.

228 Do you understand?

229 A Yes.

230 Q We want you to answer our questions in the

231 most complete and truthful manner possible, so we
232 will take our time. If you have any questions or do
233 not fully understand the question, please let us
234 know, we will attempt to clarify, add context to, or
235 rephrase our questions. Do you understand?

236 A Yes.

237 Q If we ask about specific conversations or
238 events in the past and you are unable to recall the
239 exact words or details, you should testify to the
240 substance of those conversations or events to the
241 best of your recollection. If you recall only a part
242 of a conversation or event, you should give us your
243 best recollection of those events or parts of
244 conversations that you do recall. Do you understand?

245 A Yes.

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

252 A Yes.

253 Q If, at any time, you knowingly make false
254 statements, you could be subject to criminal
255 prosecution. Do you understand?

256 A Yes.

257 Q Is there any reason you're unable to
258 provide truthful testimony today?

259 A Not that I am aware of.

260 Q The Select Subcommittee follows the rules
261 on the Committee on Oversight and Accountability.
262 Please note that if you wish to assert a privilege
263 over any statements made, that assertion must comply
264 with the rules of the Committee on Oversight and
265 Accountability.

266 Pursuant to that, Rule 16(c)(1) states, for the
267 Chair to consider assertions of privilege over
268 testimony or statements, witnesses or entities must
269 clearly state the specific privilege being asserted
270 and the reason for the assertion on or before the
271 scheduled date of testimony or appearance.

272 Do you understand?

273 A Yes.

274 Q Ordinarily, we take a five-minute break at
275 the end of each hour of questioning, but if you need
276 a longer break or break before that, please let us
277 know, and we'll be happy to accommodate. However, to
278 the extent there is a pending question, we would ask
279 that you finish answering the question before we take
280 the break. Do you understand?

281 A Yes.

282 Q Any more questions before we begin?

283 A No.

284 Q All right. I want to start out by
285 thanking again for being here voluntarily, and a
286 couple decades of public health work, and start by
287 discussing your education and experience before we
288 get into more specific topics.

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

291 A University of Michigan, a bachelor of
292 science in chemistry and a medical degree.

293 Q Who is your current employer and what is
294 your current job title?

295 A Currently employed by the National
296 Institute of Allergy and Infectious Diseases at the
297 National Institutes of Health. My current supervisor
298 is Dr. Jeanne Marrazzo, the director of the
299 Institute.

300 My current job title is deputy director for
301 clinical research and special projects. I also am
302 director of our division of clinical research, the
303 clinical director for the Institute, and chief of the
304 clinical and molecular retrovirology section of the
305 laboratory of immunoregulation, and in our division of
306 intramural research.

307 Q Do you have any time off?

308 A Not to my best recollection.

309 Q So your direct report is Dr. Marrazzo?

310 A Yes.

311 Q Can you elaborate, as best as you can and
312 briefly, on kind of what a stereotypical day-to-day
313 looks like?

314 A I would say there probably is no
315 stereotypical day. As noted, I have a variety of
316 responsibilities. I tend, on any given day, to
317 prioritize what's pending, usually involving several
318 calls or meetings.

319 It will often involve review of data, talking to
320 people in the lab. It may involve discussion on
321 protocol design, data generated from clinical research
322 protocols, preparing manuscripts, attending meetings,
323 or traveling to different sites where we have
324 clinical research programs.

325 Q Do you have people that report to you?

326 A Yes, I do.

327 Q About how many?

328 A I probably have somewhere in the range of
329 about 12-15 direct reports, and then they obviously
330 have reports as well.

331 Q During the -- so you kind of ran through
332 the basic data. During the pandemic, did that change
333 at all?

334 A The level of activity during the pandemic

335 was something I had never experienced before. As you
336 mentioned, I've been doing this for a while. I had
337 extensive experience in the early days of the
338 HIV/AIDS epidemic, and I have to say, what we ended
339 up doing in COVID was like taking 30 years of AIDS
340 and compressing it into weeks of time, in terms of
341 what we needed to try to do, and would not be
342 uncommon actually to have multiple calls going at the
343 same time, pushing really hard to get programs
344 started, to get protocols initiated. It was a very
345 different time, yes.

346 Q At least it looks like in the first couple
347 of months of the pandemic, you were traveling at
348 least a little bit. Was that common prior to the
349 pandemic? Did you often travel for your job?

350 A I did travel often for my job. Part of
351 the special projects that I oversee involve having
352 research capacity in areas of the world where we're
353 concerned about emerging infectious diseases. So as
354 part of that work, some of which was originated from
355 pandemic flu concerns in Indonesia or Mexico, part
356 related to Ebola in Liberia, Guinea, and the Congo.

357 Q Had you ever traveled to China prior to
358 2020?

359 A I had not.

360 Q Do you currently hold or have you held a

361 security clearance in the past?

362 A I currently do.

363 Q At what level?

364 A TS/SCI.

365 Q During the course of the pandemic, did you
366 receive any classified briefings on COVID-19?

367 A I don't recall being in any classified
368 briefings. I do recall briefings down at the White
369 House, but I don't recall anything that was
370 specifically classified.

371 Q Okay. I'm going to run through some
372 baseline questions of your level of communication
373 with certain people. It's a long list, with a couple
374 topics, so bear with me as I go through it. As I
375 said in the preamble, if you don't recall specifics,
376 but you do recall that you did communicate with them,
377 say yes, and we can try to figure out specifics
378 later.

379 First, I want to ask, generally, have you sent
380 any emails since January of 2020 regarding origins of
381 COVID, Wuhan Institute of Virology, or EcoHealth
382 Alliance?

383 A I don't recall any emails where I would
384 have specifically had that as the major topic. There
385 certainly could have been. People could have asked a
386 question I might have responded to. I honestly don't

387 recall.

388 Q Okay. I want to start by asking the long
389 list if you communicated with any of these people
390 regarding specifically the origins of COVID.

391 Dr. Francis Collins?

392 A Yes.

393 Q Dr. Anthony Fauci?

394 A Yes.

395 Q Dr. Lawrence Tabak?

396 A I don't recall specifically with
397 Dr. Tabak, but he might have been on discussions that
398 involved Dr. Collins or Dr. Fauci.

399 Q Dr. Hugh Auchincloss?

400 A I don't recall specifically, but it's
401 likely.

402 Q Dr. David Morens?

403 A No.

404 Q Dr. Ping Chen?

405 A No.

406 Q Dr. Ian Watson?

407 A No.

408 Q Dr. Andrew Pope?

409 A No.

410 Q Dr. Victor Zhao?

411 A I don't recall anything with Dr. Zhao
412 related to COVID. He sent emails quite frequently in

413 his position at the National Academy, so there might
414 have been something there. And again, when I say no,
415 it's really always to the best of my recollection.

416 Q Yes. Dr. Robert Redfield?

417 A I don't think so about origins, no.

418 Q Dr. Michael Lauer?

419 A No.

420 Q Dr. David Hassell?

421 A No.

422 Q Dr. Eric Stemmy?

423 A No.

424 Q Mr. Gray Handley?

425 A I don't recall anything like that with

426 him.

427 Q Mr. Greg Folkers?

428 A No.

429 Q Dr. Jeremy Farrar?

430 A I certainly have had discussions with
431 Dr. Farrar, but I don't recall any specific to the
432 origins.

433 Q Dr. Kristian Andersen?

434 A No.

435 Q Dr. Michael Farzan?

436 A No.

437 Q Dr. Eddie Holmes?

438 A No.

439 Q Dr. Ian Lipkin?
440 A No. Again, I've had discussions with
441 Dr. Lipkin, but I don't recall any discussions
442 related to origins.
443 Q Dr. Andrew Rambaut?
444 A No.
445 Q Dr. Christian Drosten?
446 A No.
447 Q Dr. Ron Fouchier?
448 A No.
449 Q Dr. Marion Koopmans?
450 A No.
451 Q Dr. Peter Daszak?
452 A No.
453 Q Dr. Aleksei Chmura?
454 A No.
455 Q Dr. Kevin Olival?
456 A No.
457 Q Dr. Michael Worobey?
458 A No.
459 Q Dr. Jonathan Pekar?
460 A No.
461 Q Dr. Florence Debarre?
462 A No.
463 Q Dr. James LeDuc?
464 A I have discussions -- I have had

465 discussions in the past with Dr. LeDuc. I don't
466 recall anything related to origins.

467 Q Dr. Shi Zhengli?

468 A No.

469 Q Dr. George Gao?

470 A No.

471 Q Dr. Ralph Baric?

472 A No.

473 Q We'll go back and elaborate a little on
474 the yeses if you can.

475 A Sure.

476 Q So I think the for sure remember yeses
477 were Dr. Collins and Dr. Fauci. Can you elaborate a
478 little more on your conversations regarding origins
479 with Dr. Collins?

480 A So there -- during the outbreak,
481 particularly in the early days, there were multiple
482 phone calls, sometimes on a daily basis, definitely
483 on a weekly basis, on a whole array of topics. My
484 area of focus would have been on therapeutics
485 research, but there would be other topics covered in
486 many of these calls.

487 So it might have been a topic that would come up
488 from time to time. I honestly can't recall anything
489 very specific about those particular discussions, but
490 they were wide ranging.

491 Q Any water cooler discussions regarding the
492 origins, any like off the cuff?

493 A I did not go to those water coolers.

494 Q Fair enough. Was that about as much as
495 you can recall of those conversations with
496 Dr. Collins?

497 A Pretty much, yes.

498 Q What about Dr. Fauci?

499 A The same with Dr. Fauci. We would have --
500 you know, with Dr. Collins the discussions would be
501 at the NIH level, and I would be there as someone who
502 had expertise in a given area. Again, with Dr.
503 Fauci, it would have been similar things at the
504 Institute level, and we would have similar
505 discussions.

506 Again, a lot of those discussions were focused
507 on how do we launch a research response particularly
508 in vaccines and therapeutics which ended up being a
509 key part of the NIAID response.

510 Q Again, with him, no off-the-cuff water
511 cooler, hey, look at that weird virus kind of
512 comments?

513 A No.

514 Q I'm going to run through the same list
515 again about any conversations regarding the Wuhan
516 Institute of Virology.

517 Dr. Francis Collins.

518 A The only time I can recall some
519 discussions might have been when I returned from
520 China, you know, did we get a chance to go to the
521 Wuhan Institute of Virology, which we did not.

522 Q Would that be the only time you would
523 remember any of these people?

524 A Pretty much, yes.

525 Q After going through the pandemic, after
526 more things started coming out, do you recall any
527 other conversations particularly with Dr. Collins,
528 Fauci, Tabak, or Auchincloss?

529 A You know, again, the topic might have come
530 up in the context of just all the things we were
531 dealing with at the time, but I don't recall anything
532 that was a focused discussion on that issue.

533 Q All right. The same kind of question, and
534 I won't run through the list if I don't have to, but
535 on EcoHealth Alliance?

536 A Yeah, I don't recall anything really with
537 EcoHealth Alliance. That would have been other types
538 of discussions I doubt I would have been part of, and
539 I don't recall anything specific to that.

540 Q After NIH started enforcement actions on
541 EcoHealth Alliance, were you part of any conversation
542 or hearing any conversations regarding that?

543 A I wasn't part of those conversations. I
544 did see some emails related to that.

545 Q Did you hear anything regarding NIAID's
546 position on whether or not the grant should have been
547 terminated?

548 A The one thing I do recall was -- and I
549 can't tell you where I heard it, or who I heard it
550 from. But what I do recall concerns terminating
551 grants without good cause.

552 And the question also arose, if you sever a
553 relationship, you also lose an opportunity to learn
554 what's going on in a lab. And those would have been
555 general discussions. Nothing specific to that, but I
556 do think there was some discussion about the merits
557 and the pros and cons.

558 Q What do you mean about lose insight into
559 what's going on into the lab?

560 A So, for example, if I'm funding you and
561 you're running a lab, I'm expecting to get reports on
562 what you're doing. If then I say to you, we're not
563 going to be funding you anymore, I would not expect
564 to be getting any more reports.

565 Q That's fair. Would you -- in that same
566 scenario, would you expect insights beyond what you
567 were funding? Would you expect to know the lab's
568 biosafety history or certification history, what

569 they're capable of doing?

570 A So I don't have that type of relationship
571 with that lab the Wuhan Institute of Virology.
572 However, I would say, from a general perspective, if
573 you have a relationship with another scientist or you
574 have a collaboration, you do tend to have opportunity
575 to discuss things beyond what's immediately in front
576 of you.

577 Q This one's a bit of a broader list, but
578 I'm going to start with the list that I just ran
579 through. Your 2020 trip to China in February, if you
580 spoke to any of these people. I'll just read the
581 list, and if you spoke to any of these people about
582 that trip. And this is just yes or no. We can get
583 into details later.

584 President Donald Trump?

585 A I don't think so.

586 Q Vice President Mike Pence?

587 A No.

588 Q Chief of Staff Mick Mulvaney?

589 A No.

590 Q Matthew Pottinger?

591 A No. Actually, I don't know who that is.

592 Q Okay.

593 A But I don't recall that.

594 Q Joe Grogan?

595 A No.

596 Q Marc Short?

597 A No.

598 Q Deborah Birx?

599 A I don't think so, but I would have talked
600 to her more frequently, so something could have come
601 up.

602 Q Mark Meadows?

603 A No.

604 Q Robert O'Brien?

605 A No.

606 Q Jared Fisher?

607 A No.

608 Q Francis Collins?

609 A About the trip to China?

610 Q Yes.

611 A Yes, but it would have been in general
612 terms. I don't think I did a formal debrief with
613 Dr. Collins.

614 Q Dr. Fauci?

615 A Yes, I would have spoken to him about the
616 trip.

617 Q Dr. Tabak?

618 A Only in the context of general discussions
619 on some of these frequent calls, but nothing
620 specific.

621 Q Dr. Auchincloss?

622 A I don't think so.

623 Q Dr. Morens?

624 A No.

625 Q Dr. Chen?

626 A No. Dr. Chen?

627 Q Ping Chen?

628 A No.

629 Q Dr. Ian Watson?

630 A No.

631 Q Dr. Andrew Pope?

632 A No.

633 Q Dr. Robert Redfield?

634 A I don't think so. It could have come up

635 in a call, but nothing specific.

636 Q Dr. Lauer?

637 A No.

638 Q Mr. Handley?

639 A If so, it just would have been very

640 general. It wouldn't have been anything specific.

641 Q Mr. Folkers?

642 A No.

643 Q Dr. Farrar?

644 A I don't recall anything specific, although

645 I did talk to him a fair amount, so something could

646 have come up, but nothing focused on the trip, no.

647 Q Okay. Dr. Daszak?

648 A No.

649 Q Dr. Gao?

650 A No.

651 Q Dr. Baric?

652 A No.

653 Q Going back to Dr. Fauci, can you elaborate
654 a little bit more on your conversations regarding the
655 trip with him?

656 A I can distinctly remember my first
657 discussion about the trip with him was, I was at
658 Dulles Airport getting ready to board a flight to
659 Tokyo to help set up our study therapeutic trial for
660 COVID-19. And the Diamond Princess was docked in
661 Yokohama, so there was a desire to get Japan onboard
662 with a multi-center multinational trial.

663 As I was getting ready to get on the plane, I
664 got a phone call from Dr. Fauci. And he said, you've
665 been selected by WHO to be part of the delegation to
666 China. And I said, well, I really can't, I'm getting
667 ready to go to Tokyo, et cetera. And he said, I
668 think this needs to be your priority. And I said
669 okay.

670 Q I've seen the State Department emails of
671 trying to get your visa and everything, and it was
672 quite the adventure there in February. Any

673 conversations with Dr. Fauci while you were on the
674 ground?

675 A Just to say one thing for clarification.
676 The value of Wi-Fi on airplanes cannot be
677 underestimated, because from the time I boarded that
678 flight to Tokyo for the next 14 hours, we were
679 constantly in contact, as you said, with so many
680 people. So by the time I landed, I went right to the
681 Chinese embassy to Japan to hand in the passport to
682 get a visa.

683 I don't recall any discussions with Dr. Fauci
684 while I was on the ground in China. I actually was
685 quite sensitive about making phone calls. The calls
686 I do recall during that time were related to clinical
687 trial design.

688 Q And then any conversations with him on --
689 once you returned stateside?

690 A Yes. So the immediate conversation, it
691 was interesting that I went -- again, I had a meeting
692 actually with Defense Health Board. And so I went
693 from the airport to the Falls Church facility to go
694 to a meeting. And while I'm in the meeting, I got a
695 call to talk to Dr. Fauci. And he said, how are you
696 doing? Or something along those lines. And I said,
697 fine. He said, why are you at that meeting as
698 opposed to, I really think you should be home?

699 Q It's a long flight to get off the plane
700 and go straight to a meeting.

701 A It is. And then there was some general
702 discussion, and I provided a trip report that was
703 fairly extensive. And I think that pretty much
704 covered -- I don't recall a lot of discussion about
705 the trip outside of providing the report.

706 Q Okay. I want to ask, and understanding
707 some of these might be in conjunction with the trip,
708 so if it is, just say that. If you have any
709 interactions with any of the following institutions
710 regarding COVID-19.

711 A Mm-hmm.

712 Q The Wuhan Institute of Virology?

713 A Not directly, no.

714 Q What would the indirect be?

715 A So part of the WHO delegation, I think it
716 was three of the outside experts, three of the
717 experts from China had the chance to go to Wuhan for
718 I think a night. I don't remember exactly how long.
719 And come back and then debrief us what they learned
720 while they were there.

721 I do not think they went to the Wuhan Institute
722 of Virology, so whatever I learned about Wuhan would
723 have been from that delegation, plus one of the early
724 days of the visit there was a video link to the

725 clinicians in Wuhan.

726 Q The Wuhan Centers for Disease Control and
727 Prevention?

728 A No, not directly. Again, anything would
729 have been indirect.

730 Q The Chinese Centers for Disease Control
731 and Prevention?

732 A I believe we had a briefing by them, yes.

733 Q Wuhan University?

734 A No.

735 Q The Chinese Academy of Sciences?

736 A I believe there were members of the
737 delegation from the Chinese Academy of Sciences. I'm
738 not 100 percent sure, but I think so.

739 Q Okay.

740 A But I don't recall going to a facility.

741 Q The Academy of Military Medical Sciences?

742 A I don't think so.

743 Q I want to run through just a few names and
744 ask if you ever communicated with them via their
745 personal email or cell phone regarding COVID,
746 regarding these issues, not just anything.

747 Dr. Collins?

748 A By phone? I'm sorry, repeat the question?

749 Q If you've ever communicated on a personal
750 email or a personal cell phone with any of these

751 people.

752 A Personal, no, no.

753 Q Dr. Fauci?

754 A No.

755 Q No to the whole list?

756 A Correct.

757 Q Perfect. Thank you. Did you have any

758 conversations with anyone affiliated with Fort

759 Detrick regarding COVID-19?

760 A Yes.

761 Q Can you elaborate on those communications?

762 A One of the things that comes under my

763 division is a high containment lab at Fort Detrick.

764 There's an interagency biodefense campus at Fort

765 Detrick, the Army led USAMRIID, the Homeland Security

766 led NBACC, and then there's an NIAID lab. And we

767 were involved in a number of things related to the

768 response.

769 Q What?

770 A Predominantly evaluating countermeasures,

771 looking at the effects of particularly different

772 monoclonal antibodies against the different variants

773 of SARS-CoV-2 as they emerged, as well as working to

774 develop animal models.

775 Q Did you have any conversations -- I'll

776 frame this. Outside of getting your visa and

777 everything, did you have any conversations with the
778 State Department regarding COVID-19?

779 A In China, we met with some staff from the
780 embassy team. I think it was mostly CDC. I don't
781 know if someone from State might have been there, but
782 I did not have any briefings with State that I
783 recall.

784 Q What about any communications with the
785 Department of Energy regarding COVID-19?

786 A No, not to my knowledge.

787 Q Vanity Fair a few weeks ago reported that
788 in mid-2019, Deputy Secretary of Energy Brouillette
789 alerted a top Dr. Fauci adviser that the coronavirus
790 work at the Wuhan Institute risked being
791 misappropriated for military purposes. You were not
792 the one that received that warning?

793 A No, I was not.

794 Q All right. Vanity Fair also reported that
795 in October of 2020, he was then Secretary
796 Brouillette, told Dr. Fauci that the Department of
797 Energy scientists had evidence suggesting that
798 COVID-19 originated at the Wuhan Institute of
799 Virology. Do you have any knowledge of that?

800 A I don't.

801 Q Final one that you may not have any
802 knowledge of. Secretary Brouillette also offered the

803 Department of Energy resources and computing capacity
804 to NIH. Do you have any knowledge of that?

805 A I do not.

806 Q Do you know if NIAID ever partnered with
807 the Department of Energy during COVID-19?

808 A I'm not aware of anything. I mean, we
809 certainly have done work over the years with
810 Los Alamos, in terms of HIV sequence analysis. I
811 just don't know about COVID-19.

812 Q Final little bucket in this questionnaire,
813 again, through the course of the pandemic, did you
814 have any communication with anyone affiliated with
815 Twitter or X?

816 A No.

817 Q Facebook?

818 A No.

819 Q Instagram?

820 A No.

821 Q YouTube?

822 A No. When you say -- I mean, occasionally,
823 I watched a YouTube video.

824 Q Like an employee of one of those?

825 A No.

826 Q Moving on to a little more background on
827 your relationship with Dr. Fauci. When did you start
828 at NIAID?

829 A 1979.

830 Q Was Dr. Fauci already director then?

831 A No.

832 Q Oh, you predate Dr. Fauci?

833 A Well, I don't predate his presence at

834 NIAID. I predate his directorship.

835 Q His directorship?

836 A Yes.

837 Q Did you work with him prior to him being

838 director?

839 A I did work with Dr. Fauci prior to him

840 being director. When I came to NIAID, he was a

841 section head in the laboratory of clinical

842 investigation. And in that context, admitted a

843 number of patients with a variety of different

844 diseases as a first year fellow.

845 Part of my responsibility was caring for those

846 patients that he would then have the senior oversight

847 on. The way the fellowship is structured is your

848 first year is predominantly clinical, and then your

849 second and third and subsequent years are involved in

850 research.

851 I had initially wanted to work in Dr. Fauci's

852 lab, but there were other more competitive people,

853 and so I did not get selected to work in his lab. I

854 worked in Dr. Frank's lab for a year, and then

855 transferred over to work in Dr. Fauci's lab. And
856 actually, I've worked in his laboratory since that
857 time until his retirement.

858 Q During the pandemic, just ballpark it, how
859 often a week would you meet with Dr. Fauci?

860 A It would be multiple times a week. Phone
861 calls predominantly. Again, we were into social
862 distancing, so it would mostly be phone calls.

863 Q What were the contents of those meetings?
864 Was it predominantly therapeutics and research?

865 A It would have been the two main areas I
866 was working on initially were the development and
867 implementation of therapeutics, research agenda, and
868 putting together a set of treatment guidelines.

