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

INTERVIEW OF: F. GRAY HANDLEY

Friday, December 8, 2023

Washington, D.C.

The interview in the above matter was held in Room 5480, O'Neill House Office Building, commencing at 10:01 a.m.

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2 Appearances:

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5 For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC:

6

7 MITCH BENZINE, STAFF DIRECTOR

8 JOSEPH CIPOLLONE, PROFESSIONAL STAFF MEMBER

9 ERIC OSTERHUES, CHIEF COUNSEL

10 [REDACTED] MINORITY STAFF DIRECTOR

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15 For the COMMITTEE ON ENERGY AND COMMERCE,

16 SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS:

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18 ALAN SLOBODIN, SENIOR INVESTIGATIVE COUNSEL

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5 DARIA BERSTELL, LEGISLATIVE ANALYST FOR OVERSIGHT AND INVESTIGATIONS, OFFICE

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Mr. Benzine. On the record.

This is a transcribed interview of Mr. F. Gray Handley conducted by the House Select Subcommittee on the Coronavirus Pandemic, the Committee on Oversight and Accountability, and the Committee on Energy and Commerce, under the authority granted to them by House Resolution 5, House Rule X, and the rules of the Committee on Oversight and Accountability and Committee on Energy and Commerce.

This interview was requested by Chairman Brad Wenstrup, Chairman James Comer, Chair Cathy McMorris Rodgers, Chairman Morgan Griffith, and Chairman Brett Guthrie.

[Public address announcement of security exercise.]

Mr. Benzine. We can go off the record.

[Discussion off the record.]

Mr. Benzine. Back on the record.

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

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

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

Mr. Handley. Frank Gray Handley, Jr., H-a-n-d-l-e-y.

1 Mr. Benzine. Thank you.

2 Mr. Handley, my name is Mitch Benzine, and I am the staff director for the  
3 majority staff of the select subcommittee, and I want to thank you for coming in today for  
4 this interview. We recognize that you're here voluntarily, and we appreciate that.

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

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

9 Mr. Handley. No.

10 Mr. Benzine. Is there an attorney present representing the Department of  
11 Health and Human Services with you today?

12 Mr. Handley. Yes.

13 Mr. Benzine. Will counsel identify themselves?

14 Ms. Ganapathy. Tara Ganapathy, senior counsel, HHS.

15 Mr. Benzine. For the record, starting with the remainder of the majority staff,  
16 can any additional staff members please introduce themselves with their name, title, and  
17 affiliation?

18 Mr. Strom. John Strom, senior counsel, House Energy and Commerce  
19 Committee, majority, Oversight and Investigations Subcommittee.

20 Mr. Osterhues. Eric Osterhues, chief counsel, majority, select subcommittee.

21 Mr. Cipollone. Joseph Cipollone, counsel, minority, select subcommittee.

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

24 [REDACTED], professional staff member, Energy and Commerce,  
25 Oversight and Investigations Subcommittee, minority staff.

1 [REDACTED] [REDACTED] Democratic staff director of the select  
2 subcommittee.

3 [REDACTED] [REDACTED] Democratic counsel, select subcommittee.

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

5 [REDACTED] [REDACTED] chief counsel, Energy and Commerce Committee,  
6 Oversight and Investigations Subcommittee, minority.

7 Ms. Murray. Katie Murray, legislative analyst, NIH.

8 Ms. Berstell. Daria Berstell, Office of the Assistant Secretary for Legislation, HHS.

9 Mr. Benzine. All right. Thank you all.

10 Mr. Handley, before we begin, I'd like to go over the ground rules for this  
11 interview. The way the interview will proceed is as follows.

12 The majority and majority staff will alternate asking you questions, 1 hour per  
13 side, per round, until each side is finished with their questioning. The majority staff will  
14 begin and proceed for an hour, and then minority staff will have an hour to ask questions.  
15 We will alternate back and forth in this manner until both sides have no more questions.

16 If either side is in the middle of a specific line of questions, they may choose to  
17 end a few minutes past an hour to ensure completion of that specific line of questioning,  
18 including any pertinent follow-ups.

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

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

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

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

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

6 Mr. Handley. Yes, I do.

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

11 Mr. Handley. Yes.

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

17 Mr. Handley. Yes.

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

22 Mr. Handley. Yes.

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

25 Mr. Handley. Yes.





1 A The University of North Carolina at Chapel Hill.

2 Q And what degree did you graduate with?

3 A A master's-- I mean, an undergraduate degree in biology and anthropology,  
4 too.

5 Q Where did you get your master's degree?

6 A I got my master's of science degree at the University of North Carolina  
7 School of Public Health.

8 Q Was it a master's in public health?

9 A It was a master's in international health, public health, and health  
10 administration.

11 Q Thank you.

12 Who is your current employer?

13 A I'm unemployed -- well, no, that's not true. I'm retired from the NIH, and I  
14 am employed part-time by a consulting company called GAP Solutions.

15 Q Okay. What's your job title with them?

16 A Contractor.

17 Q Okay. You mentioned this. Have you previously held any positions with  
18 the U.S. Government?

19 A Yes. For 40 years I worked for the U.S. Government.

20 Q Can you elaborate on your career in the U.S. Government?

21 A Oh, my goodness.

22 Q Just briefly.

23 A Let's see.

24 So I've worked in the Department of State, the Department of Defense, parts of  
25 the White House.

1 But most of my career has been at the National Institutes of Health with two  
2 foreign -- at various institutes -- with two assignments overseas, one in India as the health  
3 attache and Southern Asia regional representative, and one in South Africa as the first  
4 health attache and Southern Africa representative.

5 Q What was your role at the State Department?

6 A At the State Department I started out as a Presidential Management Intern,  
7 or a Fellow now, and I worked in the Office of International Organizations -- the Bureau of  
8 International Organizations in the office that was in charge of our relations with WHO and  
9 PAHO, and the international organizations that dealt with drug control and public health.

10 Q And then what about at the Department of Defense?

11 A The same. It was an assignment during that period --

12 Q Okay.

13 A -- from the State Department to Defense in the Office of Health to help  
14 develop a policy for their international engagement.

15 Q And the White House?

16 A In the Office of Management and Budget, where I was responsible for  
17 helping to prepare the IO budget and the budget for the international organizations.

18 Q IO stands for International --

19 A International Organizations. I'm sorry.

20 Q No problem. Thank you.

21 And then what was your title when you retired from NIAID?

22 A Associate director for international research affairs.

23 Q And how long did you have that job?

24 A About 16 years.

25 Q Understanding that the day-to-day is probably wildly different based on the

1 day, but can you elaborate a little bit more on what your roles and responsibilities are in  
2 that job?

3 A Oh, my goodness.

4 So I was the principal person at the Institute in charge of kind of overseeing and  
5 providing vision and link and liaison in all of our international relationships.

6 I didn't actually manage our grants in those international programs, so I didn't  
7 have interaction really on the grant side. But I was more the representative of the  
8 Institute and the one who planned our programs, how we might take advantage of  
9 opportunities for U.S. scientists.

10 I often supported U.S. scientists both in academia, as well as in the government as  
11 they dealt with their international cooperation. Because in biomedical research, it's  
12 now an international endeavor, and without the ability to work internationally and with  
13 colleagues around the world, progress is limited.

14 Q Can you explain kind of where that nestled in on the NIAID chain of  
15 command?

16 A I was in the immediate office of the director, and I worked under the  
17 supervision of the principal deputy director.

18 Q Who, when you retired, would have been --

19 A Dr. Hugh Auchincloss.

20 Q He was your direct report?

21 A Yes. On paper my direct report was Dr. Fauci. But in reality, my direct  
22 report was Dr. Auchincloss.

23 Q Did you have any people that reported to you?

24 A Not directly, but I did oversee the functions of the Office of Global Research.

25 Q Can you explain that a little bit?

1           A     NIH is a fairly lateral organization.   And the organization that we  
2     established to do the preparation of briefing materials, all of the kind of background and  
3     foundational work for our international engagement, is the Office of Global Research.

4           That office has a director.   On occasion during that period I was the acting  
5     director of that office.   But we strove to have a person identified as the director of that  
6     office.   But that office sat under the administrative side of the Institute and not directly  
7     within the Office of the Director.

8           So it was an informal relationship between myself and the director, and then the  
9     staff that was in the Office of Global Research -- in the Office of Global Research.   It's a  
10    staff support office.

11          Q     You were in this role for 16 years.   What changed after COVID struck?  
12    You how did your job change?

13          A     Oh, my goodness.   How did yours change?

14          I mean, I think, like everyone everywhere in the world, everything changed  
15    because we had never dealt, since 1918, with a pandemic that affected and really  
16    disrupted the lives of so many people.

17          And because our mandate at NIAID was to be prepared to address, from a  
18    research point of view, emerging infectious diseases, of which this was a classic example,  
19    we were asked by -- really by the American people, by Congress and by the White House,  
20    to respond, to provide the research response to that.

21          And because it was a global pandemic, there was a large component that involved  
22    international interactions.   And that was what I supported and assisted with.

23          So, I guess, routine business kind of -- it continued, but it got a little bit set aside  
24    with the very top priority in all cases being:   learn as much as you can about the  
25    pandemic as it was emerging; support all the scientists that were working on it in the

1 United States, in academic settings, in NIH, in CDC, anywhere; and to make sure that the  
2 relationships that we had built over the years could then be used to gain information for  
3 the United States, to facilitate our response, and in the end to save lives.

4 Q Can you explain a little bit more your communication with foreign  
5 governments or foreign entities during that time?

6 A Sure. So that didn't -- that was always a component of my job because that  
7 was -- I was the person that interacted -- my job was to be the contact person for foreign  
8 counterparts.

9 Now, most of them were people like me that oversaw their international work,  
10 and scientists like our scientists and their scientists, where I would facilitate their contact.  
11 Yeah.

12 So my job was to make sure that those channels of communication were kept as  
13 open as possible; that the lines of research that were critical to develop a vaccine and  
14 therapeutics and diagnostics, that those lines of communication were kept open and  
15 vigorous, yeah; and to help solve any problems that came up with our academic scientists  
16 and our own government scientists, as best I could, working closely with all of the other  
17 agencies of the U.S. Government that had primary responsibility for many of those  
18 concerns.

19 Q So did you have -- considering COVID-10 came out of China -- did you have a  
20 counterpart in the Chinese Ministry of Foreign Affairs or Ministry of Health?

21 A China's a complex country. You probably know that. And the health  
22 sector, like all the other sectors, is quite complicated. There are multiple agencies that  
23 do kind of the things that CDC, that NIH, that FDA does.

24 And so we had some contacts in some of those organizations, because over the  
25 years we had had small but ongoing interactions to support the collaborative research

1 that had been going on. And so we used those contacts best we could.

2 But it was very -- everyone was hustling and trying to do their best. So we  
3 continued some of those contacts. But I would say most of our contacts were really  
4 with our European colleagues; with colleagues in Africa because there was a great deal of  
5 concern about what was going to happen there; and, of course, with American colleagues  
6 who were working with others outside the United States, usually through long-term  
7 relationships.

8 Q When you would initiate that communication, would you go through the  
9 State Department or the embassy in Beijing --

10 A Yes.

11 Q -- or would you do it yourself?

12 A No. Yes. Always -- we always -- I mean, that was a lesson I learned early,  
13 was that we always integrated our contacts and made sure that people knew, even  
14 though we're not -- we're purely a science organization, we only support research, but we  
15 made sure that the State Department knew what was going on.

16 And during the time that this was happening, we had a representative in China,  
17 because China's so complicated and difficult to work with that we needed a person who  
18 had eyes and ears on the ground to support the scientific collaborations.

19 So we maintained a post at the embassy. That person reported both to us and  
20 to -- in the embassy hierarchy -- of the Office of Health, Science, and Environment.

21 Q And that was Dr. Ping Chen?

22 A That's correct.

23 Q While in this role at NIAID, did you maintain a security clearance?

24 A Yes.

25 Q What level?

1 A I have had top secret clearance since 1981 -- 1980.

2 Q SCI as well or just top secret?

3 A In current -- in my most recent job, not SCI, but prior to that I did have.

4 There was no need for it in the NIH.

5 Q Thank you.

6 BY MR. STROM:

7 Q Before we move on, I'm trying to, I guess, better understand the overlap or  
8 relationship with how your office is structured versus, like, HHS Office of Global Affairs  
9 versus State Department.

10 So how many NIAID-specific representatives are located in embassies or  
11 permanently sort of based abroad?

12 A That number fluctuates.

13 Q Sure.

14 A But generally four. Very, very few.

15 Q Okay.

16 A So we have a person who's assigned through HHS to South Africa, a scientist.  
17 We have the scientist in China. We had a scientist in China.

18 Excuse me. I'm sorry. I'm sort of losing my voice.

19 We have a person assigned in Geneva who is our liaison with WHO and the other  
20 international organizations that deal with public health and biomedical research in  
21 international organizations.

22 So it's a very -- we are very careful about where we assign people, and it's only  
23 done --

24 [Public address announcement of conclusion of security exercise.]

25 Mr. Strom. We can go off the record.

1 [Discussion off the record.]

2 BY MR. STROM:

3 Q We can go back on the record.

4 A Well, you asked about all those relationships between agencies. I don't  
5 need to address that. You probably -- it's very complicated.

6 Q Sure.

7 A But, generally, large offices that have lots of international engagement need  
8 a staff to support it. So -- large agencies or organizations. And so that's the difference  
9 between the various ones that show up in HHS, for example, in the Office of the  
10 Secretary.

11 As you can imagine, because of the position of the United States globally, in public  
12 health and in biomedicine, as by far the leader, there's lots of interest around the world in  
13 working with us. So there needs to be a staff that addresses that interest and can  
14 support our leadership.

15 Q And those, the four NIAID employees that are based abroad, they remain  
16 sort of in your chain of command in your organization, but then also --

17 A No, they -- well, it depends. I mean, there's all kinds of -- there's various  
18 ways that people are deployed. But in every single case the people we assign overseas  
19 are slotted into an embassy structure, and so they actually report to the ambassador.

20 Q Gotcha.

21 A As any U.S. Government employee overseas does.

22 And the reporting relationship with us is a more informal one because we've  
23 detailed them into an assignment. But there -- it's a little bit complicated for those  
24 individuals because they've got kind of two bosses. But it works. And it provides an  
25 opportunity for the embassy to also have on staff and at the beck and call of the



1 ambassador, a scientist.

2 And many ambassadors now, because of the way the world is, are eager to have  
3 someone, a scientist, a trained scientist from the National Institutes of Health, supporting  
4 their efforts there within the country.

5 So we just can't afford -- we send, very, very few because it's a quite expensive  
6 endeavor. And it can only be justified if it's serving the science.

7 Q And then just briefly there, these individuals' sort of pre-COVID day-to-day  
8 work, could you explain sort of what they do while they're deployed?

9 A Well, it varies on the post to some degree.

10 Q Let's do China, pre --

11 A Okay. But I would say in general for those that are not assigned in Geneva,  
12 so they're in a country or a region, we ask them to be our eyes and ears; to visit  
13 laboratories, report on what work the laboratories are doing, to represent the research  
14 community of the United States at conferences and workshops and seminars and  
15 whatever scientific gatherings; to be the point of advice for the ambassador and embassy  
16 leadership; to communicate NIH and HHS priorities to foreign colleagues, as well as to our  
17 domestic colleagues -- our colleagues from other agencies that are at the embassy.

18 As you probably know, embassies now have between 20 and 30 U.S. agencies  
19 represented on the ground. So it's like a little, a mini U.S. Government. And our slot is  
20 the small slot that the NIH fills.

21 Q Thank you for that.

22 BY MR. BENZINE:

23 Q I have one kind of follow-up question, and then I'm going to move on away  
24 from roles and responsibilities.

25 Did the outbreak of the pandemic change the way that you had to communicate

1 with the embassy or Chinese officials?

2 A I'm trying to think.

3 Q Or did even the level of communication change? Was there less feedback  
4 from Chinese officials or researchers in China?

5 A It was more difficult to communicate with Chinese researchers and officials  
6 once the pandemic started. In part, it was more difficult everywhere in the world.  
7 But, in part, I assume it was because they were dealing with a crisis, just as we were.  
8 And they were kind of ahead of the rest of the world in the numbers.

9 So we had to be flexible. We had to deal with them how best we could to  
10 support the U.S. response and gather information so that we could do the best we could  
11 to inform the research that was so urgent here in the United States.

12 Q Do you think any of the information you were asking for was suppressed by  
13 Chinese officials?

14 A I really don't know.

15 Q I'm going to run through a list of names and ask if you had any  
16 communication with them regarding the origins of COVID or the Wuhan Institute of  
17 Virology, we'll say beginning December 2019 through your retirement. And for now you  
18 can just say yes, and we'll come back and elaborate a little bit more of the yeses.

19 Dr. Francis Collins?

20 A No.

21 Q Dr. Anthony Fauci?

22 A Yes.

23 Q Dr. Lawrence Tabak?

24 A No.

25 Q Dr. Hugh Auchincloss?

- 1 A Yes.
- 2 Q Dr. Cliff Lane?
- 3 A Yes.
- 4 Q Dr. David Morens?
- 5 A No.
- 6 Q Dr. Erik Stemmy?
- 7 A About either Wuhan or origins?
- 8 Q Yes.
- 9 A Maybe one conversation. I guess, yes.
- 10 Q Dr. Ping Chen?
- 11 A Yes.
- 12 Q Dr. Ian Watson?
- 13 A No.
- 14 Q Dr. Andrew Pope?
- 15 A No.
- 16 Q Dr. Victor Dzau?
- 17 A No.
- 18 Q Dr. Robert Redfield?
- 19 A No.
- 20 Q Dr. Michael Lauer?
- 21 A No.
- 22 Q Dr. David Christian Hassell?
- 23 A No, I don't know him.
- 24 Q Dr. Jeremy Farrar?
- 25 A No.

- 1 Q Dr. Kristian Andersen?
- 2 A No.
- 3 Q Dr. Michael Farzan?
- 4 A No. I don't know who that is either.
- 5 Q Dr. Eddie Holmes?
- 6 A No.
- 7 Q Dr. Ian Lipkin?
- 8 A No.
- 9 Q Dr. Andrew Rambaut?
- 10 A No.
- 11 Q Dr. Christian Drosten?
- 12 A No.
- 13 Q Dr. Ron Fouchier?
- 14 A No.
- 15 Q Dr. Marion Koopmans?
- 16 A No.
- 17 Q Dr. Peter Daszak?
- 18 A No.
- 19 Q Dr. Aleksei Chmura?
- 20 A No.
- 21 Q Dr. Kevin Olival?
- 22 A No.
- 23 Q Dr. Michael Worobey?
- 24 A No.
- 25 Q Dr. Jonathan Pekar?

1 A No.

2 Q Dr. Florence Debarre?

3 A No.

4 Q Dr. James LeDuc?

5 A Yes.

6 Q Dr. Shi Zhengli?

7 A No.

8 Q Dr. George Gao?

9 A Yes.

10 Q Dr. Yusen Zhou?

11 A No.

12 Q Dr. Ralph Baric?

13 A No.

14 Q We'll start at the bottom and work our way back up.

15 A All right.

16 Q Can you explain your conversations a little bit more with Dr. Gao?

17 A Dr. Gao was an acquaintance from a past conference or two in China,  
18 scientific conference or two, where he was a speaker, and I knew him.

19 At this, at the time, in 2019, he was in an important leadership position in the, I  
20 believe, in the China CDC, and therefore it was important that we check with him to see  
21 what information he could share with us in the early days, particularly about how to  
22 address the pandemic.

23 So we did not discuss Wuhan or anything like -- anything related to that. But I  
24 said yes because we did -- I did speak to him about -- or I did communicate with him  
25 about the pandemic.

1 Q What was the manner of those communications?

2 A What was the manner? What do you mean by that?

3 Q Like phone call, email, text message?

4 Ms. Ganapathy. The medium.

5 Mr. Benzine. The medium.

6 Mr. Handley. The medium, oh. Phone.

7 BY MR. BENZINE:

8 Q A call?

9 A A phone call that I helped set up. And I'm trying to remember. I'm sure  
10 there were some emails that I reached out, but I don't believe he answered those. I  
11 don't remember.

12 Q The call that you helped set up, do you recall about when that was?

13 A It was early in 2020.

14 Q Was anyone else on the call with you?

15 A I set up that call for Dr. Fauci, but I don't recall anyone else being on the call.

16 Q Dr. Fauci was on the call, though?

17 A Yes.

18 Q And no conversations -- to the best of your recollection, no conversations  
19 with Dr. Gao late December 2019?

20 A Not by me.

21 Q By anyone that you worked with?

22 A Not that I'm aware of. Well, it's possible that it was '19 when Dr. Chen  
23 spoke to him. I'm not sure. But it was -- it would have been after Christmas, it would  
24 have been the very end of the year trying to set up a call where we could share what  
25 research information we could share with them and them with us.

1 Q Do you remember what he said on the call?

2 A That they didn't know very much.

3 Q Any information regarding the sequence or whether or not it was a  
4 SARS-related virus?

5 A It's hard to keep the timeline in mind because things moved so quickly. I  
6 think he -- I'm not sure. I think he might have said we're looking at coronaviruses, or  
7 something of that nature.

8 But everyone was saying that. That was what the common assumption was in  
9 the scientific world, that there was a need to look at coronaviruses, as I remember. That  
10 was really all. I mean we -- that was about it. It was a very short conversation. It  
11 was, "How are you responding? Is it having an impact?" And at that point, no one  
12 knew anything.

13 Q We had a similar interview with Dr. Daszak of EcoHealth a couple weeks ago,  
14 and, in his, he testified that around December 28th he got notified of the outbreaks a  
15 couple days before China made it public and that it was a virus that was 20 percent  
16 divergent from SARS, implying that China had already sequenced the virus by late  
17 December.

18 Dr. Gao didn't relay any of that information to you?

19 A No, he didn't. But it wasn't soon -- it wasn't too long after that 28th that  
20 you're telling me about when the sequence was published.

21 Q January 11th or 12th?

22 A I'm not sure when it was. But I know it was released by Chinese scientists,  
23 but not by Dr. Gao, I don't think.

24 Remember, I'm not a scientist, so what I can answer you are the things that I know  
25 about. But don't ask me -- I mean, you can ask me, but I won't have answers to

1 scientific questions or speculations, other than what you've probably read in the  
2 literature, just as I have.

