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2 DESIRAE S. JURA

3 HVC012550

4 COMMITTEE ON OVERSIGHT AND ACCOUNTIBILITY,

5 SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC,

6 U.S. HOUSE OF REPRESENTATIVES,

7 WASHINGTON, D.C.

8 INTERVIEW OF: FRANCIS COLLINS, M.D.

9 Friday, January 12, 2024

10 The Interview Commenced at 10:07 a.m.



36 Appearances (Continued).

37

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60

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147 P R O C E E D I N G S

148 Mr. Benzine. We can go on the record. This is the  
149 transcribed interview of Dr. Francis Collins conducted by  
150 the House Select Subcommittee on the Coronavirus Pandemic,  
151 the Committee on Oversight and Accountability and the  
152 Committee on Energy and Commerce under the authority  
153 granted to them by House Resolution 5, House Rule 10, and  
154 the Rules of the Committee on Oversight and Accountability  
155 and Committee on Energy and Commerce.

156 This interview was requested by Chairman Brad Wenstrup,  
157 Chairman James Comer, Chair Cathy McMorris Rodgers,  
158 Chairman Morgan Griffith, and Chairman Brett Guthrie as  
159 part of the Committee's oversight of the federal  
160 government's response to the coronavirus pandemic.

161 Further, pursuant to House Resolution 5, the Select  
162 Subcommittee has wide-ranging jurisdiction, but  
163 specifically to investigate the origins of the coronavirus  
164 pandemic, including but not limited to the federal  
165 government's funding of gain of function research and the  
166 executive branch policies, deliberations, decisions,  
167 activities, and the internal and external communications  
168 related to the coronavirus pandemic.

169 Pursuant to House Rule 10, the Committee on Oversight and  
170 Accountability has jurisdiction to investigate any matter  
171 at any time, and pursuant to House Rule 10 and 11, the



172 Committee on Energy and Commerce has jurisdiction for  
173 public health service agencies, including the National  
174 Institutes of Health and the entities it funds, as well as  
175 federal biomedical research and development.

176 BY MR. BENZINE.

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

179 A Yes, I'm Francis Collins, C-O-L-L-I-N-S.

180 Q Thank you, Dr. Collins. My name is Mitch  
181 Benzine, and I am the staff director for the Majority staff  
182 of the Select Subcommittee. I want to thank you for coming  
183 in today for this interview. We recognize that you are  
184 here voluntarily and appreciate that.

185 Under the Select Committee and Committee on Oversight and  
186 Accountability's rules, you are allowed to have an attorney  
187 present to advise you during this interview. Do you have  
188 an attorney representing you in a personal capacity with  
189 you today?

190 A Yes, I do.

191 Mr. Benzine. Will counsel please identify themselves?

192 Mr. Nassikas. Good morning, Mr. Benzine. Its John  
193 Nassikas, Cate Brandon, Eliza Buergenthal, and Olivia  
194 Foster from Arnold & Porter on behalf of Dr. Collins.

195 Mr. Benzine. Thank you.

196 BY MR. BENZINE.

197 Q Is there also an attorney present  
198 representing the Department of Health and Human Services  
199 with you today?

200 A Yes.

201 Mr. Benzine. Will counsel please identify themselves?

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

203 BY MR. BENZINE.

204 Q Is there also an attorney representing the  
205 White House with you today?

206 A Yes.

207 Mr. Benzine. Will counsel please identify themselves?

208 Mr. Barstow. Kevin Barstow, White House counsel's office.

209 Mr. Benzine. For the record, can the additional staff  
210 please introduce themselves with their name, title, and  
211 affiliation.

212 Mr. Osterhues. Eric Osterhues, chief counsel, Select  
213 Subcommittee for the Coronavirus Pandemic, Majority staff.

214 Ms. Brewer. Madeline Brewer, Majority counsel for the  
215 Select Subcommittee.

216 [REDACTED], chief Minority  
217 counsel, Select Subcommittee.

218 [REDACTED] senior counsel, Energy  
219 and Commerce Subcommittee on Oversight and Investigations,  
220 Democrats.

221 [REDACTED] Minority counsel, Select

222 Subcommittee.

223 ██████████ ██████████ ██████████ ██████████ chief counsel for the  
224 Minority, Energy and Commerce Committee, Subcommittee on  
225 Oversight and Investigations.

226 ██████████ ██████████ ██████████ ██████████ Democratic staff director of  
227 the Select Subcommittee.

228 ██████████ ██████████ ██████████ ██████████ Democratic senior counsel, Select  
229 Subcommittee.

230 Ms. Cook. Marta Cook, senior advisor for oversight at NIH.

231 Ms. Berstell. Daria Berstell, Office of Assistant  
232 Secretary for Legislative Analysis.

233 Mr. Benzine. Can the Members that are present in the room  
234 please identify themselves?

235 Mr. Wenstrup. Brad Wenstrup, Ohio, Second District.

236 Ms. Dingell. Debbie Dingell, Michigan.

237 Mr. Benzine. Thank you all.

238 BY MR. BENZINE.

239 Q Dr. Collins, before I begin, I would like to  
240 go over the ground rules for this interview.

241 The way this interview will proceed is as follows. The  
242 Majority and Minority staff will alternate asking you  
243 questions, one hour per side per round until each side is  
244 finished with their questioning.

245 The Majority staff will begin and proceed for an hour, and  
246 then the Majority staff will have an hour to ask questions.

247 We will then alternate back and forth in this manner until  
248 both sides have no more questions. If either side is in  
249 the middle of a specific line of questions, they may choose  
250 to end a few minutes past an hour to ensure completion of  
251 that specific line of questioning, including any pertinent  
252 follow-ups.