869 Q What about email? Could you ballpark the
870 volume of your email communication with Dr. Fauci?
871 Daily? Multiple times a day?

872 A It probably would be on the order of
873 daily, at least in terms of being CC'd, there would
874 have been a lot of email communication, yes.

875 Q Thank you. Moving on to COVID in
876 particular. Just yes or no. Is investigating the
877 origins of COVID-19 important?

878 A Yes.

879 Q Is discovering the origins of COVID-19
880 important?

881 A Yes.

882 Q Can you explain why?

883 A In trying to understand the breadth of
884 what happened during the outbreak, being able to
885 study those extraordinarily early events, I think is
886 one of the best ways for us to try and prevent
887 something like this from happening again. You know,
888 knowing who the very, very earliest cases were, what
889 their potential exposures were, I think is of
890 critical importance to being better prepared for a
891 response the next time.

892 Q Do you believe the origin of COVID-19 is
893 still unsettled?

894 A Yes.

895 Q I want to talk about generally how viruses
896 appear and what we can do to maybe combat them.

897 You explained this a little bit, but what did
898 the origins -- how do origins help us prepare for a
899 future pandemic.

900 A If one has a sense of what the reservoirs
901 might be for, let's just say viruses to start with,
902 viruses of pandemic potential, one can try to monitor
903 those reservoirs. They have this term one health
904 that sort of spans the spectrum of wherever anyone,
905 anything might be infected. You can try to do your
906 best to focus your surveillance on those areas that

907 may be of highest risk.

908 Q The kind of like two pathways that we hear
909 a lot are zoonotic event, stereotypical from either
910 animal directly to a human, animal through a series
911 of animals to a human or laboratory research related
912 accident. Are those sort of the two pathways for a
913 virus maybe not to emerge, but jump into the human
914 population?

915 A Yes, I think, again, sort of a natural
916 exposure or a laboratory-based exposure, maybe to
917 generalize it that way.

918 Q This one, I'm going to show I'm not a
919 scientist. So like the definition of pandemic,
920 epidemic, I don't really know. But the kind of like
921 three large coronaviruses, to my understanding over
922 the last 20 years, SARS 1, MERS, and COVID-19; is
923 that right?

924 A Yes.

925 Q Do you recall how many cases SARS 1 had or
926 has?

927 A I don't recall precisely, but we're
928 talking I think more in the hundreds to low
929 thousands.

930 Q Are what about MERS?

931 A I don't know the exact data on MERS. I
932 would have to check that to be sure.

933 Q Would still be like in the thousands?

934 A It would be, yes.

935 Q Do you know the current number-ish for
936 COVID-19?

937 A In terms of number of people who have been
938 infected?

939 Q Mm-hmm.

940 A I don't know that there is an accurate
941 number. When one reviews the literature on
942 surveillance and antibody positivity, it's possible
943 but can be difficult to sort out vaccination from
944 infection, but I think many people say probably the
945 majority of the world's populations have been
946 infected with this virus.

947 Q The running number is 800 million-ish. I
948 agree it's probably more the number of people who get
949 infected and don't take a test, get infected and
950 don't report it, whatever. You've studied HIV/AIDS
951 for a long time. It infects a lot of people. Why
952 the big difference between SARS 1 and SARS 2?

953 A It's a very good question about why the
954 SARS 1 outbreak was so limited and SARS-Co-V-2 was so
955 widespread. If you look at what happened with the
956 original SARS outbreak, it appears that it was
957 recognized very early and there was a lot of
958 containment of the people who had been infected. And

959 while there were reports of what were referred to in
960 quotes as super spreaders, it didn't seem to be quite
961 as contagious as what we're seeing now with
962 SARS-Co-V-2.

963 Q The kind of two aspects, the early and
964 contained for SARS 1 difference between SARS 2. I
965 guess they kind of go hand in hand, if you don't
966 catch it early, you can't contain it because when you
967 put containment mitigation measures in, it doesn't
968 really matter at that point.

969 On this one, you went to China, you at least
970 heard tell of what Wuhan looks like in February, all
971 in all a ghost town, pretty much locked down. So
972 China at least attempted the containment part, but it
973 still spread. Does that, in your estimation, just
974 mean that it was spreading much earlier than when
975 they started implementing these measures?

976 A It's hard for -- I wouldn't know. It
977 would just be pure speculation.

978 Q If you know, so SARS 1 is pretty
979 well-established to be zoonotic transfer from animals
980 to humans. Did China put in pandemic mitigation
981 measures after SARS 1?

982 A I honestly don't know. One would assume
983 that they did. I mean, the outbreak, there was Hong
984 Kong was one of the places hardest hit, so I do think

985 that there were things done, but I just don't know.

986 I would have to go back and look at what was done.

987 Q I want to ask four scenarios and if you

988 would consider them laboratory-related or

989 research-related.

990 A (Nodding head.)

991 Q A researcher manipulating viruses in a lab

992 and getting infected?

993 A You mean how you would characterize that?

994 Q Would it be a laboratory spillover?

995 A That would be a laboratory accident.

996 Q Researcher conducting serial passage on a

997 naturally occurring virus and getting infected?

998 A So any infection in the lab would be a

999 laboratory associated infection.

1000 Q What about a researcher getting infected

1001 during collection in a cave and bringing it back to a

1002 lab?

1003 A That would be a natural exposure to

1004 infection, in my opinion.

1005 Q And then to the best of your knowledge,

1006 have lab accidents of viral infections happened

1007 before?

1008 A There have been lab accidents of viral

1009 infections, yes.

1010 Q What do good laboratory or

1011 research-related accident prevention strategies look
1012 like?

1013 A Depending upon what type of agent you're
1014 dealing with, you would do different layers of
1015 protection and as defined in biosafety levels 2, 3,
1016 and 4.

1017 Q Are there cases -- we've heard a couple
1018 times of, yes, like the BMBLs allow you to do novel
1019 naturally occurring work in BSL-2, but that's not how
1020 you should be doing it. Do you think those should be
1021 updated?

1022 A I'm not the best person to provide an
1023 opinion on that.

1024 Q Okay. I want to ask about kind of how you
1025 first heard about COVID. So it was first reported at
1026 least publicly on ProMED on December 30, 2019. Is
1027 that when you first heard?

1028 A I don't know when I first heard. I
1029 remember when I first took notice.

1030 Q Okay.

1031 A So I first took notice early in January of
1032 2020. And the reason I remembered is I was actually
1033 working in Liberia with our program there and the TV
1034 was on. And I saw that they were building two
1035 1,000-plus bed hospitals in Wuhan. And I remember
1036 thinking, one doesn't do that unless there's

1037 something going on. That was the first time that I
1038 certainly paid attention or noticed.

1039 Q Do you have -- like you said, early
1040 January. I'm not going to ask for the exact date,
1041 because I can't remember exact dates. Like early
1042 half of January?

1043 A Probably, it was probably second or third
1044 week of January.

1045 Q Would that level of hospital construction
1046 be indicative of a virus that's spreading a little
1047 more than maybe what was being reported at that time?

1048 A It would be indicative of a medical need
1049 that had not been previously anticipated. I might
1050 say it that way.

1051 Q Okay. But you didn't hear of kind of
1052 weird pneumonia thing going on in December at all?

1053 A You know, I likely saw something, read
1054 something, but it didn't stick.

1055 Q Is that a common occurrence, is that
1056 common in that area of the world kind of every now
1057 and then on ProMED, hey, there's a weird virus going
1058 on? We see it now, I get questions about it now.

1059 A You know, if you're following surveillance
1060 reports, whether it's WHO, you say ProMED, lay
1061 literature, you see things pop up from time to time.
1062 And you say, oh, well, I wonder what that will

1063 become. And more often than not, it does not turn
1064 into a major public health concern. On occasion, it
1065 certainly does, and this was one example of that.

1066 Q Do you recall when the genetic sequence
1067 was first made available?

1068 A Within January. It was fairly early. I
1069 can remember everyone being quite -- I don't know
1070 what the right word is, but energized by seeing how
1071 quickly an etiology was established and then how
1072 rapidly the sequence information was made publicly
1073 available.

1074 Q Do you remember who made it publicly
1075 available?

1076 A I don't. It obviously came from China,
1077 but I don't know who.

1078 Q Dr. Eddie Holmes from Australia made it
1079 publicly available on behalf of a doctor in China.

1080 A Okay.

1081 Q The doctor in China's lab the next day was
1082 shut down the next day for recertification. Do you
1083 have any knowledge or have you heard about that?

1084 A I have a vague recollection of some of
1085 that, yes. I don't have any firsthand knowledge.

1086 Q What is the vague recollection, what I
1087 just said?

1088 A That there were some consequences

1089 discussed in literature, like the lay literature, for
1090 the most part.

1091 Q It wasn't to your recollection like, hey,
1092 get a phone call and this guy's lab was shut down?

1093 A No, nothing like that.

1094 Q It was also reported early on that Chinese
1095 doctors who were publicly discussing the outbreak on
1096 social media were detained, and in particular, Dr. Li
1097 Wenliang who eventually succumbed to COVID-19 was
1098 forced to sign an NDA about the virus. Do you have
1099 any knowledge about any of that? Did you hear about
1100 any of that on the ground?

1101 A No, all I know about that is what I saw in
1102 the public domain.

1103 Q Briefly, understanding this is kind of a
1104 science-y question, can you explain the importance
1105 either in therapeutics or research, the importance of
1106 having the viral sequence?

1107 A Having the viral sequence is key to early
1108 understanding of what might be some of the pathologic
1109 mechanisms, the nature of the surface proteins, what
1110 cell receptors they might bind to, what enzymes are
1111 critical to the replication of the virus as
1112 therapeutic targets, and then how to design
1113 immunogens, proteins that might be used in vaccine
1114 development.

1115 Q In Dr. Farrar's book titled Spike, he
1116 wrote, Eddie Holmes has screenshots taken from social
1117 media in China about the coronavirus sequence. They
1118 suggest the full genome was known by a genomics
1119 company in China by December 27, 2019. It was
1120 reported to the Chinese CDC and the hospital who
1121 provide it had samples. Were you aware of that?

1122 A No.

1123 Q In Dr. Daszak's interview, he said he was
1124 told on December 28 or 29 that China had sequenced
1125 the virus, and that it was 20 percent divergent from
1126 SARS 1. Were you aware of that?

1127 A No.

1128 Q If the sequence came out about two weeks
1129 later, January 11th or 12th, would those two weeks
1130 have made a difference?

1131 A Make a difference in terms of?

1132 Q Designing therapeutics or vaccines?

1133 A I guess it would have made a two-week
1134 difference, so -- I couldn't say any more than that.

1135 Q It wouldn't have given you like a head
1136 start on anything?

1137 A It would have just moved the timeframe two
1138 weeks.

1139 Q Okay. I want to introduce Majority
1140 Exhibit 1.

1141 [Majority Exhibit No. 1 was
1142 marked for identification.]

1143 BY MR. BENZINE.

1144 Q I'll give you a minute to flip through it,
1145 but this is a May 1, 2020 Department of Homeland
1146 Security Intelligence report. It's unclassified, and
1147 it's titled New Analytic Technique Indicates China
1148 Likely Hid Severity of COVID-19 from the
1149 International Community While it Stockpiled Medical
1150 Supplies.

1151 Have you seen this report before just now?

1152 A I do not recognize it, no.

1153 Ms. Ganapathy. Can you give him just one minute
1154 to look through? Dr. Lane?

1155 The Witness. Thank you.

1156 BY MR. BENZINE.

1157 Q I want to go to the third paragraph on the
1158 first page, it has the bolded sentence that reads,
1159 "We assess the Chinese Government intentionally
1160 concealed the severity of COVID-19 from the
1161 international community in early January while it
1162 stockpiled medical supplies by both increasing
1163 imports and decreasing exports. We further assess
1164 the Chinese Government attempted to hide its actions
1165 by denying there were export restrictions and
1166 obfuscating and delaying provision of its trade

1167 data."

1168 It continues to say, "China intentionally cut
1169 its exports of gloves by 48 percent, gowns by 71
1170 percent, surgical masks by 48 percent, ventilators by
1171 45 percent, and cotton swabs by 58 percent."

1172 You were there close to this timeframe. Was
1173 there any rumblings about China hoarding or
1174 stockpiling PPE?

1175 A No, I didn't hear any discussions on that.

1176 Q Did you hear any after the fact?

1177 A No, I did not.

1178 Q There were no discussions while, to the
1179 best of your recollection, while we were trying to
1180 procure PPE that China had a corner on the market?

1181 A I was aware that we were potentially
1182 facing shortages, but I did not know anything along
1183 the lines reported in this document.

1184 Q All right. Thank you.

1185 Mr. Benzine. We can go off the record.

1186 (Recess.)

1187 ■■■■■ On the record.

1188 BY ■■■■■

1189 Q Good morning, Dr. Lane. My name is ■■■■■

1190 ■■■■■ I'm senior counsel for the Minority on the
1191 Select Subcommittee. I just want to reiterate the
1192 things that were given to you earlier. Thank you for

1193 coming in voluntarily and meeting with us today. We
1194 do really appreciate the time you have taken out of
1195 your very busy schedule. And with that, I do want to
1196 get a little bit more into the specifics of your
1197 career at NIH.

1198 You've been there since 1979, so that is a long
1199 time, and I know you've held several positions. You
1200 talked about your start and sort of where you are
1201 now, but can you give us a run-through how you moved
1202 up the ranks at NIAID?

1203 A Sure, and thank you. So I came there
1204 following completion of my internal medicine training
1205 at the University of Michigan, so that was in 1979.
1206 And I entered into fellowship training in infectious
1207 diseases and immunology. That was a three-year
1208 training program.

1209 Following that time, I went into the laboratory
1210 of immunoregulation. We didn't call it tenure
1211 track at the time, but today, we would have called it
1212 tenure track. So I was carrying out a program of
1213 independent investigation, studying the abnormalities
1214 of the immune system and a variety of diseases with
1215 an early focus on HIV/AIDS.

1216 So over the subsequent years, I was involved in
1217 that study on a more basic level of the immune system
1218 abnormalities in patients with AIDS as well as

1219 working to try to develop better therapies for
1220 underlying condition through manipulating the immune
1221 system or antiviral drugs and then treating the
1222 complications of HIV/AIDS.

1223 I eventually was appointed as the senior
1224 investigator in the lab, and then deputy clinical
1225 director and eventually a section head. I did a
1226 sabbatical for about a year-and-a-half in molecular
1227 immunology in another NIH lab with Dr. Ronald
1228 Germain, and then came back to the laboratory of
1229 immunoregulation when the incumbent clinical
1230 director, Mike Frank, left NIAID to go to Duke. I
1231 was appointed clinical director of the Institute and
1232 with a focus on what we do at the clinical center in
1233 Bethesda.

1234 As things evolved, one thing that sort of was a
1235 pivot of it in my career was what was going on with
1236 AIDS in South Africa after the end of Apartheid.
1237 Please stop me if I go too long on this.

1238 Q You're good. Thank you.

1239 A So what was interesting was -- so Nelson
1240 Mandela was the first post-Apartheid president, and
1241 he was really focused on reconciliation and moving
1242 forward. His successor, Thabo Mbeki, was convinced
1243 that it wasn't clear that HIV caused AIDS. And as a
1244 result of that, he did not want to be providing what

1245 were life-saving antiretroviral drugs to the general
1246 population. So if you had private insurance, if you
1247 had money, you would be getting drugs. If you were
1248 relying on the public sector, you won't.

1249 A key element of the public sector, then not
1250 getting drugs was the South African national defense
1251 force. So what was happening was they were being hit
1252 extraordinarily hard by the HIV epidemic, because
1253 during Apartheid, there was nothing sort of coming
1254 into South Africa from the rest of the continent.
1255 But after the Apartheid, HIV came in and spread quite
1256 considerably. So you had estimates of around 20
1257 percent of the military affected, and without
1258 treatment, they just progressed.

1259 So the person who was in charge of force
1260 preparedness named General Radebe, who was a
1261 urologist trained in Cuba who worked for -- was an
1262 ANC member said, I've got to get these drugs to the
1263 soldiers, because I know they will work.

1264 But Mbeki said, no, you can't do that. He had a
1265 health minister, Tshabalala-Msimang, who claimed
1266 African potato, lemon juice, would be how you would
1267 treat AIDS. It was just so sad. And so he finally
1268 got agreement that he could study the drugs. He
1269 couldn't have them and use them, he could study them.

1270 So how do I study something? How do I do

1271 research? And someone said you should go talk to the
1272 Americans. So he went and talked to the U.S.
1273 ambassador to South Africa, Cameron Hume. Cameron
1274 Hume brought in NIH. I ended up being asked if I
1275 could work with them. And so we built a program sort
1276 of from nothing.

1277 And that got me very interested in global health
1278 and the impact of research in global health. So that
1279 was the first sort of special project that we did.
1280 And from there, we did a similar model of sort of
1281 different elements of clinical research, training
1282 host country staff in these skills that you need, and
1283 then building programs with the idea not just to
1284 address the immediate issue, but to do that in a
1285 sustainable fashion.

1286 So again, over the years, we've done that in
1287 Mexico and Indonesia for pandemic flu, potentially
1288 pandemic flu, and in Africa related to Ebola.

1289 So with that, there was a period of time when
1290 our principal deputy director, John Lamontagne, died
1291 suddenly on official travel. And I was asked to fill
1292 in as principal deputy for about a year-and-a-half.

1293 So I did that, and then Dr. Auchincloss came in
1294 as the permanent principal deputy. I stayed on with
1295 a title of deputy director for clinical research and
1296 special projects. And a lot of those things we were

1297 doing then were consolidated into a division of
1298 clinical research that I had.

1299 Q Thank you. That was quite a history
1300 lesson but also really showed your passion for the
1301 work you're doing, which is greatly appreciated by
1302 all of us. One thing that you mentioned, and then I
1303 think it would just be good to clarify. You
1304 mentioned several times therapeutics. You talked
1305 about them earlier. What's the difference between
1306 therapeutics and a vaccine?

1307 A So a vaccine is something you administer
1308 to try to prevent a disease from occurring if exposed
1309 to the agents, infectious agent that causes that
1310 disease. Therapeutic is treating a disease that's
1311 already present.

1312 Q I may be wrong, but it sounds like your
1313 work has been focused on therapeutics?

1314 A My work in COVID-19 was very much focused
1315 on therapeutics, yes.

1316 Q And your work, in general, at NIAID, is it
1317 focused on therapeutics?

1318 A It's mostly pathogenesis and therapeutics.

1319 Q Okay.

1320 A We have a vaccine research center, and a
1321 lot of the vaccine research takes place there.

1322 Q You've mentioned several international

1323 destinations that you've worked in, so we know you
1324 travel pretty extensively, it sounds like, for your
1325 work. What kind of trips are you taking when you're
1326 going? Are they short, long?

1327 A The trips I take are typically very short.
1328 Usually they're planned ahead of time of what the
1329 objectives are. It often involves interactions with
1330 ministry of health officials, leads of whatever
1331 program we have. And then close coordination with
1332 the U.S. embassy team.

1333 Q And what's your role on these trips?

1334 A I'm usually the lead for the NIH, the
1335 NIAID side.

1336 Q And based on your travels, is it your
1337 understanding that outbreak response measures that
1338 are applied in one context or one country may not
1339 necessarily be applicable to another context or
1340 country?

1341 A I would say whatever one is doing in
1342 another country benefits greatly by taking into
1343 account the local context and the input from people
1344 who live in that country.

1345 Q All right. And are there any other
1346 factors you would consider when evaluating the
1347 applicability of one country's outbreak response
1348 measures to another country?

1349 A I think one can look to best practices in
1350 similar settings, but it can be very hard. The one
1351 thing that we always try to pay close attention to
1352 and try to understand is the local community
1353 perspective.

1354 So if the local community perspective is fear of
1355 a disease, as particularly was the case in Ebola, it
1356 can be very hard to do the appropriate public health
1357 measures. So having the community part of what you
1358 do from the very beginning is really important.

1359 So as long as you're able to make them feel
1360 involved in developing whatever you end up doing is
1361 so much easier than doing that at the end of the day,
1362 and trying to explain what you've done because often
1363 you won't have done the right thing because you
1364 didn't take what the community reaction would be into
1365 account during the planning.

1366 Q Thank you. Thinking back to all the
1367 experiences with NIAID you told us about and all the
1368 different roles you've had, do you think that is why
1369 you were selected to join the WHO trip to China in
1370 February of 2020?

1371 A I do not know why I was selected. That
1372 would have been a WHO decision. So I honestly don't
1373 know. I think they likely wanted someone who had
1374 experience in research as part of the delegation, and

1375 that was my area.

1376 Q Is there anything else that you think made
1377 you a good candidate to join that trip?

1378 A I think that I had done some consulting
1379 from time to time with WHO. So I think I was someone
1380 that they knew as opposed to just a name. So that
1381 might have played a role.

1382 Q As I understand it, HHS was able to
1383 nominate people to join the WHO trip. And just in
1384 general, why is it important for HHS, NIH, or NIAID
1385 to have representatives on these kinds of trips?

1386 A The WHO delegation to China was a way to
1387 see firsthand what was going on, and for us -- for me
1388 in particular, I was keenly interested in what was
1389 going on in the hospitals, what the spectrum of
1390 illness was that was being seen, what the outcomes
1391 were.

1392 Because we were in the process of trying to put
1393 together therapeutic protocols and a key part with
1394 therapeutic protocol is, what's your end point? Are
1395 you looking to prevent death? Are you looking to get
1396 people off a ventilator? Are you looking to get them
1397 discharged? And we didn't understand enough about
1398 the disease in the beginning to know which was an
1399 appropriate
1400 primary end point. So that was really helpful to get

1401 that firsthand knowledge.

1402 WHO provides basically an unlocking of the door
1403 and getting in. It's very hard in some countries to
1404 do that on your own.

1405 Q And it's important for somebody from HHS
1406 broadly to be there to sort of bring that perspective
1407 back to the work we were doing here in the U.S.?

1408 A Absolutely. I think there were lessons
1409 learned from that trip that were important.

1410 Q Thank you.

1411 [REDACTED] Those are my questions for the
1412 moment. I will turn this over to my colleague.

1413 BY [REDACTED]

1414 Q Good morning, Dr. Lane. I'm [REDACTED]
1415 [REDACTED] from the Energy and Commerce Committee
1416 Minority Staff. Echoing my colleagues, thank you
1417 very much for your time and your work and for being
1418 here.

1419 Could you just -- to start off my questions
1420 where you just ended with [REDACTED] can you just talk
1421 about what were the lessons that you brought back and
1422 how did you see those get better results for us here
1423 in the U.S.?

1424 A So I think for me there were mainly three
1425 things that I took away as being important. The
1426 first of these was the importance of communication

1427 and making it clear what was going on, what the goals
1428 were in terms of disease control. You could tell
1429 from the different briefings that we had that there
1430 was some very consistent messaging and there was a
1431 general focus on getting the numbers down of
1432 containing, controlling the outbreak. So the
1433 messaging was one point.