3 Q We are going to try to avoid scientific questions.

4 A All right.

5 Q Moving on from Dr. Gao.

6 Dr. LeDuc. Can you explain those -- elaborate a little bit on those  
7 communications?

8 A Dr. LeDuc had participated in prior years in conferences that were convened  
9 by the National Science Foundation, 2 or 3 years in a row, concerning emerging infectious  
10 disease threats.

11 And I think beginning with MERS or SARS or -- probably SARS -- they always had a  
12 discussion of coronavirus. And because Dr. LeDuc was in charge of one of our high  
13 containment facilities, or was part of the leadership of one of our high containment  
14 facilities here in the United States, he had attended and interacted with colleagues from  
15 Wuhan Institute and had been involved in training programs in the past that were  
16 supported by the Department of Defense, I believe, and assisted labs all over the world  
17 wherever they were developing B2, 3, and 4 laboratories.

18 And so I thought he would -- I spoke to him about any insights he might have prior  
19 to the -- because we knew that the Wuhan Institute of Virology had recently, with the  
20 French, built a B4 laboratory. I just thought he could give us perhaps some background,  
21 but he didn't know much. It had been years since he'd been there.

22 Q Do you remember about when those conversations took place?

23 A It would have been around that same timeframe, early 2020. I don't really  
24 remember.

25 Q And to the best of your recollection, were they phone calls or emails?



1           A    I think they were phone calls, but I'm not sure. I really don't know.

2           Q    Thank you.

3           Going up the list. I know there was a decent amount of communication with Dr.  
4   Chen. So we can briefly elaborate on your communication with her.

5           A    I think you've probably in the FOIA call seen many of those communications.  
6   It was routine interaction with a colleague who was, as I said before, our eyes and ears on  
7   the ground. And we were, at that point, we were working hard to learn as much as we  
8   could learn as quickly as we could from anyplace that had some experience with this  
9   emerging disease.

10          So we were reaching out to Italy, to all of the places that started to have cases,  
11   including China. Some of our interactions with Dr. Chen were, "What do you know?  
12   What do you see? What's happening?" Et cetera.

13          Q    Did Dr. Chen reach out to you first and say, "Hey, there's an undiagnosed  
14   pneumonia," or was it already public --

15          A    I don't remember.

16                    BY MR. STROM:

17          Q    Is sort of -- as part of being those eyes and ears is like -- I'm sure there were  
18   fairly regular rumors of, "Oh there's an outbreak in a farm," or something like that  
19   periodically.

20          A    In every country.

21          Q    Is that sort of part of her remit, is sort of public health intelligence gathering,  
22   for lack of a better way to put it?

23          A    No, that's really the CDC's remit, as I understand it.

24          Q    Okay. I was just curious --

25          A    Yeah. Our lane is research, and research representing scientists,

1 representing the scientific world in biomedicine, and particularly researchers that are  
2 concerned with infectious diseases. And that's a broad gamut. That's from HIV, TB, all  
3 the way through fungal diseases, through things like this.

4 But it's really that package that is our responsibility and our only responsibility.  
5 And we are not -- everyone understands that we're not -- the information that we're  
6 gathering is entirely information that serves research interests and scientific cooperation.  
7 There are many others who I assume are doing other kinds of data collection.

8 Q Attributed (ph) surveillance is probably the phrase I was looking for.

9 A Surveillance is the CDC.

10 Q Thank you.

11 BY MR. BENZINE:

12 Q We'll have more questions about Dr. Chen, but going back up the list.  
13 Dr. Stemmy, you kind of said maybe?

14 A Dr. Stemmy is a program officer who had some activities in China and  
15 therefore very occasionally I would interact with him either to see if he wanted to present  
16 at a meeting or whatever.

17 And during this time, we reached out to all of the scientists and science officers at  
18 the institute who had any kind of linkage to China to find out who they might know that  
19 they could reach out to to gather information. So we were really basically using every  
20 resource.

21 And Erik -- Dr. Stemmy had, we knew, had a portfolio that included some  
22 limited -- but it didn't matter, we were going everywhere -- activities related to scientists  
23 in China.

24 Q And the portfolio you're alluding to is the EcoHealth grant.

25 A I believe that was one of them, but it wasn't -- that didn't -- that isn't -- it was

1 just the fact that he -- I knew that he'd had interactions with Chinese scientists.

2 Q Dr. Lane, what were the nature of those communications?

3 A Dr. Lane is the deputy director of NIAID and manages a large division at  
4 NIAID, and he was one of the people identified by the Secretary of HHS at that time to  
5 assist the World Health Organization in its query into the pandemic to try and explain  
6 what was going on.

7 I don't remember the dates of when everything, but I believe that in those early  
8 months -- well, certainly, we asked for a whole long period of time. During that long  
9 period of time, WHO asked for a name from us. That was the name from the Secretary.  
10 The Secretary sent that name -- maybe some other names, too, I don't know.

11 But Dr. Lane was asked to serve on that commission, committee, panel, whatever  
12 they called them, to -- expert group is what it was -- to actually try and sort out what  
13 needed to be done to address the pandemic.

14 And so in all of that, of course, I played some role, a limited role in being the  
15 contact with WHO and with the normal things of supporting one of our principal scientists  
16 in his advisory role from a diplomatic point of view.

17 Q Were you briefed by Dr. Lane when he returned?

18 A Personally?

19 Q Or in a group?

20 A No. I think that they're -- no.

21 Q What is the communication like with the WHO when we want to  
22 send -- when the United States wants to send a scientist abroad on something like this?  
23 You said the Secretary submitted the name, the WHO accepted the name. Is that kind  
24 of the standard operating procedure?

25 A Well, the WHO requests names generally. The National Institute of Allergy

1 and Infectious Diseases has an advisory relationship with WHO as a collaborating center.

2 That's a term of art. And it means that centers all over the world -- and there are  
3 hundreds of them -- serve as collaborating centers to the WHO, which means when an  
4 issue comes up that's relevant to their mandate, that institution's mandate, they provide  
5 advice and assistance to the WHO as requested.

6 Our collaborating center designation with NIAID is to be a center of excellence for  
7 pandemic preparedness, emerging infectious diseases, kind of related areas, and that  
8 predates the pandemic.

9 But when the pandemic started, we and other collaborating centers that were  
10 appropriate, I assume, were called on by WHO through our principal chain of command,  
11 which is, of course, the relationship between WHO is with the Office of the Secretary.  
12 And then boom, boom, boom, boom, boom, you know, it goes down, and the Secretary's  
13 office turns to where they think the best expert might be.

14 Q If you know, understanding that it comes into the Secretary's office, how  
15 does the request come in? Is it an email, a letter?

16 A Oh, it's a formal -- I don't know, but my assumption is it's some kind of  
17 formal letter because it's the U.N., and that's the way they work.

18 Q And that would be standard operating procedure?

19 A Yeah, standard operating procedure, and a very formalized -- it's nothing  
20 special.

21 Q Beyond Dr. Lane's trip to China in early 2020, did you have any other  
22 communications with him regarding origins or Wuhan or --

23 A No.

24 Q Dr. Auchincloss, can you elaborate on the --

25 A Dr. Auchincloss is my sort of my direct report. So we just interacted as sort

1 of in the normal course of business. We didn't have any in-depth discussions about it.  
2 But we would say, "Did you read this article? Did you read that article?"

3 I would share what information I had with him, of course. It was, I would say,  
4 routine interaction because everybody was trying to make sure that we shared as much  
5 as we could as we learned it.

6 And some of that we learned in publications, some we learned through  
7 conversations, et cetera.

8 Q Did Dr. Auchincloss ever request you provide information on our -- on the  
9 U.S. relationship with the Wuhan Institute of Virology?

10 A I don't recall that he did.

11 Q During just kind of the course of --

12 A I think he knew about the -- no, not to me.

13 Q Do you know --

14 A The grant. I mean, I think he knew about the grant that had a tiny amount  
15 of money for SARS-related research.

16 Q In those kind of, like, routine conversations, did the origin question ever  
17 come up?

18 A It was, I would say, no more than it did with ten other issues related.

19 But our feeling at the time was, yes, origins is an interesting research question and  
20 important to understand as best we can. But what was urgent was to spend much more  
21 time and attention on the development of medical countermeasures, vaccines and  
22 diagnostics, and to try and figure out, based on research and on firm findings, how to  
23 prevent its spread in the population.

24 So most conversations focused on the urgent need to protect American people  
25 and the urgent need to save lives. And that had nothing to do with origins. At this

1 point, we were doing everything we could, and so was everyone else, to try and slow the  
2 progression of spread, to try and address the welfare of those who had been or were  
3 going to be infected, and to understand first and foremost what we could do to prevent  
4 more people -- well, and to figure out who was at highest risk, and then how could we  
5 prevent high risk as well as others from infection.

6 I mean, people seem to be forgetting what it was like in 2020 and less important  
7 issues are sort of rising to the fore. The important issues in 2020 were how to save lives.

8 And I have to say that the Institute and scientists all over the world I think did an  
9 unbelievable job saving lives by creating a vaccine and by figuring out diagnostics and  
10 therapeutics in 9 months.

11 In world history that has never been achieved. And it was achieved by scientists  
12 working closely together and developing as quickly as possible with the private sector  
13 vaccine candidates.

14 In all my years in public health I've never seen that kind of partnership between  
15 the private and public sector, between scientists and those who could move science into  
16 the field. And, of course, everyone who was in the regulatory structure all had to do  
17 their part.

18 So our concern was saving lives and moving as quickly as possible. So those  
19 conversations about origin were something that, yes, we needed the data to be collected,  
20 but it could be covered at another time because it wasn't going to save any lives.

21 Q That makes sense. Thank you.

22 Moving on to Dr. Fauci. Can you elaborate a little bit on those early  
23 communications?

24 A Again, it was similar to the conversations that I had with Dr. Auchincloss, but  
25 a much more limited number and frequency because Dr. Fauci was incredibly busy.

1 Q So outside, like, scheduling the call with Dr. Gao, were there any other  
2 specific conversations with Dr. Fauci that stand out in your mind?

3 A I don't know what you mean by conversation. You mean just me and Dr.  
4 Fauci?

5 Q Any time that you were involved in a conversation that Dr. Fauci was also  
6 involved in, any that stand out.

7 A Oh, my goodness. Well --

8 Q Within the scope of the interview. We don't need like --

9 A Yeah. Well, as I said before, the whole world was clamoring for Dr. Fauci's  
10 attention because he was kind of the rational voice of scientific reason around the world  
11 and here in the United States. The demand on his time and advice and attention was  
12 huge.

13 We had visits of foreign officials, visits of scientists. There were just many  
14 occasions. The White House, as you know, he was there every day practically. I mean,  
15 he was in such demand that when it was an international interaction I had some small  
16 role to play.

17 And so I would hear those conversations. It wasn't a conversation with me. I  
18 didn't have anything that anybody wanted to know.

19 But Dr. Fauci was the central point for collection of scientific data. And as the  
20 understanding of the pandemic changed over time, because we gathered more  
21 information and scientific evidence through experimentation, as that changed, people  
22 knew that Dr. Fauci would be able to answer what was the latest finding. "If this is what  
23 you said then, what do you say now?" And it would change, like science changes.

24 So as the pandemic and our research experience evolved, he would interact with  
25 these foreign scientists. So I'm saying that because many of them would come back to

1 him again and through me say, "Could we have another conversation?" or, "Could we  
2 talk about this issue again?"

3 And my job was to try and find a small slot of time when we could provide that  
4 assistance. And in return, we obtained from our foreign colleagues a lot of information  
5 of what they were dealing with and what their scientists were seeing, because there's  
6 robust research being done in multiple places and the character of the pandemic was  
7 different in different places.

8 So in those early days -- well, throughout the pandemic really -- we were learning  
9 from the scientists and other -- I mean, Dr. Fauci was learning from them. It was a  
10 give-and-take sort of thing. Here's what we know. Our investigators have looked at X,  
11 Y, or Z. What are you looking at? A, B, C. Here's what we see. What's underway?  
12 What research is underway? What do you think is coming next? Blah, blah, blah.

13 I mean, it was a global effort among scientists to stay as fully informed as possible.  
14 But because of where the United States sits in the world and because of where NIH and  
15 NIAID sits as the primary funder of biomedical research and infectious disease research, I  
16 think people turn to us as an institution, and to Dr. Fauci as the leader of that institution,  
17 for information that they could use in their public health response.

18 I mean, it was really quite an exciting thing to watch because it was a free flow,  
19 which is what science relies on, of advice and assistance.

20 And I think it made a huge impact on what happened with that pandemic. We  
21 still lost tens of millions of people. But it could have been, I think, much, much worse.  
22 And part of that response was this communication.

23 Q Was it usually with individuals affiliated with foreign governments, or did it  
24 run the gamut of foreign governments and private sector or public sector scientists?

25 A I would say most of the ones -- I'm sorry.



1 Ms. Ganapathy. Take your time.

2 Mr. Handley. I think my voice is fading. I may have to --

3 Ms. Ganapathy. If you can answer the question pending, and maybe we can take  
4 a break after.

5 Mr. Handley. Yeah. I'm okay. I'm okay.

6 Mr. Benzine. I've got three more and then we'll --

7 Mr. Handley. I'm okay.

8 I'm sorry, what was the question again? Oh, was it government or not? Yeah.

9 It's hard for me to say. It was both. It was scientists and it was government  
10 officials. But all of them were science officials that I was involved in. I mean, some  
11 were ministers. So they were ministers of health and things like that.

12 But actually both. I mean, most of the interactions I was involved in -- probably  
13 the majority, I wouldn't say most -- but the majority were government officials, because I  
14 was with a government agency.

15 But there were nongovernment people, too, who were, like in the United States,  
16 brought in because we needed -- governments needed that expertise in one way or  
17 another to advise on policy and activities related to the response.

18 Q My last couple yes-or-no questions, and then we can take a break.

19 A That's fine.

20 Q Any -- understanding there might have been indirect communication -- but  
21 any direct communication with the following entities regarding COVID, starting  
22 December 19th?

23 The Wuhan Institute of Virology?

24 A No.

25 Q The Wuhan Centers for Disease Control and Prevention?

1 A No.

2 Q The Chinese Centers for Disease Control and Prevention?

3 A No. I mean, other than George Gao, yeah.

4 Q Wuhan University?

5 A No.

6 Q The Chinese Academy of Sciences?

7 A No. Our counterpart is the Chinese Academy of Medical Sciences.

8 Q Was there communication with them?

9 A Not during the pandemic, no. We had a relationship with them prior to the  
10 pandemic.

11 Wait, there may have been, because during the pandemic we had -- we continued  
12 a dialogue with our colleague -- scientific colleagues in China. It was kind of a regular  
13 seminar. Not a seminar. Like a seminar. Scientists and scientists.

14 And just again, it was, "What do you know about X? What do you know about  
15 Y?" And there were Chinese Academy of Medical Sciences investigators who  
16 participated in that.

17 So I don't know how you'd count that, but that we did. We interacted to share  
18 scientific information in those periodic -- they were like Zoom calls between scientists we  
19 did with many countries. But with China it was pretty much our single conduit to direct  
20 interaction with the scientists that we had developed relationships with over the years.

21 Q And then any communication with the Academy of Military Medical  
22 Sciences?

23 A No.

24 Q Thank you.

25 We can go off the record.

1

[Discussion off the record.]

1

2 [11:10 a.m.]

3 [REDACTED] On the record.

4 Good morning, Mr. Handley. My name is [REDACTED]. I'm senior counsel for the  
5 Democratic staff on the select subcommittee. And I just want to reiterate our thanks to  
6 you for joining us today and being here voluntarily.

7

## EXAMINATION

8

BY [REDACTED]

9 Q I have a couple questions just to touch on what you were discussing in the  
10 prior section. And you mentioned that at the beginning of the pandemic, so early 2020,  
11 the focus at NIAID and NIH was on preventing the spread of COVID.

12 Can you talk a little bit about your day-to-day, what you were doing at that time?

13 A I was working as hard as I could to learn as much as I could from foreign  
14 colleagues about what was happening with this emerging infectious disease.

15 Which meant that I was reaching out to foreign colleagues around the world to  
16 learn what they were doing and how they were responding.

17 I was checking in with colleagues in the private sector who were engaged in  
18 vaccine discovery and development and production to see what they were doing.

19 And I was sharing that information with my chain of command.

20 And I'd say that was number one. And then number two was everything else.

21 Q Okay.

22 A Because we did try to continue to maintain all of our ongoing programs to  
23 make sure that nothing fell through the cracks in our ongoing work.

24 Q Thank you.

25 You also mentioned that the science was changing at the time. Can you

1 elaborate a little bit more about what that meant?

2           A     At the beginning of the pandemic very little was known about what was  
3 going -- how the -- it was assumed that it was a virus. But very little was known about  
4 how the virus could be transmitted, about who was the most susceptible to actually  
5 develop disease. In fact, in those days we didn't even know there could be  
6 asymptomatic infection and that asymptomatic individuals could transmit the virus.

7           So all of these questions were front and center for the global, globally at front and  
8 center. And we had investigators in NIH, and also in academic institutions that we  
9 support, looking at those questions, depending on what area they had expertise in.

10           So I can remember there was supreme caution at the beginning about wiping  
11 down your groceries and worry about being able to get the virus from touching surfaces.  
12 And it took a couple months of research done by our laboratories at the Rocky Mountain  
13 Laboratory to determine that it was really aerosol transmission from person to person  
14 that was the greatest risk and that fomites, the touching of surfaces, was not a very  
15 efficient way to transmit.

16           So if you remember in those early days, we were all told wipe down your  
17 groceries, don't get a shopping cart, I mean, all that stuff. And as the science evolved  
18 and we learned more, we learned that what was most important was wearing a mask and  
19 distance from other people and not being in crowded places.

20           But at the beginning those things were not understood until the work had been  
21 done to learn which was the smart thing to do and which was unnecessary.

22           So that's one example of how the science evolved. Yeah. And there are many  
23 others. It just -- I mean, if you look at the literature, it'll be -- it's amusing to see how  
24 little was known in '19, '20 in the first quarter, and what we knew by the second and third  
25 quarter. And that was because everybody was pouring their effort into answering these

1 very critical clinical and public health questions.

2 Q Moving away from that topic but to your international work and your work  
3 with scientists around the world.

4 What would you say is the value in finding areas where the U.S. and China can  
5 collaborate on scientific research?

6 A Oh, my gosh. To me this is obvious. So let me see. I don't want to  
7 sound obvious.

8 Q You can talk to us like we're 5 year olds. That is fine.

9 A Well, so the leading -- the United States is by far the world leader in  
10 supporting and undertaking and publishing biomedical research and research findings.  
11 We've built up that capacity since the 1940s. We are the recognized leader, but we also  
12 are the recognized major funder.

13 In the last two decades the Chinese Government, I guess, and their academic  
14 institutions have invested very heavily in biomedical research, including infectious disease  
15 research. And in those two to three decades, they have moved from one of the lesser  
16 important countries to number two. And we now go back and forth each year as to who  
17 has the most publications, the scientists in China or the scientists in the United States.

18 So it makes -- I mean, it would be foolish for us to no longer work with Chinese  
19 scientists or facilitate the work between American scientists and Chinese scientists  
20 because we would be giving up the opportunity to work with and learn from and have  
21 them share their expertise with our laboratories.

22 We'd be giving that up, and thereby we'd be harming, I think quite seriously, our  
23 ability to move quickly in discovery of new drugs, new therapies, new vaccines, a deeper  
24 understanding of the basic science so that we can advance human health and save lives.

25 So it would be like giving up on or not using the sharpest tool in your toolbox to

1 not take advantage of the incredible investment in training, in institutions, et cetera,  
2 that's being made in China.

3 That having been said, we also have to go in with our eyes open. We have to  
4 understand that China's not doing this out of its goodness of its heart. It's doing it to  
5 capture a market, to become the world leader in production of these things. I mean,  
6 we're not naive.

7 But our piece of the pie is the advancement of science. So our piece of the pie in  
8 this is to do all we can to help American scientists make their discoveries, move the  
9 science forward. And to do that, we need to be sure that they can, with appropriate  
10 oversight and control, work with colleagues all over the world.

11 Because of China's prominence in biomedicine now, that's one of the key  
12 partners. But we have similar, very active engagements with the other big  
13 players -- Brazil, South Africa, the EU, the U.K., Japan. So we've built huge programs  
14 of -- not huge but significant programs of cooperation with other countries where they've  
15 made an investment that makes it worth our while to develop a relationship with them.

16 And China has, I think, because of their investment over time, over the recent  
17 decades, has just moved to the front of the pack before these others. They're not ahead  
18 of us, thank God. But if we don't continue to fund science the way that we have in the  
19 past, it will not be long until they overtake us in discovery and in the ability to funnel  
20 knowledge into their economic and commercial machinery so that they are actually  
21 become the more -- the producers of new technologies.

22 So that's why I'm really a crusader for not doing anything that would jeopardize  
23 the funding of our science investments because it will die, I mean. And with the current  
24 world, our best scientists will go where they get paid to work. So we'll not only lose  
25 time, but we'll lose talent. And I think the Chinese have recognized that. So they pour

1 money into their science sector.

2 Q And can you speak to the benefits of doing research with the wildlife  
3 diversity and the way that humans and wildlife interact, both in China and Southeast Asia  
4 generally?

5 A To some degree, I can. But this is a scientific question --

6 Q Yes.

7 A -- as well as more of a policy and international question.

8 But it is -- it's always been true throughout history that zoonotic diseases, diseases  
9 that originate in animals, when they are able to infect humans, have caused our greatest  
10 dilemmas -- or some of our greatest dilemmas -- in the infectious disease arena.

11 This isn't, as far as we know so far, it's not cancer and things like that, although  
12 many scientists speculate that there are infectious diseases that actually have an impact  
13 on cancer.

14 Anyway, because of that human-animal interface, which has still been going on  
15 since prehistoric times, is an important one where diseases can be transmitted from the  
16 animal to the human, there's probably no more important field for infectious disease or  
17 pandemic preparedness or prevention to be involved in scientifically than the monitoring  
18 of animal species that have historically demonstrated an ability to transmit  
19 viruses -- particularly viruses, but other bacterial diseases and others, as well -- but  
20 pathogens that can do great damage or cause human health impact.

21 There's no greater area of concern than to monitor those populations of animals,  
22 to be able to quickly and early identify the emergence of any viruses that might jump  
23 from species to species. And these are rare events. But when they occur, as we've all  
24 learned, they are -- they can be devastating.

25 And to monitor -- this is why for many, many years, for decades really, we've



1 monitored wild bird populations because there's always this fear that an avian influenza,  
2 which devastates bird populations periodically, will evolve so that it can actually be easily  
3 transmitted between humans and cause a similar kind of flu-related pandemic or  
4 epidemic among humans.

5 And I think that the importance of -- we all now know the importance of  
6 coronaviruses as a viral family that can evolve quickly and that has now a record of at  
7 least three -- MERS, SARS, and COVID-19 -- that can easily -- and probably evolved in  
8 animals and can easily and have easily jumped into humans.

9 Fortunately, SARS and MERS was not as easily transmitted between humans.  
10 But we got our comeuppance with COVID-19.

11 And I think if we don't monitor these populations of animals, particularly animals  
12 that humans interact with on a regular basis, I think we're just asking for trouble and for  
13 an unpleasant surprise which will occur again.

14 And, of course, as things have evolved in terms of the economies of what used to  
15 be isolated countries, now there's more and more interaction between humans and wild  
16 animals. The wild animal trade in Africa, for example, causes a great deal of concern to  
17 all public health officials because now wild animals are harvested for food and end up in  
18 markets that they never did before. They would stay in an isolated village. If the  
19 village got some terrible disease, Ebola, for example, it would be there and it would be  
20 isolated and it would burn out.

21 Now those animals come to the market in Kinshasa or wherever it is and they get  
22 much more exposure to humans, which makes it easier for the transmission of some of  
23 these viruses that are then transmittable between humans.

24 It's a long answer. But I think there's really -- it's really an important area that  
25 can't be minimized in importance but is so long term that a lot of people think, "Oh, this is

1 too expensive to do forever."

2 Well, we'll be sorry because it is a long-term investment. It does require a great  
3 deal of resources to be able to monitor those populations. But if we really want to  
4 protect American citizens and others around the world, it's required, it's actually an  
5 essential tool that needs to be maintained.

6 Q And through the investigations of this committee a lot of the research we've  
7 become aware of on wildlife in China and Southeast Asia generally has been bat-related.

8 A Uh-huh.

9 Q Is it your understanding that they're one of the main sources of sampling for  
10 research?

11 A No, not necessarily. But, I mean, you would have to ask some of the  
12 scientists who work in this arena. But my impression is that the main sampling that's  
13 been done more widely has been among wild birds, particularly waterfowl, because  
14 there's been this longstanding concern and because of migratory routes.

15 So bats, they go a long way from their caves, but they are regional, whereas birds,  
16 they start in Asia and they end up in Mexico. So it's a little bit -- I think that's why we've  
17 been paying very careful attention to those species like that.

18 Bats are certainly a special case. They're mammals. They have evolved a  
19 remarkable ability to resist many viruses which we don't fully understand.

20 So there are many reasons to study bat populations, both evolution of diseases in  
21 bat populations or organisms within bat populations, as well as the evolution in bats of  
22 their immune responses.

23 And that's why I think bats may in the literature and maybe in your reading,  
24 you've realized how important the study and monitoring of bats really is.

25 There's very few places in the world where humans really interact very much with

1 bats. Southeast Asia is one of them where they eat them and they collect them and  
2 blah, blah, blah, and they go into bat caves for various reasons. So I think there's more  
3 human-animal interaction there. So we see things there that we don't necessarily see in  
4 other places.

5 But that can change over time. And I think that's -- I think bats are critically  
6 important, but that's an artifact, I think, of the fact that they are such an unusual species.

7 Q I'm going to ask you a couple questions specific about the EcoHealth Alliance  
8 NIAID award. I understand you may not have knowledge. So feel free to just --

9 A Yeah.

10 Q -- let us know if that's the case.

11 Are you aware that EcoHealth Alliance and their work both in China and now  
12 outside China and other Southeast Asian countries was focused on bat samples?

13 A Well, I really don't know the details of the grant support to EcoHealth. So I  
14 really couldn't answer that.

15 Q Okay. Do you know of any difference between samples that would be  
16 collected in China versus other areas in Southeast Asia?

17 A I guess I would be surprised if that was the case, but I don't know.

18 [REDACTED] Actually I'm going to leave it right there. We're going to reserve the  
19 rest of our time, and we'll go off the record.

20 [Recess.]

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

22 [Handley Majority Exhibit No. 1

23 was marked for identification.]

24 Mr. Benzine. I'm going to start this hour by introducing majority exhibit 1. And  
25 this is a fact sheet published by the State Department, January 15th, 2021, entitled,

1 "Activity at the Wuhan Institute of Virology."

2 Were you previously aware of this document before just now?

3 Mr. Handley. No.

4 Mr. Benzine. Going on to -- I can give you a minute and read through it or I can  
5 point to you where I'll ask questions, whichever --

6 Mr. Handley. Can I --

7 Ms. Ganapathy. Can you give him a minute?

8 Mr. Handley. Yeah, can I glance through the whole thing and then can you tell  
9 me what you want to talk about specifically?

10 Mr. Benzine. Sure. Yes.

11 Mr. Handley. Because I haven't seen this before. I assume it's on the website,  
12 right?

13 Mr. Benzine. It is.

14 Mr. Handley. Okay. But I haven't seen it.

15 [Reviewing.]

16 Mr. Handley. Okay.

17 BY MR. BENZINE:

18 Q Flipping to page 2, there's a number 1 that says, "Illnesses inside the Wuhan  
19 Institute of Virology."

20 And it says, "The U.S. Government has reason to believe that several researchers  
21 inside the WIV became sick in autumn 2019, before the first identified case of the  
22 outbreak, with symptoms consistent with both COVID-19 and common seasonal illness."

23 Were you aware of any researchers inside the WIV that were sick in autumn of  
24 2019?

25 A No, I was not.

1 Q Flipping to page 3 and number 3, entitled, "Secret military activity at the  
2 time WIV."

3 The first bullet says, "Secrecy and nondisclosure are a standard practice for  
4 Beijing. For many years the United States has publicly raised concerns about China's  
5 past biological weapons work, which Beijing has neither documented nor demonstrably  
6 eliminated, despite its clear obligations under the Biological Weapons Convention."

7 In your role kind of overseeing the research NIAID does abroad, are you aware of  
8 countries' obligations under the Biological Weapons Convention?

9 A Vaguely.

10 Q Do they take part when evaluating research?

11 A Does who take part?

12 Q Does -- do you evaluate whether or not research might violate the Biological  
13 Weapons Convention?

14 A No, that's not my job.

15 Q Who would do that, if you know?

16 A I don't know.

17 Q Through your job were you aware of any biological weapons research or  
18 dual-use research occurring in China?

19 A Other than what's mentioned here about publication, no.

20 Q And then through your job, was it -- did you come to know or do you agree  
21 that the Chinese Government often hides or conceals information?

22 A I'm sorry. Just 1 second.

23 Q No problem. Take your time.

24 A Just would you repeat that?

25 Q Through your experience do you agree with the fact sheet that the Chinese

1 Government often hides or conceals information?

2 A I would -- I would say -- I would agree that some information is very hard to  
3 get your hands on in China. But the reason for that, I'm not -- I don't know.

4 Q Okay. But it's not, like, through the pandemic, I mean, we saw public  
5 reporting of Chinese --

6 A Oh, no, this is --

7 Q -- China gagging researchers and --

8 A No --

9 Q -- gagging reporter.

10 A -- I didn't -- I didn't see that. No.

11 Q Okay. In the last hour, you were asked a couple questions about kind of  
12 scientific norms and collaboration and why it's important.

13 A Uh-huh.

14 Q Does China follow standard scientific norms and open data sharing that the  
15 United States follows?

16 A I think it varies. In our field, our experience has been that they do comply.  
17 They have complied with the current -- then they change over time -- with the current  
18 data sharing and access during scientific collaborations.

19 Q Continuing on the fact sheet bullet 2, under number 3.

20 "Despite the WIV presenting itself as a civilian institution, the United States has  
21 determined that the WIV has collaborated on publications and secret projects with  
22 China's military. The WIV has engaged in classified research, including laboratory animal  
23 experiments, on behalf of the Chinese military since at least 2017."

24 Were you aware of --

25 A No.

1 Q -- any of that?

2 Were you aware of any classified research being done at the Wuhan Institute of  
3 Virology?

4 A No.

5 Q During Dr. Daszak's interview with us, he told us that EcoHealth Alliance  
6 is -- his example -- but did not conduct any independent biosafety analysis of the Wuhan  
7 Institute of Virology and implied the duty fell on NIH.

8 Does NIAID or NIH conduct independent biosafety analysis of foreign labs?

9 A No, that's the responsibility of another agency.

10 Q Which one?

11 A I think that a part of the CDC, and there's also a private entity in the United  
12 States that does those kind of inspections. But that's -- sorry.

13 Q No, no problem.

14 A That's really outside my field of expertise.

15 Q Do you know the private company?

16 A No, I don't.

17 Q Did the -- does the State Department play any role in vetting foreign labs?

18 A No, not that I'm aware.

19 [Handley Majority Exhibit No. 2

20 was marked for identification.]

21 Mr. Benzine. I want to introduce majority exhibit 2, and some of the names are  
22 redacted. But if the Department is willing to stipulate that you are, in fact, on these  
23 emails, we are --

24 Ms. Ganapathy. Yes, yes, we are willing to stipulate to that.

25 Mr. Benzine. Thank you.

1 BY MR. BENZINE:

2 Q This is an email chain. The only name that's left unredacted is Ping Chen.  
3 But pursuant to that stipulation, you are on these emails. And it is Bates marked  
4 SSCP\_NIH2710 through 2715.

5 Do you recall these emails, this general timeline and circumstances?

6 A Let me see. With it redacted, I'm trying to reconstruct here.

7 [Reviewing.]

8 A Okay. Yes, I recall this.

9 Q I want to draw your attention to the page that ends in 2713.

10 A Okay.

11 Q And this is from October 26th, 2017. And Dr. Chen says that that week she  
12 went to Wuhan to visit the Biosafety Lab 4 at the Wuhan Institute of Virology, an institute  
13 under the Chinese Academy of Sciences.

14 Do you recall that visit?

15 A Yes.

16 Q Just generally, how does a tour like this get set up?

17 A It's challenging because it just takes time. It usually gets set up by  
18 interaction from scientist to scientist. So in this case it was Dr. Chen, a scientist from  
19 NIAID, who interacted with the scientists that she knew there -- I'm not sure who it  
20 was -- to see if they could -- we could make a visit.

21 Because it was our understanding this was the first B4 laboratory that was built  
22 in -- at Wuhan, and because that's a very important thing. We had been asking for quite  
23 some time to be able to meet the people there, hear what they were doing, hear what  
24 they were going to do.

25 So once the laboratory was completed -- it was built with the French assistance.



1 So once the French and the Chinese finished building the laboratory but before it was  
2 actually doing any research, she was invited, because of her NIH connection, to come and  
3 visit the laboratory and basically see the facility, meet some of the scientists that were  
4 there, as is routine with any kind of new laboratory facility around any country where  
5 we've got a person sited.

6 Q Is that kind of the goal or purpose of these kinds of tours, is to just see what  
7 the laboratory is?

8 A Yes. The goal or purpose is to see what the laboratory is like, whether it's  
9 doing work now or not, will in the future, and to have a discussion about the research  
10 that is underway, because that's what we're interested in.

11 Q Going to page 2714, after the long paragraph, paragraph kind of in the  
12 middle of the page, it starts with, "It is clear --"

13 So Dr. Chen writes, "It is clear to me by talking to the technicians that certainly  
14 there is the need for training support as he said being the first one in China, they have to  
15 learn from others."

16 What is she, if you -- what does training support mean in this context?

17 A B4 laboratories, wherever they are, anywhere in the world, require constant  
18 training and review of their procedures and practices, and that's what we do in the  
19 United States.

20 So I think that what this states is that she was seeing that there is a need in this  
21 laboratory, as there are in all of the containment laboratories, to train staff on a regular  
22 basis. And particularly when a laboratory is starting up, there's a big, as there is in any  
23 kind of facility, a big training requirement to be sure and in this case that they're operated  
24 safely.

25 Q Going up the page to the rather large paragraph, towards the middle, there's

1 a sentence that starts with, "The technician --"

2 A Yes.

3 Q And it reads, "The technician who gave us the tour said that they are  
4 considering doing the reverse genetic engineering to generate the virus," referring to  
5 Ebola, "(will need to get permission too)."

6 Is this -- and understanding you're not a scientist, so if you don't know, don't  
7 answer -- but is reverse engineering Ebola a complicated capability?

8 A I don't know.

9 Q Going up to 2712 -- down to 2712.

10 Ms. Ganapathy. Back two?

11 BY MR. BENZINE:

12 Q Back.

13 A Got it.

14 Q At the very bottom is an email from you to Dr. Chen and says, "Thanks for  
15 this report, Ping. I recommend you turn this into a short cable but before you send it for  
16 clearance, please share with us for a quick review. This is a sensitive subject and will be  
17 of interest to others."

18 Can you explain? So you're recommending her turn the trip into a cable. Can  
19 you explain that process? She reports through the embassy, not through you. How  
20 are you making that recommendation?

21 A Right. So what I received from her, which you've just been quoting before,  
22 was of interest to us and NIH. But there was also enough -- because this was the first  
23 visit of a U.S. scientist and an official of the embassy, I thought it was important that she  
24 share what she saw and heard with others in the embassy so that the whole government  
25 apparatus had the benefit of this initial visit.

1           As I understood it, there were also officials at State and the embassy and Wuhan  
2 that were eager to go and visit and were hoping to peg a visit on the back of this.

3           So what I was actually recommending is that she send the trip report to -- up  
4 through her chain of command, both to the health attache, who was the top  
5 representative of HHS, and to the embassy officials at the science, health, and  
6 environment office, which is where she sat under that science counselor.

7           So my recommendation was you gathered enough interesting information that  
8 you should share it with -- up your chain of communication command within the State  
9 structure and within the HHS structure.

10           Q    Was it common for her to come to you for those recommendations versus  
11 her operating or her --

12           A    She didn't come to me for that.   That was my unsolicited suggestion, as you  
13 can see.

14           Q    At the time did she say that she had already sent through it her State  
15 Department chain of command or did she --

16           A    No, not at that time.   It wasn't even a report yet.   It was just this very brief  
17 email with some paragraphs in it.   And that's why I said turn into it a trip report and pass  
18 it forward.   And that's our responsibility and it'll end there.

19           And then the State Department can decide -- Embassy Beijing can decide what  
20 they want to do with that information and how they want to distribute anything or  
21 nothing from it.

22           Q    I guess I'm just wondering why she would send it to you and not the State  
23 Department initially.

24           A    Oh, because this was a visit she was making on behalf of NIH.

25           Q    Okay.

1           A    And, therefore, she was sharing this information with the NIH as the initial  
2 kind of report out.

3           But that's why we decided to move on and -- I mean, if there'd been nothing but  
4 science in it, then the State Department, frankly, wouldn't have been very interested.  
5 But because there were some observations and some other information there, and  
6 because it was the first visit, I suggested that it -- and I can't remember. She may have  
7 said, "Yes, I've already shared it," or, "I will share it with them." I don't know.

8           But that would have been the natural course, is that she would say, "Here's  
9 initially what I saw." And I would say, "Sounds good. I think others will be interested.  
10 Prepare a trip report, more formal document. Send the trip report to the line, up the  
11 line."

12           So that was -- it was just the normal way of doing business when we're dealing  
13 with scientific issues.

14           Q    And then the line you wrote, "This is a sensitive subject and will be of  
15 interest to others," is kind of what you were just saying?

16           A    Yeah.

17           Q    First trip to the WIV?

18           A    Exactly.

19           Q    Interesting items from the trip.

20           A    Exactly. Exactly.

21           BY MR. STROM:

22           Q    Can I just -- because as it reads to me, "This is a sensitive subject and will be  
23 of interest to others," then you go, if you turn to the next page, to the last paragraph, "I  
24 am surprised to hear...their idea on reverse engineering Ebola."

25           And you, obviously, as I would have assumed, too, like, they could just shift

1 samples back. Why do they need to reverse engineer it?

2 A Uh-huh. Uh-huh. But I was wrong about that.

3 Q Right.

4 A See, I assumed that they had -- because they had participated in the  
5 outbreak at Sierra Leone, as we did --

6 Q Right.

7 A -- in the response, I had assumed that they had permission and had brought  
8 back samples. But I was wrong. At least that's what we understood.

9 Ping said, no, they were not able to bring back samples and therefore there were  
10 none.

11 The other important things was, of course, that they had not -- they -- the  
12 clearances there are complicated like our clearances. They had been cleared to work on  
13 these three organisms, but they had no organisms to work on. So, obviously -- and they  
14 were not cleared to work on anything else that required P4 containment.

15 So they were doing nothing. The laboratory was not operational. And that was  
16 the -- that was kind of what was interesting to me that I thought State might be  
17 interested in, because we didn't up until then, at least as far as I know, certainly in the  
18 science community -- I don't know what other communities knew -- but in the science  
19 community we didn't know what State -- where -- how far along they were toward  
20 operations.

21 And this revealed that they were not anywhere near it because they didn't have  
22 permission.

23 Q But it's also a sensitive subject because, as I'm sure you're familiar with,  
24 there was a moratorium on gain-of-function research in the U.S. between 2014 and then  
25 it was lifted the end of 2017. So her visit's coming basically 2 months before the

1 moratorium is lifted.

2 A I don't know those details.

3 Q Okay.

4 A She went in October of '17, whatever that fits into. But as she pointed out,  
5 she saw no research of that nature.

6 Q Well, she was told they're going to try to reverse engineer it.

7 A She was told by a junior technician in passing that that junior technician,  
8 almost as a -- my interpretation -- was a passing comment, which was important to share,  
9 but had no -- there was no -- nothing else she saw or heard from any of the real principal  
10 investigators or scientists there at the Institute gave her any reason to think it was  
11 anymore than a side comment made by a junior but probably ambitious young scientist.

12 Mr. Benzine. Would the people that were giving her the tour have known that  
13 she worked for the U.S. Government?

14 Mr. Handley. Oh, sure, yeah.

15 Mr. Benzine. Would there be concerns that maybe they wouldn't share  
16 everything that they would want to do because she was an official with the U.S.  
17 Government?

18 Mr. Handley. I don't know the answer to that. I mean, you can speculate.  
19 But she didn't feel that they were hiding anything from her, as far as I understand it.  
20 She may be wrong. Who knows?

21 Mr. Strom. So the "sensitive subject" reference is not to reverse engineering  
22 Ebola.

23 Mr. Handley. The sensitive subject is to quite a few things that are in there.  
24 But one aspect of that was this side comment about reverse engineering, which is why we  
25 were very -- why it may -- it was in the trip report that went forward. That comment

1 was in the trip report that went forward because we wanted everything that she had  
2 heard to be reported on up through the chain of communication.

3 BY MR. BENZINE:

4 Q If it was a side comment by a junior person, why were you surprised and  
5 concerned?

6 A The same reason you are. Any time somebody says something like reverse  
7 engineering of Ebola. And this was soon after we had all been dealing with Ebola. I  
8 thought it was something that people needed to hear and in some form or another, but  
9 with the understanding of the context, as well.

10 Q Going to page 2711, so we're kind of working our way up the email chain  
11 here.

12 A Okay.

13 Q At the bottom is an email from Dr. Chen, and she writes, "I don't  
14 think" -- and that redaction is Dr. Gao -- "had brought any Ebola viruses back from West  
15 Africa. I suspect the fact that the country does not allow Ebola to be brought in is, at  
16 least in part, contributed to his strong push to establish the China CDC African center in  
17 Sierra Leone."

18 So is this kind of what you were just talking about --

19 A Yes, exactly.

20 Q -- that they're not allowed to import it?

21 A This is where I learned.

22 Q Uh-huh. The next paragraph down she says, "I was also concerned when I  
23 heard the technician said about reverse genetics."

24 A Uh-huh.

25 Q "I am not sure if they are actually going to do all that. It will need

1 government approval. But just the thought raises concerns."

2 A Uh-huh.

3 Q So, again, what you're saying, we're coming off an Ebola outbreak.

4 A Exactly what I just told you.

5 Q Have a brand new lab that's going to do reverse genetics on Ebola.

6 A Well, "going to do" is the problematic here. But we certainly wanted to be  
7 sure that we knew that was said. Even if the text in the -- even if the person who said it  
8 was not a reliable reporter in any way or a decisionmaker or any of that sort of thing, it  
9 was still said.

10 Ms. Ganapathy. One thing. You just did air quotes. I'd ask you not --

11 Mr. Handley. Okay.

12 Ms. Ganapathy. -- to do that because there's a transcription.

13 BY MR. BENZINE:

14 Q The next email up is from you and writes, "Please send us by email your full  
15 report on the visit and then we can decide what to do with that information."

16 So same thing, you're trying to determine the veracity of whether or not --

17 A No. No, what I meant by that was send me your full report and then we  
18 can -- it can be further distributed.

19 Q Okay. So "decide what to do with that information" is not referring to the  
20 reverse engineering Ebola comment?

21 A Well, it's one of many other aspects as well. But, yes, it's one of the  
22 comments.

23 Mr. Benzine. Okay.

24 I want to -- do you have any --

25 Mr. Strom. No, go ahead.



1            Mr. Benzine.    Move on to majority exhibit 3.

1

2

[Handley Majority Exhibit No. 3

3

was marked for identification.]

4

Mr. Benzine. So it's another email chain between yourself and Dr. Chen and

5

Bates marked SSCP\_NIH2716 through 2717.

6

At the end is an email from Dr. Chen, and she writes that --

7

Ms. Ganapathy. It's two pages.

8

BY MR. BENZINE:

9

Q Yeah, flows onto the second page.

10

She writes, "Regarding the comment on using the reverse genetics to create the

11

virus. It was said by the technician who showed me the facility. He is one of the

12

trained technicians at WIV. I remember he said that since they don't have the Ebola

13

virus, they had 'considered using reverse genetics to create the virus.' And I was

14

shocked to hear what he had said.