1434 The second point was the importance of getting
1435 guidance out to clinicians, people who were caring
1436 for patients with COVID-19. By the time we were
1437 there, which began about the middle of February, I
1438 think, as I recall, I was at the airport on
1439 Valentine's Day, that they had been through six
1440 iterations of their treatment guidelines and we were
1441 provided copies of those in English.

1442 And it was clear that there wasn't any type of
1443 clear guidance on how to manage the patients. So
1444 people were managing them all different ways. So
1445 getting some consistent guidance out to clinicians we
1446 felt would be very important.

1447 And then that translated to there being a set of
1448 U.S. government NIH COVID-19 treatment guidelines
1449 that are still active today. Those will likely be
1450 sunsetted. It's usually not NIH's role to do
1451 treatment guidelines. We typically do the research
1452 to inform the development of treatment guidelines,

1453 but in this instance, things needed to move quickly.

1454 And then the third thing was making sure that
1455 the research response was coordinated. So what we
1456 saw were dozens if not hundreds of different research
1457 protocols, but none of them getting the right
1458 priority in terms of what should be done first, what
1459 should be done second.

1460 So the notion that there should be some type of
1461 prioritization and focus on the most pressing
1462 research questions or testing the most promising
1463 countermeasure first.

1464 And part of that, I think, helped develop
1465 something that Dr. Collins led from the NIH side
1466 called ACTIV, A-C-T-I-V, which was a coordinated
1467 effort across government public/private partnership
1468 to try to identify the best clinical trial designs,
1469 the most promising countermeasures, and parameters of
1470 those end points that would be harmonized, so that we
1471 could move forward and try to develop better
1472 therapies over time.

1473 Q So it sounds like -- and let me know if
1474 I'm characterizing this correctly. It sounds like
1475 from that trip, the lessons you brought back were not
1476 necessarily just from things that you observed that
1477 were going well, but also from things that you
1478 observed that were not going well that you did not

1479 want to have happen in this country.

1480 A That would be correct.

1481 Q Okay. So you mentioned actually when you
1482 were talking about your background lessons that you
1483 observed from South Africa under Thabo Mbeki, you saw
1484 in China on your WHO trip, sort of communication,
1485 messages from the top there, I think two very
1486 different situations, but equally important. Is it
1487 fair to say that having communication right from the
1488 very top to the public is a crucial part of pandemic
1489 response?

1490 A Definitely, communication is a very
1491 important part of a pandemic response.

1492 Q What's your impression of how the Trump
1493 administration communicated to the public at the
1494 beginning of the COVID-19 outbreak in the United
1495 States?

1496 Ms. Ganapathy. I'll allow the witness to answer
1497 about his personal impression, but anything that kind
1498 of gets into deliberations --

1499 [REDACTED]. Just asking for his personal
1500 impressions, communications from the Trump
1501 administration early in the pandemic.

1502 The Witness. I thought it was really good that
1503 the White House decided to have what for a period of
1504 time were daily briefings, so that you had the

1505 opportunity to hear what the most senior leadership
1506 was thinking. Where I think it became challenging
1507 was when some of that messaging became inconsistent.
1508 And that then, I think, allowed sort of the larger
1509 population to either grab one message or another and
1510 run with it, and at the time, those messages were in
1511 conflict.

1512 BY [REDACTED]

1513 Q Was it your impression that the
1514 communication that was being conveyed publicly by
1515 public health leaders was consistent and then by
1516 political leaders was inconsistent?

1517 A I think everyone could have their share of
1518 inconsistency. I wouldn't ascribe that to one group
1519 necessarily more than another.

1520 Q That's fair. So one of the things that
1521 you mentioned during the last round of questioning,
1522 you said that the initial sort of response and
1523 reaction to the COVID outbreak was like 30 years of
1524 HIV/AIDS work and research and lessons compressed
1525 into weeks. Could you just -- HIV/AIDS is obviously
1526 incredibly complicated itself, so hearing that, I
1527 think helps put into perspective what it is you were
1528 dealing with. Could you just expand on that a little
1529 bit?

1530 A Sure. So if you look at what has happened

1531 over the 35, 38 years of HIV/AIDS, you had a disease
1532 you didn't know what caused it. Then you identified
1533 the agent. Once you had the agent, you could begin
1534 to develop specific therapies and eventually go from
1535 multiple pills multiple times a day to one pill once
1536 a day, or currently, one shot every two months,
1537 managing a disease that was fatal in the majority of
1538 individuals left untreated to leading to close to
1539 normal life span. And we still don't have a vaccine.

1540 You look at SARS-Co-V-2, new disease, agent,
1541 therapeutics, vaccines, all done within a matter of
1542 about a year. It was really an amazing acceleration
1543 of processes. And I do think a lot of that was
1544 lessons learned and pivoting resources.

1545 So from the NIAID side, we had clinical trials
1546 networks that actually were focused on HIV work and
1547 they pivoted to then do COVID-19 work. So we had
1548 infrastructure in place that we didn't have at the
1549 beginning of the AIDS outbreak.

1550 Q So it sounds like, then, those were
1551 networks that were developed over a long period of
1552 years?

1553 A Yes.

1554 Q Presumably during your time?

1555 A Yes.

1556 Q So fair to say that it's very important to

1557 have relationships, trust, networks within the
1558 medical scientific research community prior to a
1559 pandemic in order to effectively respond to a
1560 pandemic?

1561 A Yes, global collaborations amongst
1562 scientists, global clinical research infrastructure
1563 is critical to being able to respond quickly to a new
1564 outbreak.

1565 Q Can you talk -- obviously, we talked about
1566 your WHO trip, some lessons learned from observations
1567 of how China was dealing with the initial outbreak.
1568 But can you just give some examples or talk a little
1569 more broadly about the way that you saw network and
1570 collaboration within the United States, and then also
1571 with global partners allow for a faster response to
1572 this pandemic than otherwise would have been the
1573 case?

1574 A There are good examples and bad examples
1575 of what was done globally in terms of the response.
1576 I think starting with the bad examples, just like we
1577 observed in China with multiple different research
1578 protocols, agents being tested without clear
1579 prioritization or coordination, you actually had a
1580 bit of that already in the U.S. by March of 2020.

1581 And again, I think the ACTIV program tried to
1582 help provide some prioritization there. If you then

1583 looked globally, you didn't have any type of then
1584 global coordination. We worked globally, we worked
1585 internationally through networks we had established
1586 that were initially and had been up to that time,
1587 mostly dealing with HIV/AIDS. So we had
1588 investigators in many different countries.

1589 What we didn't necessarily have in those
1590 networks were clear partnerships with the governments
1591 of those countries. So without the support of the
1592 government in a country, it can be really difficult
1593 to launch a clinical research study, particularly if
1594 there are other activities in that country by
1595 scientists in those countries.

1596 So I think we can do better in terms of global
1597 collaboration and agenda setting.

1598 Q Do you think -- this is a broad question,
1599 but how do you think those global partnerships are
1600 now relative to how they were prior to the COVID-19
1601 pandemic?

1602 A The global partnerships are hard to
1603 generalize. I think if you talk about a specific
1604 country, you can say they're strong or they're weak.
1605 And it often, from my experience, ties to the level
1606 of understanding of the political leadership in the
1607 country, I would say coupled with an appreciation,
1608 let's just say, from a U.S. government person, their

1609 willingness to engage in dialogue, because this was
1610 to me very clear in AIDS in Africa, in South Africa,
1611 and Ebola in West Africa, that if you didn't come in
1612 as a genuine partnership -- now, again there are
1613 lines you have to draw.

1614 The integrity of the science, the safety of the
1615 subjects. There are certain things you don't
1616 violate. But in terms of aspects of study design,
1617 eligibility, there are things where you can come to a
1618 common understanding.

1619 So I think where both parties come together, you
1620 can be really quite strong. Our collaborations, for
1621 example, with the scientists in France, I think, was
1622 strengthened greatly by what we did together in
1623 COVID-19. I think some things with the UK as well.

1624 So there are -- there's an increased
1625 recognition, I think, that we need to do better
1626 globally. I'm not sure there's yet a roadmap for how
1627 that would take place, but I'm optimistic that people
1628 working together with it, I think there's a shared
1629 vision. It's just a matter of how to get to that
1630 point.

1631 Q And could you just talk about what the
1632 U.S. government's role, American scientists and
1633 researchers, what's your understanding of how America
1634 plays a role? Are we seen as a helpful coordinator

1635 and to the extent that things are different from
1636 before the pandemic and after the pandemic, if that's
1637 affected how American leadership or lack of
1638 leadership is seen? What's your view on that?

1639 A It's very difficult to generalize how
1640 America is perceived, because I think it depends on
1641 what American, singular, you're talking about. I
1642 think in areas where we've had sustained
1643 relationships and shown good faith, I think we're
1644 viewed as a credible leader and partner.

1645 I do think, and I think quite strongly, that we
1646 can provide outstanding global scientific leadership.
1647 I think the response globally could have been much
1648 better, and I'm hoping the next time we need to
1649 respond, we have that will among multiple countries
1650 and their political leadership to respond in a more
1651 coordinated way.

1652 Q What would you like to see? So, I mean,
1653 obviously part of all of this is preventing, and if
1654 we can't prevent it, then responding to the next
1655 pandemic.

1656 Broadly or specifically, let's say that there is
1657 an outbreak, it's on the verge of being containable
1658 or not containable where we're at sort of a critical
1659 juncture, what would you like to see happen
1660 differently next time if we've learned anything from

1661 COVID-19?

1662 A What I think might be very helpful in that
1663 regard is if we had some sort of playbook for a
1664 response, and that that playbook was developed in
1665 coordination with other high income, middle income,
1666 and low income countries to have an agreed-upon
1667 strategy for moving forward. Part of it is sharing
1668 of data and samples, part of it is coordinating the
1669 research response, part of it is developing and
1670 making available countermeasures.

1671 So I think there are ways if you look at the
1672 different entities, different governments own
1673 different pieces of that. And what you see over the
1674 years at times is an unwillingness for a country to
1675 partner with the U.S. for fear the U.S. will take
1676 things. And it's not just the U.S. It could be
1677 Europe, it could be the UK. It isn't limited to us.

1678 So there's a bit of distrust there that makes it
1679 hard to move quickly. But if you build the trust,
1680 I'll call it peacetime, like right now, with key
1681 areas of the world, key governments of the world,
1682 then you're very well-positioned, I think, to move
1683 rapidly. And you don't need to do it with everybody.
1684 You need to do it with just enough countries, so that
1685 others see that it's valuable and would want to be
1686 part of it. That would be one thing that I would

1687 look to.

1688 Q So it sounds like -- let me know if this
1689 characterization is fair. You mentioned you gave the
1690 example of Ebola in West Africa, AIDS in South
1691 Africa, obviously the initial outbreak of SARS-Co-V-2
1692 in China. And you said there are some things that
1693 are not negotiable, obviously the U.S. would not be
1694 involved in certain trials, experiments, whatever the
1695 case may be that crosses red lines.

1696 But better for -- is it fair to say it's better
1697 for the U.S. to be involved internationally so long
1698 as none of those bright lines are being crossed than
1699 not, better for us to be in the room during
1700 peacetime, as you said, even if it's under limited
1701 conditions than not being involved at all?

1702 A I do. I think it's much better for us to
1703 be engaged in discussions from an ongoing basis from
1704 on our side what a research response would be.

1705 BY [REDACTED] [REDACTED]

1706 Q I just want to pick up on one thing you
1707 and [REDACTED] were discussing, and that was the speed with
1708 which we were able to respond to COVID-19. It's my
1709 understanding that part of that was because there was
1710 already research going on into SARS viruses; is that
1711 correct?

1712 A There was a large foundation of research

1713 that antedated the COVID-19 outbreak that really
1714 facilitated the COVID-19 response. So in the area of
1715 vaccines, it was the structural biology of these
1716 cell-surface molecules, in the case of SARS-Co-V-2,
1717 the, spike protein, how to stabilize it.

1718 In terms of therapeutics, we knew that there is
1719 an enzyme called RNA polymerase in SARS-Co-V-2 that
1720 was shown to be able to be inhibited by the drug
1721 remdesivir in SARS, the original SARS. So that
1722 became an immediate candidate. We actually had used
1723 that drug in Africa as a possible therapy for Ebola,
1724 so we had experience with it, even though it was
1725 investigational. So there were many things that
1726 happened prior to the COVID-19 outbreak that really
1727 helped us move quickly during COVID-19.

1728 Q So that would be one of the benefits of
1729 doing broad virological research is that you have
1730 this wealth of information available when you need
1731 it, right?

1732 A There is great value to basic research,
1733 whether it's viruses, the immune system, other
1734 infectious agents, other areas of biology, yes.

1735 Q Are there any other benefits of virus
1736 research that we should be aware of?

1737 A What's interesting about basic research,
1738 let's say on viruses as an example, you don't always

1739 know where it's going to take you. So if you look at
1740 some of the perhaps unexpected things that have
1741 emerged from research on viruses, some of the
1742 approaches to gene therapy, some of the vaccine
1743 strategies. They take, you know, virus A and take
1744 out part of it, and put in let's say part of
1745 SARS-Co-V-2, the spike. And then you have a vaccine.
1746 You can't do that if you don't understand the
1747 molecular biology of the virus and how to make those
1748 manipulations.

1749 Q Thank you, I appreciate that explanation.

1750 [REDACTED] That's all the questions we have. We
1751 can go off the record.

1752 (Whereupon, at 11:43 a.m., the testimony in
1753 the above-entitled matter was recessed, to reconvene
1754 at 12:15 p.m., this same day.)

1755 AFTERNOON SESSION

1756 (12:20 p.m.)

1757 EXAMINATION (RESUMED)

1758 Mr. Benzine. We can go back on the record.

1759 BY MR. STROM.

1760 Q Dr. Lane, John Strom with EOC Majority. I
1761 wanted to go back to something you said, I believe,
1762 in the first hour. We were talking about
1763 understanding early events regarding the outbreak,
1764 important to get as a full picture as possible in the
1765 early cases. And you gave SARS as sort of a relevant
1766 non-SARS-Co-V-2 answer of the kind of information you
1767 want to get.

1768 So I wanted to ask you, the Chinese government
1769 has disclosed to the WHO that there were -- or that
1770 it was able to find 170 cases in December of 2019
1771 that had an onset date in December of 2019, with the
1772 earliest confirmed case being December 8th. We don't
1773 know the criteria they used to eliminate suspected
1774 cases, and they haven't shared the underlying data.
1775 But given what you saw in mid-February on your trip,
1776 is it plausible that there were only 170 cases in
1777 December of 2019?

1778 A I would say for any outbreak
1779 investigation, the number of cases you identify is
1780 almost always going to be fewer than the number that
1781 actually have occurred.

1782 Q Sure. But what they have shared is that

1783 their view is very definitively, there were no cases
1784 in November or October. Is that a position you agree
1785 with or have confidence in that representation?

1786 A I would not know when the first case would
1787 have occurred. But as I said earlier, I think it's
1788 really important to try to figure that out and it
1789 remains a bit unclear to me as to when the first case
1790 occurred.

1791 [Majority Exhibit No. 2 was
1792 marked for identification.]

1793 BY MR. STROM.

1794 Q I'm going to hand you an academic article,
1795 it will be Majority Exhibit 2. We can start with the
1796 summary here, but it is a paper by a number of
1797 researchers mostly out of Hong Kong that talk about
1798 the impact of the changing case definition used by
1799 Chinese officials during the early phase of the
1800 outbreak that that had vis-a-vis trying to determine
1801 the number of total cases. So the one that I'm most
1802 interested in is the third paragraph under
1803 "Findings."

1804 A Mm-hmm.

1805 Q Where it says, "From January 15 to March
1806 3, 2020, seven versions of the case definition for
1807 COVID-19 were issued by the National Health
1808 Commission in China." And sort of skipping to the

1809 last sentence, "If the fifth version of the case
1810 definition had been applied throughout the outbreak
1811 with sufficient testing capacity, we estimated that
1812 by February 20, 2020, there would have been 232,000
1813 confirmed cases in China as opposed to 55,508
1814 confirmed cases reported."

1815 And just if you want to turn to the third to
1816 last page, where the discussion section begins.

1817 A Mm-hmm.

1818 Q The first paragraph in the discussion
1819 section, about halfway down, there's a sentence that
1820 begins, "We estimated that many cases were undetected
1821 when using an earlier case definition, which is
1822 consistent with the study by Li and colleagues, which
1823 estimated around 85% of cases were undetected before
1824 January 23."

1825 My question with that is, knowing that you're
1826 looking at sort of an 85 percent mis-rate, does it
1827 still seem plausible that we go from a handful of
1828 cases, one case on December 8, up to 232,00 by
1829 mid-February? That's sort of -- the R-naught there
1830 is extremely high even for a virus like COVID.

1831 A And specifically the question?

1832 Q Sure.

1833 A Does what they say here make sense?

1834 Q Does it make sense that obviously the case

1835 definition evolves, and if you take the broadest case
1836 definition, the last one they use you get 232,000
1837 case number. Does it still make sense that there
1838 wouldn't be any cases in November if you had that
1839 many cases in mid to late February? I realize it's
1840 sort of back of the envelope epidemiology, but I
1841 would love to know your thought on that.

1842 A Not being an epidemiologist, but I think,
1843 as I said earlier, what you know is, by definition,
1844 there's going to be less than what is there. And
1845 what's interesting about this particular paper is
1846 that -- and is it okay if I use an analogy with age?

1847 Q Absolutely.

1848 A So before we knew that HIV caused AIDS,
1849 the only way you made a diagnosis was through a case
1850 definition. But AIDS was pretty distinct. So the
1851 case definition was occurrence of a disease
1852 predictive of an underlying defect in immunity
1853 without any reason for that defect in immunity. So
1854 that was how you made diagnoses. And once you knew
1855 HIV caused AIDS, then to make a diagnosis, you had to
1856 demonstrate infection with HIV.

1857 What they're dealing with here is trying to
1858 decide if this case of pneumonia or respiratory
1859 illness is COVID or not, compared to other
1860 respiratory illnesses. So they're trying to come up

1861 with a case definition that works, and is relatively
1862 specific without applying what would be the gold
1863 standard, once it was there, demonstrating evidence
1864 of SARS-Co-V-2 infection. So once you had the test,
1865 and extensive testing, you would add that to your
1866 case definition.

1867 So I think they're talking about the degree of
1868 uncertainty of what the clinical presentation might
1869 be. So I think there's obviously a bit of hypothesis
1870 in here, but I think it's very plausible that the
1871 first cases were prior to the first reported cases.

1872 Q Sure.

1873 A That I think is probably the case.

1874 Q Thank you.

1875 BY MR. BENZINE.

1876 Q I want to shift gears a little bit and
1877 introduce Majority Exhibit 3.

1878 [Majority Exhibit No. 3 was
1879 marked for identification.]

1880 BY MR. BENZINE.

1881 Q And again, this is another good example
1882 of, if you don't know anything, say you don't know
1883 anything. But this is an email chain with
1884 Dr. Farrar, Dr. Fauci, Dr. Collins, and Dr. Tabak on
1885 it from February 1, 2020, and it's Bates marked
1886 SSCP_NIH001902 through 1903.

1887 And the email on the bottom of 1902 from
1888 Dr. Farrar is setting up an initial call to discuss
1889 the origins of COVID with a group of people and
1890 inviting Dr. Fauci.

1891 Dr. Fauci then forwards it to Dr. Collins.
1892 Dr. Tabak then invites himself. And then they share
1893 a couple publications after the fact.

1894 Were you invited to this call?

1895 A I don't think so.

1896 Q Did you have any conversations with
1897 Dr. Fauci about this call after the fact?

1898 A Yeah, I have a vague recollection of such
1899 a call. There certainly, I think, has been public
1900 domain reporting on the call as well, but I was not
1901 involved in that call.

1902 Q Did Dr. Collins or Dr. Tabak ever come to
1903 you and say we just had this call and discussed this?

1904 A Not to my recollection, no.

1905 Q Thank you.

1906 [Majority Exhibit No. 4 was
1907 marked for identification.]

1908 BY MR. BENZINE.

1909 Q I'm going to introduce Majority Exhibit 4.
1910 This is another email chain and it has Dr. Fauci,
1911 Garrett Grigsby, Brian Harrison, Larry Kerr, Stewart
1912 Simonson, and Dr. Bob Kadlec on it as well, and Bates

1913 marked SSCP_NIH001796 through 1798.

1914 And I want to draw your attention to 1797, so
1915 the second page, the large block of text from
1916 Dr. Fauci, and he's kind of recounting what happened
1917 on the call. I want to draw your attention to kind
1918 of like a third of the way down on the right-hand
1919 side, there's a sentence that starts with "The
1920 suspicion?"

1921 A Mm-hmm.

1922 Q And it says, "The suspicion was heightened
1923 by the fact that scientists at Wuhan University are
1924 known to have been working on gain-of-function
1925 experiments to determine the molecular mechanisms
1926 associated with bat viruses adapting to human
1927 infection, and the outbreak originated in Wuhan."

1928 Did you have any conversations with Dr. Fauci
1929 about potential gain of function experiments in
1930 Wuhan?

1931 A No. No, I did not. Can I just have a
1932 minute to read that?

1933 Q Yeah.

1934 A Just to see if there's anything there
1935 which would be helpful to know.

1936 Thanks, yeah.

1937 Q So in it, they kind of immediately dispel
1938 the HIV conspiracy theory, but talk about the

1939 potential of different kind of gain of function
1940 happening in Wuhan on coronaviruses, no conversations
1941 to your recollection?

1942 A No.

1943 Q Okay.

1944 BY MR. STROM.

1945 Q As someone with an HIV background, do you
1946 recall when this issue first came up?

1947 A I have to say I don't. I think that was
1948 sort of -- that's why I sort of wanted to read it
1949 because I caught the HIV in there, I wasn't quite
1950 sure what that was about. Thank you.

1951 BY MR. BENZINE.

1952 Q Along the same lines, are you aware of
1953 correspondence originally posted on a blog in
1954 February, but then in Nature Medicine in March called
1955 The Proximal Origin of SARS-Co-V-2?

1956 A So that title sounds vaguely familiar with
1957 me. I couldn't tell you what was in that article,
1958 but that title does sound familiar.

1959 Q Any conversations with Dr. Fauci or
1960 Dr. Collins about it?

1961 A No.

1962 Q Okay. I want to move on to your trip to
1963 China and what happened there. So you were one of
1964 two U.S. scientists on the WHO trip with, I think it

1965 was 13 international experts and 12 Chinese experts?

1966 A That sounds about right.

1967 Q Some combination of that, in mid-February
1968 2020. And you testified previously you were kind of
1969 like on the plane to Tokyo when this first came
1970 across your desk?

1971 A At the gate, yes.

1972 Q At the gate. And that was the first time
1973 you had heard about this potential --

1974 A I think weeks earlier, someone had asked
1975 if I had been selected, would I be willing to go,
1976 which I responded yes. But that would be the only
1977 thing I knew prior to that. In fact, I really didn't
1978 think I was going.