15

"I also worry the reaction of people in Washington when they read this. The

16

technician is only a worker, not a decision-maker nor a PI. So how much we should

17

believe what he said? If further question is raised on that sentence, I won't be able to

18

provide further information, as there is no further information there."

19

What was the concern about the reaction of people in Washington?

20

A You'd have to ask Dr. Chen. I'm not sure what she was talking about.

21

Q Did you share a concern of, if this comment was widely distributed,

22

decisionmakers in Washington would have a worried reaction?

23

A No. But we made sure that this went through communication channels in

24

the embassy, and wherever the embassy shared that information, so that the information

25

did reach Washington. I mean, in my mind, because that was one reason why we were

1 sharing information about the visit, including that circumstance, through the trip report  
2 with embassy officials.

3 And what they do with it is in their lane. What we do with it in our lane is share  
4 that with them. And I can't assume what they did with it. But, having worked in  
5 embassies, I know how communications work.

6 Q Dr. Chen continued, "I included it in my report because that was just for  
7 OGR."

8 That's the office in NIAID, correct?

9 A Yes.

10 Q "I reported what I heard and saw. But I don't feel comfortable for broader  
11 audience within the government circle. It could be very sensitive. Should we not  
12 include it?"

13 Did you share that concern?

14 A What she's talking about there is a cable. So it's important to understand  
15 there was the trip report, which had everything in it, went to the State Department, to  
16 the embassy science office.

17 And the embassy science office in part used that trip report but also other  
18 information that they had gathered to prepare a cable, an unclassified cable. So they  
19 drew from the trip report and from other sources to prepare a cable.

20 And what this was about was the cable, not about the trip report. I mean, it may  
21 not be clear here, but that's what it was about. It was about how do you feel about  
22 leaving out that section about the technician in the cable, the unclassified cable going to  
23 Washington.

24 And I said it's up to the State Department, but we don't have -- it's not our call.  
25 It's up to the embassy science office what they put in an unclassified cable and what they

1 don't. But they have the information in total to do with as they see fit.

2 Q Okay. If we look up at the next email from you to her, you say, "As we  
3 discussed. Delete that comment but include info on future BSL-4 labs we were told  
4 would be constructed."

5 Dr. Chen is not an author of the cable. You're not an author of the cable. What  
6 is she deleting the comment from then?

7 A She's not. I mean, that's shorthand from me, saying it's okay if State  
8 Department chooses to delete that comment, because you can't back it up.

9 So I'm just saying it's not -- if you feel and if the science office feels that it  
10 doesn't -- it's already gone where it needs to go, because it's come in under the trip  
11 report, then an unclassified -- and they don't want to include it in the unclassified report,  
12 in a cable report, that's their call. And we're fine with it. We're fine with it either way.  
13 That's not our call.

14 BY MR. STROM:

15 Q So your contention is that the report itself, what we just entered in as the  
16 exhibit, went to the State Department sort of -- went to the embassy science office intact  
17 with the Ebola reference in it.

18 A That is correct, and I know that.

19 Q Okay.

20 A It's not a contention.

21 Q Sure. I'm just -- and then this discussion about whether in January to  
22 delete that reference or not is actually a discussion about the content of the cable.

23 A The State Department cable.

24 Q Okay. I just want to make sure it's sort of clear on the record.

25 A That's correct.

1           Mr. Strom. Okay.

2                       BY MR. BENZINE:

3           Q     Was that kind of standard practice, that you would help Dr. Chen determine  
4 what goes into a cable or what is left out?

5           A     Not always, but occasionally, particularly when it was something she  
6 prepared that had already gone forward like that. "How do you feel about this?" she  
7 would ask. In part because I played a kind of a mentor role to Dr. Chen. This was her  
8 first foreign assignment. I'd done this for my whole career.

9                       So I was simply -- I would simply give her my thoughts on things that she asked me  
10 about. And this was one that was particularly challenging because she felt that she had  
11 a limited amount of information and everything she had shared, she had already shared.  
12 I mean, everything she had, she had already shared.

13                      I don't know -- my assumption was she had some ongoing dialogue with the  
14 science office and with the science counselor and with Consulate Wuhan and with others  
15 at Embassy Beijing because everybody -- even this was -- there was no -- there was no  
16 pandemic on the horizon. This was just us being forthcoming with our colleagues in  
17 other parts of the government with what we had seen when we went on the science visit.

18           Q     You said you know for sure it was shared with the State Department office.  
19 How do you know for sure?

20           A     I know that the trip report in full was shared with the State Department. I  
21 was told that by Dr. Chen.

22           Q     Were you on any emails or correspondence with --

23           A     You know, I don't recall that. But -- I have no idea. But I -- probably.  
24 But this was 5 years ago. But I know -- I mean, that is something I'm sure of.

25           Q     Okay.

1 BY MR. STROM:

2 Q Can I ask one?

3 Within NIAID --

4 A Uh-huh.

5 Q -- how are the OGR -- do you have like a standing meet with Dr. Auchincloss  
6 where you're like, "Here's some interesting reports we've received from our people  
7 stationed abroad"? Between when the report was done in October and when the cables  
8 were finalized --

9 A In January.

10 Q -- in January, are you --

11 A It was only one cable at that point, I think.

12 Q Sure. Are you guys at NIAID discussing the report? I mean, how do you  
13 sort of transmit it internally?

14 A Well, it depends.

15 Excuse me. Suspend the record. I'm really sorry. I better have another one  
16 of these.

17 Ms. Ganapathy. Yeah, take as long as you need.

18 BY MR. STROM:

19 Q Take your time.

20 A It varies. In 2018, when this was, no one was very interested in the details  
21 about what was in various laboratories. I would have shared with him that she had  
22 visited, what was generally discussed.

23 And I would have told him that the full report had gone -- he won't remember this  
24 probably -- but I would have said to him we sent the whole report on up to the State  
25 Department. There may be a cable on this. If we get a cable let me know if you want

1 to see it.

2 I mean, it was sort of -- it was a routine matter that would have been handled as a  
3 checkbox of a list of things. Because at that time we were doing our routine work.  
4 And this was within the function of keeping track of what laboratories.

5 It was interesting because it was their first B4, right? And we knew, we had been  
6 tracking it being built by the French over, gosh, a 4- or 5-year period, I mean, it took them  
7 forever.

8 So, of course, we're interested in any B4 lab built anywhere in the world. So but  
9 particularly because of the SARS history in China, we were very interested in what they  
10 were doing in that arena, as I'm sure you've heard from my colleagues at NIAID. And so  
11 I would have mentioned to Dr. Auchincloss that a visit had been paid and a report  
12 prepared.

13 Q Do you recall if he was involved in the discussions about how to finalize the  
14 cable?

15 A No, I don't recall. It would not have been routine.

16 Mr. Strom. Sure.

17 BY MR. BENZINE:

18 Q After the pandemic broke out, did you have any conversations with  
19 Dr. Auchincloss or Dr. Fauci regarding the trip?

20 A No, other than to say that we knew WIV, we knew WIV, and that a couple of  
21 years ago Dr. Chen had visited before it was operational.

22 Q After the pandemic broke out, did either of those people come to you and  
23 say, "Hey, do we have anybody in China that we can talk to, any U.S. Government  
24 employees in China that we can talk to?"

25 A Well, they knew she was assigned there.

1 Q Did you facilitate any conversations between Dr. Chen and Dr. Fauci or  
2 Dr. Auchincloss?

3 A No, not that I recall.

4 Q I want to --

5 A That wouldn't have been the usual. The usual would have been for me to  
6 be in touch with her.

7 Q But worldwide pandemic, we've got a --

8 A Yeah.

9 Q -- we've got a person --

10 A We were all moving at light speed. So, I mean, certainly they could have  
11 spoken to her if they wanted to, but I don't know that that occurred.

12 Q Okay. I want to introduce majority exhibit 4.

13 [Handley Majority Exhibit No. 4  
14 was marked for identification.]

15 Mr. Handley. It's so funny what was chosen to be redacted and what wasn't.

16 Mr. Benzine. I agree.

17 Ms. Ganapathy. They agree with that.

18 Mr. Handley. I mean, it's so obvious what they've redacted that it's kind of a  
19 charade.

20 Mr. Benzine. Oh, making our argument for us.

21 Mr. Handley. Yeah, I mean, honestly.

22 Ms. Ganapathy. Thank you, Mr. Handley.

23 Mr. Handley. I'm sorry. I can't be the first to have noticed that.

24 Mr. Strom. Perhaps on the record.

25 Mr. Benzine. This is --



- 1           Mr. Handley.   No, please, don't put that on the record.
- 2           [Laughter.]
- 3           Ms. Ganapathy.   All this is going on the record.
- 4           Mr. Handley.   Well, it's --
- 5           Ms. Ganapathy.   Let's get back to the question.
- 6           Mr. Handley.   Okay.   Sorry about that.
- 7           Mr. Benzine.   So this is majority exhibit 4.   It's an email chain.
- 8           Mr. Handley.   Can I have just a minute?
- 9           Mr. Benzine.   Yes, of course.
- 10          Ms. Berstell.   What are the -- are there any --
- 11          Mr. Benzine.   The Bates numbers got cut off.   It's produced by you guys.   It's
- 12   5630 through 5635.
- 13          Ms. Berstell.   Thank you.
- 14          [Reviewing.]

1

2 [12:23 p.m.]

3

BY MR. BENZINE:

4

Q So at the end of this exhibit is a cable entitled "China Virus Institute

5

Welcomes More U.S. Cooperation on Global Health Security."

6

So you just kind of referenced that the cable based off Dr. Chen's trip was the first

7

cable. This is the second cable?

8

A Yes, as far as I know, and it reports on a different visit. It reports on the

9

subsequent visit that Dr. Chen helped to set up, because she was allowed to go in the first

10

time, of the Consulate Wuhan officials and the counselor for science, health, and

11

environment. And there may have been one or two -- I am not sure who else was there,

12

but I know they were.

13

And after that visit they prepared this cable, some of which picks up a little bit of

14

what was in the earlier cable, but it's mostly based on what they saw and heard when

15

they were there in '18.

16

Q And then on the -- I apologize, the printer cut off the numbers, but on the

17

back of the first page --

18

A Yeah.

19

Q -- there is an email from April 15th, 2020.

20

A Yeah.

21

Q And it says, "Hi, Ron, Adrienne and Chen Ping."

22

First, who is Ronald Moolenaar? Do you know?

23

A I don't recall. A State Department official, I assume.

24

Q Okay. And it reads, "As I am sure you are quite aware at this point the

25

cables ESTH wrote on the WIV lab and the concerns we had about the findings of the

1 papers on bat coronavirus research have become big news lately. Secretary Pompeo is  
2 looking for a timeline of the cables and the interagency's reaction to the cables. Do you  
3 all have time to discuss this with me? I have a very good memory of most of drafting  
4 aspects, but I have no visibility on how they were received outside of State."

5 And going on to the bottom of the first page, Dr. Chen forwards this whole email  
6 chain to you and says, "I am sure you read the article yesterday in Washington Post about  
7 the State Department Cable. Last night [redacted] from the state department called  
8 me."

9 Do you happen to recall who that redaction is?

10 A What were you reading here?

11 Q The very bottom email on the first page.

12 Ms. Ganapathy. So, Mitch, you're asking what is under the redaction?

13 Mr. Benzine. If he recalls which State Department employee called her.

14 Ms. Ganapathy. You can answer whether you recall that. But I would say that  
15 we redacted that for a reason and --

16 Mr. Benzine. What was the reason?

17 Mr. Strom. What was the reason?

18 Ms. Ganapathy. Well, privacy interests concerning individuals who don't -- who  
19 are outside of our agency, but are within the executive branch. So I don't think we  
20 would be inclined to get into that today.

21 If you find it -- if it is very important for your investigation moving forward we can  
22 talk about lifting that for you at a future time, but this isn't really the context to --

23 Mr. Strom. We have talked to the State Department and they have made this  
24 assertion.

25 Ms. Ganapathy. Our understanding -- well, I haven't, but this is just my

1 understanding, that it is an important interest for them. But if you want to talk about  
2 seeing under redactions, we can talk about that later. I think that's a question for later.

3 Mr. Benzine. If he recalls who that is, I would like him to answer it.

4 Mr. Handley. What's your question again?

5 Mr. Strom. Who is the person?

6 Mr. Benzine. Who is the person at the State Department that called Dr. Chen?

7 Ms. Ganapathy. So, Mr. Handley, I would instruct you not to answer.

8 Mr. Handley. Yeah, I don't know.

9 Ms. Ganapathy. If you knew.

10 Mr. Handley. I don't know. "Last night" -- oh, that's who you want to know. I  
11 don't know.

12 BY MR. BENZINE:

13 Q Okay.

14 A I'm not even sure I would have known at the time.

15 Q Okay.

16 A The only thing I knew was from the State Department. That's all I knew.

17 But she's talking about -- yeah. No, that's fine. Sorry. No, I don't know who that is or  
18 was.

19 Q Okay. Yeah. You then requested Dr. Chen to call you regarding this  
20 whole situation. Do you recall if you ever spoke to her about the Washington Post  
21 article and the release of these cables?

22 A I don't recall that. Yeah, I don't recall that.

23 Mr. Benzine. That's a good stopping point. We can take a break. We can go  
24 off the record.

25 [Recess.]

1 [REDACTED] Good afternoon, Dr. Handley. I'm going to pass things over to my  
2 colleague, [REDACTED], to ask a couple of questions.

3 [REDACTED]. Thank you again for being here. Appreciate it.

4 Mr. Handley. No problem.

5 [REDACTED] I'd like to revisit a State Department fact sheet that my majority  
6 colleagues discussed in the previous round that says majority exhibit 1.

7 In the last round you were asked about reports of researchers at the Wuhan  
8 Institute of Virology falling ill in fall of 2019.

9 [Handley Minority Exhibit A  
10 was marked for identification.]

11 [REDACTED] I'd like to enter into the record the Office of the Director of  
12 National Intelligence's declassified evaluations of the origins of the pandemic. This is a  
13 document titled, "The Potential Links Between the Wuhan Institute of Virology and the  
14 Origin of the COVID-19 Pandemic," which we can mark minority exhibit A.

15 I will give you a moment to familiarize yourself with that. Once you have had  
16 that moment, if you could turn to page 6 and take a look with me at section titled, "WIV  
17 Researchers Who Fell Ill in Fall 2019.

18 Mr. Handley. Okay. Could I have a minute?

19 [REDACTED] Of course.

20 Mr. Handley. This is -- I've never seen this before. I don't recall seeing it  
21 before. I don't know. June of '23, no, I haven't seen it.

22 [Reviewing.]

23 [REDACTED] Just let us know when you're ready.

24 Ms. Ganapathy. Are you going to be asking about the whole thing or just page  
25 6?

1           ██████████. Page 6. And then I will ask us to take a look at one more page,  
2 but that will be very succinct.

3           Ms. Ganapathy. So you could probably just look over page 6.

4           Mr. Handley. Okay.

5           [Reviewing.]

6           Mr. Handley. Okay.

7           BY ██████████

8           Q In the first paragraph on page 6 the text reads, and I quote, "The IC  
9 continues to assess that this information neither supports nor refutes either hypothesis of  
10 the pandemic's origins because the researchers' symptoms could have been caused by a  
11 number of diseases and some of the symptoms were not consistent with COVID-19."

12           In the last paragraph on page 6 the text reads, quote, "While several WIV  
13 researchers fell mildly ill in Fall 2019, they experienced a range of symptoms consistent  
14 with colds or allergies with accompanying symptoms typically not associated with  
15 COVID-19, and some of them were confirmed to have been sick with other illnesses  
16 unrelated to COVID-19."

17           Is that correct?

18           A You just read it.

19           Q Yes.

20           A Yes.

21           Q And do you have any reason, Mr. Handley, to question the validity of the  
22 intelligence community's evaluation of this matter?

23           A Absolutely not.

24           Q Now, if you will bear with me and turn to page 3 in this document. I will  
25 give you a moment there.

1 A Okay.

2 Q You will see here a section titled, "IC Assessments on COVID-19's Origins."  
3 Fourth bullet within this section reads, quote, "All IC agencies assess that SARS-CoV-2 was  
4 not developed as a bioweapon."

5 Mr. Handley, is there any reason in your knowledge or in your opinion to question  
6 the validity of the intelligence community's evaluation of this matter?

7 A None.

8 [REDACTED] Thank you.

9 With that, I will turn it over to [REDACTED]

10 BY [REDACTED]

11 Q I would like to turn our attention to Dr. Chen's October 2017 visit to the  
12 Wuhan Institute of Virology BSL-4 lab and the report that followed. If some of these  
13 questions seem to elicit a similar answer that you gave in previous rounds I thank you for  
14 your patience.

15 In October 2017, when Dr. Chen visited the BSL-4 lab, that was a new BSL-4 lab  
16 that was not yet fully operational, correct?

17 A That's my understanding.

18 Q And after her visit she wrote a report to you about her observations from  
19 that visit, correct?

20 A That's correct.

21 Q Okay. Great. Is it your understanding that the January 18th, 2018, State  
22 cable, the first of the two that year, was composed from Dr. Chen's email and the report  
23 that followed?

24 A In part.

25 Q In part? Okay. So I think it would be useful for us to introduce that

1 January 18th cable as minority exhibit B. And I'll give you a second to take a look at it.

2 [Reviewing.]

3 [Handley Minority Exhibit B  
4 was marked for identification.]

5 Mr. Handley. Okay.

6 [REDACTED] Now, this cable and the second one, in April 2018, have attracted  
7 significant attention and controversy in large part due to an April 14th, 2020, Washington  
8 Post article about them.

9 Are you familiar with that article? I believe it was mentioned in the previous  
10 round.

11 Mr. Handley. I remember that there was an article, but I would have to see it  
12 again to remember the content.

13 [REDACTED] Okay. Just to refresh --

14 Mr. Handley. Is it among your papers?

15 Ms. Ganapathy. They will show you what they need to show you.

16 Mr. Handley. Okay.

17 No, I don't recall the content of that. I just recall that there was such a report.

18 BY [REDACTED]

19 Q Okay. I guess, just to refresh your memory of the gist of the article was  
20 trying to say, it says in that article, "The first cable, which I obtained, also warns that the  
21 lab's work on bat coronaviruses and their potential human transmission represented a  
22 risk of a new SARS-like pandemic."

23 But now I'd just like you to take a look at minority exhibit B again and to take a  
24 look at what the January 2018 cable actually says about the WIV's SARS-like work. I  
25 believe that would be on the last page, under section 6.



1           Could you just take a look at that section and let me know when you're done?

2           [Reviewing.]

3           A     Okay.

4           Q     Great.    So I'll be honest with you, from our read what that section seems to  
5           be saying is that WIV can still be productive despite limitations to the BSL-4 lab.

6           Researchers have made an important discovery of SARS-like coronaviruses that suggest  
7           similar viruses present a future public health threat.   And the work is critical to better  
8           understand SARS-like coronaviruses so that a future outbreak can be prevented.

9           So I just want to note that that's -- you share that sense?

10          A     Well, I think you have quoted from this, haven't you?

11          Q     Yes.    I'm trying to get at what the plain text of this cable actually says.

12          A     Okay.   Go through that one more time, please.

13          Q     That WIV can still be productive despite the limitations to this BSL-4 lab, that  
14          researchers have made an important discovery of SARS-like coronaviruses that suggest  
15          similar viruses could present a future public health threat, and that work to better  
16          understand SARS-like coronaviruses is critical to preventing a future outbreak.

17          A     That's correct.

18          Q     Okay.   So to some extent Dr. Chen helped draft this cable.   And at the  
19          time of this release she was the only person who had both visited the WIV and helped  
20          draft the cable.   Does that sound right?

21          A     That -- in this -- at this point, yes.

22          Q     Yes, at the time of this cable's release.

23          A     Yes, that's correct.

24          Q     Okay.

25          A     But the cable includes information not just from her visit, as I said before.

1 Q Sure. That's true.

2 So as the only person who at this time had visited the WIV and contributed to this  
3 cable, and you have had conversations with her, do you recall her ever telling you at that  
4 time or pressing upon you after her visit that the lab's  
5 SARS-like work itself presented a new SARS-like pandemic threat?

6 A No.

7 Q Okay. And at the time that you two read the cable when it was released,  
8 did you two read it as urging that the lab's work itself represented a risk of a new  
9 SARS-like pandemic?

10 A The lab's research itself?

11 Q Yes.

12 A -- offered that risk? No. I think that our view was that without this  
13 research going on we would be blindsided by the evolution of a new SARS-like virus that,  
14 as this noted, that had -- based on the publications -- that had some risk to humans. So I  
15 think it's the opposite of that.

16 Q Okay. And this may be a similar answer, but as the drafter, did Dr. Chen  
17 express to you an intent for this cable to be read as a specific warning against WIV's  
18 SARS-like work?

19 A Dr. Chen did not draft this cable. So I don't think she would have and I  
20 don't recall her ever characterizing it one way or another.

21 Q Right. She didn't draft the cable but her report kind of -- the cable drew  
22 from her report?

23 A That's correct.

24 Q Okay. There was a second cable later in 2018, in April, an update, if you  
25 will, that followed a visit by two State Department officials. I believe it was also

1 mentioned in a previous round.

2 A That's correct.

3 Q So according to that April 19th, 2018, cable, the BSL-4 lab became fully  
4 operational and began work in early 2018. And, according to public reporting, this cable  
5 followed a March 27th, 2018, visit by State Department officials. So that would be  
6 around 5 months after Dr. Chen's October 2017 visit. Does that sound right?

7 A Yeah, more or less.

8 Q Okay. So let's take a look at that cable. And it was introduced in an  
9 earlier round in a set of emails from majority exhibit 4, and it would be on the third page  
10 of majority exhibit 4.

11 A Just to point out, that's not the actual cable.

12 Q Okay.

13 Ms. Ganapathy. Are you talking about this page?

14 Mr. Handley. Yeah. Yeah. But it's not the actual cable.

15 BY [REDACTED]

16 Q Sure --

17 A It's the alleged content of the cable that has not -- this doesn't -- this  
18 is the -- what you just shared with me, this is a copy of the cable.

19 Q Okay.

20 A 138, Beijing 138.

21 Q Okay.

22 A What's in this email is not a cable, but it's the anticipated but not yet cleared  
23 content of a potential cable.

24 Q Okay. So maybe just be more clear for us to reference the cable itself  
25 directly. So I'll just introduce that as minority exhibit C.

1 [Handley Minority Exhibit C  
2 was marked for identification.]

3 BY [REDACTED]:

4 Q And please take a look at it to refresh your memory, if you need to.

5 [Reviewing.]

6 A Okay.

7 Q Okay. So from your review and from your recollection of this April 2018  
8 cable, do you see it being drawn in here a direct association between the shortage of  
9 trained staff and of biosafety risk at this lab?

10 A I'm sorry. Could you just repeat that real quick?

11 Q Sure. In this cable --

12 A Yeah.

13 Q -- it's noted in the first paragraph that there is a shortage in one sentence of  
14 a staff. In that sentence --

15 A In the summary paragraph?

16 Q Yeah.

17 A Okay.

18 Q So in that sentence, do you see any direct association between a shortage of  
19 staff and a biosafety risk at this lab?

20 A I see what you mean.

21 You know, I'm not qualified to link that statement with biosafety risk. That  
22 would be determined by very well-trained professionals who can assess the number and  
23 quality of training in an operating laboratory and then draw a conclusion about its safety.  
24 And those decisions are made by the people who license B3, B4 high containment  
25 laboratories.

1 Q Okay. I'll just read that one sentence in the cable where it notes a staff  
2 shortage.

3 The cable says, quote, "Its role as operator of the just-launched Biosafety Level 4  
4 (or 'B4') lab -- the first such lab in China -- opens up even more opportunities for expert  
5 exchange, especially in light of the lab's shortage of trained staff."

6 A Uh-huh.

7 Q The cable's summary also includes at the top and encourages that, quote,  
8 "The United States should prioritize expanding our already significant cooperation with  
9 this institute."

10 The April cable -- and tell me if I'm wrong -- opposite of telling WIV to stop and  
11 stay away, it's saying that the U.S. and China should cooperate on the important work to  
12 be done there. And also this cable is a cable that is followed by a visit by not Dr. Chen,  
13 but two State officials.

14 Does everything I say sound correct?

15 A This cable followed, it didn't -- it wasn't the other way around. The visit  
16 happened and then the cable was prepared.

17 Q Right.

18 A Not the cable and then they visited.

19 Q Right.

20 A And my interpretation of that, of those sentences, is the same as yours.

21 Q Okay. Right. So this cable followed --

22 A In part because SARS at this point and the origins of SARS could only be  
23 studied in China where access to the bat population that was assumed to have a role of  
24 some kind at this point was the only place it could be studied.

25 Q Okay. So --

1 A In my understanding.

2 Q This cable followed a visit, correct?

3 A Correct.

4 Q Okay. And that visit was not the October 2017 visit?

5 A No. This was a second visit.

6 Q Correct.

7 A And it was a visit by officials from Consulate Wuhan and the science  
8 counselor, a very high-level person, and the Wuhan counselor. So these were high-level  
9 State Department officials from the science office at Embassy Beijing.

10 And there may have been others. I don't remember if there were others with  
11 them. But I know that those two officials were represented.

12 Q Okay. So going back to the October 2017 visit now.

13 A All right.

14 Q The facility that Dr. Chen visited at that month in that year, was it where the  
15 research that -- if you know -- that EcoHealth Alliance was being conducted? Was the  
16 research EcoHealth Alliance conducting -- conducted at the BSL-4 lab?

17 A At the time that Dr. Chen visited the new BSL-4 laboratory, it's my  
18 understanding -- and she reported -- that it was not operational.

19 Q Okay.

20 A It had not yet started to perform as a research laboratory.

21 Q And you are aware that the BSL-4 lab was at a separate location from WIV's  
22 main campus?

23 A That's correct.

24 Q Is it your understanding that the work that EcoHealth Alliance was  
25 conducting at the time was not at the BSL-4 lab but actually at the main campus?

1           A     Well, I can only say that if the BSL-4 lab was not operational for any  
2     research, then it would be hard to -- and then that's antithetical to any research being  
3     done there, right?  It's not yet certified to undertake -- it was probably certified, but it  
4     hadn't yet started operating, is my understanding, is that it was authorized to initiate  
5     activity but the activity had not yet started.

6           Q     And this could be an easy answer, but are you aware of any work creating  
7     chimeric SARS-like viruses at the BSL-4 lab?

8           A     I'm aware of what's been published, but I'm not aware of anything other  
9     than what you would have read in the publications.

10          Q     Right.

11          A     Or anybody would have read.

12          Q     Okay.  And correct me if I'm wrong, but Dr. Chen previously visited WIV in  
13     July 2015.  Are you aware of that visit?

14          A     No.  I'm trying to remember.  I just don't remember, I don't remember.

15          Q     Are you aware of her meeting with Dr. Shi who worked at the WIV?

16          A     I'm aware that she had met her before, that Dr. Chen had met Dr. Shi before  
17     visiting the laboratory.  But my memory is that it was at a conference or a workshop,  
18     something of that nature, a scientific interaction at a meeting of some kind.

19          Q     What information did she -- did Dr. Chen share with you about her meeting  
20     with Dr. Shi?

21          A     Well, clearly, I don't remember much about that.  I think that the reason  
22     for the meeting would have been the fact that Dr. Shi was a minor subcontractor under  
23     an NIH domestic grant, and that would have been how they came into each other's  
24     company somehow.

25                 But I don't remember the -- I don't remember, A, that the meeting really

1 happened, except I think I remember a little bit that they were at a meeting together.

2 But that's all I remember.

3 Q Okay. Great. I'll turn it over to [REDACTED]

4 BY [REDACTED]:

5 Q Mr. Handley, I just want to drill down a little bit into your conversations --

6 A Sure.

7 Q -- with Dr. Chen about her October 2017 visit to WIV.

8 A All right.

9 Q In the previous round of questioning we talked about how a, I think as you  
10 described it, a junior technician told her that the WIV was considering reverse  
11 engineering the Ebola virus, correct?

12 A That's what she reported.

13 Q But you were both skeptical of that information?

14 A I would say we were -- we were unconvinced because of the source and the  
15 fact that there was no corroborating information found or heard from any of the  
16 decisionmakers or principal investigators at the WIV at that time.

17 Q And is it your understanding that the types of viruses and research on those  
18 viruses that can take place at Chinese labs is highly regulated by the Chinese  
19 Government?

20 A That's my impression.

21 Q And at the time that Dr. Chen wrote her report -- or wrote her email to you  
22 about her visit -- did China allow the importation of Ebola?

23 A She reported that it did not.

24 Q And is it your understanding, as Dr. Chen noted, that the WIV would need  
25 Chinese Government permission to reverse engineer Ebola?



1 A She reported that in her message, which didn't surprise me.

2 Q And is it your understanding, as Dr. Chen noted, that the WIV did not have  
3 the Chinese Government's permission to work on SARS?

4 A I don't recall her saying that. Where is that?

5 Q That was in her reporting on her visits, I believe. I don't have the exact cite.

6 A I think they were already publishing on SARS at that point.

7 Q On SARS or on SARS-like?

8 A Honestly, I don't recall the difference. But I know -- I mean, I think they  
9 were working on SARS. But I really -- I mean, if Ping reported that they weren't doing  
10 any work on SARS then I would trust her report. But I was under the impression that  
11 they had been doing some work on SARS.

12 Q Do you have any knowledge of WIV --

13 A Or maybe SARS-like coronavirus. I mean, it may be one or the other. I  
14 don't know.

15 Q Sure. Thank you for that distinction.

16 And do you have any knowledge that the WIV would have been operating on  
17 research without gaining the prior permission that they were required?

18 A Oh, no, that would be a surprise. That's not going to happen in China, I  
19 don't think.

20 [REDACTED] Thank you.

21 I'm going to turn things over to my Energy and Commerce colleague, [REDACTED]  
22 If we need to reorganize seating.

23 BY [REDACTED]

24 Q Echoing my colleagues, thanks very much for being here. I'm [REDACTED]

25 [REDACTED] I'm on the Energy and Commerce Committee's minority staff.

1           A    All right.

2           Q    So a few, sort of zooming out from cables and some of these specifics, I  
3 wanted to ask you a few questions just about the role and importance of international  
4 scientific collaboration in addressing pandemics, and we can start with this one.

5           I think, if I recall, early on you were talking about how as a function of the  
6 international research and the international scientific community there was -- I don't  
7 want to put words in your mouth -- but I think you said 9 months is a very rapid,  
8 scientifically speaking, I think, response to this pandemic.

9           A    Uh-huh.

10          Q    Could you just talk about, based on your years of experience, how the  
11 international relationships in the scientific community between the U.S. research  
12 community and in Asia, Europe, Africa, everywhere, impacted our ability to identify and  
13 respond to SARS-CoV-2 and COVID-19?

14          A    Gosh, that's a big question.

15          Q    Yeah.  Take your time.

16          A    The whole response to COVID-19 was an international response.  Our -- the  
17 relationships that had been built up over decades between U.S. investigators and foreign  
18 investigators allowed for the rapid exchange of information about genetic sequencing, for  
19 the sharing of data as research resulted -- was done on transmission and on prevention  
20 and on clinical interventions.  And that allowed each research team to kind of leapfrog  
21 each time.

22          So if somebody else was doing work on -- and, in fact, in some cases where there  
23 were multiple therapeutics under trial, the job was kind of divvied up among investigators  
24 in various places so that not everybody was working on the same thing.  So we got  
25 multiple answers in the same amount of time.

1           As you know, there were companies all over the world that invested in -- invested  
2 heavily in this. Through Warp Speed we invested heavily, the United States invested  
3 heavily in multiple approaches to vaccine discovery. And several of those vaccine  
4 pathways actually were the result of international research where American investigators  
5 collaborated with foreign investigators.

6           As we were gathering the information needed to provide advice about public  
7 health interventions, about prevention, et cetera, it was invaluable to know what was  
8 happening in other countries that were kind of ahead of us on the infection curve. So  
9 Italy, for example, China, Thailand had some of the earlier cases, Japan.

10           It was so useful to be able to have the contacts that we had through our  
11 programs, many times our small, bilateral, or joint programs where we had the contacts  
12 that we needed to be able to reach out and say -- and the trust.

13           I mean, the other -- I'd say the other fundamental element of supporting  
14 international science is that you build up a generation that trusts the United States and  
15 that trusts the research organization of the United States to take a completely scientific  
16 approach to a problem like this.

17           And it was that trust that allowed many foreign scientists to share with us very  
18 sensitive information about the number of cases they were having, how many were  
19 dying. I mean, things that were kind of tough, very tough to share, but are necessary if  
20 you're trying to get a handle on something like this that's raging rapidly across the planet.  
21 And unprecedented really. No living person had ever dealt with anything like this.

22           The other thing is that because of the collaborations that we had built up over the  
23 years, both in research and in surveillance, many countries used American systems that  
24 were easily transcribed for us.

25           So although all surveillance is different in each country, many of them had worked

1 with other -- with CDC and other agencies so they could share data. Not through the  
2 same system, I wish we did have that but we didn't, but they knew and had trusted  
3 among themselves that they could share information, scientist to scientist. And the  
4 same was true for research. So there was no proprietorship.

5 And one of the drawbacks, of course, of science is that it's competitive. One of  
6 the advantages of science is that it's competitive. But it means that in some cases  
7 scientists are very protective until they've published and have ownership of what they've  
8 discovered.

9 In the case of this outbreak, a lot of that was set aside, I'd say virtually all of it, and  
10 scientists were eager to share even raw data or early pre-publications with each other,  
11 even though it meant, "I'm giving up the right to own this." But everyone recognized  
12 the seriousness of this.

13 And part of that was due to the trust that had been built up, that in a moment of  
14 crisis we need to call in all of the investments that we've made before in building up  
15 relationships, in having institutions that can do this work, and we know they can do it so  
16 we trust them, in having scientists who are well trained -- many of them in the United  
17 States, thank goodness.

18 So they had a direct relationship with an ongoing mentor, if you will, or collegial  
19 relationship with some of the top scientists all around the world.

20 So all of those things which were elements that we built up over decades of  
21 cooperation led us to be able to do work in the quickest possible way and to be able to  
22 publish and get access to data that would kind of help scientists leap over. "You don't  
23 have to go down that path. We already know it's a dead-end. Go over here. Go over  
24 here." And I think that played a remarkable role.

25 No one's really written about this. I mean, it would be nice if somebody would

1 take the time to talk about this because it was the undercurrent, it was the background, it  
2 was something that only kind of the insiders knew was happening, but it was so  
3 fundamentally important to getting to the goal as quickly as we and scientists around the  
4 world did, was to get to this goal of effective treatment, effective control, and, of course,  
5 vaccines, several vaccines that were more effective than any -- than almost any other  
6 vaccine. It was just remarkable.

7 And a lot of that was built on this foundation of invisible work that had been done  
8 for years to build up cadres of collaborating scientists that work across all the national  
9 lines, because science really knows no -- it's cliché, but it's true -- knows no boundaries.  
10 And they really did cooperate and collaborate with each other.

11 I think we've fallen back now into our old patterns, but that was, for that time  
12 when it was so urgently needed, I think it was there.

13 And that's another reason that going forward we need to be sure we continue to  
14 maintain the programs that allow this kind of cooperation to occur because there will be  
15 another pandemic. I mean, every infectious disease expert and public health official  
16 knows that someday this will happen again, probably sooner than 100 years, like the last  
17 round, just because of the changes in the world.

18 And we need to be even better prepared than we were before. But I'm afraid  
19 that the lessons of the pandemic are already being forgotten. And funding is not being  
20 directed toward preparedness and funding is not being directed toward increasing  
21 collaborative research, which is really going to be essential, and we'll pay the price when  
22 that happens. But people have a short memory.

23 And it was those investments -- which were not very big, they were really,  
24 compared to the overall enterprise, quite small investments in international work, very  
25 small investments, even at NIH. It's never been above 8 or 10 percent of our budget

1 that goes into international collaborations, but that made such a difference in this  
2 particular case.

3 So hopefully people will realize that some things ought to be separate from  
4 politics and there ought to be investments because they set the stage for this kind of  
5 success. It's hard to call it a success when hundreds of -- tens of millions of people died,  
6 but it could have been so much worse.

7 And I think that the success of what was achieved needs to be celebrated,  
8 recognized, and then advanced for the future.

9 Anyway, enough soapbox.

10 Q Oh, no. Fortunately, all that is now written down, so that's a start. And  
11 you anticipated a couple other questions that I had, which is helpful.

12 I mean, one that I had is, in your view, what are, when it comes to international  
13 research collaboration and America's role in it, what do you think are the lessons that  
14 should be learned?

15 And then if you can expand a little bit, I think you started, but your observations  
16 on, are we responding appropriately to those lessons, in your view?

17 A We are the one essential player at this table, because we have by far the  
18 most robust scientific establishment, we're a huge country, we have remarkable talent,  
19 we've attracted the best talent from overseas and employed them.

20 We have an unparalleled system of academic institutions in all of the States of the  
21 United States. It's decentralized, which is a good thing, but we centralize funding so  
22 that they all get resources they need.

23 And not just for infectious disease, although that's what we're talking about today,  
24 but our discoveries drive cancer and eye disease and diabetes, all of those things, because  
25 the United States has been willing to invest in both the resources for the research itself,

1 the institutions that can do that research, and the individuals, most importantly, the  
2 individuals who have the ideas and can move things forward.

3 And then we've had in place some encouragements for the private sector to also  
4 be engaged. Those are all really important and key pieces to this bigger endeavor.

5 I think people take health a little bit for granted and they assume that new drugs  
6 will come out of the ether or something or that we'll understand -- we already  
7 understand all the diseases that we need to understand. And the truth couldn't be  
8 further -- that couldn't be further from the truth.

9 We're really just -- I mean, there is just so much more to be learned. And we  
10 learned this from COVID, that you think you know a lot about something, but you find out  
11 that you really know very little.

12 I mean, we're still studying the long-term impact of COVID-19. We don't know  
13 the answers yet. And it will be a while till we do. It's critical that that work continue,  
14 otherwise people will suffer.

15 So I don't know that I answered your question, but it's just there is just no other  
16 way, other than study and research and the sharing of knowledge to advance humans'  
17 ability to confront diseases and health threats, at least in the clinic and in public health.  
18 I mean, there's other things that have to be done.

19 And, truthfully, I mean, the commitment that the United States has made since  
20 the 1930s to biomedical research has been unprecedented throughout the history of  
21 mankind. And I think -- or humankind -- and I think that it's taken for granted by many  
22 people, that, oh, you know, this progress is going to happen.

23 It's not magic. It takes a great deal of work over decades and generations to get  
24 to where we are now and it can disappear in about 5 years if we don't continue to fund  
25 and train and prioritize and reward scientific research, discovery, and the application of

1 that discovery into new countermeasures.

2 Q You mentioned the importance of trust, trust in the international community  
3 and the American scientific community and government.

4 Any view on how our country's response to the pandemic, interactions with  
5 international research communities since the beginning of the pandemic and on, has that  
6 impacted, in your view, how others might trust us more, less, the same, in a different  
7 way?

8 A You know, I don't know that I have an answer to that. I think that would  
9 take a little bit of study. And what I -- I mean, it would just be conjecture if I answered  
10 that. I mean, I think it's something we have to pay attention to because if we lose that  
11 trust, then we've lost a major tool in our armamentarium for public health and medicine.

12 So I think that we have to pay attention to that. But whether we've lost  
13 anything, I couldn't say without doing a little bit of study.

14 [REDACTED]: How are we doing on time?

15 [REDACTED] 15 minutes.

16 [REDACTED]: Okay. Great. I'll keep going.

17 All right. I want to show you -- we'll introduce -- marking as minority exhibit D, I  
18 think we're up to.

19 [Handley Minority Exhibit D  
20 was marked for identification.]

21 BY [REDACTED]:

22 Q For the record, this is an email chain, the most recent of which is May 14th,  
23 2020, and this is Bates stamped CMRECOHEALTH004276. Take a look through this and  
24 then just look up when you're -- whenever you're ready for questions on this.

25 [Reviewing.]



1 A Okay.

2 Q So we can probably cut to the chase a little bit.

3 So this is an email chain that is about the termination of the NIH grant to  
4 EcoHealth Alliance, specifically their grant "Understanding the Risk of Bat Coronavirus  
5 Emergence," correct?

6 A No, that's not correct. It's an email chain about a publication, the  
7 publication of an ASTMH statement entitled, "Science Not Politics: Stand Up For the  
8 Integrity of the Scientific Peer-Review Process."

9 Q So this is an email chain discussing their statement?

10 A Pardon me?

11 Q This is an email chain then discussing that statement?

12 A That's correct. Conveying -- it's an email chain with me just raising it to the  
13 attention of others at NIH.

14 Q And I just wanted to ask in the -- so on the top of the first page, the most  
15 recent in time email, you write, "A very sad day when NIH agreed to cancel a grant  
16 without cause and with no protest."

17 Is that statement in regards to the EcoHealth Alliance grant?

18 A I'm not sure exactly what grant, but it might have been.

19 Q Do you recall what your reaction was when you heard about the cancelation  
20 of the EcoHealth Alliance grant back in April of 2020 at that time?

21 A My reaction -- my immediate reaction was to ask why, why it had been  
22 canceled, and to ask -- no, that's it, why had it been canceled.

23 Q And, I mean, and I guess not only was that your reaction, but did you ask  
24 people why?

25 A I don't really recall. I mean, it's -- because this was a grant management

1 issue, it was outside of my lane. The only reason I knew much about it is because of the  
2 whole discussion about the involvement of WIV in a small portion of that grant and other  
3 countries as well.

4 But I don't remember that I specifically asked anyone that question. I'm not sure  
5 who I would have asked. But it would have been a question to be asked within the grant  
6 management structure, which I am separated from intentionally.

7 Q Understood. I guess I'm just trying to understand, your statement here  
8 suggests that you said it's "a very sad day when NIH agreed to cancel a grant without  
9 cause and with no protest." And would that reaction, I guess, have been to public  
10 reporting and a general understanding of what was happening rather than internal  
11 conversations that you had?

12 A Yeah, that's correct.

13 Q Okay. And I guess can you just go into a little bit why was that your  
14 reaction, why it's a sad day for NIH when they canceled a grant without cause and with no  
15 protest?

16 A So it's so important to maintain a separation between science and the  
17 integrity of science and other issues. And therefore what I was saying is that if there  
18 had been a grant canceled for anything other than a scientific reason or malfeasance or  
19 thievery or something much more, that's very, very clear as a bad practice of those  
20 scientists or the institution, then it's sad because the line, the hard line between science  
21 being run as a separate and independent enterprise with its value determined by quality  
22 of science and then quality of execution, rather than other factors, it would be sad.

23 Q So when we were talking about trust a minute ago, I think we were largely  
24 talking about in the context of the international community trusting --

25 A Uh-huh.

1 Q -- America and American research and researchers?

2 A Uh-huh.

3 Q Safe it say it's also important for U.S.-based researchers to have trust in NIH,  
4 the decisions will be made based on science and not the other reasons like you were just  
5 talking about?

6 A That's certainly my view.

7 [REDACTED] I think that's it for me. Any other questions?

8 [REDACTED]. No more questions.

9 [REDACTED] Okay. We can go off the record.

10 [Recess.]

1

2 [2:22 p.m.]

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

4 BY MR. BENZINE:

5 Q We talked a little bit about Dr. LeDuc early on, and I want to revisit some of  
6 the communications.

7 A Okay.

8 Q You had said that you had talked to him a little bit. Was he able to provide  
9 you with any information regarding the outbreak in China?

10 A No. That wasn't what we were talking about. I am trying to remember  
11 what we talked about, but it was -- I think it was more about -- no. No, that wasn't it at  
12 all.

13 Q Okay.

14 Were there any other scientists outside the government that you contacted to try  
15 to get information out of China?

16 A Outside the government? Not that I recall.

17 Q I want to introduce what will be majority exhibit 5.

18 [Handley Majority Exhibit No. 5

19 was marked for identification.]