1979 Q I think I saw a couple things like you got
1980 invited and then you were like, I'm in Tokyo. Should
1981 we get someone else. Those kind of conversations?

1982 A Yes.

1983 Q While on the plane to Tokyo, you said
1984 there was a lot of back and forth, you used the plane
1985 Wi-Fi quite a bit. What were those conversations?
1986 Was it just your like feasibility of going or was it
1987 more along the lines of, should we do this, what
1988 should we learn, those kinds of things?

1989 A It was all logistics about getting a visa.

1990 It was about WHO would be in touch with the Chinese

1991 embassy and State Department. I don't even know all
1992 the people who were involved, but it was just trying
1993 to be sure that I could get flights. I don't recall
1994 anything other than logistics.

1995 Q Okay. You then landed in Tokyo and were
1996 in Tokyo for a day, maybe day-and-a-half?

1997 A Yes.

1998 Q Before you got on a plane to Beijing.
1999 Usually it's my understanding on these kind of
2000 international trips for non-normal, like non-State
2001 Department, non-like intel kind of officials, that
2002 you would get a security briefing on the country that
2003 you're going to. Did you receive a security briefing
2004 prior to landing in Beijing or after landing in
2005 Beijing or not at all?

2006 A I don't recall a security briefing.
2007 Someone might have sent me a document that I was
2008 supposed to read that I probably would have, but I
2009 really don't recall anything like that.

2010 Q No random embassy official being like,
2011 don't leave your phone here, don't --

2012 A No, they didn't. Although fortunately,
2013 from other travels, it's pretty much the same.

2014 Q Yeah. I want to introduce Majority
2015 Exhibit 5.

2016 [Majority Exhibit No. 5 was

2017 marked for identification.]

2018 BY MR. BENZINE.

2019 Q I'll give you a minute to flip through it
2020 while I identify it. It doesn't have any Bates
2021 numbers on it. It's from a Freedom of Information
2022 Act request of February 9, 2020 email that has a
2023 number of HHS officials on it, Dr. Fauci,
2024 Mr. Harrison, Mr. Kerr, Dr. Redfield, Dr. Kadlec, and
2025 Dr. Bright, another one.

2026 And flipping through to the back, the first
2027 email is a forward of an article from Larry Kerr to
2028 Garrett Grigsby and the title of the article is
2029 UPDATE 1-WHO Advance Team on Coronavirus on Way to
2030 China. And this was February 9th. I don't think you
2031 had gotten the official invitation yet.

2032 The way I could read the headline is meaning
2033 that WHO was going to advance the trip with the
2034 experts, not necessarily sending the experts. Is
2035 that your understanding?

2036 A Give me one minute to just finish.

2037 Q Yeah.

2038 A Yes. So this would have been -- it says
2039 here, Bruce Aylward, who was the lead for the
2040 delegation, he went there ahead of most of the rest
2041 of the outside China members of the delegation, yes.

2042 Q And would that have been to -- if you

2043 know, would that have been to kind of like design the
2044 trip?

2045 A My best recollection of the discussions
2046 when I got there was that those discussions helped
2047 set the agenda for the trip and what would be, what
2048 visits would take place, how basically the agenda.

2049 Q Okay. We're just going to kind of go in
2050 order here, so flipping backwards there is an email
2051 from Garrett Grigsby to -- I'm not going to try to
2052 pronounce his last name, but the chief of staff to
2053 Dr. Tedros of the WHO.

2054 It's redacted but Kerr responds, "We have three
2055 people on the way to Beijing who will work with our
2056 Chinese counterparts on finalizing the terms of
2057 reference and composition of the joint WHO-China
2058 mission. As you are much aware, the US has given us
2059 a number of names who will be able and willing to
2060 join such a mission. We have received similar
2061 proposals from other countries and will now match the
2062 'long list' of experts with the required specific
2063 expertise. We are hoping to have more clarity over
2064 the coming days."

2065 There's a couple other emails. Mr. Grigsby
2066 forwards it along. And then at the top of the second
2067 page Dr. Fauci writes, "I do not like the sound of
2068 this. So now we are in the queue with other

2069 countries? Seems like he is talking about at best 1
2070 USA person and maybe even 0 USA people."

2071 Do you recall any conversations about if
2072 Americans would even get to go on the trip?

2073 A I don't recall anything specific, but
2074 there could have been some discussion at that point.
2075 It sort of resonates a little bit that at times the
2076 U.S. isn't always front and center on some of these
2077 activities.

2078 Q Okay, thank you. And then this was
2079 February 9th. Had you already been in discussions
2080 about you going?

2081 A No.

2082 Q No?

2083 A I mean, there might have been something
2084 earlier on, you know, would you be willing. And I'm
2085 guessing when they talk about that a list was
2086 provided, that probably I was on that list from HHS.
2087 But I had no discussions other than the one, would
2088 you be willing.

2089 Q It's kind of -- I think you landed in
2090 Beijing on February 14th. And on February 9th, you
2091 had no idea you were going. It's kind of crazy. Is
2092 that kind of standard? You've been on a lot of
2093 international trips. Is that kind of like standard
2094 operating procedures or is that unique to this one?

2121 from the host country, the U.S. embassy in the host
2122 country going through the Fogarty International
2123 Center to contact the foreign country embassy in the
2124 U.S. It was none of that. It was you're going and
2125 just figure out how to get there.

2126 Q Another question I had, one of the steps
2127 it seems like is getting like a \$1 salary from some
2128 sort of State Department entity. Does that sound
2129 familiar?

2130 A No, not for us because this would have
2131 been official travel, so I would have been TDY
2132 basically. And I'm guessing I got this quite a few
2133 days after the date of it.

2134 Q Okay.

2135 A I certainly didn't get it on February
2136 13th.

2137 Q I guess why do you have that, you don't
2138 recall?

2139 A This isn't an I don't recall. I wouldn't
2140 have been in the airport on the 14th getting on a
2141 plane to Tokyo had I known I was going to do this.

2142 Q That's true.

2143 A Yes.

2144 Q The other American on the trip was a CDC
2145 scientist?

2146 A Mm-hmm.

2147 Q And excuse me if I pronounce his name
2148 wrong, Dr. Weigong Zhou?

2149 A Mm-hmm.

2150 Q After things kind of started coming
2151 together, understanding you're on a plane, it was
2152 very quickly, did you have any conversations with
2153 him/her regarding how their travel got set up or if
2154 they were in front of you or behind you?

2155 A I did not have any discussions with him
2156 until I saw him in China.

2157 Q Okay. And it doesn't seem like any of
2158 this is an NIH problem, but this was really haphazard
2159 or quickly put together. Did you have any
2160 conversations regarding, like, why it was quickly put
2161 together? Was there any concern on the part of China
2162 of doing this, were there concerns on the part of
2163 WHO?

2164 A So my recollection is that there was quite
2165 a bit of discussion between WHO and China about even
2166 having a delegation. And because of all the unknowns
2167 WHO I think felt very strongly that there should be
2168 some outside look at what was going on. But I think
2169 there was reticence on the part of the Chinese to
2170 have that happen.

2171 So I think -- I don't know what the sequence of
2172 events were, but I'm guessing once WHO got a green

2173 light, they wanted to move quickly before that light
2174 changed color. That would be, yeah.

2175 Q Did you know Dr. Zhou, CDC Dr. Zhou prior
2176 to this trip?

2177 A I did not.

2178 Q When you got there or like to the best of
2179 your knowledge, obviously, the WHO kind of negotiated
2180 this out with the Chinese government of what it was
2181 going to look like. Were there any discussions on
2182 Chinese influence on the terms of reference or
2183 itinerary of the trip?

2184 A There was no specific discussion with the
2185 group about those negotiations. The one thing that I
2186 think everyone felt was very important that there be
2187 some visibility on what was going on in Wuhan since
2188 that appeared to be sort of the center if not the
2189 origin.

2190 Q Was kind of like side-bar to Wuhan not
2191 originally on the itinerary? Did that kind of get
2192 added or?

2193 A There was a video link to the clinicians
2194 at Wuhan early in the trip while I think while we
2195 were still in Beijing. And then towards the very
2196 end, there finally was a decision that a subset could
2197 go to Wuhan that was not part of the original agenda.

2198 Q Do you know how that decision was made?

2199 A I don't know for sure but from sort of the
2200 implications that I think there was great
2201 encouragement from WHO that for the trip to actually
2202 not suffer from a lack of credibility it would be
2203 really important for at least a subset of individuals
2204 to go to Wuhan.

2205 Q When I guess before you, at any point
2206 during the trip, did you have to sign a nondisclosure
2207 agreement or any other agreement limiting what you
2208 would say about the trip?

2209 A So there are agreements that you sign, a
2210 declaration of interest which makes sure you don't
2211 talk about -- not talk about, to make sure that you
2212 don't have a conflict of interest. Or if you do, at
2213 least it's disclosed. I don't recall exactly, but
2214 there probably was something saying if something was
2215 indicated to be confidential, that you would respect
2216 that. I just would have to check to be sure.

2217 Q Is the declaration of interest the
2218 conflict of interest form standard on WHO trips?

2219 A It's very standard for actually any
2220 engagement with WHO.

2221 Q Okay. We have the trip report we'll go
2222 through, but just kind of like baseline questions.
2223 While on the trip, were you able to access
2224 information that was non-public?

2225 A I'm not sure what was or wasn't public
2226 when it was presented to us. There was a degree of
2227 consistency with some of the epidemiology that was
2228 being reported and a lot of that was included in the
2229 report, the official report from the trip.

2230 I would make one comment that was interesting
2231 when you gave me the academic article. So there's --
2232 and so you read from the abstract in the discussion.
2233 So a paper will usually have an abstract, a summary,
2234 but will have an introduction, methods, results, and
2235 discussion. The methods and the results are the best
2236 places to focus because the introduction and
2237 discussion can be a little bit looser.

2238 The report that was generated by the same sense
2239 I would focus on sort of the methods and the data
2240 that are in it.

2241 Q Okay. And I have a few questions about
2242 the report, too, so we'll get there.

2243 A Okay.

2244 Q Did -- in your view, while you were there,
2245 were the Chinese cooperative?

2246 A So while I was there, the Chinese part of
2247 the delegation that I interacted with, I thought were
2248 very cooperative and respectful. The trip was very
2249 managed, right? The non-Chinese delegation early on,
2250 in particular, was kept quite separate from the

2251 Chinese delegation. In fact, we really didn't get
2252 together. I didn't have a chance to have any
2253 discussions sort of, as you were saying, water cooler
2254 until we really started on the trips outside of
2255 Beijing.

2256 Q So that was kind of my next question. Did
2257 you have any kind of like -- a lot of the points of
2258 these trips, like even congressional trips is that
2259 you get to meet people and have discussions that you
2260 normally wouldn't get to. Did you have discussions
2261 with any of the Chinese scientists that were contrary
2262 to what you were being officially told?

2263 A I took every opportunity I had to talk to
2264 people, particularly who were resident in China about
2265 what did they think was going on? What were their
2266 concerns, what research were they doing? So I did
2267 have many of that.

2268 Q Was any of that information contradictory
2269 to the official position?

2270 A It really wasn't. Again, I was delving at
2271 things from the perspective of the clinical
2272 manifestations of the disease and the research
2273 response to the outbreak. But I was actually
2274 typically going after more detail than what we were
2275 hearing in the briefings.

2276 Q Okay. So we talked a little bit about the

2277 side trip to Wuhan, the really short side trip to
2278 Wuhan. Were you one of the three that went?

2279 A No.

2280 Q Was Dr. Zhou one of the three that went?

2281 A No.

2282 Q I want to introduce Exhibit 7.

2283 [Majority Exhibit No. 7 was
2284 marked for identification.]

2285 BY MR. BENZINE.

2286 Q So I will give you a minute to flip
2287 through it. This is an email chain from the State
2288 Department. All the names are blacked out, but it's
2289 Bates marked STATE-1754 through 1759. And the page I
2290 have a question about or just a comment about is on
2291 the first page, and it looks like it was highlighted
2292 at one point, but it reads, "Our CDC representative
2293 Dr. Weigong Zhou has been asked to be a part of this
2294 small team" that is going to travel to Wuhan that
2295 weekend.

2296 Do you remember him being asked to go to Wuhan?

2297 A I do not recall him being asked. I do
2298 recall being in a pretty big room, so all the
2299 delegation is there and we were working on writing
2300 the report. And I think everyone was actually glad
2301 to hear that there would be a subset going to Wuhan.
2302 And while I don't know how everyone felt about it, I

2303 think most everyone wished that they had been
2304 selected, because it would have been something of
2305 great interest.

2306 Q The epicenter of the epidemic at that
2307 point --

2308 A Yes.

2309 Q -- for a poor alliteration.

2310 [Majority Exhibit No. 8 was
2311 marked for identification.]

2312 BY MR. BENZINE.

2313 Q I want to introduce Exhibit 8 and it's a
2314 long email chain, but I only want to focus on a
2315 couple, so there's no reason to flip through. I just
2316 didn't want to cut off the chain.

2317 I want to go -- it's a document again from the
2318 State Department and Bates marked STATE-858 through
2319 875. And I want to flip to page 861 and 862.

2320 A Okay.

2321 Q So the email that I want to talk about
2322 starts on 862. And just kind of like overall, this
2323 feels like a chain where like you and Dr. Zhou are
2324 updating people in the embassy, you talk about
2325 wanting to get dinner some night or have a phone call
2326 some night, those kinds of things. The email in the
2327 middle of the page is from Dr. Zhou and says, "I have
2328 just been asked to go to Wuhan with a 3-person team

2329 including Bruce. It's pending China approval right
2330 now. If approved, we can leave anytime, so may not
2331 be available tomorrow."

2332 Do you know who the Bruce is that he was
2333 referring to?

2334 A So that would have been Bruce Aylward, who
2335 was the lead for the delegation from WHO.

2336 Q A Beijing embassy employee responds, "Have
2337 you received final confirmation of your travel to
2338 Wuhan and any details about flight and hotel? As
2339 soon as you have these, please do send along."

2340 Dr. Zhou says, "not yet." And then a little
2341 while later says, "I just got the final word. I will
2342 not go to Wuhan. They picked the member from
2343 Nigeria. I should be able to join the call
2344 tomorrow."

2345 This like string of emails, and correct me if
2346 I'm wrong, sounds like the makeup of the team that
2347 was going to Wuhan had to be approved by China.

2348 A Are you asking?

2349 Q If you have any knowledge.

2350 A I don't have firsthand knowledge.
2351 Obviously, I'm copied on these emails, but I don't
2352 have any firsthand knowledge of what they might have
2353 been discussing with him. But I would agree that a
2354 read of this would logically go to that conclusion.

2355 Q And the next step in the logic puzzle
2356 would be if he was selected pending Chinese approval
2357 and then didn't go, that China nixed him?

2358 A I honestly don't know, but that would be a
2359 logical read of the email string.

2360 Q You didn't have any conversations with
2361 Dr. Zhou over dinner one night in Beijing like why
2362 didn't you go to Wuhan?

2363 A No, I definitely -- dinner was typically
2364 by yourself.

2365 Q I suppose that makes sense. Thank you.
2366 Again, before we get into the trip report itself, I'm
2367 going to ask kind of like a baseline question.
2368 Before or after you went, were you -- you said you
2369 didn't get a security briefing in Beijing, but were
2370 you briefed or contacted by anyone else in the
2371 intelligence community regarding the trip?

2372 A I don't recall any contacts from the
2373 intelligence community, no.

2374 Q Not even after?

2375 A I do not recall anything of that type, no.
2376 Mr. Strom. Just to be clear, including the FBI,
2377 like federal law enforcement?

2378 The Witness. I honestly don't, no.

2379 BY MR. BENZINE.

2380 Q Have you stayed in touch with any of the

2381 Chinese officials on the trip?

2382 A No. With any of the Chinese officials,
2383 no.

2384 Q Any of the international consortium?

2385 A I've had a couple of email exchanges,
2386 nothing recent, with a couple of the people from the
2387 trip, yes.

2388 Q Do you recall the contents of those
2389 exchanges?

2390 A So there was one person on the trip who
2391 was a very knowledgeable epidemiologist from Hong
2392 Kong, and so as I might see something, you know, in
2393 the lay -- or the press about how the outbreak was
2394 evolving, I would ask him what his take was on it.

2395 Q I am going to introduce Majority Exhibit
2396 9.

2397 [Majority Exhibit No. 9 was
2398 marked for identification.]

2399 BY MR. BENZINE.

2400 Q So this is your trip report beginning
2401 February 13 in Tokyo and ending on your return to
2402 Dulles two weeks-ish later?

2403 A Mm-hmm.

2404 Q And it is Bates marked SSCP-NIH-2533
2405 through 2565. And first, I want to again ask just
2406 some kind of baseline ones. Is it standard course of

2407 practice that if you go on one of these trips you
2408 kind of write a summary report for NIH in this case?

2409 A It would be usual to have a very brief
2410 summary of the high points of a trip. This I have
2411 never generated a trip report even approaching this
2412 one.

2413 Q 33 pages is pretty solid. There was
2414 obviously a lot going on. I'm not going to -- I'm
2415 going to ask some specific questions about it, but
2416 not ask about the whole document.

2417 Starting on the first page, and just for the
2418 record, the redactions were put on by the department.
2419 His name is already in the record. If it's not that
2420 person, you don't need to disclose who is under the
2421 redaction. The second paragraph begins, "Upon our
2422 arrival, [blank] and I took a taxi." Was that
2423 Dr. Zhou with the CDC?

2424 A No, that actually was my colleague,
2425 Dr. Hiromi Imamichi, who works with me in the lab who
2426 speaks Japanese and was coming with me to Tokyo with
2427 the work. She stayed in Tokyo as I went to China.

2428 Q Okay.

2429 A Yeah.

2430 Q Walking through as well going to 2535.

2431 A Mm-hmm.

2432 Q I assume you don't need to familiarize

2433 yourself with this document. It's probably pretty
2434 well ingrained?

2435 A I will say, I have not read it recently, I
2436 may have to pause on occasion, but, yes, I should
2437 know it pretty well.

2438 Q Going to the second paragraph under day 2.

2439 A Mm-hmm.

2440 Q So 10:45, you met in the lobby near Pizza
2441 Hut. If you asked me if there was a Pizza Hut in
2442 Beijing, I probably would have been surprised.

2443 "Following a rounding of introductions (members
2444 of the group as noted in attachment X) we received
2445 briefs by [redaction] on the goals of the mission."

2446 Was that the WHO sponsor?

2447 A You know, I'm not sure. We certainly did
2448 receive briefings by the WHO.

2449 Q Okay.

2450 A During that time, yes.

2451 Q Going into the next paragraph, Background
2452 and Goals of the Mission, I want to focus on the
2453 first couple of sentences. "Nerves in China are very
2454 raw. High-level officials in Hubei have been fired.
2455 We are in the middle of a political earthquake and
2456 there will be enormous scrutiny of our work.
2457 Extraordinary measures, at great cost, have been put
2458 in place in China."

2459 We'll probably just take each one and ask you
2460 about it. What did you mean by "Nerves in China are
2461 very raw"?

2462 A People were very sensitive about what was
2463 going on. There was -- it was -- I mean, I think
2464 we're all familiar with what happened in this country
2465 and just think they had -- in China, they had the
2466 experiences of SARS in the past, and they were in the
2467 middle of something that they weren't sure where it
2468 was going, the world was being critical of them, and
2469 so there was an amazing degree of sensitivity and
2470 tension.

2471 Q Was it sensitivity about, you said kind of
2472 like where it was headed, like the unknowns, or was
2473 it sensitivity about your trip?

2474 A I don't think it was sensitivity about the
2475 trip as much as it was sensitivity about sort of the
2476 impressions of the world, about what was going on. I
2477 mean, it was a lot of things being said. There
2478 obviously -- by the time we got there, the numbers
2479 seemed to be coming down quite dramatically.

2480 And so I don't think, we didn't see the same
2481 sort of health care system overload that we actually
2482 experienced here. I don't know if that happened to
2483 them or not. The fact they were building those two
2484 1,000 hospitals and Wuhan suggested they were worried

2485 about that, but we didn't see anything of that type
2486 while we were there. But clearly, anyone who had
2487 just gone through that would be pretty anxious.

2488 Q Did you feel that any sensitivity or
2489 nerves led to a restriction on the information you
2490 were able to get or how people felt comfortable
2491 speaking with you?

2492 A I think there certainly was oversight of
2493 the trip and the activities of the trip. I do think
2494 that when one was able to have, as you mentioned,
2495 those water cooler type discussions that people, the
2496 scientists, the physicians, so the people I would be
2497 interacting with were usually pretty happy to talk
2498 about what they were doing. I shouldn't say happy.
2499 Interested in talking about what they were doing,
2500 because they would like input from other people who
2501 might be able to provide additional thoughts.

2502 Q Was there, to the best of your
2503 recollection and understanding, maybe it's not
2504 obvious, but was there always kind of like a
2505 government official in the room with you? For lack
2506 of a better word, were you babysat by the Chinese
2507 government during the trip?

2508 A I assumed there was someone watching me
2509 all the time, whether there was or there wasn't.
2510 Sometimes you could obviously see that there were

2511 people helping with the logistics, other times you
2512 couldn't. Certainly at some of the meals, I didn't
2513 feel that way.

2514 What was helpful to me was when we would be at
2515 one place for a long enough period of time that there
2516 would be a break in the middle. So if there was a
2517 break in the middle, then you could have those water
2518 cooler discussions. And those I didn't feel people,
2519 I didn't feel a sense of constraint really from the
2520 scientists or the clinicians I was talking to. But
2521 then I was talking about issues that were very
2522 technical.

2523 Q And this is a question that if you just
2524 don't know, you don't know. Were there any PLA
2525 individuals, anybody in military uniforms in the
2526 rooms?

2527 A On occasion, I did see people in military
2528 uniforms. I can't remember exactly which places, but
2529 I certainly remember seeing people in military
2530 uniforms.

2531 Q The next sentence here, "High-level
2532 officials in Hubei have been fired." Can you
2533 elaborate a little bit more?

2534 A I think there was a sentiment that perhaps
2535 the initial outbreak perhaps should have been handled
2536 differently and there were consequences to that.

2537 Q Was -- and only if you know. Was it kind
2538 of like the direction from Beijing to fire the Hubei
2539 individuals?

2540 A I don't know.

2541 Q Okay. I think we kind of covered the
2542 third sentence. The fourth one is getting into kind
2543 of the mitigation measures, the extraordinary
2544 measures at great cost have been put in place in
2545 China.

2546 So you're kind of discussing the mass really
2547 severe lockdowns, right?

2548 A Yes.

2549 Q Can you explain the "at great cost"?

2550 A So I had never traveled to China. When I
2551 got to Narita Airport to get on the plane to Beijing,
2552 I had been to Narita several times, I was pretty
2553 comfortable. As I got to the gate for the flight to
2554 Beijing, all of a sudden everyone had a mask on
2555 except me.