20 BY MR. BENZINE:

21 Q So this is an April 29, 2020, email chain with you and Dr. LeDuc on it.

22 And if you go to -- the end of the chain is where I think we're going to focus. But  
23 for the record, it's Bates-marked Nelson\_Judicial\_Watch\_TPIA 140 through 143.

24 And the email that starts at the very bottom of 141, it's from you to him, and you  
25 write:

1 "Jim: Embassy Beijing is asking what was the official name of your DoD  
2 supported training program and some other background information. Can you send me  
3 that?

4 "Also, can you assure these responses to their questions are accurate? I  
5 provided the text in black earlier and the red text is my response to their follow-up  
6 questions -- all based on conversations."

7 Do you remember this?

8 A Now I do. I didn't remember it before.

9 Q What --

10 A I know I'd been in touch with Jim, but I didn't remember this --

11 Q No. Absolutely. That's the beauty of exhibits.

12 A Yeah.

13 Q Do you recall why Embassy Beijing was asking for this information?

14 A I don't think they told me. I don't remember. I think they just said  
15 something very generic, like, "We're gathering more information. Does NIH have  
16 anything to contribute?"

17 And I checked in with Jim because, as I told you before, I knew that he had done  
18 some training where some individuals from the Wuhan laboratory and maybe even other  
19 Chinese -- I didn't remember that, but -- that he had had experience training Chinese  
20 scientists in BSL-4 policy and practices. So that's why I wrote to him.

21 Q Were the questions in this email drafted by you or by DOD?

22 A I thought they were drafted by State. Did I get them from DOD?

23 Q Or, excuse me, Embassy Beijing. Drafted by State.

24 A Yeah. It was DOD-supported work that Jim did. I mean, all of these  
25 trainings were DOD work --

1 Q Uh-huh.

2 A -- DOD-supported work. And that's why I didn't know any -- I didn't know  
3 much about it, except what he had told me. So I had to write him directly to say -- you  
4 know, there was no one else I could ask in NIH.

5 Q But the --

6 A Let me just see. Let me refresh my memory.

7 Q Yeah.

8 Ms. Ganapathy. Could you give him a minute to look at the document?

9 Mr. Handley. Okay.

10 BY MR. BENZINE:

11 Q I guess, my question was if you recall if the questions in this email were  
12 provided to you by the embassy or if you drafted them yourself.

13 A By the embassy.

14 Q Okay.

15 You say that it -- and you've said it here: a DOD-supported training program.  
16 To the best your knowledge, can you explain that a little bit more?

17 A Well, Jim explains it. "The Center was supported by two separate awards:  
18 W81XWH...covering the period of 22-05-2009 to 21-12-2014 and W81XWH" -- et  
19 cetera -- "covering 07-2011 to 07-2016."

20 Q Is that common, a DOD award --

21 A I assume those were DOD award numbers.

22 Q But is that --

23 A They're not our numbers.

24 Q Yeah. Is that kind of common, in your experience, that DOD would fund --

25 A Oh, yeah.

1 Q -- this kind of work?

2 A Well, there's considerable biosecurity -- sorry. Finish the question.

3 Q Is it common that DOD would fund this kind of work, the training of foreign  
4 labs?

5 A There are many actors involved in biosecurity. Among those are DOD,  
6 USAID, NIH, NSF. I mean, there's an array of agencies that have a role to play, not to  
7 mention our private sector, in maintaining biosecurity.

8 Q To your knowledge, was any funding to UTMB used to advance any  
9 intelligence operations?

10 A I have no knowledge of that.

11 Q I want to introduce majority exhibit 6.

12 A I would point out, though, that -- I'm reminded by reading this that most of  
13 this money apparently went to the training of UTMB staff, American staff, and very little  
14 of it went to training foreign scientists.

15 [Handley Majority Exhibit No. 6

16 was marked for identification.]

17 BY MR. BENZINE:

18 Q This is another email April 28, 2020, with you and Dr. LeDuc, and  
19 Bates-marked Nelson\_Judicial\_Watch\_TPIA 136 through 137.

20 At the very end of the first page, there's an email from -- I'm not going to try to  
21 pronounce his last name, but Sid with a --

22 A Ravishankar.

23 Q -- with a House email address, and it says that he is the staff director for  
24 Subcommittee Chairman Joaquin Castro in the Foreign Affairs Committee.

25 And he emails Dr. LeDuc with a couple other House staffers and a couple other

1 individuals from UTMB and asked them to clarify a point cropping up lately, that we'd like  
2 to have some truth.

3 "To your knowledge, were there any restrictions put in place in 2014 or thereafter  
4 that would limited the ability of NIH or others to make grants to labs like the one in  
5 Wuhan? Any specific information you can provide would be much appreciated."

6 And Dr. LeDuc answers the questions and then forwards the email to you. Was  
7 that kind of common, that he would loop you in on congressional correspondence?

8 A No, it was not common. I assume that it's just because we'd had that  
9 exchange that you referenced previously.

10 Q Did you have any conversations with Dr. LeDuc on how to respond to the  
11 Foreign Affairs Committee?

12 A None. I hardly recall that. I do recall it now, but -- no, I didn't have  
13 anything to contribute.

14 Q Have you gotten any other emails like this before of how to respond to  
15 Congress?

16 A From whom?

17 Q Anyone in the private sector.

18 A In the private sector?

19 Q Yeah.

20 A Gosh. Ever? I can't --

21 Q About --

22 A I don't recall anything.

23 Q Okay.

24 A No. I -- no.

25 Mr. Strom. What exhibit number are we on?



1           The Reporter. Seven. The next number is 7.

2                       BY MR. STROM:

3           Q    One quick followup on what Mitch is asking about.

4           So, throughout a lot of these communications that we have between Dr. Chen and  
5 yourself and just others dealing with the way of -- Dr. LeDuc, for example -- talking about  
6 the possibility of NIAID providing, similar to UTMB, providing some BSL-4 training  
7 resources, to your knowledge, did those ever take place?

8           Because you've seen the EcoHealth grant, but that's obviously not -- there's no  
9 biosecurity training aspect to that grant. Did NIAID --

10          A    That's outside my jurisdiction. I mean, that's not in my lane. That's a  
11 grant question.

12          Q    Sure.

13          A    So someone who's familiar with all the grants -- and the training grants. I  
14 mean, NIH does a lot of training.

15          Q    Uh-huh.

16          A    But that's not something that I would necessarily --

17          Q    But you don't recall seeing any updates from Dr. Chen about --

18          A    But I wouldn't have. I mean, I wouldn't have seen anything related to a  
19 training grant, necessarily.

20          Q    Well, but, I mean, she's giving you updates about, "Hey, I met with Dr.  
21 Daszak when he was in town."

22          A    Yeah?

23          Q    Nothing like that for a training --

24          A    No.

25          Q    -- grant?

1 A No. Nothing like that.

2 Q Okay. That's what I was trying to say.

3 A That doesn't mean it doesn't happen. It just means it didn't come up.

4 Q Sure. Sure.

5 So this will be majority exhibit 7.

6 [Handley Majority Exhibit No. 7

7 was marked for identification.]

8 BY MR. STROM:

9 Q It's an email exchange between yourself and Dr. Chen towards the end of  
10 2014 --

11 A There's only one.

12 Q Oh. Did I hand you the wrong --

13 Ms. Ganapathy. I was asking if you had given him multiple for us.

14 Mr. Strom. Oh, no. Sorry. I'm left-handed, so I kind of do things the wrong  
15 way.

16 Mr. Handley. Me, too.

17 BY MR. STROM:

18 Q So I'd like to turn page -- and I've dog-eared it, actually. It's 2352.

19 Sir? If you'll take a look at -- there's a lot of text on here, so I'm trying to cut  
20 down what you've got to read.

21 A From 2014, I think it's going to be hard for me to -- I'll do my best.

22 Q Well, let's try. So it'll be page 2352. I believe it's dog-eared in your copy.

23 A Okay.

24 Q And then I'll read the last few paragraphs. So this is an email, January 12,  
25 2015, from Dr. Chen to you and a number of other individuals at NIAID. The last two full

1 paragraphs say:

2 "I received a message from ESTH asking the representatives from US Fed agencies  
3 to provide information on China's biosecurity. The message says 'State's office that  
4 deals with biosecurity has sent to Embassy Beijing the email below regarding China's  
5 policies, capabilities, and activities related to a range of biological threats and risks:  
6 including infectious diseases, biosecurity, biological weapons, and bioterrorism.'"

7 The next paragraph continues and says, "The National Security Council is seeking  
8 Embassy input on the 'End State Indicators' spreadsheet (final attachment). If you could  
9 review the attached spreadsheet and other documents and reply to me with your  
10 comments and suggestions by" -- a particular date -- "I will send in a consolidated reply  
11 for Embassy Beijing."

12 So, if you flip to the previous page, 2351, Dr. Chen -- sorry.

13 Ms. Ganapathy. If you could just -- we just want to read those pages.

14 Take a look at these pages that he supplied for you.

15 Mr. Strom. Sorry.

16 Ms. Ganapathy. 51 through 53?

17 Mr. Handley. I'm sorry. This is the first time I've seen it.

18 BY MR. STROM:

19 Q Sure. If you want to just take a look at 52 and 53 and just take some time  
20 to read through this email. So disregard 51 for now.

21 A What am I supposed to be looking at?

22 Q Sorry. If you'll read the last two pages. Because the way these emails are  
23 produced --

24 Ms. Ganapathy. If you feel like you need to read this one, as well, to understand  
25 it, you're free to, but he's going to be asking you about 52 and 53.

1 Mr. Strom. So the last two pages, sir.

2 Mr. Handley. There's a lot in here.

3 Ms. Ganapathy. Yeah. I would just read the -- it's all one exchange, so I think I  
4 would just read --

5 Mr. Handley. Well, but it's on different subjects.

6 Ms. Ganapathy. Yep.

7 Mr. Strom. Yep. It looks like it's sort of a monthly update that she sends your  
8 office.

9 Mr. Handley. Uh-huh. That's correct. That's why it covers so many things.

10 Mr. Strom. Uh-huh.

11 Ms. Ganapathy. Take as long as you need to understand it.

12 Mr. Handley. Yeah.

13 So 52, the marked paragraph, is that what you're asking about?

14 BY MR. STROM:

15 Q Yeah. And you'll need to read on to 53 to see the response.

16 A Uh-huh.

17 Q So, when you're ready, I can -- I'll ask you some questions.

18 A Yeah. Okay.

19 Q So this is her -- 52 and 53 of this exchange is her January 2015 update. She  
20 has this request from the embassy: The National Security Council is asking for  
21 information on Chinese biological threats and risks.

22 And then the last paragraph of her email is, "I did review the documents briefly  
23 and did not feel that I have enough knowledge to comment as we really haven't gotten  
24 into biosafety policy etc. some of the areas need to be commented are relevant to us  
25 such as dual use research policy etc. But I just don't know if China has such policy."

1           So is part of her -- this individual -- part of these NIAID officials' jobs, is it to try to  
2 understand the biosafety regulatory environment?

3           A     It is, over time, to try and understand the whole regulatory picture that's  
4 relevant to research.

5           Q     Sure.

6           A     This was very early in her tenure.    This was when she was trying to figure  
7 out the answers to these kinds of questions.

8           Q     Uh-huh.

9           A     So, at this point in her tenure, my interpretation of her remark was just an  
10 honest statement that she had not yet been able to learn very much about the regulatory  
11 structure in China concerning biosafety.    In 2014, who knows if there was very much.  
12 Because there were very, very few facilities.

13           But I think she was just being honest in saying, this isn't something I know  
14 anything about; does anybody back home know anything about this?

15           And I said to her, don't talk about things you don't know anything about -- which  
16 is, of course, the rational thing to say -- and we will ask people here if they know anything  
17 that can answer these questions, that being our own experts in NIAID.

18           Q     Uh-huh.

19           A     That's the best resource that we had.    And I don't recall whether any of  
20 them had anything to contribute at this point.

21           Q     Okay.

22           A     But this was, as I said, 10 years ago.    So, you know, this was -- I think things  
23 were in a very different place in those days.

24           Q     Sure.

25           A     And this was, also, as I said, very early in her tenure.

1 Q Uh-huh.

2 And just for the record, the following email, you respond. You write, very similar  
3 to what you just told me --

4 A Yeah. Exactly.

5 Q -- "You did right by not responding to something you did not have adequate  
6 information about."

7 A But she also did the right thing by referring it to the home office and asking if  
8 any of our experts at home had any of this information.

9 Q Uh-huh.

10 So I guess my question is -- and a slight disadvantage here is we don't have the  
11 attachment. But she has a concern in the first page of this exhibit.

12 A The first page?

13 Q Yes, sir. And I've sort of bracketed the two paragraphs there. If you'd like  
14 to take a moment to read them, that's fine. Otherwise, we can sort of -- I can  
15 summarize them for you. It's not a particularly detailed question.

16 [REDACTED] John, what two paragraphs?

17 Mr. Strom. Oh. Sorry, guys.

18 [REDACTED] The bottom two?

19 Mr. Strom. Yeah, bottom two.

20 [REDACTED] Thank you.

21 Mr. Handley. Okay.

22 BY MR. STROM:

23 Q So she has -- I guess what I'm asking is, that information she provided you  
24 guys on November 14th, so about a month or 2 months before her email that we just  
25 went over. I mean, other than Dr. LeDuc, she probably has the most knowledge of the

1 WIV's BSL-4 trajectory, intention, research plans, instruction status as anybody in NIAID.

2 And I'm just curious as to why that didn't enter the --

3 A I don't think you can --

4 Ms. Ganapathy. Let him finish the question.

5 Mr. Handley. Okay. Go ahead.

6 BY MR. STROM:

7 Q -- why that didn't enter the calculus to report back up.

8 A I don't think you can draw that conclusion from these paragraphs.

9 What these paragraphs are doing is, they're laying out what engagement we've  
10 had with several laboratories that we were hoping to engage in some consultations on  
11 the security agenda, on Ebola, on various and sundry high-priority pathogens that we  
12 were looking to have conferences on. And, as you saw later, there were exchanges  
13 about having workshops and conferences and scientific meetings about what work was  
14 going on in those areas.

15 At this point, what this reflects for me is that she knew very little about WIV or  
16 any of those other laboratories, and she was beginning to gather information from  
17 visitors who came through and knew something more and from her contacts, which is  
18 what she was asked to do.

19 But this reflects her very early explorations of these laboratories and the work  
20 that they were doing. And, of course, as you know, in 2014, the idea of a B-4 at WIV  
21 was not even broached, much less the work begun on it by the French.

22 Q Well, they do --

23 A Well, maybe they had just started talking about it with the French.

24 Q On 2349, so the page 3 of this attachment, this is in December of 2014.

25 You can just read number three on that bulleted email list.

1 A Uh-huh.

2 Q She's talking about the lab opening. She'd like to attend the ceremony.

3 A Yeah. It didn't happen.

4 Q Uh-huh.

5 A It was scheduled, but it never happened, I don't think. Or if they had it -- I  
6 think I remember that she went to the -- whatever it was -- she went to something, and  
7 then she reported that, although they went through some ceremony, it was French  
8 diplomacy and that they were still a long way from having anything completed.

9 Q Uh-huh.

10 A So I think she's just doing an update of what she knew at that point as things  
11 came along.

12 Q And, I guess, we've gone through the 2018 cable. There's these 2014, 2015  
13 cables. And you said earlier, I mean, she wears two hats -- reports up to the embassy,  
14 reports back to you guys.

15 And I'm just trying to sort of understand the judgment calls that are made about  
16 what to keep, sort of, within NIAID and what to then share with, like, the wider U.S.  
17 Government entity.

18 And I just wonder if her need to be able to -- and this is just for anyone in her  
19 position, so it's not Dr. Chen specifically -- her need to keep open lines of communication  
20 and promote research collaboration, where that fits in with the U.S. Government's need  
21 to understand where China is in the bio-risk, in the bio-threat area.

22 A In my opinion and based on everything I ever saw come from Dr. Chen, there  
23 was no judgment to withhold information ever. It was made clear what the source was,  
24 if a source needed to be protected.

25 Q Sure.



1           A    Some of this may be classified.   Or if a method needed to be  
2   protected -- and I hope you can respect that --

3           Q    Uh-huh.

4           A    -- she would be careful to explain that to our colleagues.

5           Q    Uh-huh.

6           A    But I don't remember one instance where she did not share what she knew.  
7   She knew different things at different times.   The longer she was there, the more she  
8   knew and the more experiences she had visiting places.

9           But at no time, in my experience, did I have the impression that she was  
10   withholding any information, either from me or from State, nor did I suggest to her that  
11   she do that.   In fact, all the evidence you've already talked about suggests the absolute  
12   opposite of that.   And that's the way we function.

13          Q    Uh-huh.

14          A    If we didn't have that way of functioning, I don't think that the embassy, the  
15   Ambassador, and the State Department would have welcomed us, as they did, to assign  
16   scientists to this post.

17          So there was never a question about that.   We were careful to explain where we  
18   got whatever we got and how important it was to maintain our relationships.   But  
19   everybody does that, and that's an essential practice of information-gathering.

20          Q    Uh-huh.

21          And so, just in that -- your answer reminded me, on the 2018 cable -- I'm sorry, if  
22   you need a minute.

23          A    Is that Beijing?

24          Q    Yeah, but the actual -- the cable itself, not the internal NIAID report.

25          A    Uh-huh, that was shared with everyone.

1 Q Correct -- or that was shared with State, and then State disseminated it as  
2 they saw fit.

3 Was the concern to delete the Ebola reference from the cable that would go U.S.  
4 Government-wise -- I mean, a wide distribution for an unclassified State Department  
5 cable -- was it to sort of reduce, as I think her email said, to reduce the number of  
6 agencies that would know to just those that State deemed appropriate?

7 A State made the decision about what to put in or leave out. So you'd have  
8 to ask them what ultimately led to their decision.

9 Q Okay.

10 And then my last question, unrelated to these cables, you mentioned that CDC is  
11 the regulatory agency for human pathogens for the select agent program and -- or, they  
12 are --

13 A I don't really understand this whole thing, so don't expect me to be an  
14 expert on this.

15 Q Well --

16 A But they play a role. I will say that I know CDC plays a role in the  
17 certification of U.S. laboratories --

18 Q Okay.

19 A -- but only a role. I don't know that they play -- I'm not sure how that  
20 works. I think it's a private entity that really is relied upon. But, again, I'm really  
21 getting to the edge of what my understanding is.

22 Q Sure.

23 A You'd have to ask experts.

24 Q And my question is -- and I can pull the transcript -- is that we've had some  
25 conflicting responses about who in the U.S. Government approved the Wuhan Institute of

1 Virology to receive Federal funds. The State Department has some sort of process --

2 A Yes.

3 Q -- but does that process, to your knowledge, extend to actually ensuring that  
4 they follow appropriate, you know, guidelines like the BMBL and some of these  
5 appropriate safety guidelines?

6 A Let me make sure I know what you're asking me. Can you rephrase that  
7 question?

8 Q Sure. Does the State Department inspect foreign labs that are supported  
9 by U.S. agency funding to ensure compliance with U.S. safety procedures?

10 A I can't speculate on what another agency does.

11 Q Okay.

12 A But all of our grants that include foreign collaboration -- either a direct  
13 award to a foreign scientist, a foreign institution, or an indirect to a U.S. institution with a  
14 subcontract to a foreign collaborator -- all of those grants, after they've been  
15 peer-reviewed, after they've gone through all the reviews at NIH -- there's a three-level  
16 review for every foreign award -- after they've got through all of their reviews at NIH,  
17 then they go to the embassy at post, whatever the appropriate embassy is, where that  
18 component is being executed, where they request that the embassy writ large provides  
19 clearance. And until that clearance is received, NIH does not make the awards.

20 Q Okay.

21 A What that consists of at post is something that you would need to take up  
22 with the State Department. But I can guarantee you that we don't make an award  
23 without that checkbox being filled in.

24 Q Okay. No, that's helpful, because it is -- it's just a -- it's slowing becoming  
25 less of a black box, but it was just --

1           A     Well, the reason we do that is twofold: so that the State Department, the  
2 embassy, is fully aware of what we're doing and who we're doing it with; and so that we  
3 know that the State Department is fully aware of what we're doing so they can tell us if  
4 we've missed anything, right, they, collectively, can tell us if we've missed anything.

5           And it's a nice, reliable failsafe of -- what do you call them? -- a cross-check  
6 between agencies that have very different mandates.

7           Q     Okay. No. Thank you for demystifying that.

8           A     Well, now that you understand it, please explain it to me.

9           Q     That will have to wait for another time.

10           BY MR. BENZINE:

11           Q     I have one followup question, and you might've answered it already, so  
12 pardon me if you already have.

13           Did you, on your own, share the Ebola language within NIH or HHS?

14           A     I don't recall, because I knew that it had gone to HHS highest levels and that  
15 it had gone to, of course, State Department and whatever. No, I don't recall that I  
16 shared that specific language.

17           But, as I said before, I discussed with Dr. Auchincloss and others what we  
18 knew -- or what we knew and didn't know about the situation there. And I did explain  
19 to Hugh -- to Dr. Auchincloss that our person in Beijing had visited Wuhan 2 years  
20 before -- a year and a half before the issues arose with COVID-19.

21           But I don't -- I mean, that would've been -- no. I think the answer is "no"  
22 because it wasn't the way of doing business.

23           BY MR. STROM:

24           Q     Where did you send it within HHS?

25           A     It was provided to the health attache, who is a representative of the Office

1 of the Secretary within HHS.

2 Q Okay. And is that person based in Beijing as well?

3 A That person is based in Beijing as well. So she was reporting through all of  
4 the appropriate channels in her appropriate location.

5 Q Okay.

6 BY MR. BENZINE:

7 Q I want to ask you a general question, and then a couple exhibits, and then  
8 hopefully we'll wrap this up.

9 When did you first hear about the COVID-19 pandemic?

10 A Probably when you did.

11 Q So, like, more likely than not it was the public reporting versus someone on  
12 the ground?

13 A No. I think that we -- we started to hear rumblings in the public health  
14 world and in the NIAID world that there was a disease, you know, there was a population  
15 in very early 2020 or very late '19, you know, Christmastime. Honestly, I don't  
16 remember exactly when, but it all exploded very quickly.