2556 We landed in Beijing, and again, I had not been
2557 to Beijing, but I had heard that it was a very busy
2558 place. The entire airport was deserted except for
2559 our plane deplaning. There were video monitors
2560 always in eye shot. I don't know what they were
2561 saying, but from the video that was going on, it was
2562 almost demanding that you put on a mask.

2563 When we traveled from the airport to the hotel,
2564 there was little to no traffic. So it basically was
2565 a major city that had basically been put to a
2566 standstill. It was just something I didn't expect.

2567 Q You kind of like implied the cost then
2568 like obviously businesses aren't running, restaurants
2569 aren't running, those kinds of costs?

2570 A Exactly, yes.

2571 Q On the mask question, and I don't know if
2572 I have my dates exactly right and correct me if I'm
2573 wrong. I don't think that the WHO or -- the United
2574 States might have -- but it recognized human-to-human
2575 transmission by this point in February?

2576 A I would have to go back to precisely look
2577 at it. But I certainly as we were getting briefings,
2578 there were clear human-to-human transmission,
2579 certainly by the time of this trip, that was
2580 established.

2581 Q Okay.

2582 A Yeah.

2583 Q I remember a WHO statement in mid-January
2584 saying there wasn't any. I just don't remember when
2585 they corrected that.

2586 A I think the thing that wasn't so clear at
2587 this point in time was the fact that there could be
2588 asymptomatic transmission.

2589 Q Did you get the sense that there was -- at
2590 this point, did you have a sense that there was
2591 asymptomatic transmission?

2592 A People were sort of both ways on it
2593 because there wasn't enough epidemiology yet, but
2594 that soon became apparent.

2595 BY MR. STROM.

2596 Q Real quick on that. You said two days in
2597 Tokyo, albeit was cut short, on the second page, you
2598 are consulting with a Japanese colleague who has been
2599 working on the cruise ship issues. He goes, "Among
2600 the passengers on those flight, he noted about 2%
2601 were PCR+. His overall impression is that about 50%
2602 of infected individuals do not show symptoms."

2603 So that's his impression. Did you get the sense
2604 that the Chinese were less receptive to asymptomatic
2605 spread or were less aware of it?

2606 A You know, my impression, and again it may
2607 not be 100 percent accurate. But my impression was
2608 there was still a bit of debate about how prominent
2609 an issue asymptomatic spread was. It can be a little
2610 bit of semantics. I think it was pretty clear that
2611 one could be infectious before they had symptoms.

2612 So I think there was evidence of viral shedding
2613 before one had symptoms. Whether or not there could
2614 actually be transmission I think was still a little

2615 bit unclear. You know, again, if you want to do an
2616 epidemiologic study, infect somebody on a cruise ship
2617 and watch what happens. And it's interesting if you
2618 look at the data from the Diamond Princess and you
2619 map it to what we think today it's really quite
2620 close.

2621 Q And then one last question, and this is
2622 back to page 3, the first page of the China report,
2623 "I have extensive notes and will provide only the
2624 highlights here focusing on information not generally
2625 available at the time."

2626 Were those notes typed? Are those something you
2627 believe you still retain?

2628 A No, those would be like I was at a meeting
2629 taking some notes, and then this would be the record.

2630 Q And then to your recollection, you don't
2631 still have that note taking?

2632 A No.

2633 Mr. Strom. Thank you.

2634 BY MR. BENZINE.

2635 Q Flipping to 2536.

2636 A Yes.

2637 Q The top paragraph. There's a bold
2638 sentence, "(This was later modified to a 2-day
2639 extension to allow a subset [redaction] to visit
2640 Wuhan."

2641 The redactions I'm assuming are the names that
2642 went to Wuhan?

2643 A Yes.

2644 Q Okay, the last sentence, "It was clear the
2645 different people in the room had access to different
2646 sources of non-public information that they were
2647 willing to share, albeit with a degree of
2648 discomfort."

2649 What did you mean by that?

2650 A It was quite interesting to have the
2651 discussions together with the Chinese delegation,
2652 because there was -- there was great focus on
2653 individual words that would go into the report.

2654 And so words that to me might be relatively
2655 equivalent in English had different meaning, I think,
2656 in Chinese, so -- and in trying to understand why
2657 there was a difference, you couldn't always get a
2658 good sense. And I can't say that someone said to me,
2659 oh, we're not going to talk about that, but at times,
2660 you felt that people wanted to be sure they stayed
2661 within the parameters probably that they were given
2662 for their participation in the mission. That's an
2663 assumption on my part.

2664 Q The degree of discomfort, is that
2665 referencing that kind of those parameters that you
2666 were just talking about, that they felt like they had

2667 a lane and they had to stay in the lane?

2668 A Yes. I mean, we would be at a meeting,
2669 and again, often they were large groups, so there
2670 would be the delegation and then like an extended
2671 group of other individuals. And you might ask a
2672 question, perhaps a question would be, what do you
2673 know from wastewater? And, well, we're looking into
2674 that. Those types of things make you wonder if there
2675 isn't some preliminary information.

2676 Again, many, appropriately, scientists will be
2677 reluctant to share a piece of information that they
2678 haven't confirmed. Sometimes you're a little
2679 reticent early on. There may have been an element of
2680 that as well.

2681 Q One of the things that we're looking at
2682 and we actually had a hearing this week with various
2683 officials regarding the WHO in early stages here is
2684 the Chinese government's kind of transparency early
2685 on, while we're evaluating changes to the
2686 international regulations and pandemic treaties and
2687 stuff to try to bolster transparency in future
2688 outbreaks.

2689 So, really interested in like those situations
2690 where you think like maybe there was some reticence,
2691 maybe there was some they had a little bit more, but
2692 they gave you an answer of, oh, we're checking on it,

2693 like, don't worry. Were there a lot of situations
2694 like that?

2695 A I wouldn't say there were a lot of
2696 situations like that. I would just add to put it in
2697 context if I stayed with the scientific community.
2698 Scientists run a spectrum. Some of which are, I'm
2699 not going to share any information with you until
2700 it's published in a peer-reviewed journal and I'm
2701 sure I get my credit for it, versus, hey, I just
2702 found this, I'm not sure if it's real or not, I just
2703 wanted you to be aware.

2704 So that's the spectrum. And if you go back to
2705 the early days of HIV, that was all over the place,
2706 that we need to know what's going on in the labs,
2707 what viruses are growing.

2708 So I think there's sort of a mixture of all of
2709 that. And so I wouldn't isolate it to China, but I
2710 would say wherever it is, it is not helpful during a
2711 public health emergency.

2712 Q Thank you. Flipping again to 2537. And I
2713 promise we won't go at a page by page cadence for the
2714 entire report.

2715 The third sentence on the start here underneath
2716 the picture that was redacted, you're talking about a
2717 meeting, everyone in the meeting maybe except you is
2718 wearing a mask. At that point, had you --

2719 A By that time, I had masked. I was masked
2720 everywhere, yes.

2721 Q The next sentence is, "The translation was
2722 very good, although one never knows if everything is
2723 being captured." What did you mean by that?

2724 A So as mentioned, I have done a fair amount
2725 of international travel, and on occasion, I might
2726 have traveled with a companion who spoke the local
2727 language. But some of the people I was meeting with
2728 might not know that and they might have a translator,
2729 and I might be getting information translated by a
2730 translator that I would later learn didn't really
2731 convey everything that was being said.

2732 Whether that was deliberate or not, I don't
2733 know, but I'm just always aware of the fact that if I
2734 don't -- if I'm not talking to the primary source nor
2735 if the translator is part of my team, I'm not always
2736 sure of what I'm being told. That's just a general
2737 skepticism I have.

2738 Q So there wasn't any -- or maybe you can
2739 answer it this way. Did you have any situational
2740 skepticism here that that was happening?

2741 A I had no firsthand reason to suspect that
2742 was happening here, no.

2743 Q Do you know, was it the Chinese government
2744 that provided the translation?

2745 A I think it was, yes.

2746 Q I promised it wouldn't be a page by page
2747 but here we are going to the next page. 2538. The
2748 top paragraph, "The Ministry of Agriculture and Rural
2749 Affairs noted that no COVID-19 had been found in
2750 poultry, pigs, cattle, dogs, or cats." He also noted
2751 that "the sequences of livestock coronaviruses are
2752 less than 69% identical to that of COVID-19 and thus
2753 they were unlikely to be the animal source."

2754 There's kind of like -- and again, correct me if
2755 I'm wrong. This seems like domestic livestock versus
2756 kind of like the wildlife trade. Is that the right
2757 read of that sentence?

2758 A I would not read beyond what I wrote
2759 there, because I think that's what I heard is what I
2760 wrote.

2761 Q Could --

2762 A I think that's a logical assumption
2763 because you don't see any of the classic suspects of
2764 a wet market.

2765 Q It doesn't mention pangolins or raccoon
2766 dogs or anything. It feels like domestically farmed
2767 animals for kind of like, and mentions livestock
2768 coronaviruses are less than 69 percent identical.
2769 Could that be a progenitor for COVID-19 or is that
2770 too far away?

2771 A That's way too far.

2772 BY MR. STROM.

2773 Q So the paragraph begin, "The CCDC
2774 representative know the 1st case was reported 2/27/19
2775 (although cases were subsequently identified reaching
2776 back to early December."

2777 It says, going down four lines, "Market samples
2778 (sewage)." Do you recall if they were indicating at
2779 that point they had only taken sewage samples?

2780 A Let me just read this.

2781 Q Please.

2782 A I think that was probably just in response
2783 to a question about sewage. And I'm sorry, can you
2784 ask it again?

2785 Q One, do you recall it being broader than
2786 sewage like environmental samples?

2787 A From this part, they were giving, so an
2788 overview of epidemiologist, so this was just one
2789 piece of it, but it was sort of a piece that I
2790 focused on because I thought it was potentially
2791 revealing.

2792 Q And then, "(unfortunately there was no
2793 effort to amplify mammalian DNA or RNA, so no clue
2794 here as to the source; we later learned from the
2795 visit to Wuhan that there are fairly good records on
2796 what animals were in the market so future

2823 Q It's a Nature article written by a group
2824 of primarily Chinese CDC authors including George Fu
2825 Gao, the CDC director.

2826 What is his reputation? Have you had a chance
2827 to know him?

2828 A No, I've not had a chance to meet him.
2829 Interestingly, he and I were both at a WHO meeting a
2830 few weeks ago, and I actually had hoped to, but I
2831 didn't get a chance to. He has a fairly good
2832 reputation. Again, I think. I don't know him
2833 personally.

2834 Q So Dr. Gao has maintained -- I'm going to
2835 make this Exhibit 11. It's much shorter. It's a
2836 Global Times article. Dr. Gao has maintained that
2837 the wet market -- that he is of the opinion that the
2838 wet market is a victim of the virus as opposed to the
2839 origin source of it.

2840 [Majority Exhibit No. 11 was
2841 marked for identification.]

2842 BY MR. STROM.

2843 Q So turning back to his lengthy article in
2844 Nature that was accepted on April 3rd of this year,
2845 sir, so Exhibit 10.

2846 A Yes, this one.

2847 Q So we're just going to the abstract on the
2848 first page to start. And about midway through, it

2849 says, and it relates to something that's in your
2850 report as well, is that, "The viruses from the market
2851 shared nucleotide identity of 99.99% to 100% with the
2852 human isolate" of essentially the Wuhan 1 strand of
2853 SARS-Co-V-2, so early pandemic strand.

2854 So as he's reporting this, and his agency has
2855 the data that the rest of the world is only getting
2856 sort of their summaries of.

2857 I would like you to turn to page 12, if you can.

2858 A Give me one minute.

2859 Q Absolutely.

2860 A To review the abstract here.

2861 Page 12?

2862 Q The lines are numbered there and we will
2863 start at line 320.

2864 A Okay.

2865 Q So it starts, "The origin of the virus
2866 cannot be determined from all the analyses available
2867 so far. Although gene barcode analysis of animal
2868 species in the study suggested that" -- I believe
2869 these are several species of susceptible animals,
2870 raccoon dogs. I would have to get the specific ones
2871 out because it's just the Latin names.

2872 But, "species that have been recognized as
2873 potential host species of sarbecoviruses -- were
2874 present at the market," these "were mostly detected

2875 within the SARS-Co-V-2 PCR negative environmental
2876 samples. It remains possible that the market may
2877 have acted as an amplifier of transmission due to the
2878 high number of visitors every day, causing many of
2879 the initially identified infection clusters in the
2880 early stages of the outbreak?"

2881 In the interest of time, I'm going to not read
2882 the full second paragraph, but there is a sentence in
2883 there that says, "The evidence provided in this
2884 study," and it's referencing a study by
2885 Dr. Worobey -- "is not sufficient to support such a
2886 hypothesis" that the market is the origin.

2887 So I'm just wondering, it doesn't seem you
2888 followed this particularly closely, but the fact that
2889 it's a human -- the environmental samples collected
2890 had SARS-Co-V-2 in them were highly similar to the
2891 early human strands of the virus.

2892 So to your point, and I have a paper here by
2893 Jesse Bloom we can do maybe the next hour. But it
2894 doesn't seem like the samples here had a lot of
2895 animal RNA or DNA.

2896 A You know, it's hard for me to interpret
2897 sort of what a negative conclusion might be from this
2898 set of data.

2899 Q Okay.

2900 A It's very difficult.

2901 Q Sure. What I will try and do is we can
2902 break and I will try to reformat my question and
2903 maybe make it a little more precise. We can go off
2904 the record.

2905 (Recess.)

2906 [REDACTED] [REDACTED]. Back on the record.

2907 BY [REDACTED] [REDACTED]

2908 Q Good afternoon. We're back. I do want
2909 to -- you spent a lot of the past hour talking about
2910 your WHO trip. We're going to ask you some more
2911 questions on that. So I apologize if I ask something
2912 that's repetitive, but there's just a little more
2913 detail we want to dig into.

2914 When you got word that you were invited on this
2915 trip
2916 -- so I gather that was February 14th when you were
2917 at the airport -- what was your understanding of what
2918 the purpose of the trip was?

2919 A I wasn't entirely clear on the purpose of
2920 the trip, other than to try to gain an outside
2921 perspective through firsthand knowledge and
2922 discussions about the nature of the outbreak.

2923 Q And I know you had very little time to
2924 prepare. But in your 14 hours on the plane or the
2925 little bit of time you were in Japan before heading
2926 to Beijing, did you do anything to prepare yourself

2927 for what you would be looking at in China?

2928 A I did not do anything during that time to
2929 prepare for what I would be doing in China. In fact,
2930 most of my activities during that time were trying to
2931 get all the things I was planning to do in Japan
2932 done. So I was pretty focused on what we were doing
2933 in Japan.

2934 Q Pretty busy. I can't even imagine having
2935 to deal with that, so good job. And once you got to
2936 China, can you just tell us a little bit about the
2937 organization of the trip, how you were moving from
2938 place to place, who was leading the charge for you?

2939 A So given that it was WHO was the sponsor
2940 of the mission for the group from outside China, they
2941 and their local country office helped with a lot of
2942 logistics for the WHO part of the delegation.

2943 So after arriving at the airport, there was a
2944 car there to pick you up. And then mostly, we were
2945 in buses as a group when we went to the different
2946 meetings. When we went from city to city, there were
2947 a couple of flights, I think, maybe one flight, a
2948 train ride. Again, the non-Chinese part of the group
2949 tended to be moving together and the Chinese group
2950 moving together.

2951 We started out in Beijing and then split into
2952 two groups, you know, equally distributed from the

2953 WHO and Chinese elements of the delegation going to
2954 different cities, and then we got back together to
2955 write the report.

2956 Q You mentioned wearing masks the entire
2957 time and also eating at -- I think you mentioned it,
2958 but if not, it was definitely in your trip report
2959 that you ate at your own table, everyone was
2960 separated. Were there any other health safety
2961 measures that were put in place for those of you on
2962 this trip?

2963 A There was extensive temperature checking.
2964 So any time you went somewhere, they would check your
2965 temperature. We were on a bus with dispersed
2966 seating. On occasion, the bus would be stopped.
2967 Someone would get on the bus in PPE and go around and
2968 check everybody's temperature on the bus. I can only
2969 imagine what would have happened if one of us had a
2970 temperature. So I was always glad when those
2971 temperature checks were done. Again, any time we
2972 entered a facility, there was a temperature check.

2973 For the group that went to Wuhan, I think they
2974 also had PCR surveillance done when they got back.

2975 Q Okay. And I assume handwashing was
2976 encouraged.

2977 A Yes.

2978 Q Hand sanitizer, if available?

2979 A Distancing.

2980 Q Sounds good. And we talked some in the
2981 last hour about the trip report that you wrote for
2982 NIH. Who was the intended audience of that report?

2983 A There wasn't really an intended audience.
2984 It was sort of my record of the trip.

2985 Q And you also contributed to the drafting
2986 of a report released by the WHO about this trip,
2987 correct?

2988 A Correct, yes.

2989 Q What was the purpose of that report?

2990 A So that WHO report was to provide
2991 information about the outbreak in China as observed
2992 by the delegation.

2993 Q And was it drafted by everyone who had
2994 been on the delegation?

2995 A It was drafted. Everyone who was on the
2996 delegation had the opportunity to provide input. As
2997 is often the case for this type of report, different
2998 sections were assigned to different groups. I was
2999 assigned to the section to talk about research and
3000 development.

3001 Q So you don't necessarily -- you didn't
3002 have input into every little piece of the report?

3003 A So I would have had opportunity to comment
3004 on any piece of the report. But I restricted my

3005 comments to the part where I felt I had the expertise
3006 to contribute namely the research and development
3007 section.

3008 Q Thank you. And who was the intended
3009 audience of the WHO report?

3010 A I think the intended audience really was
3011 the global community. It was a way of having a
3012 document coming out under the auspices of WHO that
3013 would provide information.

3014 Q And earlier, you mentioned that when you
3015 were looking at a report, the most important parts to
3016 you are the methodology and the data sections,
3017 correct?

3018 A Correct.

3019 Q So would that apply to the WHO report, too?

3020 A It would apply to virtually any report.

3021 Q So you would view the data that was
3022 presented in the WHO report as the most important
3023 thing for anyone to look at when they're reviewing
3024 that report?

3025 A Yes, absolutely. I think that the part of
3026 the report that's of most value are the data that are
3027 in it in terms of what types of measures were
3028 utilized in China and what the curve of the outbreak
3029 was.

3030 Q Okay. And that's because recommendations

3031 and other sections can be a little more subjective?

3032 A Interpretations of data are almost always
3033 subjective, yes.

3034 Q That's my understanding. Thank you.

3035 [REDACTED] Those are my questions for now.

3036 BY [REDACTED]

3037 Q As you've been talking about all of the
3038 different work early in the pandemic through the
3039 pandemic, all your work prior to the COVID-19
3040 pandemic and other pandemics, it strikes me there are
3041 a lot of different things that are part of a pandemic
3042 public health response.

3043 You have initial surveillance and monitoring of
3044 the population, you have research and communication
3045 of prevention methods, you have development
3046 implementation distribution of diagnostics. You have
3047 development, as you mentioned, of treatment protocols
3048 which I think would include even identifying what a
3049 case is, and then how you treat it. You have
3050 development and rollout of therapeutics. The same
3051 with vaccines. Other public guidance that sort of
3052 comes along with all of these things in terms of even
3053 once you have them getting people to adopt them and
3054 use them properly and compliance and all of that.

3055 Could you just speak to -- let's start with
3056 January, let's say, of 2020 through the end of that

3057 year to start. From where you sat, those were, I
3058 would assume, very competing priorities. How did you
3059 go about determining at what different points, what
3060 was prioritized, what resources went where among all
3061 of those important, but maybe of different importance
3062 at different phases things? What's the approach that
3063 you had to take?

3064 A As they say, thank you for that question.
3065 That's a very broad look at things. I'll try to
3066 provide you the perspective that I had.

3067 Q Okay.

3068 A There was obviously a lot that needed to
3069 be done, and I really do want to give a shout out to
3070 the Operation Warp Speed activity. I mean, it's
3071 something that I had never even imagined, you know,
3072 one could do to respond to an outbreak and it really
3073 was quite extraordinary. I have to say -- I probably
3074 shouldn't say this, but I have to. Congress was
3075 great, right? Congress was supportive.

3076 Q You can say that.

3077 A You know, the funding, it wasn't -- I
3078 never felt that the things we were trying to do
3079 didn't get done because of a lack of funding. I felt
3080 we had the resources that we needed to do things and
3081 to do them really well. And we were all very
3082 grateful for that, because obviously that's not the

3083 usual scenario. So we were able to basically
3084 simultaneously launch multiple lines of activity.

3085 So, again, my focus was therapeutics. We were
3086 able through existing resources, leveraging existing
3087 resources at NIH, we combined clinical research
3088 networks that never dreamed that they would be
3089 combined.

3090 So our own network in HIV was combined with the
3091 thoracic surgery network at the Heart Lung and Blood
3092 Institute and the pulmonary network of the Heart Lung
3093 and Blood Institute to conduct studies in
3094 hospitalized patients to look at remdesivir,
3095 monoclonal antibodies, immune plasma, a whole variety
3096 of things that preceded at a timeframe that really --
3097 I know I'm not supposed to use the word -- was
3098 unprecedented. It was amazing to watch.

3099 I mean, you were busy, I mean, no question. But
3100 there was a degree of organization and focus, so
3101 NIBIB, bioengineering. You know, they focused on the
3102 diagnostics and had this thing, RADx, that got stuff
3103 out there in an amazing timeframe. There was the
3104 therapeutics in ambulatory patients, therapeutics in
3105 hospitalized patients, and then the whole vaccine
3106 effort.

3107 So you had enough expertise because it became,
3108 to use a catch phrase, all hands on deck. Everyone

3109 pivoted and there was broad enough expertise in
3110 related areas to have simultaneous activities focused
3111 on the respective areas. And it was really, you
3112 know, to me, there's a lot of it that's a model for
3113 what we should do next time if we are in a similar
3114 situation.

3115 Q And I appreciate it was a broad question,
3116 so thank you for the answer on that.

3117 You talked about the importance of building the
3118 relationships and networks during peacetime. So
3119 using that, what's the importance of predictable
3120 continuous funding and resources during peacetime
3121 when a pandemic is not going on in terms of
3122 preparation and response to what could be the next
3123 pandemic?

3124 A I think it's critical to be able to
3125 maintain a certain level of infrastructure for the
3126 critical activities that you need as part of a
3127 pandemic response. And I can only speak to a
3128 research response, but you could talk about that in
3129 other areas.

3130 So for us, in a research response, infectious
3131 diseases, there are so many unanswered questions that
3132 what we're able to do is come up with research
3133 protocols at a relatively low level of activity but
3134 at a high enough level of activity to maintain the

3135 expertise and the staffing so that we could rapidly
3136 pivot.

3137 I'll give you an example of that. We responded
3138 to the Ebola outbreak in the Congo in 2017, 2018, and
3139 we had not worked there before in clinical research.
3140 So we did that, we had the response, we actually did
3141 a randomized control trial of four therapeutics,
3142 found that two of them work. Those are now two
3143 licensed drugs for Ebola that have really
3144 dramatically decreased mortality.

3145 So as we finished that which was again in very
3146 challenging parts of the country, the discussion was,
3147 okay, what else is there here that we might use a
3148 downsized infrastructure to study to maintain the
3149 competency?

3150 So their response was, we really have a pretty
3151 bad problem with monkey pox. So in the center of the
3152 Congo, it's endemic. And it's called clade 1. It's
3153 a more serious disease than what the global outbreak
3154 was. But we launched and began a study of monkey pox
3155 that antedated the global outbreak. So the protocol
3156 for therapeutics that was used for the global
3157 outbreak was one that was already designed and ready
3158 to start in the Congo.

3159 So that's a really good example. I don't have
3160 any more that are that good, but I think it

3161 illustrates, I think, the importance of maintaining
3162 infrastructure and carrying out some level of
3163 activity globally so that you can respond globally if
3164 you need to.

3165 Q In terms of going back to the overly broad
3166 question that I asked you about prioritizing and all
3167 of the things that are required for public health
3168 response. We all agree, and you said at the
3169 beginning, that understanding the origins of COVID is
3170 important. Where does that fall among the competing
3171 priorities of prevention, treatment, vaccination,
3172 diagnostic, therapeutic, the whole spectrum, let's
3173 say after you have the viral sequence that you are
3174 trying to address?

3175 A It's a real challenge to set those types
3176 of priorities, and we were fortunate I think in
3177 COVID-19 that we could do them simultaneously.
3178 Again, what one looks for I think is what
3179 intervention may have the greatest public health
3180 impact.

3181 So, for example, I'll go back to the Ebola
3182 example. So when we went to West Africa for Ebola,
3183 the initial priority was getting a vaccine trial
3184 going, because we felt if we could prevent infection
3185 or at least prevent disease, that would have the
3186 biggest health impact.

3187 And then next to that was getting a therapeutic
3188 study started. So it really depends on the nature of
3189 the outbreak and what's available. Again, we had
3190 already from prior research, mostly in animal models,
3191 candidate vaccines and candidate therapeutics, so we
3192 could immediately do that.

3193 For example, if we had no candidate
3194 therapeutics, the focus would have been pre-clinical
3195 trials, and the area of clinical trials would have
3196 been on vaccines.

3197 ██████████ I think that's it for us for now. We
3198 can go off the record.

3199 (Recess.)

3200 Mr. Benzine. We can go back on the record.

3201 BY MR. BENZINE.

3202 Q I want to keep walking through your trip
3203 report from China, and go to page 2542. I want to
3204 ask about one line in particular, "4 of the first 5
3205 cases" referenced December 8, 10, 15, and 16 "had no
3206 connection to the market." Was that just based off
3207 information that those individuals didn't go to the
3208 market, or how was that conclusion presented to you?

3209 A I don't recall specifically, but it would
3210 have been, in all likelihood, had those individuals
3211 visited the market.

3212 Q Okay. If you recall, what was the case

3213 definition at that time? Did it require visiting the
3214 market? I remember some talk of case definitions
3215 that involved visiting the market.

3216 A I do not recall what the case definition
3217 they were using at that time would have been.

3218 Q Would that case definition have like -- I
3219 don't want to use the word improperly, but limit
3220 early cases, so that it may -- if you're limiting
3221 cases to those who have an affiliation to the market,
3222 it would certainly look like the origination was from
3223 the market? Is that a fair statement?

3224 A Any biased removal of subjects from the
3225 epidemiology could be misleading, yes.

3226 Q Flipping over to the next page, some of
3227 this is just -- I don't think I know the lingo, so
3228 I'm going to ask you. The line, "Recovered patients
3229 have neutralizing antibody," is that, for lack of a
3230 better term, natural immunity?

3231 A Yes, that would be the immune response to
3232 the infection, yes.

3233 Q How did you know that at that time?

3234 A They would have said that, someone would
3235 have presented that, that they had taken serum from
3236 recovered patients and looked to see if they would
3237 basically inhibit the growth of the virus in tissue
3238 culture.

3239 Q But based off that statement and your kind
3240 of recollection of what they told you, it would be
3241 fair to say, by mid-February, we had some kind of
3242 knowledge that there was natural immunity for a
3243 recovered patient?

3244 A Yes, I think that would be a fair
3245 statement.

3246 Q I was going to ask about the market
3247 samples, but I think John covered that.

3248 2552. It might be the only page without a
3249 beautiful photo redacted. The paragraph at the end,
3250 "The market we visited consisted of 60 booths,
3251 contained no bushmeat, serves 10,000 families and is
3252 open every day. They have had no live animals in the
3253 past 29 years and there has been no slaughter of live
3254 animals in Guangdong since SARS."

3255 Understanding this isn't the Wuhan market, so it
3256 isn't the one that is in question, but I just wanted
3257 to ask if it was your understanding that that was
3258 kind of standard throughout markets in China since
3259 SARS that they kind of limited wild animal meat and
3260 limited slaughter of live animals.

3261 A My understanding from the briefing was
3262 that this was an example of what was aspired to for
3263 the wet markets to have a better public health
3264 control of potential spillovers.

3265 Q So now kind of standardized across China,
3266 this was the ideal wet market, for lack of a better
3267 phrase?

3268 A I would not say it was ideal. I would say
3269 it was one that was a wet market that was exhibiting
3270 some of the best practices.

3271 Q Okay.

3272 A Yeah.

3273 Q You said not ideal. I know a lot of
3274 people have called for this, and a couple -- is the
3275 ideal just not having wet markets?

3276 A You know, I would have to say I'm not even
3277 sure what the precise definition of a wet market is.
3278 But I think selling live animals, having live
3279 animal-human interfaces without monitoring does pose
3280 some degree of public health risk.

3281 Q Out of curiosity, are there specific live
3282 animals? I mean, I go to Whole Foods and there's
3283 live lobsters. I'm not going to get something crazy
3284 from a lobster, I don't think. So are there specific
3285 animals in those markets that are concerning?

3286 A I'm not sure I would say that necessarily
3287 one type of animal versus another as opposed to
3288 domesticated, you know, sort of monitored flocks
3289 versus in the wild.

3290 Q So it's the more wildlife trade into the

3291 live animal slaughter that is the problem?

3292 A I think that's the bigger concern, yes.

3293 Q Flipping to 2555. The second paragraph at
3294 the top, the meeting between WHO Director General
3295 Tedros and President Xi was noted as an important
3296 moment in the fight against COVID-19. "Governor Ma
3297 noted that China appreciated the recent supportive
3298 comments WHO (could have been reflecting different
3299 comments from the US). He went on to express that
3300 China overall, like Guangdong, is open to sharing and
3301 working together with the international community.
3302 He indicated that he hoped WHO could do something
3303 about the false attacks on China through the internet
3304 on platforms like Facebook."

3305 So there's been -- I don't think they're
3306 allegations at this point. I think it was pretty
3307 well confirmed that there was some pressure on the
3308 WHO from China early on, and maybe given into in
3309 order to try to get into China and get samples that
3310 the WHO was issuing statements that were a little bit
3311 maybe more favorable to China than what was actually
3312 happening. Is that your understanding.

3313 A That's hard for me to comment on, because
3314 I don't know sort of the internal politics of WHO and
3315 what they were doing.

3316 Q Governor Ma noted that at least Guangdong

3317 is open to sharing and working together.

3318 First, did they?

3319 A What I had hoped from the comments at the
3320 visit that there might have been an opportunity, and
3321 I think it's mentioned in the WHO report, to engage
3322 the Chinese scientific community more in
3323 collaborations, particularly when it came to clinical
3324 trials, that we could do more things. That never
3325 came to fruition.

3326 Q Does China follow the same open data, open
3327 science data sharing practices that the United States
3328 and other countries follow?

3329 A I'm not sure what their policies are
3330 regarding data sharing. I couldn't comment on that.

3331 Q Going to 2558, the third line down. "In
3332 response to a direct question regarding the risk of
3333 transmission by asymptomatic individuals, there was
3334 no clear answer."

3335 Is this kind of referring to the kind of answer
3336 that you talked about earlier where they said we're
3337 working on that?

3338 A It would have been. And again, I think
3339 there was certainly evidence of infectious virus
3340 prior to symptoms. In terms of how much asymptomatic
3341 individuals contributed to the spread, I don't think
3342 that was well appreciated then.

3343 Q And then going to 2561. The note starts
3344 with "Professor Zhong."

3345 A Mm-hmm.

3346 Q I'm going to read the sentence, but this
3347 kind of goes to the mixed reviews on asymptomatic
3348 transmission at this time.

3349 A Mm-hmm.

3350 Q You note that Professor Zhong says, "He
3351 noted that COVID-19 is highly contagious; that there
3352 are asymptomatic carriers; that there may be
3353 recurrent positivity; that some become symptomatic
3354 late; that this is the 3rd coronavirus outbreak in 2
3355 decades and that there may be more."

3356 So we all kind of knew COVID-19 was highly
3357 contagious by this point. There were cases all over
3358 the world. But Professor Zhong at least seems to
3359 think that there were asymptomatic carriers. Is that
3360 how you described it, that there was a split review
3361 in the scientific community at this point of
3362 asymptomatic spread.

3363 A I think there was. I'd have to go back to
3364 read the paper to do chapter and verse, but there was
3365 an individual who attended a meeting, I think in
3366 Germany, who did or did not have symptoms, depending
3367 on, "did you have a headache? No, well, maybe I had
3368 a headache," who then was the source for some

3369 infection. That happened right around that time that
3370 that was being talked about.

3371 Q The recurrent positivity means being
3372 infected with COVID-19, recovering, and then getting
3373 it again; is that right?

3374 A Yes, it is. I can't remember exactly what
3375 that references to, but recurrent positivity meaning
3376 positive, positive again. So it may imply a second
3377 infection, yes.

3378 Q And again, maybe this is just -- I'm not a
3379 scientist. It seems it's really interesting from an
3380 outside observer that there was on one trip in like a
3381 one-week span, there's no asymptomatic, like
3382 depending on who you're talking to, you're getting
3383 different answers of no asymptomatic here but this
3384 guy is pretty sure that there's asymptomatic. You
3385 have some level of natural immunity which doesn't
3386 eliminate recurrent positivity but then you have --
3387 there's definitely recurring positivity.

3388 How do you wade through and determine?
3389 Obviously you wrote it all down in the report. You
3390 didn't editorialize yourself. But is that just kind
3391 of like symbolic of how this pandemic was going at
3392 that time of not a lot of information, difficult
3393 information?

3394 A I probably would say that I think it's

3395 reflective of a part of the scientific process. You
3396 know, people do an observation, they see something,
3397 they report it, and they focus on it. Someone else
3398 sees something else. It's like that analogy I guess
3399 of the nine blind men and the elephant, they'll all
3400 describe it a little bit different based on what they
3401 had seen. And until enough people see the same
3402 thing, you don't tend to get the feel to come to a
3403 consensus.

3404 Q Going to page 2563, the third paragraph
3405 down starts with, "He noted that most of the clusters
3406 that were able to be evaluated were in families. He
3407 also noted there was a strong sense by the people in
3408 Wuhan that, with time, they might be able to do a
3409 better job of figuring out exactly which animals were
3410 most likely to have been the vector given that there
3411 was fairly precise tracking of what sellers were at
3412 what stalls in the market and the fate of the animals
3413 could be traced. They know the identities of
3414 earliest cases and there is an opportunity to do a
3415 better job of combining information from those doing
3416 the human epidemiology with those who have precise
3417 knowledge of the layout of the market and the fate of
3418 the animals."

3419 To your knowledge, was that kind of review ever
3420 done, the kind of reverse engineering of the market?

3421 A I think there has been a fair amount of
3422 work done in that area. I think I recall seeing some
3423 publications on that, yes.

3424 Q The later WHO report, which we'll have
3425 some other questions about from around this same
3426 period, but in 2021 on the origins, tested like a
3427 couple hundred thousand animals and tried to
3428 backtrack it from the market, and none of them came
3429 up positive. Do you have any thoughts on that?

3430 A No. I have to say, I was not involved in
3431 that second trip, and I don't have any real knowledge
3432 of what they did or didn't do while they were there.

3433 Q Okay. I think that's all I have on the
3434 trip report. I was really looking forward to seeing
3435 what your picture was on your arrival to Dulles, but
3436 unfortunately, we can't. I bet it was good to be
3437 home, though.

3438 Ms. Ganapathy. Mitch, if you would like to talk
3439 Redactions, you can talk to leg affairs.

3440 The Witness. I could tell you what's under this
3441 one. So this is me arriving and being greeted by two
3442 CDC staff behind a table and giving me all the
3443 instructions on what I needed to do now that I was
3444 home.

3445 BY MR. BENZINE.

3446 Q Were they in big, scary jumpsuits?

3447 A Not scary, but they were in scrubs.

3448 Q I want to talk about a couple interviews
3449 you gave after this trip, a couple comments in them.

3450 A Mm-hmm.

3451 Q An NBC News article quoted you as -- some
3452 of the language in the final report should be taken
3453 with a grain of salt. But you said the data in the
3454 report was quite solid and I thought quite
3455 informative. That's what you've been saying here.

3456 A Yes.

3457 Q Don't read the abstract in the discussion,
3458 read the methodology. Why do you think some of the
3459 language, though, should have been taken with a grain
3460 of salt?

3461 A There clearly were agendas of how the data
3462 would be presented. And you wanted a report where
3463 you had consensus. You didn't want competing
3464 reports. So you want the Chinese delegation to be
3465 comfortable and the WHO delegation to be comfortable,
3466 and I think at times we needed to compromise on
3467 language to get to that point. But as I said, as you
3468 just said as well, the key thing was the information
3469 in the middle.

3470 Q You were involved in drafting the report?

3471 A Yes.

3472 Q Did you have any knowledge of the

3473 editorial process?

3474 A Most of it happened in a room with
3475 everyone, so and I think I may have mentioned part of
3476 this earlier. At times there would be great
3477 discussion about one word or another, an adjective
3478 that I think the Chinese translation might have had a
3479 different meaning than the actual English word.
3480 There was quite a bit of focus on that, more than I
3481 would have focused on personally.

3482 Again, the report was written by the different
3483 groups and the different areas. My primary
3484 responsibility was in the research area so that's
3485 where I contributed. I would only have contributed
3486 to the others directly or with an actual edit if I
3487 saw something I thought was egregious.

3488 Q Were there any things that you saw that
3489 were egregious?

3490 A I think at the end, no. I think each
3491 team -- so the way it was set up is that -- so I was
3492 on the research myself, and then two from the Chinese
3493 delegation. That was the research team. And you had
3494 different teams like that for each part of the
3495 report. So by the time it got to the plenary, to the
3496 collective group, I think there had been enough
3497 discussions where things were reasonable.

3498 Q In your section of the report, were there

3499 any edits made in a black box that you just didn't
3500 know how they appeared that you disagreed with?

3501 A No, it was true to what we had written.

3502 [Majority Exhibit No. 12 was
3503 marked for identification.]

3504 BY MR. BENZINE.

3505 Q I want to introduce Majority Exhibit 12.
3506 It's an email chain again from the State Department
3507 and Bates numbered STATE-1643 through 1651. And I
3508 just want to focus on the cable that begins on 1645.

3509 A Mm-hmm.

3510 Q The title of the cable is "China
3511 (Coronavirus): WHO Report Offers Insights but Also
3512 Missed Opportunities." It's a cable regarding the
3513 joint mission to China. Were you involved at all in
3514 the drafting of the cable?

3515 A No, not that I recall. I did meet with
3516 some embassy staff toward the end of, toward the end
3517 of the visit, I think. Yes. I'm trying to remember
3518 exactly when I met with the embassy. It might have
3519 been at the beginning. All I remember is it was in a
3520 coffee shop, for sure.

3521 Q Had you seen the cable before now?

3522 A If I did, I don't remember it.

3523 Q All right.

3524 A I wish I had.

3525 Q I'm going to ask specific questions about
3526 parts.

3527 Ms. Ganapathy. Give him a minute to take a look
3528 at it.

3529 BY MR. BENZINE.

3530 Q My point is we don't need to read all ten
3531 pages.

3532 A What part would you like me to focus on?

3533 Q 1647.

3534 A Okay.

3535 Q Talk about -- it's under a section called
3536 Limitations and Missed Opportunities?

3537 A Okay.

3538 Q The cable lists any number of them, but I
3539 want to focus on a couple of the first one being the
3540 last bullet on that page, "The report lacks
3541 discussion of the Peoples Republic of China's
3542 rationale for case definitions, which changed
3543 throughout the outbreak. There was also no
3544 discussion of how China was finding cases and whether
3545 it was applying different case definitions in
3546 different locations."

3547 Did you notice anything along those lines of
3548 using different case definitions?

3549 A I think it was mentioned earlier or in
3550 that one article that you showed me. There was a bit

3551 of an evolution of the case definition but I don't
3552 recall anything that made me think that was somehow
3553 contrived. I think it was just as people were
3554 learning more and, again, once you could make it a
3555 pathogen specific diagnosis, that made it quite a bit
3556 easier.

3557 Q Flipping ahead to 1649.

3558 A Mm-hmm.

3559 Q There's the third bullet on the top with a
3560 bold underline, Language Hinders Credibility. And it
3561 reads, "The tenor of the report reads as an advocacy
3562 piece rather than a critical scientific assessment.
3563 The uncompromisingly positive tone and language
3564 choice, along with the omission of lessons learned,
3565 diminishes the credibility of the report and
3566 perceptions of its independence."

3567 So this is kind of getting what I was asking
3568 about. Was there kind of undue influence in any of
3569 the processes by the Chinese government? This is
3570 obviously an editorialization of the cable, I don't
3571 know if they know exactly, but there's obviously a
3572 concern that the report was unduly influenced to kind
3573 of have a positive spin on things.

3574 A Mm-hmm.

3575 Q Did you feel any of that pressure or get a
3576 sense of that while you were there?

3577 A I personally did not feel any pressure to
3578 put a spin on things. I actually was quite
3579 appreciative of the senior scientist that I was
3580 working with was from Hong Kong and so he was, he was
3581 actually at times very objective I thought in what he
3582 had discussed with me.

3583 I think, as I mentioned earlier, that's sort of
3584 the introduction and the discussion. And I don't
3585 focus too much on what language goes there as long as
3586 what's in the middle is objective and at least to the
3587 best of my knowledge accurate reflection of what we
3588 saw or heard. And then people I think need to look
3589 at those parts of the report carefully and use that
3590 as information rather than the summary the spin on
3591 it.

3592 Q Going to number 6. I'm not going to read
3593 it all, but I'll read the first sentence. "The
3594 report notably fails to critically address PRC
3595 efforts to control information and silence
3596 whistleblowers during the outbreak, particularly in
3597 the early stages when public awareness was crucial."

3598 I guess my kind of understanding of -- I
3599 understand where this bullet is coming from that was
3600 widely publicly reported, I think it's widely
3601 understood that people were told, people were
3602 silenced early on in the outbreak. Did that ever

3603 come up in any of your discussions? Understanding
3604 you're operating underneath the terms of reference
3605 that the WHO and Beijing negotiated, so if this
3606 wasn't in there, you weren't going to talk about it.
3607 But were there any discussions about maybe scientists
3608 feeling slighted that they couldn't speak out early
3609 on?

3610 A I did not get any impressions of that from
3611 the discussions I had. As you just said, this topic
3612 did not come up.

3613 Q Number 8 discusses the "human costs of the
3614 PRC response" that the needs for financial assistance
3615 and missed medical appointments in the lockdown,
3616 which then we kind of saw translated over to America
3617 at some point.

3618 Were there any discussions about putting
3619 downsides to mitigation measures in the report?

3620 A I don't recall any discussion of that.

3621 Q Flipping to the next page 1650. I'm going
3622 to skip over a question on number 10 since you said
3623 you weren't involved in the terms of referenced
3624 negotiation, but 11 and 12 are kind of the same theme
3625 of the report was then used by China to amplify a
3626 positive spin on their response. And you've talked
3627 and I agree focusing on the methodology kind of
3628 eliminates the narrative aspect of this, but looking

3629 back in hindsight do you have any concerns or would
3630 you go back and say, hey, like this is kind of a very
3631 positive spin on what's happening here?

3632 A Well, I think it was really important that
3633 people from outside China had a chance to visit and
3634 to report on what was going on. And so my focus was
3635 making sure to the best of my ability that the
3636 information, the actual data in the report would be
3637 helpful. And I do have to say I didn't focus so much
3638 on what was in those bookends.

3639 Q Thank you. I want to introduce Majority
3640 Exhibit 13.

3641 [Majority Exhibit No. 13 was
3642 marked for identification.]

3643 BY MR. BENZINE.

3644 Q This is a document from Fabio Scano
3645 obtained via FOIA from February 23rd and an email
3646 from him to you. First, do you know who Mr. Scano
3647 is?

3648 A I do not. I do not.

3649 Q The email says -- and maybe it's a mass
3650 email, it doesn't have anything after the salutation.
3651 "The text and image history of the WeChat group "WHO
3652 Experts Group" is as follows." And then it's kind of
3653 cut off and weird. Did you use WeChat at all while
3654 you were in China?

3655 A I don't recall whether or not I used
3656 WeChat in China. I honestly don't recall. I mean,
3657 sometimes it's been used for groups and there was
3658 something, there was something we had to stay in
3659 touch. I don't know if that was WeChat or something
3660 else but.

3661 Mr. Strom. Stay in touch during the WHO?

3662 The Witness. It was like with a group, like a
3663 group chat of types. I think we had something like
3664 that I just don't remember the platform if it was an
3665 email string or what it was.

3666 BY MR. BENZINE.

3667 Q Were you issued a travel phone for the
3668 trip?

3669 A We probably were. I don't recall ever
3670 using it.

3671 Q Then it probably wouldn't have been
3672 WeChat. It's a phone app?

3673 A But it would have had my phone perhaps.

3674 Q Okay.

3675 A Right? So I honestly don't recall
3676 anything.

3677 Q Would that have been your -- understanding
3678 you don't recall the platform.

3679 A Yeah.

3680 Q Would the phone that you said my phone,

3681 your NIH issued phone, is it the same phone that you
3682 currently have?

3683 A It's not the same hardware.

3684 Q But retains the same kind of information?

3685 A It should.

3686 Q Thank you. I want to talk a little bit
3687 about the Wuhan Institute of Virology generally,
3688 understanding you didn't go to Wuhan, you haven't
3689 been to the Wuhan Institute of Virology.

3690 Earlier, you said you oversee -- and if oversee
3691 is too strong of a word, let me know -- one of the
3692 labs of Fort Detrick.