17 So it was around that same 3-, 4-week period that everyone was beginning to sit  
18 up and see what was going on -- for me. Now, there may have been others that knew  
19 before that, but that's about when I knew.

20 Q All right. Thank you.

21 I want to introduce majority exhibit 8.

22 [Handley Majority Exhibit No. 8  
23 was marked for identification.]

24 BY MR. BENZINE:

25 Q It's an email between you and Dr. Chen and Bates-marked SSCP\_NIH 2948

1 and 2949.

2 I'll give you a second to go through it. It's just, really, the large email on the first  
3 page.

4 A Okay.

5 Q So you asked Dr. Chen who would be the best person to contact at the  
6 Wuhan Institute of Virology. "Eager to explore whether they might be willing to share  
7 samples."

8 I want to highlight two sentences in Dr. Chen's email back to you. There's one  
9 that's in the middle of the large paragraph that starts, "The Chinese investigators."

10 A Of paragraph 1 or the second paragraph?

11 Q Yes.

12 A Oh, yes, I see it.

13 Q And reads, "The Chinese investigators won't be able to agree to share the  
14 strains even if they would like to (since they get NIH funding in theory they and the  
15 institute should comply with NIH grant rules and regulations. But they are also under  
16 the Chinese regulations, which make the sharing difficult."

17 Do you know what regulations those are?

18 A Specifically, no. I know that Chinese regulations make it difficult for the  
19 sharing of research materials, particularly samples of pathogens. But I also know that  
20 under some of our collaborative agreements -- this is another value of them -- exceptions  
21 have been made. And that's why we were seeing if there was a way -- remember, this is  
22 March of 2020. We're pulling out all the stops to get our hands on samples. It wasn't  
23 another week or two before we had our own, regrettably, but, you know, that was fine,  
24 because the pandemic came here.

25 But, at this time, we were so eager that we were reaching out to any country we

1 could that had active cases and was collecting samples where we could try to get some  
2 samples into our laboratories. So this was an ask about that.

3 And what she was saying was, she was reminding me that, even if they want to  
4 give it to you, it's going to take time, and a lot of time, because the regulations in China  
5 are very complicated.

6 Our regulations are not easy either. So, you know, I understand that. We're  
7 very careful about our own regulations about the transmission and shipment of highly  
8 pathogenic substances, viruses in particular.

9 So they have very similar, perhaps even more restrictive, regulations on the  
10 shipment within and to China. And you'll recall that earlier she had informed us that  
11 there's no allowance of importing of Ebola into China, if you remember that.

12 Q Uh-huh.

13 A So their restrictions are really quite challenging to overcome. It does  
14 occasionally happen, particularly in collaborative programs, which is one reason we  
15 pursued collaborative programs, to better understand their regulations and to see how  
16 they could work.

17 But, in this case, she's saying, I'll do my best, but even if they want to do this,  
18 they're going to have to get permission, and that permission takes time. So they've got  
19 to balance both what we're asking for under our rules and what they are allowed to do  
20 and the time that it takes under their rules, just as we would if we were in the opposite  
21 situation. It's just that ours is more transparent.

22 In China, these processes are not very transparent. And one of the reasons that  
23 we entered into a bilateral research program with them was because that was a way for  
24 them to explain to us how did these things work.

25 The other thing was, they change a lot in China, and they change without clarity

1 about who things apply to and who they don't. So it's a challenging environment for the  
2 scientists in particular.

3 But that's what this is about. It's about, can we access them from there? And  
4 her saying, I'll try my best, and even if they want to, brace yourself, because it's going to  
5 take a little while.

6 And, of course, by the time a few more weeks passed, it was moot.

7 Q Uh-huh.

8 You had said previously that you worked maybe adjacent to, like, international  
9 organizations. Did you ever work in the Embassy in Geneva or directly with the WHO  
10 in --

11 A I was assigned on the detail to WHO when I was at State Department. And  
12 I went there for, I don't know, 4 or 5 months, maybe 6, something like that. And I was  
13 working -- this was a very long time ago. I was a young man, which I am not. And I  
14 worked in the Office of the DG, the Director General. And I worked on a policy initiative  
15 on health for all by the year 2000. Well, that worked, didn't it? And so I was there  
16 about -- I think it was about 6 months.

17 Q Okay.

18 A The only thing really momentous that happened during that tour was that I  
19 got married.

20 Q Congratulations.

21 And through that -- which, it probably wouldn't be through that -- but, in your  
22 work since then, do you have any knowledge of the International Health Regulations?

23 A Oui. Yes.

24 But this is -- if you all have been looking at this subject, you know it is fraught and  
25 very complicated and difficult. And we are in the middle right now -- well, actually, I



1 don't think it's the middle; I think we're probably in the early stages of what's going to  
2 take 5 to 8 years -- of trying to develop a more rational international regulatory structure  
3 for this sort of regulation. And I think, you know, it's just going to take a while. It's a  
4 treaty. It's an international treaty.

5 I negotiated a treaty on psychotropic drugs back in the 1980s, and that was one  
6 that was not politically controversial, and it was before the rise of the, you know, smaller  
7 states having a lot of political clout, and that took us a good 4, 4-1/2 years to negotiate  
8 that. So this new regime is going to take some time.

9 And I know that HHS is devoting -- and so is State and Commerce and I think five  
10 agencies -- are devoting a great deal of time and resources to try to make sure that that  
11 regulatory structure is in sync with our own and that it will encourage research and not  
12 thwart it.

13 But I'd say the jury's out. You know, it's a difficult time to -- it's a difficult thing  
14 to predict.

15 Q Uh-huh.

16 A So I'm vaguely familiar with things, but things are in great flux, so I would be  
17 hesitant to say very much about it.

18 Q I was going to ask about at this time, not any potential changes. And I just  
19 don't -- I just don't remember, so if you remember, does the IHR in its current state  
20 require the sharing of samples or sequences when an outbreak is detected?

21 A Yes, but it has a lot of caveat language.

22 Q Can you explain?

23 A No, because I think you've reached the limit of my understanding.

24 Q Okay.

25 A I think what I would do with that question is turn to the experts on IHR and

1 other regulatory structures with WHO and others to get a specific and straightforward  
2 answer. Because I don't know -- I mean, I would have to rely on an expert to do that.

3 Q Okay.

4 A And this is a field of expertise that is its own very special area, where it  
5 changes, and it needs some -- it's informed by cases, it's informed by local laws and  
6 regulations. It's complicated. So I can't answer that question.

7 Q All right. I was just kind of wondering if China violated the IHR by not  
8 sharing sequences and samples.

9 A You know, I haven't seen that accused -- I haven't seen that said anywhere.  
10 And I would've expected that if that were true or if that were an easy answer, somebody  
11 would've said that.

12 Q Okay.

13 A So I don't know. I want to make it clear, I'm not giving you an answer. I'm  
14 saying, I think it probably would've come out already if that were the case, just because I  
15 think everybody has been trying to figure out a way to address the whole situation.

16 Q Thank you. I was just curious if --

17 A Yeah, I don't have an answer. I'm sorry.

18 Q I want to go back to the email and to the sentence right before that one. It  
19 starts, "If we want to collaborate with WIV."

20 A Uh-huh.

21 Q And it reads, "If we want to collaborate with WIV, what kind of offer can we  
22 give them (we can't simply ask for strains from them without any benefit to them).

23 Would we consider adding supplement to WIV to the US PI?"

24 Is that strategy common?

25 A Well, I wouldn't say it's common, but it's not uncommon to figure out what a

1 quid pro quo might be with any laboratory anywhere in the world. You know, I think  
2 that's -- it's just part of negotiation.

3 And she's not saying that's what we should do. She is simply saying, you know,  
4 do we have a sweetener to this request? And I didn't have one.

5 Q I guess I'm just wondering if that happens often, if HHS or the U.S.  
6 Government often --

7 A Well, I will say that if you expand the scope --

8 The Reporter. I'm sorry. Give him time to finish.

9 Mr. Handley. I'm sorry.

10 BY MR. BENZINE:

11 Q -- if it's common for the U.S. to bump up a principal investigator's payment  
12 as a flow-through to a foreign government in order to facilitate data-sharing.

13 A No. It cannot happen.

14 Q Okay.

15 A What happens is, if we ask an investigator -- or if the investigator asks us,  
16 which is the usual, for an expansion of the scope of their grant, there's an entirely  
17 different process that is initiated that involves amending the grant, having it be reviewed  
18 again, and having a determination about whether it makes sense and whether it fits  
19 within -- you know, it's reasonable to do in that grant. And these are not always agreed  
20 to.

21 Q Uh-huh.

22 A There is a way to add to the scope of a grant for a specific purpose. When  
23 some new lead might develop, for example, during the middle of a grant period, and they  
24 weren't funded for it, so they have to come back and say, "We don't have the money for  
25 this, but this looks like a very promising direction. Can we ask for an amendment to our

1 grant?"

2 They write it up like an application. It goes to review. It's complicated. And  
3 then, if it's reviewed and if it goes through all of that clearance process, then it's possible  
4 to amend an active grant.

5 And that would be the same for any of this. Anything that's not within scope,  
6 that's for sure. Anything within the scope of the original grant, it would not be -- you  
7 know, it would have to be approved through all of the grant process.

8 So she's really just throwing out ideas, is there anything we can do? Because, as  
9 I said, we were trying very hard in March of 2020 to get as much of the research material  
10 as we could to the scientists as quickly as we could. So we were all brainstorming about  
11 how we might do it.

12 But it cannot happen, that we simply throw money at something. It has to go  
13 through that very strict and very carefully managed and monitored process.

14 Q All right. Thank you. That's what I was wondering.

15 A Okay.

16 Q I want to introduce majority exhibit 9, I think.

17 [Handley Majority Exhibit No. 9  
18 was marked for identification.]

19 BY MR. BENZINE:

20 Q So this is an email, again, with you and Dr. Chen and Bates-numbered  
21 SSCP\_NIAID 1 and 2.

22 In your email towards the bottom of the page, you write, "I have asked Ping to  
23 reach out to George Gao to see if he is interested in having a research information sharing  
24 call with ASF. We will see if he has time to respond."

25 I'm assuming "ASF" is Dr. Fauci?

1 A Yes, correct.

2 Q And I'm also assuming this is the call that you discussed earlier between --

3 A That is correct.

4 [Cross-talk.]

5 Q -- and Dr. Fauci?

6 A Uh-huh.

7 Q Above that, Dr. Chen sends a draft request that she is going to send to Dr.

8 Gao and asks you if this is acceptable. You make a couple changes. We can't tell what  
9 the changes are, based on the email.

10 A They're just language.

11 Q And you say, "Good to send it via WeChat." Was that common?

12 A No.

13 Q Why was this sent via WeChat?

14 A As I said before, we were desperate to reach Dr. Gao, and we had been  
15 unable to reach him in any other way -- by email or phone. And so, at this point, we  
16 were so eager to reach him that I was authorizing her to use whatever tools she had at  
17 her disposal to set up this phone call because it was so important.

18 Again, our concern about people dying from COVID-19 was so acute that we -- and  
19 I stand by this now -- that we felt it was most important to reach out to the person we  
20 knew the best -- we didn't know him really well, but we knew him the best -- who might  
21 actually have access to the information that would be most beneficial to our  
22 policymakers.

23 Q Are there, kind of, standard policies or procedures to make that decision?

24 A What decision?

25 Q To authorize the use of WeChat versus a standard protocol.

1 A In 2020, I was aware of no such procedures.

2 Q But there are concerns with WeChat.

3 A There are now.

4 Q Were there not in 2020? Or were they just not aware of them?

5 A I don't recall that in 2020 that was a major concern.

6 But I will also point out that the only purpose of this -- as you'll see in this  
7 paragraph -- the only purpose of this reach-out was to set up an informational research  
8 information call. The only purpose.

9 So, from our point of view, the potential benefit of such a call so far outweighed  
10 everything else. I mean, it was just an urgent need for the U.S. Government, the highest  
11 levels of the U.S. Government, to have as much information as we could gather.

12 Q How did you have the authority to make that decision? She doesn't report  
13 to you. Did she ask -- like, were you aware if she asked people in the embassy if she was  
14 allowed to use WeChat to make this request?

15 A I think you'd have to ask the embassy about its use of WeChat in 2020. I  
16 think that would be an important thing for you to do.

17 Q To your understanding, was it significant?

18 A I have no idea, but I think you should ask them.

19 And I think that, again, I'm not authorizing anything. What I'm saying is, "Good  
20 to send it via WeChat" if you need to. And that's what my note says. Because we  
21 could not afford to wait another, however many days it would take to hear back from Dr.  
22 Gao.

23 And I will say, as you know, there was a phone call. So this was a productive  
24 approach to Dr. Gao and important at the time.

25 Q I want to introduce majority exhibit 10.

1 [Handley Majority Exhibit No. 10  
2 was marked for identification.]

3 BY MR. BENZINE:

4 Q These are WeChats from Dr. Chen's phone and Bates-marked SSCP\_NIAID 24  
5 through 26.

6 A Huh. I've never seen these before.

7 Q Well, that was going to be my first question. It's a group chat between Dr.  
8 Chen and Dr. Gao, but it says "3" on it. Were you the other person in this group chat?

9 A No, I was not.

10 Huh. I didn't know you could get these. I didn't know anything about them.

11 Ms. Ganapathy. Can you give him a minute to take a look?

12 Mr. Benzine. Yes.

13 Mr. Handley. Yeah, let me read them. Do they run in order?

14 Ms. Ganapathy. You can see the dates.

15 Mr. Handley. Okay. Okay. I see.

16 Ms. Ganapathy. Take a look at them, as much as you need to look, to answer the  
17 questions.

18 Mr. Osterhues. And, Mitch, we are rolling up on an hour, so --

19 Mr. Benzine. Okay.

20 Mr. Handley. Okay. Yeah.

21 BY MR. BENZINE:

22 Q So this appears to be Dr. Chen responding --

23 A What I just told you I thought happened did happen.

24 Q So we've answered some of my questions on this. Because she sends the  
25 original request. Dr. Gao, presumably, says, "Pls connected." And then Dr. Chen goes

1 on to send -- one, two, three --

2 A Yeah, set up a call.

3 Q -- four requests without an answer.

4 So my question was going to be if this call ever took place. It obviously did.

5 And then you had testified earlier that you didn't recall much of the conversation,  
6 that Dr. Gao just kind of said he didn't have a lot of information?

7 A No. I think I told you that it involved, how do we prevent transmission?

8 What do you know about the causality? Do you have any -- I mean, I explained all this  
9 before. What do you know about clinical intervention?

10 You know, it was basically, what are you seeing, and, vice versa, you know, what  
11 are you all seeing and what are you worried about? This was before there were  
12 infections in the United States, so there was no other source of this kind of information.

13 Q Uh-huh.

14 A And it wasn't a long call. I did say that. But it was a useful one, because it  
15 was kind of the state of what they knew in China.

16 Q Did he give you any warnings on human-to-human transmission or  
17 asymptomatic spread?

18 A I don't recall. I think he -- like any physician would be, I think he was  
19 cautious about that and said something -- I think he said something like, you know, it  
20 appears to be important to not -- I don't think anyone had -- I don't think we had any  
21 information about asymptomatic spread. But I think he said something like, you know,  
22 we have to be very -- it does appear that it's being transmitted from human to human.

23 And that, at that time, that was already publicly known. But he did share that  
24 with us.

25 Q Thank you.



1 We can go off the record.

2 [Discussion off the record.]

1

2 [3:20 p.m.]

3 Mr. Benzine. We can go back on.

4 BY MR. BENZINE:

5 Q I'm going to introduce majority exhibit 11.

6 [Handley Majority Exhibit No. 11

7 was marked for identification.]

8 BY MR. BENZINE:

9 Q This is an email chain, again, with yourself and Dr. Chen, and  
10 Bates-numbered SSCP\_NIH 2966 through 2967.

11 The email at the bottom, from Dr. Chen to you, I just want to read the very  
12 bottom.

13 "In addition to the questions [redacted] has below, I think I would like to know if  
14 UTMB provided training to WIV (in Wuhan or at UTMB). If they did, when."

15 And then she lists a couple -- there's a couple other questions that presumably  
16 came from someone else.

17 And you responded, "I am uncomfortable with these specific questions."

18 Do you recall why you were uncomfortable with them being asked of UTMB?

19 A I don't recall this exchange at all. Let me have a look at it.

20 Q Uh-huh.

21 A I think that -- so can I answer?

22 Q Uh-huh.

23 A I think that the reason that I was uncomfortable is that they were  
24 accusatory, and I didn't want to give our colleagues at University of Texas a sense that we  
25 were accusing them of any wrongdoing when they had done nothing wrong. So I think

1 that was the only -- it was tone more than content.

2 Q Okay.

3 A And, as you can see, my answer was, sure, go ahead and ask them. But my  
4 concern was tone. In fact, as you can tell from the earlier exhibit, these are very similar  
5 to the questions that I, myself, asked but in a gentler way.

6 Q Fair enough. All right. Thank you.

7 A And we did provide the answers, as you saw.

8 Q Uh-huh.

9 I have two more exhibits, and then I'll turn it back over to John.

10 This one will be majority exhibit 12.

11 [Handley Majority Exhibit No. 12

12 was marked for identification.]

13 BY MR. BENZINE:

14 Q So it is -- once again, the Bates numbers were cut off, but it's an email from  
15 Dr. Auchincloss to Dr. Fauci and Patricia Conrad, and it's Bates-numbered SSCP\_NIH 4777  
16 to 4788.

17 And what I'm more interested in is the document that is attached to the original  
18 email.

19 A All right.

20 Q Did you put this document together?

21 A My staff did.

22 Q Were you involved in editing it or --

23 A Oh, I'm always involved --

24 Q Okay.

25 A -- in some part of it. I can't tell you exactly --

1 Q Yeah.

2 A -- what or when, but yes.

3 Q So I want to go to the page that has "Delegation Visits" on it. It's --

4 A Okay.

5 Q You found it.

6 Ms. Ganapathy. Yeah. If you could just give him -- if you want to take a minute  
7 to read through or familiarize yourself with it. It's pretty long.

8 Mr. Benzine. We're running up on when I'm sure you're going to tell me we have  
9 to stop, so --

10 Ms. Ganapathy. No, I --

11 Mr. Handley. Oh, no. We're available until you're done.

12 Mr. Benzine. Okay.

13 Mr. Handley. I'm available --

14 Ms. Ganapathy. I mean, if you go for another hour, we may ask for another  
15 break then, but we're not --

16 Mr. Benzine. Perfect. I didn't know if the 4 o'clock little ceiling applied.

17 Ms. Ganapathy. Oh. No, no, no.

18 Mr. Handley. I'm at your disposal.

19 Ms. Ganapathy. We're here today. We're available today.

20 Mr. Benzine. Then you can take your time, read it. But I'm just going to ask --

21 Mr. Handley. But it is Friday for you too.

22 BY MR. BENZINE:

23 Q It is. I am going to ask about specific things, so if it's easier for me to just  
24 kind of point you where to go --

25 A Yeah. Okay.

1 Q So the first bullet under "Delegation Visits" says, "A delegation from the  
2 Chinese Embassy in DC visited NIAID on February 7, 2020 to exchange information and  
3 explore potential ways to cooperate on addressing the novel coronavirus (COVID-19)."

4 A Uh-huh.

5 Q Did you attend that meeting?

6 A Yes.

7 Q Who else attended the meeting?

8 A Oh --

9 Q To the best of your recollection.

10 A Okay. I don't remember, but it would've been me, probably scientists from  
11 some of our relevant divisions -- Division of Microbiology, Division of Basic Research,  
12 Allergy and Infectious Diseases, probably our Vaccine Research Center -- I mean, the  
13 potentially interested scientists.

14 But, of course, this was with embassy people, so these aren't scientists.

15 Q Uh-huh.

16 A So it was a very general, higher-level discussion about, yeah, we'd love to  
17 work with you on this raging virus. And they were saying to us at that time, we'd love to  
18 work with you. And so we thought, okay, you know, why not?

19 And that's, of course, building on this history --

20 Q Uh-huh.

21 A -- which you're seeing here, which I have talked to you about already, of  
22 building trust and a relationship that's very specifically targeting scientific discovery and  
23 advancement.

24 And so they came to us -- and I think their side was led by their science counselor  
25 or someone comparable to us. And they came to discuss on behalf of their agencies at

1 home, you know, would the NIH, NIAID like to work with us on this? And, of course, our  
2 answer was yes. And that was the sum and substance of it.

3 But, honestly, I just don't remember who all was there. I'm pretty sure it  
4 would've been the people I just told you about.

5 Q Uh-huh. Any in NIAID leadership? Would Dr. Auchincloss or Dr. Fauci  
6 have been there?

7 A I don't remember what level their delegation was. It might have been me  
8 as the, quote, "top" person.

9 Q Uh-huh.

10 A But it may have been Dr. Auchincloss too. I just -- honestly, I just don't  
11 remember. It would've likely been just me and/or Dr. Auchincloss. But I honestly -- I  
12 just don't know.

13 Q Okay. Thank you.

14 I want to flip a few pages. There's a list of a lot of collaborations that involved  
15 Chinese collaborators.

16 A Uh-huh. Uh-huh.

17 Q Going -- it'll be one, two -- three pages forward, there's a header of "Other  
18 Viral Diseases."

19 A Uh-huh.

20 Q So, on that page -- and it flows one line onto the next page -- there's three  
21 particular grants I want to ask you about.

22 A Okay.

23 Q The three I want to ask you about are -- they're the bottom three of this  
24 page: "Rational Design and Evaluation of Novel mRNA Vaccines Against MERS-COV"; "A  
25 Novel and Effective Nanobody to Prevent and Treat Zika Virus Infection"; and then,

1 skipping the last one, and first one on the next page, "Structure-Based Design of  
2 Coronavirus Subunit Vaccines."

3 A Uh-huh.

4 Q For all of them, the prime recipient is the New York Blood Center.

5 A Okay.

6 Q And then a collaborator listed on all of them is Yusen Zhou, which -- he's  
7 listed first, or with the Beijing Institute of Microbiology and Epidemiology.

8 A Uh-huh.

9 Q Do you know, either by personal knowledge or press reporting, who Yusen  
10 Zhou is?

11 A No, I'm afraid I don't.

12 Q He is -- was a scientist for the Academy of Military Medical Sciences in the  
13 People's Liberation Army in China.