3693 A Mm-hmm.

3694 Q Is oversee the right word?

3695 A So the director of the lab reports to me.
3696 So, yes.

3697 Q Is that a BSL-4?

3698 A It's a BSL-2/3/4, yes.

3699 Q And do you oversee Rocky Mountain Labs as
3700 well?

3701 A I do not.

3702 Q Are there BSL-3s or 4 that you oversee?

3703 A In terms of direct oversight, no. I have
3704 a lab in Bethesda. But that's mostly BSL-2 or it's
3705 actually all BSL-2 work. I work with a lab of the
3706 Cancer Institute also at Fort Detrick. They do a

3707 small amount of BSL-3.

3708 Q The BSL-4 work at Fort Detrick, what is
3709 it?

3710 A It's research that I think I mentioned
3711 earlier pivoted to do a lot of COVID-19, SARS-Co-V-2.
3712 It studies Ebola, Lassa, Nipah. It's set up -- it's
3713 modeled after the NIH clinical center, in that any
3714 scientist, whether they're government employees,
3715 intramural scientist or extramural investigators can
3716 have proposals to do studies there and working in
3717 collaboration with the resident staff.

3718 Q Understanding the setting we're in, is
3719 there any classified research that occurs?

3720 A There is no classified research there.

3721 Q Okay. I want to introduce Majority
3722 Exhibit 14.

3723 [Majority Exhibit No. 14 was
3724 marked for identification.]

3725 BY MR. BENZINE.

3726 Q Again, as always, if you don't know the
3727 answer, we can roll through these pretty quickly.

3728 This is an archived version of State Department
3729 Fact Sheet regarding the Wuhan Institute of Virology.
3730 Were you previously aware of this document?

3731 A I do not recall this document.

3732 Q All right. As you flip through I'm going

3733 to just ask you about a few specific things.

3734 A Sure.

3735 Q The point number 1 is "Illnesses inside
3736 the Wuhan Institute of Virology," and this has been
3737 kind of like out in the public quite a bit via this
3738 paper and more recent ODNI paper. And it says, "The
3739 U.S. government has reason to believe that several
3740 researchers inside the WIV became sick in autumn
3741 2019, before the first identified case of the
3742 outbreak, with symptoms consistent with both COVID-19
3743 and common seasonal illness."

3744 The most recent congressionally ordered ODNI
3745 assessment kind of like verified this in part and not
3746 in part, and said several WIV researchers were ill in
3747 the fall of 2019 with symptoms. Some of their
3748 symptoms were consistent with but not diagnostic of
3749 COVID-19. The IC continues to assess this
3750 information and neither supports nor refutes either
3751 hypothesis of the origins.

3752 On your trip to China, were there any --
3753 understanding again that you didn't go to Wuhan, were
3754 there any discussions about kind of laboratory audits
3755 or the, I know like high level laboratories keep like
3756 do routine blood samples of their researchers. Were
3757 there any discussions of that?

3758 A I don't precisely recall discussions of

3759 that, but I do think there was some discussion of
3760 were there banked samples that could be looked at
3761 because the fact that people working in a high
3762 containment lab get a respiratory illness, fine. But
3763 what you want to do particularly if you're working in
3764 an environment with pathogens, if you have symptoms
3765 suggestive of the bug you're working with, you would
3766 probably want to look and see if antibodies had
3767 developed as a way of checking that.

3768 Q Do you recall an answer of whether the --

3769 A There were no data on that that were
3770 presented. That I'm quite sure of, yes.

3771 Q This is kind of a general question going
3772 back to kind of like the, for lack of a better word,
3773 patient zero timeframe.

3774 A Mm-hmm.

3775 Q Were there any discussions about obviously
3776 the first kind of documented cases were early
3777 December, any off-the-cuff discussions of anything
3778 happening in Wuhan in the fall, anything like a worse
3779 than average flu season or anything like that?

3780 A Yeah, I don't recall any robust
3781 discussions on that. There was a lot of focus on
3782 what was the definite earliest known case. That was
3783 a key area that we would ask about repeatedly. And
3784 again, it was the first time I heard anything before

3785 late December was during that trip.

3786 Q Okay. There's a couple other points in
3787 here, but before I read it and in the interest of
3788 time do you have any knowledge of biological weapons
3789 work at the Wuhan Institute of Virology?

3790 A I do not.

3791 Q Do you have any knowledge of Chinese
3792 military engagement with the Wuhan Institute of
3793 Virology?

3794 A I do not.

3795 Q Okay. This is again trying to understand
3796 kind of where NIAID or NIH and foreign labs
3797 intersect.

3798 A Mm-hmm.

3799 Q We've heard a couple different versions of
3800 who vet foreign labs who end up getting U.S.
3801 government money. If you ask Dr. Daszak, it's the
3802 NIH's job; if you ask the NIH, it's Dr. Daszak's job,
3803 it's the grantees job; and then in another interview,
3804 it was the State Department's job. And then trying
3805 to figure out who is actually doing this, do you have
3806 any knowledge of how the U.S. government ensures a
3807 foreign lab that's going to be a subcontractor or a
3808 prime contractor is vetted for biosafety or
3809 biosecurity?

3810 A I don't know how that's done in general.

3811 I can tell you that in some of our projects overseas
3812 we do have a BSL-3 lab for example in Mali to study
3813 tuberculosis, and we bring in outside consultants to
3814 look at that lab the same way we look at our labs.
3815 But that lab is sort of part of our portfolio. It's
3816 not a grant to an extramural investigator who may do
3817 a sub-grant. That part of the process I don't have
3818 visibility on.

3819 Q Okay, thank you.

3820 Mr. Slobodin. Is that an NIH lab, NIH-funded
3821 lab in Mali?

3822 The Witness. It's an NIH supported lab; it's
3823 cofunded by the Mali government, the university, and
3824 ourselves, yes.

3825 Mr. Benzine. I want to move on again to
3826 Majority Exhibit 15.

3827 [Majority Exhibit No. 15 was
3828 marked for identification.]

3829 BY MR. BENZINE.

3830 Q And again, if you don't know anything, say
3831 you don't know anything and we will move on.

3832 So this is another State Department cable and
3833 one that has been now publicly released by The
3834 Washington Post a couple years ago entitled "China
3835 Opens First Bio Level 4 Laboratory." Are you
3836 familiar with this document?

3837 A I'm not.

3838 Q It states right before the beginning of
3839 the redactions under the Summary and Comment,
3840 "Ultimately, scientists hope the lab will contribute
3841 to the development of new antiviral drugs and
3842 vaccines, but its current productivity is limited by
3843 a shortage of the highly trained technicians and
3844 investigators required to safely operate a BSL-4
3845 laboratory and a lack of clarity in related Chinese
3846 government policies and guidelines."

3847 There's two things in that sentence that I want
3848 to ask the importance of. First, the importance of
3849 having properly trained technicians in a BSL-4 and
3850 the importance of clear government regulations on the
3851 processes and what occurs in a BSL-4.

3852 A I would say I think it's very important to
3853 have clear operating procedures and clear oversight
3854 of what goes on in a BSL-4 lab.

3855 Q And the training of technicians is
3856 important as well?

3857 A Training of the staff is all part of that.

3858 Q Sitting here now, understanding you may
3859 not have known in 2020, do you have any to your
3860 understanding that the Wuhan Institute of Virology
3861 was researching novel SARS-like coronaviruses?

3862 A Can you ask that in a slightly different

3863 way?

3864 Q Is it your understanding currently that
3865 over the past four years, five years, the Wuhan
3866 Institute of Virology has done research on SARS-like
3867 coronaviruses?

3868 A Only from what I've read. But, yes, it
3869 does appear that that lab works in that area, yes.

3870 Q The ODNI report that I mentioned also
3871 mentioned they do chimeric work on coronaviruses.
3872 What biosafety level would you do SARS-related
3873 chimeric related work on?

3874 A That's really tough without knowing
3875 exactly what the exact experiments were.

3876 Q Okay. Is it a question of BSL-2 to BSL-3?

3877 A I really would have to see what
3878 coronaviruses, et cetera, et cetera.

3879 Q Okay.

3880 BY MR. STROM.

3881 Q So back to the biosafety. In your
3882 experience running the -- how much -- say it cost 100
3883 million to build. What is the annual sort of
3884 maintenance costs and upkeep for a BSL-3 and BSL-4
3885 suite?

3886 A I don't know an exact figure, but it's
3887 going to be in the millions of dollars.

3888 Q And I ask because -- I'll make this an

3889 exhibit.

3890 [Majority Exhibit No. 16 was
3891 marked for identification.]

3892 BY MR. STROM.

3893 Q This is an article, it's a journal
3894 distributed by Elsevier called the Journal of
3895 Biosafety and Biosecurity.

3896 A Mm-hmm.

3897 Q The author of this piece is Yuan Zhiming
3898 who is the National Biosafety Laboratory Wuhan
3899 Institute of Virology. I believe he is the safety
3900 director for the WIV at the time. He no longer works
3901 there.

3902 It was written in May 2019. The title of the
3903 article is "Current status and future challenges of
3904 high-level biosafety laboratories in China," and I
3905 would like to focus on page 3 of the article. It's a
3906 section marked "Challenges in the development of
3907 high-level biosafety laboratory systems," and
3908 specifically 3.3 and 3.4, so on the second column.
3909 If you want to just read those and I'll give you a
3910 minute.

3911 A Sure.

3912 Q So just to start with 3.3. It says that
3913 this gentleman, who I believe has been trained at
3914 UTMB to some degree, says about "5-10% of

3915 construction costs are needed for annual operation."

3916 Does that seem accurate to you?

3917 A I think that's accurate. If anything, I
3918 think from our experiences, again, we're operating
3919 inside an Army garrison which has its own unique
3920 aspects.

3921 Q Sure.

3922 A If anything, maybe a tiny bit on the low
3923 side.

3924 Q Okay. So just with your biosafety
3925 expertise, running a BSL-3 with no operational budget
3926 would be difficult?

3927 A You couldn't run any laboratory without an
3928 operational budget. I mean, a BSL-3 also, it really
3929 would depend on what's being done in the BSL-3, how
3930 much.

3931 Q How much hot time it has?

3932 A Exactly, or how much sort of PPE, personal
3933 protective equipment, you would wear. It really is
3934 dependent on what you're working with.

3935 Q In 3.4 here, "Currently, most laboratories
3936 lack specialized biosafety managers and engineers."

3937 I particularly would like your thoughts on the,
3938 some of the skilled staff is composed by part-time
3939 researchers. Dr. Zhiming says, "This makes it
3940 difficult to identify and mitigate potential safety

3941 hazards in facility and equipment operation early
3942 enough."

3943 Trying to read a little between the lines here,
3944 it sounds like they don't necessarily have a
3945 full-time biosafety officer who is not also a bench
3946 scientist. Just with your experience, is there
3947 anything you can sort of glean from that or expand
3948 on?

3949 A What I can say is that for the operation
3950 of our high containment lab at Fort Detrick, it's
3951 very important for us to have dedicated safety
3952 officers who actually don't report to us, they report
3953 to central NIH so that they can have a good oversight
3954 function. We also have full-time engineering staff
3955 on site monitoring the systems.

3956 Q Thank you.

3957 Mr. Strom. That's all the questions I have for
3958 now.

3959 BY MR. BENZINE.

3960 Q I want to talk about gain of function a
3961 little bit. And I know it's kind of a hot term, has
3962 lots of definitions and kind of a moving definition
3963 sometimes. First, just your general awareness of
3964 that type of research and any direct involvement in
3965 anything that could maybe fall under one of the
3966 definitions that somebody uses out there.

3967 A Sure. So I actually am not a big fan of
3968 the term "gain of function" because I think it can be
3969 confusing and certainly interpreted all different
3970 ways. So I like to use the term "change of
3971 function."

3972 Q Okay.

3973 A So it's a matter of how one would study
3974 really any biologic system. You perturb part of it,
3975 see the consequence, and that helps you understand
3976 the role of that part of it.

3977 What we do in terms of the research that we do
3978 is a requirement for review again by a biosafety
3979 committee that's independent from us, and there's
3980 certain questions today that you answer for
3981 experiments that might be considered dangerous
3982 because of what's being done, and then that gets
3983 reviewed. And I know that there are discussions
3984 about how that might be recast in the future and I
3985 think whatever clarity we can bring to that so the
3986 researchers and those who support the research, you
3987 know, having good instruction would be really
3988 helpful.

3989 Q In October of 2014, the White House halted
3990 federal funding. I don't like the term "gain of
3991 function," either, but it was in the title of the
3992 document.

3993 A Yeah.

3994 Q So halted funding for some types of gain
3995 of function research due to -- I think it was an
3996 experiment on avian influenza in barracks. Were you
3997 involved at all in that policy directive?

3998 A I was not involved in that. I was aware
3999 of what was going on.

4000 Q What was your awareness?

4001 A My awareness was there were concerns that
4002 experiments were being done that perhaps needed to be
4003 monitored regulated more carefully than they were.

4004 Q And then in really early January 2017, the
4005 White House and OSCB lifted the pause and HHS put
4006 into effect the potential pandemic pathogen care and
4007 oversight framework board. Were you involved at all
4008 in that?

4009 A No, no, I was not involved in that.

4010 Q Understanding you're an intramural guy at
4011 NIAID, you don't do a whole lot outside NIAID. Does
4012 intramural NIAID research have to go through P3
4013 review if it's going to be gain of function?

4014 A We go through the same sorts of review as
4015 anybody, yes.

4016 Q Have any of your projects been referred to
4017 the P3 board?

4018 A I don't think so. I mean, I wouldn't know

4019 every single project. Nothing that I'm personally
4020 involved with has been, no.

4021 BY MR. SLOBODIN.

4022 Q The process is a little different because
4023 with the extramural research proposals when there's a
4024 question about the EPPP, or whatever the term of art
4025 is these days, there's an internal review committee
4026 at NIAID to review those questions. My understanding
4027 is for intramural research at NIH, it goes to
4028 different internal review committee. That review
4029 committee that looks at the extramural research
4030 grants does not look at the intramurals; is that
4031 correct?

4032 A It would be separate groups that look at
4033 that.

4034 Q Can you tell us what is the review
4035 committee that would look at if it came up, where is
4036 that committee?

4037 A So that would be out of the Office of
4038 Research Services, the Division of Safety, Biosafety
4039 Committee.

4040 Q Is that in the Office of the Director?
4041 It's not in NIAID?

4042 A No, it's under the -- if you look at sort
4043 of the organizational breaks, there's an Office of
4044 Research Services, and the Division of Safety comes

4045 under that, and then it's out of the division of
4046 safety that they review.

4047 Q But that's NIH?

4048 A NIH central, yes.

4049 Q Thank you.

4050 BY MR. BENZINE.

4051 Q Just kind of a baseline question. You're
4052 generally aware of the P3. Are you aware of the
4053 intricacies of the language, or is that outside your
4054 bailiwick?

4055 A It's outside my direct bailiwick. I hear
4056 things from time to time but it's really outside of
4057 my area.

4058 Q And understanding that -- if that
4059 continues to be outside your expertise, let me know.
4060 One of the things that we've heard is both, I don't
4061 want to lose an excuse but like a crutch of an issue
4062 with it, is that it's interpreted as only applying to
4063 viruses that can already infect humans. So a novel
4064 coronavirus that has not been proven to infect
4065 humans, in essence, you can do whatever you want to
4066 with it. It wouldn't be gain of function because it
4067 hasn't already been established as a potential
4068 pandemic pathogen in humans. Do you think that's a
4069 flaw?

4070 A That's outside of what I would be able to

4071 comment on, I think.

4072 Q Okay. We talked a little bit about
4073 EcoHealth and Dr. Dr. Daszak and not a whole lot of
4074 communication, if any. Is your awareness of them
4075 just from news reporting and the kind of issues
4076 surrounding the grant and everything since 2020?

4077 A Right. My awareness of them is from
4078 things in the public domain, whether it's media or
4079 scientific papers, yes.

4080 Q And just again in your meetings internal
4081 to NIAID, like phrasing Mike Lauer, that never kind
4082 of came up?

4083 A I would say at any meeting there at times
4084 will be comments about any number of things, people,
4085 policy decisions, but I don't recall anything
4086 specifically.

4087 Q Thank you. Just again in April 2020,
4088 Dr. Lauer began sending letters to EcoHealth
4089 regarding noncompliance, late progress reports, not
4090 disclosing specific sub-grantees which ended up being
4091 the Wuhan Institute of Virology, noncompliance of
4092 grant agreements, and refusing to then subsequently
4093 turn over data information. You're generally aware
4094 of those efforts?

4095 A I'm generally aware, but not specifics. I
4096 was not directly involved.

4097 Q Not involved in any of those efforts?

4098 A No.

4099 Q And again, you don't recall specifics of
4100 any discussions regarding those efforts --

4101 A No.

4102 Q -- with NIAID?

4103 A Not that involved me, no.

4104 Q Just to keep ticking the boxes, on July
4105 17, 2023, HHS suspended the Wuhan Institute of
4106 Virology from federal funds. Were you involved at
4107 all in that?

4108 A No.

4109 Q And on September 19, 2023, HHS debarred
4110 the WIV for a decade. Were you involved at all in
4111 that?

4112 A No.

4113 Mr. Benzine. That is a good stopping point.
4114 Off the record.

4115 (Recess.)

4116 Mr. Benzine. We can go back on the record. I
4117 have a few more questions to close out and then John
4118 is going to ask some, too.

4119 BY MR. BENZINE.

4120 Q We mentioned briefly, but the WHO set up
4121 an origins investigation from January 14, 2021 to
4122 February 10, 2021. Are you generally aware that that

4123 occurred?

4124 A I'm aware from the public domain things on
4125 that, yes.

4126 Q Have you read the report?

4127 A I have not.

4128 Q The team was comprised of 17 international
4129 scientists and 17 Chinese scientists. There was one
4130 American Dr. Daszak of EcoHealth who we have
4131 discussed a little bit today. Obviously one of the
4132 aspects of this was investigating the labs in Wuhan
4133 and seeing if they were there and generally aware
4134 that Dr. Daszak has an affiliation with that.

4135 And I didn't know this, this was news to me, the
4136 declaration of interest that the WHO has you do. Do
4137 you think Dr. Daszak has a conflict of interest in
4138 origins investigations?

4139 A I would leave that up to those who assess
4140 that, yes.

4141 Q It was reported and confirmed maybe a
4142 little bit this week by HHS in a hearing that the
4143 U.S. submitted three names to be a part of this
4144 study. Were you one of the three names?

4145 A I don't know. But I wasn't asked if I was
4146 willing to be part of it, so I would guess that I
4147 wasn't.

4148 Q Okay. Do you have any knowledge of who

4149 was submitted?

4150 A I don't.

4151 Q Okay.

4152 A I don't.

4153 Q I want to introduce Majority Exhibit 17.

4154 [Majority Exhibit No. 17 was
4155 marked for identification.]

4156 BY MR. BENZINE.

4157 Q These are slides provided to us by
4158 EcoHealth and are Bates marked ECOHEALTHALLIANCE_2696
4159 through 2701.

4160 Dr. Daszak testified that when he got back from
4161 his trip he briefed both you and Dr. Fauci, and these
4162 were the slides from the briefing. Does that sound
4163 right or refresh any recollection?

4164 A It certainly could have happened. My
4165 guess is it probably was a call with multiple people
4166 on it as opposed to just the two of us. I have a
4167 vague recollection but I couldn't say.

4168 Q Okay. He testified that it was just the
4169 two of you.

4170 A It could have been. I just don't
4171 remember. Yeah, it could have been.

4172 Q Obviously it was a while ago so it's
4173 working on people's three years ago memory. Going
4174 to, it's page 5 of the PowerPoint but page 2700 is

4175 the Bates number and it's the slide with market
4176 testing 923 samples, and goes through the number of
4177 samples with various animals and none of them tested
4178 positive. Would that be an indication that maybe
4179 there wasn't a COVID positive animal at the market?

4180 A I think all you could determine was that
4181 these animals weren't COVID positive.

4182 Q Okay.

4183 A I don't know how to extrapolate beyond
4184 that.

4185 Q Those are kind of my final questions
4186 regarding that considering it's maybe not fresh in
4187 the memory.

4188 My final question, and I've asked this at
4189 various points but I'm going to bundle it up into the
4190 end. At any point, 2020 until now, were you
4191 contacted by anyone in the intelligence community to
4192 assist with their investigation into the origins?

4193 A No one that I knew who was in the
4194 intelligence community contacted me. That I'm pretty
4195 sure of.

4196 Q That's a fair answer, I appreciate that.
4197 Thank you.

4198 BY MR. STROM.

4199 Q So Dr. Lane, one of the I think the things
4200 we're trying to consider when we are looking at sort

4201 of weighing the two hypotheses is, if it's a natural
4202 zoonotic spillover, there's precedent for that
4203 phenomenon but are there specific either like ongoing
4204 or past zoonotic spillovers that you believe are
4205 particularly relevant as -- whether it's because it's
4206 another coronavirus like SARS or it's a respiratory
4207 virus, are there sort of the group of zoonotic
4208 spillovers that are most relevant for us to sort of
4209 make an apples to apples comparison to?

4210 A Certainly, as you say, the original SARS
4211 outbreak would be the closest thing.

4212 Q So the avian influenza, would that be
4213 another similar one?

4214 A So the avian influenza or swine influenza,
4215 those spillovers are usually a little bit easier to
4216 track because of all the surveillance that goes on on
4217 those animal species. And the fact that when there
4218 are influenza outbreaks in livestock they usually can
4219 find those and characterize those, so you know what
4220 things to look for and you probably are aware there
4221 are periodic outbreaks of an avian flu.

4222 Q Sure.

4223 A And so I think we've got a pretty good eye
4224 on some of those things. In contrast, for a
4225 spillover that may have originated from a bat to
4226 something else to something else to a human, that's a

4227 little bit harder to keep a close eye on.

4228 Q Sure. They were able to do it in SARS
4229 though.

4230 A Yes.

4231 Q And MERS as well?

4232 A Right, but it took a while. Yes.

4233 Q So going back to your report. You talk
4234 about there's reference that oh the Chinese officials
4235 that briefed you guys said that they thought they had
4236 pretty good records of what animals were in the
4237 market.

4238 So going to the WHO report that Mitch was
4239 talking about, it really wasn't particularly clear in
4240 that report the quantity location which stalls, they
4241 sort of I think it's maybe fair to say the government
4242 sort of changed their mind as to how good their
4243 publicly available records were. We do have a survey
4244 from a group of researchers and perhaps a great
4245 example of the value of the scientific collaboration,
4246 its researchers from Scotland and China and Canada
4247 who were actually doing unrelated study on tick-borne
4248 diseases in animals in Wuhan wet markets immediately
4249 prior to the pandemic. So I'll make this Exhibit 18.

4250 [Majority Exhibit No. 18 was
4251 marked for identification.]

4252 BY MR. STROM.

4253 Q So if you want to want to take a minute to
4254 read just the abstract, just the bold part on the
4255 front page to sort of orient yourself, and I'll have
4256 a few quick questions.

4257 Doctor, if you can turn to page 4, it's a large
4258 table listing the species of animals that were on
4259 sale in these wet markets. Just to spare everyone
4260 having to read this article in full, this survey ran
4261 from March 2017 to November of 2019. The China-based
4262 part of this research team went on a monthly basis to
4263 four large markets, including the one on seafood
4264 market. Collectively, these four markets contained
4265 17 stores that they reported as selling live wild
4266 animals. I think if you look, there are a number of
4267 species in the mammal column here that are
4268 susceptible to SARS-Co-V-2. So raccoon dog, Siberian
4269 weasel, mink, all immediately come to mind as sort of
4270 prime, maybe intermediate, reservoirs since it is a
4271 bat virus.

4272 What struck me here is that across all 17 stores
4273 you had a monthly average of animals being sold as 38
4274 in the case of raccoon dogs or ten in the case of
4275 mink and other things. It strikes me as kind of a
4276 low number to sort of sustain the viral shedding and
4277 evolution you need to facilitate a spillover event.
4278 I was wondering if you had any thoughts on that. It

4279 seems different from sort of the thousands and
4280 thousands of palm civets that you had with SARS.

4281 A It's a really good question. It is a bit
4282 outside of my area of expertise. The only thing I
4283 would say is, you know, with so many things,
4284 something probably started somewhere. And that one
4285 animal, let's say in the wrong place as opposed to a
4286 population of animals, could have been responsible.
4287 So I'm a little bit uncomfortable because, as I say,
4288 it's a bit outside of what I work in. But it doesn't
4289 say to me it couldn't have been any of these, for
4290 example, because you don't know where the sampling is
4291 from, the population size of the different habitats
4292 in the wild. There's so many variables that would go
4293 into it.

4294 One of the things in my area that is always
4295 important is making sure that whatever population
4296 you're trying to generalize from, you're sure it
4297 represents the general population. So that's the
4298 only thing I would say.

4299 Q So maybe rather than focusing on the
4300 markets, focus on farms and areas where there are
4301 larger populations?

4302 A Exactly, or from the wild, different areas
4303 of the wild. Because I think that would probably be
4304 the way I would approach something like that.

4305 Q We mentioned earlier, I believe you
4306 mentioned earlier that if the Wuhan market was sort
4307 of the actual interface, the spillover location, you
4308 would expect to see SARS-Co-V-2 samples that
4309 contained, samples that were positive for SARS-Co-V-2
4310 but then also contained sort of RNA/DNA remnants of
4311 the animals.

4312 I mentioned a piece by Dr. Jesse Bloom earlier,
4313 we'll make this Exhibit 19.

4314 [Majority Exhibit No. 19 was
4315 marked for identification.]

4316 BY MR. STROM.

4317 Q We're not going to read the whole thing,
4318 but I think the abstract is worth looking at.

4319 So about halfway through the abstract paragraph,
4320 there's a sentence that starts "However." I'll read
4321 it so that everyone can see what I'm talking about.

4322 "However, the SARS-Co-V-2 content of the
4323 environmental samples is generally very low; only 21
4324 of 176 samples contain more than ten SARS-Co-V-2
4325 reads, despite most samples being sequenced to depths
4326 exceeding 10" to the 8th "total reads. None of the
4327 samples with double-digit numbers of SARS-Co-V-2
4328 reads have a substantial fraction of their
4329 mitochondrial material from any non-human susceptible
4330 species. Only one of the fourteen samples with at

4331 least a fifth of the chordate mitochondrial material
4332 from raccoon dogs contains any SARS-CoV-2 reads, and
4333 that sample only has 1 of ~200,000,000 reads mapping
4334 to SARS-Co-V-2.

4335 "Instead, SARS-Co-V-2 reads are most correlated
4336 with reads mapping to various fish, such as catfish
4337 and largemouth bass. These results suggest that
4338 while metagenomic analysis of the environmental
4339 samples is useful for identifying animals or animal
4340 products sold at the market, commingling of animal
4341 and viral genetic material is unlikely to reliably
4342 indicate whether any animals were infected by
4343 SARS-Co-V-2."

4344 So I think in layman's terms, it's the SARS
4345 positive samples from the market don't have really
4346 any genetic material from a susceptible mammal
4347 species in them. Is that a rough understanding?

4348 Essentially, the notable part to me is that none
4349 of the samples that tested positive for SARS has a
4350 substantial double digit numbers of SARS-Co-V-2 reads
4351 have any, have a substantial fraction of their
4352 mitochondrial material from any non-human susceptible
4353 species. So as I understand it, it's saying that the
4354 samples with the large amounts of SARS-Co-V-2 virus
4355 contain almost no animal DNA.

4356 A So again, this is a bit outside of my

4357 area.

4358 Q It's way outside of my area.

4359 A I would just go back, though, to the
4360 notion of the sample size. So the point that struck
4361 me as you were reading it, and then just reading it
4362 myself is that only 21 of 176 samples contained more
4363 than 10 reads. That's an unbelievably low number of
4364 reads, okay? And in these types of assays, what I
4365 typically would want to do is I would want to repeat
4366 the amplification to be sure those weren't false
4367 positives even, despite most samples being sequenced
4368 to depths exceeding 10 to the 8th.

4369 So again, you're talking about --

4370 Q Is there some reliability issues there?

4371 A In the assay? You bet. So the techniques
4372 that are typically used are PCR amplifications, and
4373 you can detect one molecule in a large number of
4374 molecules. However, you can easily contaminate those
4375 types of assays as well with just even from an
4376 aerosol.

4377 So when you're dealing with this degree, what's
4378 the right word. This is very infrequent to begin
4379 with, so I think you have to take a look at the
4380 techniques that were used making sure they were
4381 reproducible. Not saying they aren't. Making sure
4382 that the sequencing was being done appropriately.

4383 So again, it's really hard, as I say, to prove a
4384 negative in something like this.

4385 Q And I guess to bring it up to maybe 10,000
4386 feet, we had Dr. Daszak in for an interview and he
4387 described basically the emergence of this virus of
4388 SARS-Co-V-2 as exactly what they were expecting. And
4389 I thought that was an interesting phrase, because you
4390 look at the work that he was doing with NIH, but also
4391 the work that he proposed with DARPA, I mean, it
4392 really is SARS-Co-V-2 is exactly sort of the virus
4393 they were looking for. They were looking for a
4394 SARS-related coronavirus that used human ACE2, they
4395 were looking for a SARS-related that had a furin
4396 cleavage site, they were looking for a virus that had
4397 a spike that was 18-20 percent different than SARS 1.

4398 So it just happens, and I think Jon Stewart
4399 maybe put this the best. It just happens that it
4400 appears in Wuhan, which is home to their virology lab
4401 that they collaborate with, and it also had the
4402 closest known relative to SARS-Co-V-2 in its fridge.

4403 And then the part that I would like to talk to
4404 you about is that we don't have the viral reservoir,
4405 we don't know which one it is. We don't have
4406 anything other than this market sort of emergence
4407 that we're trying to sort of -- God knows that data
4408 has been analyzed at least the available data.

4409 [Majority Exhibit No. 20 was
4410 marked for identification.]

4411 BY MR. STROM.

4412 Q So I would like to show you an article
4413 from John Cohen from Science magazine as my next
4414 exhibit, Exhibit 20. It's a rather dramatic title
4415 called "Looking For Trouble." It's from April of
4416 2022.

4417 What I want to talk about is the map on page
4418 237. It's this graphic right here, sir.

4419 A Okay.

4420 Q First of all, I can try to give an amateur
4421 hour explanation of what this shows, but are you able
4422 to sort of briefly explain to us what the graphic is
4423 attempting to sort of portray?

4424 A Let me just take a minute to read it and
4425 see.

4426 Q Sure.

4427 A I can probably try to say a few things but
4428 not necessarily everything.

4429 Q Let me try my way.

4430 A Okay.

4431 Q And maybe you can correct me if I make a
4432 material mistake.

4433 A Okay.

4434 Q So this map shows sort of the closest

4435 known relatives to SARS-Co-V-2, because we haven't
4436 found the viral progenitor. I think it's probably an
4437 important distinction to make that finding the viral
4438 progenitor is probably a less frequent occurrence
4439 than finding maybe the viral reservoir or the
4440 intermediate host.

4441 So the five closest ones to this virus are all
4442 in Northern Laos and then Yunnan Province of Southern
4443 China. So what I think surprises -- what surprised
4444 me is that there is seemingly no evidence as to how
4445 SARS-Co-V-2 got from its neighborhood in Yunnan and
4446 Northern Laos to Wuhan without being detected or
4447 without leaving some sort of trail behind where it's
4448 moving itself through a large population, mammals
4449 picking up favorable mutations kind of like what you
4450 saw with SARS, and then it only spills over into
4451 Wuhan once, maybe twice at one market and seemingly
4452 disappears.

4453 So is this an issue? Dr. Daszak posits that
4454 it's an issue that China just simply doesn't have the
4455 capacity to do any of this stuff. I'm not sure I
4456 agree with that contention, given some of the skills
4457 they've shown in containing past outbreaks, but I
4458 would be curious if you had thoughts on that.

4459 A So specifically thoughts on?

4460 Q Whether or not you're of the opinion that

4461 the Chinese CDC, their national public health people,
4462 should be able to rebuild the trail or retrace the
4463 steps that SARS-Co-V-2 took to get from Yunnan to
4464 Wuhan.

4465 A I think it's a challenge for anyone to try
4466 to connect all those dots. Again, the only data you
4467 have are the data you generate. You don't know what
4468 you haven't looked at. And it's a matter of -- I
4469 would have to read through the paper to know a bit
4470 more on the methodology, how many different bats did
4471 they collect and from the different areas. You know,
4472 the relatedness is due to the vertical difference.
4473 It doesn't, it's sort of --

4474 Q The whole genome, is that what it's
4475 called?

4476 A Well, I would need to look as well to see
4477 if they did this from whole genome or they did it
4478 from a segment of the genome. You can make the trees
4479 either way. The trees are really sort of agnostic to
4480 they're sort of just put together without any
4481 hypothesis. It's just how related are they. And
4482 vertical distance between two things. So it's
4483 something that you'll see those long distance --

4484 Q It's the most recent common ancestor.

4485 A Exactly, that's how they put it back. So
4486 that's all pretty speculative until you find sort of

4487 the --

4488 Q Until you fill up the family tree.

4489 A Exactly. So you've got a fair amount of
4490 uncertainty as you generate it. And again, I don't
4491 really know how I would interpret this one in terms
4492 of origins.

4493 Q It's just I guess, on both sides, but
4494 particularly in the virology community, there's a
4495 very predominant stance that it's a natural virus,
4496 but I think it lacks through -- whether it's through
4497 the Chinese government covering up or whatnot, it
4498 does seem to lack many of the expected data points
4499 that you would see with a respiratory virus that
4500 spills over, particularly one that has such broad
4501 tropism.

4502 So I appreciate your insights, Doctor, but it
4503 does seem -- you do wonder as they were conducting
4504 almost all their surveillance in Yunnan and Northern
4505 Laos, and these areas exactly where these viruses
4506 are, they were conducting almost no -- and I say
4507 that, this is EcoHealth, they were conducting almost
4508 no surveillance in Wuhan.

4509 In fact, no reason you should necessarily know
4510 this, but in year 3 of their grant, they stopped
4511 sampling in Hubei province because they weren't
4512 finding bats that used it with SARS-related virus

4513 that used ACE-2 receptors.

4514 So from a public health standpoint, it does seem
4515 unusual that some of the best bat virologists, bat
4516 virus virologists, however you want to say it, in the
4517 world were caught completely flat-footed and blind in
4518 their own town. So is it more a factor of they have
4519 this data and the Chinese government isn't allowing
4520 it in, or is it just they haven't been able to
4521 collect it?

4522 A I honestly would have no way of knowing.

4523 Q Okay.

4524 Mr. Strom. That's it.

4525 BY MR. SLOBODIN.

4526 Q Dr. Lane, Mitch asked you earlier today,
4527 is the origin of COVID-19 unsettled science? And you
4528 said yes. Could you explain more why you answered
4529 yes to that question?

4530 A So from what I know from reading as
4531 opposed to doing, to be clear on that point, the
4532 sequences that have been published of closely related
4533 viruses still have a bit of a gap to SARS-Co-V-2. So
4534 until that gap has been filled in with some virus
4535 that looks really close and closer to SARS-Co-V-2, I
4536 don't think we know where this came from. So to me
4537 it's an open question.

4538 Q So for the future, because I know part of

4539 why you devoted decades of your life to NIAID and
4540 your work is to prevent pandemics or to help us be
4541 better prepared. What are your thoughts on what we
4542 could do to be better prepared on biological
4543 attribution for another major outbreak?

4544 Because we clearly have been confounded here,
4545 and I would be interested to hear any thoughts you
4546 have on what we could do for the future, so we're not
4547 caught in this impasse, or at least you say it's
4548 unsettled. And I think there are a lot of people who
4549 feel that way. I know some people have strong views
4550 on this. But the government hasn't reached a
4551 definitive conclusion on this or anything close to
4552 that.

4553 So what are your thoughts on biological
4554 attribution? Is there anything we can do ahead of
4555 time to put ourselves in a better position?

4556 A So I might make two suggestions along
4557 those lines. So one is to be sure that we have some
4558 degree of a global network that can respond quickly
4559 and have agreements between governments about how
4560 that response would take place and what triggers it.

4561 I think if there were just some way we could get
4562 a better engagement with scientists in the areas of
4563 the world that we feel are at greatest risk, and
4564 again, I think we see the greatest risk where you

4565 bring sort of things from domain one into a human
4566 domain, and that's certainly what has caused some
4567 outbreaks.

4568 The more we're able to, I think, work
4569 collaboratively in other parts of the world with a
4570 degree of focus on this one health initiative -- in
4571 other words, putting attention on the animals a bit
4572 more than perhaps we have, and then getting an idea
4573 of what we find in those animals so that we can look
4574 a little bit more closely. There may very well have
4575 been jumps of viruses that don't cause disease that
4576 we wouldn't even know about. But if we looked to see
4577 was there an immune response maybe there has been.

4578 So finding more examples of jumps and being able
4579 to trace how those jumps occurred and what one might
4580 have done to have prevented those types of jumps, I
4581 think would be important areas of research.

4582 Q That sounds like a lot of that would
4583 involve surveillance. You mentioned engagement --
4584 greater engagement in areas around the world is the
4585 greatest risk. Like you mentioned Mali earlier that
4586 NIH is supporting a lab jointly with the university
4587 there.

4588 A Mm-hmm.

4589 Q So just tell us very briefly why you think
4590 that those kinds of investments are so important for

4591 us being prepared for the future outbreaks? What is
4592 the contribution? What's the public health impact
4593 from supporting building up that kind of capacity?

4594 A So I think one sort of perspective I would
4595 put on it, that we don't build the capacity for the
4596 sake of building capacity. We build the capacity to
4597 do meaningful research. But if we can put that
4598 meaningful research in a global distribution, we then
4599 would have assets in a variety of strategic places
4600 that are ready to immediately pivot.

4601 So if, in the process of having that sort of
4602 ongoing peacetime or warm base of activity, we direct
4603 some of that work to one health type of initiatives,
4604 we direct it towards studying patients who are
4605 admitted with unexplained fevers. There's a variety
4606 of things that sort of touch on the landscape of new
4607 diseases that I think are very amenable to research,
4608 and I would advocate for that type of work on an
4609 ongoing basis.

4610 Q Is it the sort of thing that leadership at
4611 NIAID is thinking? Do you have discussions or is
4612 this part of your strategizing?

4613 A Throughout government right now, there are
4614 still a number of lessons learned types of
4615 activities, talking about the National Biodefense
4616 Strategy, for example, and how one would be

4617 positioned to try to implement that in the most
4618 effective way.

4619 Q Thank you. We'll look forward to
4620 continuing the dialogue, I hope.

4621 Mr. Benzine. We can go off the record.

4622 (Recess.)

4623 [REDACTED] [REDACTED] We can go on the record.

4624 BY [REDACTED] [REDACTED]

4625 Q Hello again, Dr. Lane. Previously, you
4626 were shown some slides that are from a presentation,
4627 I believe it was Majority Exhibit 17. We're not
4628 really going to get into slides, so if you can't find
4629 them, it's fine. I just wanted to draw your
4630 attention to the meeting. And I know you said you
4631 didn't recall it happening, but believe that it could
4632 have.

4633 Since we know that no staff from NIH or HHS was
4634 on this 2021 WHO mission trip, it seems to me that it
4635 would make sense for any American who was on the trip
4636 to brief government folks about what happened. Does
4637 that make sense to you?

4638 A It does make sense, and probably would
4639 make sense for me to be there, since I was on the
4640 prior mission. I just hope that we don't let
4641 Dr. Daszak know that I don't remember the call.

4642 Q Lots of things were going on. I think it

4643 seems logical to forget an individual meeting. But
4644 would it surprise you that Dr. Daszak also met with
4645 others at NIAID?

4646 A No. I mean, I don't actually know what
4647 happened, but that certainly would be a logical
4648 thing.

4649 Q And that he briefed -- he reported
4650 briefing U.S. government intelligence on this trip,
4651 he reported reporting to the House Committee for
4652 Science, Space, and Technology. All of that seems
4653 routine, right?

4654 A (Nodding head).

4655 Ms. Ganapathy. You have to give verbal answers
4656 for the transcript.

4657 The Witness. I would say that a U.S. scientist
4658 going on a WHO mission or attending a WHO meeting and
4659 then briefing a number of congressional or executive
4660 branch groups would be a bit unusual. But I think
4661 it's consistent with what we were seeing with
4662 COVID-19.

4663 BY [REDACTED]

4664 Q So sharing information at the time was the
4665 priority?

4666 A Yes.

4667 Q Unrelated. How many grants a year, on
4668 average, do you think NIAID oversees, extramural

4669 grants?

4670 A I do not know. I would hesitate to guess.

4671 Q And thinking about what Dr. Fauci or any
4672 director of NIAID is doing, they have a lot that they
4673 are overseeing, right?

4674 A They oversee a lot of information and in
4675 all different programmatic areas, yes.

4676 Q So that's intramural research, extramural
4677 research, general functioning of the agency or of the
4678 center?

4679 A Yes.

4680 Q So it seems reasonable that the director
4681 of NIAID wouldn't know about every single extramural
4682 grant that was happening?

4683 A I think it would be close to impossible
4684 for any person to have detailed knowledge of every
4685 grant at NIAID.

4686 Q So in general, it's really the job of the
4687 grants management office to have that detailed
4688 knowledge of grants?

4689 A So I'm not on that side of NIAID
4690 specifically, but I do have a lot of interaction with
4691 them. And the general scenario is you will have
4692 program staff expert in an area who will be
4693 overseeing the portfolios in their areas, yes.

4694 Q Thank you.

4695 BY [REDACTED]

4696 Q So just a few sort of closing questions.

4697 I think we've heard a lot of important takeaways sort
4698 of one at a time from the various questions that
4699 we've asked. So I just wanted to, if you would give
4700 us sort of your concluding thoughts from the
4701 pandemic.

4702 What are the biggest takeaways, the biggest
4703 things that you would want to see, the lessons
4704 learned that should be implemented for the next one?

4705 A You have the most difficult questions,
4706 because that to me is such an important question that
4707 we have such great expertise in the U.S. government
4708 and in the U.S. in these areas, and figuring out a
4709 way for us to work together in a very coordinated
4710 focused fashion at the time there's an outbreak like
4711 this, to me, would be an extremely high priority.

4712 So again, the area where I'm most familiar is
4713 clinical research, therapeutics research. One of the
4714 things you had was across the U.S. in the academic
4715 centers, in particular, you might have had a dozen
4716 studies ongoing without any clear prioritization of
4717 what to do first. And when you try to answer
4718 thousands of questions simultaneously, it's really
4719 hard to get anything answered. So having a way that
4720 the research response is coordinated to me is very

4721 important.

4722 To ensure that we provide the public clear,
4723 consistent messaging with acknowledgement of
4724 uncertainty where we have uncertainty, because things
4725 will change as we learn more. And we have to, I
4726 think, be quite transparent on that aspect of what we
4727 do.

4728 And then I guess the third thing is making sure
4729 we have enough ongoing activity in the critical areas
4730 that we need to make a response. So it isn't a
4731 matter of building the infrastructure to make a
4732 response, it's a matter of pivoting infrastructure to
4733 make a response.

4734 So I think I would say those three things.

4735 Q How are we doing, I guess, across those
4736 three areas after the pandemic?

4737 A Right now, there are a lot of discussions
4738 about what we might do on an ongoing basis to be
4739 better prepared. I don't think we're yet at the
4740 point where we have clear implementation plans on how
4741 we get that done.

4742 There certainly are a number of documents going
4743 around, as we talked earlier about implementation of
4744 the
4745 National Biodefense Strategy. And for our part, how
4746 we remain well-prepared to mount a research response,

4747 how we maintain a level of basic science research so
4748 that we have the building blocks and the tools and
4749 some of the knowledge to be able to respond.

4750 You know, I think we can always do better. I
4751 think coordination is one of the key things that we
4752 would benefit from doing a lot better because I do
4753 think we have skills and expertise here. I think
4754 reaching out, substantively at relatively high
4755 government to government levels, but then quickly
4756 reducing it down to the people who are the operators,
4757 the operations side, because it's sometimes really
4758 hard, I think, at a policy level to know that A
4759 versus B will work. So don't be too proscriptive,
4760 but sort of with flexibility, but make sure you get
4761 that government to government engagement and support.

4762 Just as one example, so we launch a global study
4763 let's say of immunoglobulin. For that study to run,
4764 we have got to import products to a variety of
4765 different countries. We have to have the European
4766 Medicines Agency agree to let that investigation of
4767 product be used. And if I look at where some of our
4768 time constraints were in launching studies, it really
4769 was in that regulatory environment.

4770 If you go into a response with everyone agreeing
4771 that we're going to have harmonization, we're going
4772 to look at these things together at the same time,

4773 we'll come to decisions, things could move a lot more
4774 quickly.

4775 Q My last question is, how would reduction
4776 in resources for NIAID and NIH broadly affect our
4777 ability to accomplish those goals, those lessons
4778 learned that you laid out?

4779 A As someone whose activities are 100
4780 percent -- I won't say 100 percent, perhaps largely
4781 dependent on the funding we get from Congress, it's
4782 obviously critical to what we do. I think we
4783 calibrate to what we have, but I think that there is
4784 quite a bit more that we want to be able to do on a
4785 sustained basis.

4786 So as we got the supplement for COVID and we
4787 were able to expand some of what we did we were able,
4788 as I mentioned earlier, to bring in some
4789 partnerships, and we partnered with the French
4790 research agency, with the UK, with the European
4791 Union, in addition to France. We did a lot of things
4792 together, and we don't have sustained funding for
4793 those things. We have sort of the different pieces.
4794 But having some funding that would allow us to
4795 maintain that global connection, I think, would be
4796 really important.

4797 [REDACTED] We can go off the record.

4798 [Whereupon, at 3:30 p.m., the taking of the

4799 instant interview ceased.]