14 A Huh.

15 Q He has allegedly passed away, but, as we've talked about a little bit, in China  
16 it's kind of hard to know for sure.

17 So you talked a little about foreign collaborators and how they're vetted, and we  
18 have appreciated kind of, like, lifting the veil on some of that, and that you would  
19 send -- not you, the global "you" -- would send the grant to the embassy posts where the  
20 work would be taking place, so in this case --

21 A Beijing.

22 Q -- Beijing.

23 A Uh-huh.

24 Q The embassy staff would review and then send it back.

25 It just seems odd to me that someone with rather open ties to the Chinese

1 military would end up getting a grant on vaccine development.

2 You've been doing this a lot longer than me. Is that odd to you?

3 A First of all, they're not getting the grant. They're getting some component  
4 or some kind of support under a grant to the New York Blood Center. This could be very  
5 little involvement. You would have to study the actual grant.

6 Q Uh-huh.

7 A It could be simply sharing of data or research materials or something of that  
8 nature, with no exchange of money. Or it could be a small amount of money, a portion  
9 of the grant, going from the domestic awardee to the foreign site for a specific scope of  
10 work. You'd have to look at each grant to know that. And I don't know that.

11 And whether or not that person is someone that has been appropriately vetted  
12 would be a question. That's why we rely on our colleagues at the State Department,  
13 because we don't have any of that information.

14 Q Uh-huh.

15 A -- at our fingertips, except what you see here. What goes into the grant  
16 application is what we have, and that's what we give to our colleagues to let us know  
17 whether we've missed anything or not.

18 So, you know, there are many factors here. I don't think you can assume that  
19 U.S. money is going to any of these individuals.

20 You can assume that they are involved in some way in this domestic grant to a  
21 U.S. investigator. And you can assume that that partnership or collaboration was  
22 cleared at each of the posts, wherever that work is being done, before any of the award,  
23 not just that portion of the award --

24 Q Uh-huh.

25 A -- before any of the award reached the domestic investigator.



1 Q To your knowledge, is there kind of a paper trail of that approval?

2 A Yes, there's a paper trail. It's done through -- yeah. It's done through  
3 State Department communications processes.

4 Q Would the State Department communicate back with your office or with the  
5 grants management office?

6 A It's a little complicated, but it goes basically to an office that manages this  
7 process within the NIH. And then that office informs each of the institutes, yes, this  
8 grant number X, Y, Z has been, you know, approved by the embassy for implementation.  
9 So it's a step-by-step process through channels. It's the government.

10 Q I know. No.

11 A So we go through our channels at NIH. NIH then goes through the channels  
12 at State, and State to the Embassy. It goes to State first; then it goes the Embassy; then  
13 the Embassy to State; and then State to the office; and then the office to us.

14 And then when it comes to me, to my office, or OGR, then we inform the grants  
15 officer that this has been approved. And the grants officer tells the scientist who's  
16 overseeing the work.

17 Q Do you know the name of the NIH office that the State Department  
18 communicates with?

19 A It's an office within the Fogarty International Center, which is one of the  
20 institutes and centers of NIH, one of 27.

21 Q All right. Thank you.

22 I have one more and hopefully not very many questions coming off of it, majority  
23 exhibit 13.

24 [Handley Majority Exhibit No. 13  
25 was marked for identification.]

1 BY MR. BENZINE:

2 Q So this is a email. Again, my printer cut off the Bates number, but  
3 produced to us by the Department. And the Bates number is 4919 through 4921. And  
4 it's an email chain with Greg Folkers and you and a couple others.

5 And the first email in the chain is a media advisory about the "WHO-convened  
6 Global Study on the Origins of SARS-CoV-2."

7 And one email up, Ken Pekoc -- am I saying that correctly?

8 A I don't -- oh. That's fine, yeah.

9 Ms. Ganapathy. Take a minute to just read through it.

10 Mr. Handley. Yeah. Just give me a minute.

11 Mr. Benzine. It's really only the first page that matters.

12 Mr. Handley. Yeah.

13 Okay. I'll do my best.

14 BY MR. BENZINE:

15 Q Kind of a table-setting question. CC'ed on all of them is "NIAID COGCORE."  
16 It looks like a listserv. Do you know what that is?

17 You have to --

18 Ms. Ganapathy. You have to give a verbal response, Mr. Handley.

19 Mr. Handley. No, I know. I'm thinking.

20 Mr. Benzine. Oh.

21 Mr. Handley. I'm sorry. I don't know what that acronym is for. C-O-G. I  
22 don't know --

23 Ms. Ganapathy. If you don't know, you don't know.

24 Mr. Handley. I don't know. I'm sorry. It's not one I use.

25 BY MR. BENZINE:

1 Q So -- Mr. or Dr. Pekoc? I don't want to --

2 A Okay.

3 Q -- said, "Did NIAID / NIH have anyone participating with the WHO team  
4 during its mission?" So he's referring to the study of the origins from early 2021.

5 And Mr. Folkers responds, "No. Here is the study team. as u know, Dr Daszak  
6 is a grantee."

7 He was the only American included on the team.

8 A Uh-huh.

9 Q So you testified earlier about WHO asking for representatives to come in  
10 early 2020 to be boots on the ground in China and NIAID submitted Cliff Lane. Did that  
11 same process happen --

12 A I don't know.

13 Q -- for the origins study?

14 A I don't know that.

15 Q Okay.

16 A I really don't know. This looks like -- I don't know. I don't know the  
17 answer to that.

18 Q You never saw a request from the WHO for Americans --

19 A For this panel? Not that I recall.

20 Wait a minute. There may have been a request. I just don't remember the  
21 details about this. I mean, I'd be surprised if they didn't ask, but I don't -- I don't  
22 remember.

23 Q Okay. Thank you.

24 I have a few final questions, and then I'm going to turn it over to John.

25 At any point during the pandemic were you contacted by anyone in the

1 intelligence community to help with their review of the origins of COVID-19?

2 A Personally?

3 Q Personally.

4 A No.

5 Q Okay.

6 Do you have any knowledge of whether Dr. Daszak or EcoHealth has any  
7 interactions with the intelligence community?

8 A I have no idea.

9 Q What about Dr. LeDuc?

10 A I have no idea. He's known to DOD, so I guess it's possible, but I have no  
11 idea.

12 Q Okay. Thank you.

13 BY MR. STROM:

14 Q Just sort of building off of the end of Mitch's questions there, did you have  
15 contacts with any of the Federal agencies that raised concerns about NIAID-funded  
16 coronavirus research in China?

17 A What agencies would those be?

18 Q At least Department of Energy is what's been reported.

19 A No. I don't -- I wasn't aware that any agencies had raised any concerns  
20 about NIAID's support.

21 Q Or about, like, national security concerns regarding the WIV?

22 A No. I'm not aware -- I've not been -- I'm still not aware that they've raised  
23 any concerns about that.

24 Q I guess, one of the other things -- you mentioned that early on in the  
25 pandemic it was all hands on deck to get information out of China. As --

1           A    And other countries.

2           Q    And other countries.

3           As we got -- you know, OWS came along, vaccines were developed.   And so, you  
4 know, as you move into 2021 -- and this is sort of building off of Mitch's question about  
5 the WHO study -- what we haven't seen is, sort of, a similar effort by NIAID to search for  
6 the origins or to push for an international effort to search for the origins.

7           So I was wondering if you had any interactions with the SAGO, the WHO setup,  
8 and how NIAID is engaging on those issues.

9           A    All I know is that the -- this question is a larger one than NIAID.

10          Q    Uh-huh.

11          A    This question is really for the Department of Health and Human Services and  
12 for other departments of the United States.   I mean, NIAID is a small cog in this big  
13 machine.

14          So I know that there was a great deal of research interest in trying to determine  
15 where COVID-19 came from.

16          Q    Uh-huh.

17          A    And I know that we funded a large amount of that research, which is our role  
18 in all of this.

19          Q    Uh-huh.

20          A    And that research's purpose was to find scientific evidence, rather than  
21 rumor and innuendo, of where COVID-19 might have come from.

22          I've read the literature as much as you have, I'm sure, and it seems to me that the  
23 scientific consensus that has emerged from that research, or nearly consensus, is that it  
24 was a naturally occurring virus, just as SARS most likely was and MERS most likely was, in  
25 the very rapidly evolving coronavirus family.

1 I know nothing more than what the scientists have been able to discover --

2 Q Uh-huh.

3 A -- and publish. And because I trust those scientists -- and they're  
4 independent scientists from all over the world that have worked on that question.  
5 Because I trust both their integrity and their research methodologies, I think those  
6 are -- as I imagine you've come to the same conclusion; most people have -- that, you  
7 know, that that's the most logical thing.

8 But I also understand that this is one of those questions in science that may never  
9 be 100 percent resolved --

10 Q Uh-huh.

11 A -- because every year that goes by, it's harder to determine where it might  
12 have come from.

13 But I think the important thing is not where it came from. The important thing  
14 is, what do we do moving forward? Do we continue to monitor coronavirus for another  
15 one of these events, wherever, however it might occur? And do we continue to monitor  
16 other animal populations to prevent zoonotic transmission of very dangerous diseases?  
17 That's what matters.

18 Where it came from, what caused it, that sort of thing, yes, it's very important to  
19 understand that, because we have to prevent whatever that was. If it was a wet animal  
20 market, then we need to take measures to prevent it in wet animal markets. If it was  
21 collecting guano in a bat cave, somebody has to take action against that. If it  
22 was -- whatever the environment where this occurred or however an evolved virus was  
23 transmitted, I think we need that -- that's the only reason that we need to know about  
24 origins.

25 Q Uh-huh.

1           A     But, otherwise, it's a distraction from what's really important, which is to  
2     have more and more information about coronaviruses, how they evolve and how they  
3     escape our immune systems, and what we can do to be prepared for the next one.

4           Q     So the WIV and EcoHealth and UNC and their collaborators were involved in  
5     doing, you know, just that kind of work with coronaviruses.

6           Did NIAID -- once it became apparent that EcoHealth no longer had access to the  
7     WIV's databases and things like that, the WIV, you know, was not communicating with  
8     them, did your office, as sort of a point of contact between China --

9           A     I didn't know that. Did that happen?

10          Q     Yes. I mean, they -- Dr. Lauer's office made a request for information from  
11     EcoHealth. EcoHealth passed it on to -- this is the very short version of this story --

12          A     Okay.

13          Q     -- passed it on to the WIV, asking for, you know, records of experiments,  
14     laboratory notebooks, things like that.

15          A     Okay.

16          Q     Was your office ever, sort of, asked to call your contacts in China to see if  
17     you could knock loose these items that Dr. Lauer was requesting?

18          A     Well, obviously not.

19          Q     Yeah.

20          A     Those sound to me like they would all have been done through the grant  
21     process, through the grant management process.

22          Q     Right. That's how Dr. Lauer approached it. I was wondering, as a  
23     supplemental route --

24          A     No.

25          Q     -- by NIAID --

1 A No --

2 Q -- to get that information.

3 A No. Well --

4 Ms. Ganapathy. Wait for him to finish his question, and then --

5 Mr. Strom. I think I know what his answer is.

6 Mr. Handley. Yeah. I mean, clearly. You told me about this.

7 I think, no, because, you know, it's a legal matter at that point. It's a grant  
8 management and grant matter. It didn't mean that we weren't continuing to try to get  
9 access to data and materials from many sources. But on that specific grant, we were  
10 not engaged, because it would've been inappropriate.

11 BY MR. STROM:

12 Q It would've been inappropriate -- it would've been inappropriate in  
13 what -- inappropriate for you to ask, you know, Dr. Chen to call the WIV for these things?

14 A Because this was being dealt with in grant channels and grant management  
15 channels and under grant policy, yes, all of those things mattered.

16 Q Okay.

17 That's it for me.

18 Mr. Slobodin. Can I just ask a followup question?

19 BY MR. SLOBODIN:

20 Q So I think you said that NIAID was, like, just a small cog in the governmental  
21 response to COVID, which strikes me as a tad modest, because NIAID has the  
22 subject-matter experts --

23 A Uh-huh.

24 Q -- on viruses. And so the question on how a pandemic starts, it's going to  
25 involve experts in these viruses.



1 A Uh-huh.

2 Q So I think NIAID is very much in the picture on this.

3 And you have all these contacts with governments around the world. By -- we  
4 know now, you know, the head of the WHO is not satisfied with the status of the  
5 investigation into this. So this is still, globally --

6 A Uh-huh.

7 Q -- for a lot of countries, an open question.

8 A Uh-huh.

9 Q As you may or may not be aware, China has been very organized to oppose  
10 WHO effort to investigate into this further. They've gotten a coalition of 55 countries to  
11 write to the WHO. I don't know if you were aware of that.

12 A Huh.

13 Q So the question is, what are we doing to try to see what other information  
14 we can get to the bottom of this, since -- and we may just simply have a disagreement  
15 about this, but -- China's not cooperating? China's not cooperating. This is not SARS  
16 1 --

17 A Uh-huh.

18 Q -- which initially they were resistant and then eventually they came  
19 around and they opened up. They are not cooperating. And this is a problem for the  
20 future, because a lot of outbreaks, like influenza, now coronaviruses, they start over  
21 there. And if they're going to be a black box to the rest of the world, we're still going to  
22 be at risk.

23 So the question is, was anybody at NIAID concerned about this? I got you on  
24 2020, the urgency. You got the medical countermeasures. But 2021, 2022, most of  
25 the international community is concerned that we still don't know how this -- they don't

1 really know -- I understand there's a division of opinion. It may be more lopsided in  
2 certain quarters than others. But this is still a controversial question, and the WHO, still,  
3 and others, are looking into this.

4 So, sir, when did you retire from NIAID?

5 A December 31 of last year.

6 Q So, up to that point, were there -- give us a sense. Were there any  
7 discussions about this with NIAID leadership? Any concern about, well, what can we do  
8 to help with this picture? What can we contribute? Or what can we do with our allies  
9 on this?

10 A As I mentioned, the NIH's role is to fund research and to encourage research  
11 being done by U.S. investigators and others.

12 And NIH, through a number of grant solicitations and the encouragement of  
13 applications, encouraged additional -- a large portfolio of additional research on  
14 questions that related to the origins.

15 Many of those research activities have or are being reported on in the literature.  
16 So there's a rich set of resources that have been generated by NIAID's support for the  
17 scientific foundation that's needed to better answer that question.

18 So I think for the part of the responsibility that resides with NIAID, it has done, I  
19 would say, an outstanding job of directing resources to encourage the experts in this area  
20 to do the work and to answer the questions about evolution of coronavirus, where it  
21 occurred, what populations.

22 I don't disagree with you that our Chinese colleagues and the Chinese  
23 Government could certainly be more forthcoming and cooperative and collaborative in  
24 the last couple of years.

25 At the same time, I think that these questions may be very difficult to get a final

1 and permanent answer to, as are many scientific questions. And what we are gathering  
2 and what NIAID is committed to doing, as far as I understand it, certainly up until the day I  
3 left, was to encourage scientists to do the work that needed to be done so that the best  
4 answer we could get was informed by research findings and not by guesses or other kinds  
5 of priorities.

6 I think WHO is doing the same thing. They are looking -- they don't fund  
7 research, so they are relying on organizations like the NIH and other research-funding  
8 organizations around the world to support the scientists, to gather the data that will be  
9 needed.

10 There are periodic publications, still -- many of them are quite extensive and  
11 exhaustive -- that talk about what possible origins there are. And, as I mentioned, the  
12 broad consensus of many of the best experts in the field is that this most likely evolved  
13 within a natural population of another species and then transmitted -- evolved in such a  
14 way that it could be acquired by humans and transmitted between humans. Whether  
15 that's the definitive answer that many people want, I can't say, but it is the best that  
16 science has to offer based on data.

17 And NIAID has done its part to provide that database on which conclusions, as  
18 good as they are or as bad as they are, can be drawn. Other decisions about how to  
19 make or ask the Chinese or other governments to be more forthcoming with information  
20 or data, that's really not our -- we don't have the capacity to do that. We don't have any  
21 way to do that. It's not within our mandate.

22 All we can do is fund the research and assure that it is published so that that can  
23 help to drive policy, rather than noninformed policy decisions.

24 Q So the -- well, so, first of all, the list of this research that NIAID has funded  
25 into the origins, this is a list that NIAID could provide to Congress?

1 A I'm no longer at NIAID. So I think it's going to be --

2 Q Well, based on when you were at NIAID --

3 A Yeah.

4 Q -- because you're speaking from your experience there.

5 A Well, that kind of list is occasionally requested, and --

6 Q Yeah, because we've kind of been asking for this information.

7 Ms. Ganapathy. Alan, if you have a document request or information request,  
8 you should take that to Leg Affairs, and we can follow up with you separately about that.

9 Mr. Strom. When you were at NIAID, did you ever assemble such a list or help  
10 assemble such a list?

11 Mr. Handley. It wouldn't have been me. I don't manage the grants. So this  
12 would've -- assembling a list of grants in a certain area of activity, whatever they might  
13 be, would be handled through those channels, whatever those channels are.

14 Ms. Ganapathy. I mean, it wouldn't have been me, but I'm sure there -- we're  
15 happy to discuss this new line of inquiry with you, which sounds like it's not --

16 Mr. Slobodin. It's not a new line. It's an old line.

17 Ms. Ganapathy. Sorry. But it's not something that is specific to Mr. Handley's  
18 knowledge or experience working for NIAID. So it's --

19 Mr. Slobodin. Well, he has some knowledge. He just told us --

20 Ms. Ganapathy. Well, sure. He's, yeah, able to tell you whatever he can. But  
21 if you have further questions about --

22 Mr. Handley. Well, you asked for a specific grant?

23 Ms. Ganapathy. -- we're happy to follow up with you.

24 Mr. Handley. A specific list of grants --

25 [Cross-talk.]

1 Ms. Ganapathy. Yeah, request that.

2 BY MR. SLOBODIN:

3 Q So what would be -- why not -- given this unprecedented situation, since we  
4 have a country that's not cooperating with the international global health effort, why not  
5 start thinking outside the box to start looking for other approaches on what we can do to  
6 get as best an understanding we can, given the current situation?

7 So, with all these relationships that have been developed through your hard work  
8 and others', why not try to leverage that? Why not talk to countries with common  
9 interest on this to see, what sequences do you have on your earliest COVID cases?

10 You know, let's crowdsource all this. Let's work together and see if we can have  
11 additional colludes. Maybe other countries have some things that we don't have that  
12 could aid in the investigation into this question.

13 Why not take a look at that?

14 A I don't know that that's not occurring. Do you know that that's not  
15 occurring?

16 Q Well, let me put it this way. The Members I work for sent a letter to the  
17 NIH in March of 2021, and one of the requests in the letter to Dr. Collins was about, could  
18 NIH reach out to other countries with common interests to see how you all could work  
19 together to look into COVID origins? And you know what? We never got a response  
20 on that.

21 And maybe -- I'm going to take another look at the question. I imagine we asked  
22 to see what things they were currently doing on it, such as the research projects you  
23 mentioned. But we haven't gotten a, kind of, response from the NIH.

24 So, naturally, you know, we're interested, because we've been waiting for a while  
25 to hear --

1 A I'm sorry, sir, but I --

2 Q -- more details from NIH.

3 And, you know, the way we're going to be able to move forward -- because I agree  
4 with you about the risk of future pandemics. It's probably not going to be 100 years  
5 away. We're going to need to all be working together and we're going to need to  
6 rebuild public trust in our Federal agencies that are on the front lines.

7 And the way you're going to get there is through openness and transparency,  
8 particularly sharing information with the Congress so we have a better understanding of  
9 what is needed to respond in the future.

10 A Is there --

11 Q We're not having -- we're not having -- unfortunately, we're not having  
12 those, kind of, open lines of communication at the moment --

13 A Is there --

14 Q -- sad to say.

15 A Is there a question for me there? I'm sorry if I missed it.

16 Q Well, I am --

17 BY MR. STROM:

18 Q If I can -- if I can summarize it, I think there seems to be an asymmetry  
19 between "we have to talk to George Gao immediately over the early breakout" and then  
20 a seemingly absence of similar emphasis on tracing the origin, because you said, "Well,  
21 that wouldn't be us, to look into that." But if you're just a research institute, then calling  
22 George Gao at the China CDC is also maybe something for the CDC Director to do or the  
23 Secretary to do.

24 So you're not aware of any sort of similar effort to try to convince the Chinese  
25 officials to be more transparent about data or to be more transparent about what they

1 know about the early cases, or the Wuhan Institute of Virology?

2 A So what's your --

3 Q You're not aware --

4 A -- question?

5 Q Yeah. You're not aware of a effort by NIAID to encourage the Chinese  
6 authorities to allow greater information, access to investigations into the Wuhan Institute  
7 of Virology?

8 A Am I aware of NIAID urging scientists or --

9 Q Urging --

10 A -- policymakers --

11 Q -- Chinese Government officials, their counterparts in the Chinese  
12 Government, to allow an independent lab audit, to allow access to the WIV notebooks  
13 and laboratory books.

14 A That's not something that I would've been privy to. Did you --

15 Q Like, as the head of NIAID's, sort of, international office, you're just not  
16 aware of that happening?

17 A That doesn't mean it didn't happen.

18 Q Sure. I'm just -- this is just your knowledge.

19 A I wasn't asked --

20 Q Uh-huh.

21 A -- to make that presentation.

22 And I will also say that, sometime in the middle of 2020, or early in 2020, the  
23 sense in the U.S. Government was that we should limit our interactions with the Chinese  
24 researchers.

25 Q What -- and this will be the last question, I hope. What was the reason

1 behind that?

2 A I don't know.

3 For example, we had an agreement that was expiring that needed to be renewed.

4 Q Uh-huh. And it --

5 A And we were unable to do that.

6 Q Okay.

7 Nothing from me, Mitch.

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

9 Ms. Ganapathy. Four o'clock exactly. Wow.

10 Mr. Benzine. We nailed it.

11 [Whereupon, at 4:00 p.m., the interview was concluded.]



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Certificate of Deponent/Interviewee

I have read the foregoing \_\_\_\_ pages, which contain the correct transcript of the answers made by me to the questions therein recorded.

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Witness Name

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Date