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

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

263 Further, to ensure the court reporter can properly record  
264 this interview, please speak clearly, concisely, and  
265 slowly.

266 Also, the court reporter cannot record nonverbal answers,  
267 such as nodding or shaking your head, so it is important  
268 that you answer each question with an audible verbal  
269 answer.

270 Exhibits may be entered into the record. Majority exhibits  
271 will be identified numerically, Minority exhibits will be

272 identified alphabetically.

273 Do you understand?

274 A Yes.

275 Q We want you to answer our questions in the  
276 most complete and truthful manner possible. If you have  
277 any questions or do not fully understand the question,  
278 please let us know. We will attempt to clarify, add  
279 context to, or rephrase our questions.

280 Do you understand?

281 A Yes.

282 Q If we ask about specific conversations or  
283 events in the past and you are unable to recall the exact  
284 words or details, you should testify to the substance of  
285 those conversations or events to the best of your  
286 recollection. If you recall only a part of a conversation  
287 or event, you should give us your best recollection of  
288 those events or parts of conversations that you do recall.

289 Do you understand?

290 A Yes.

291 Q Although you are here voluntarily and we  
292 will not swear you in, you are required pursuant to Title  
293 18, Section 1001 of the United States Code to answer  
294 questions from Congress truthfully. This also applies to  
295 questions posed by congressional staff in this interview.

296 Do you understand?

297 A Yes.

298 Q If, at any time, you knowingly make false  
299 statements, you could be subject to criminal prosecution.  
300 Do you understand?

301 A Yes.

302 Q Is there any reason you are unable to  
303 provide truthful testimony today?

304 A No.

305 Q The Select Subcommittee follows the rules of  
306 the Committee on Oversight and Accountability. Please note  
307 that if you wish to assert a privilege over any statement  
308 today, that assertion must comply with the rules of the  
309 Committee on Oversight and Accountability.

310 Pursuant to that, Committee Rule 16(c)(1) states, "for the  
311 Chair to consider assertions of privilege over testimony or  
312 statements, witnesses or entities must clearly state the  
313 specific privilege being asserted and the reason for the  
314 assertion on or before the scheduled date of testimony or  
315 appearance." Do you understand?

316 A Yes.

317 Q Ordinarily, we take a five-minute break at  
318 the end of each hour of questioning, but if you need a  
319 longer break or a break before that, please let us know and  
320 we will be happy to accommodate. However, to the extent  
321 that there is a pending question, we would ask that you

322 finish answering the question before we take a break. Do  
323 you understand?

324 A Yes.

325 Q Any further questions before we begin?

326 A No.

327 Mr. Nassikas. Mr. Benzine, just one quick note. You  
328 mentioned to best recollection, that's an important one.  
329 All of Dr. Collins' answers today are going to be to the  
330 best of his recollection, and he will be very honest and  
331 truthful in his answers.

332 And you cited 1001, as we've talked by phone, we just ask  
333 that in whatever retelling you do of Dr. Francis' honest  
334 comments today also kind of respects the truthfulness  
335 that's embedded in 1001.

336 Mr. Benzine. Thank you.

337 BY MR. BENZINE.

338 Q I want to thank you for your years of work  
339 in this space and for coming in voluntarily. I want to go  
340 through a couple other baseline questions before we get  
341 into your education and experience.

342 You are represented by personal counsel, but accompanied by  
343 both Department and White House counsel. Are you aware  
344 that those representatives do not represent your interests,  
345 but instead those of the United States government?

346 A Yes.

347 Q Are you aware that it is possible your  
348 personal interests may diverge from those of the United  
349 States government?

350 A Yes.

351 Q The representatives from the Department and  
352 the Whitehouse may exert privileges on behalf of the  
353 government and instruct you to not answer questions. Are  
354 you aware that the decision to answer questions, even if  
355 instructed not to, resides with you?

356 A Yes.

357 Q Are you aware that if you refuse to answer  
358 any questions today, either as instructed or otherwise, the  
359 Select Subcommittee has the authority to compel your  
360 testimony?

361 A Yes.

362 Q All right, thank you.  
363 Like I said, I want to run very briefly through education  
364 and experience. Where did you attend undergraduate school  
365 and what degree did you graduate with?

366 A University of Virginia, wahoowa, a  
367 bachelor's degree of chemistry in 1970.

368 Q And where did you get your medical degree?

369 A In between there, I got a Ph.D. in physical  
370 chemistry. But then I went to the University of North  
371 Carolina for medical training, got my MD in 1977.



372 Q Thank you.

373 Mr. Nassikas. Where was your Ph.D. from?

374 The Witness. From Yale, oddly enough, since I believe  
375 there are people in the room who also went there.

376 BY MR. BENZINE.

377 Q Who is your current employer and what is  
378 your current job title?

379 A The National Institutes of Health. I'm  
380 currently a distinguished investigator in the National  
381 Human Genome Institute at NIH.

382 Q Do you currently hold or have you previously  
383 held any honorary or academic positions?

384 A Before coming to NIH 30 years ago, I was on  
385 the faculty at the University of Michigan for nine years.

386 Q And then do you currently hold or have you  
387 previously held any positions on boards of companies or  
388 nonprofits?

389 A Way back in the 1980s, I was a cofounder of  
390 a small biotech company called Gene Labs, but that was  
391 something that I left probably about 1991. Nothing since  
392 then.

393 Q Thank you. When did you become director of  
394 the NIH?

395 A In 2009.

396 Q And then in that role, who was your direct

397 report?

398 A The Secretary of Health and Human Services.

399 Q And then understanding things change wildly,

400 but what were kind of your standard roles and

401 responsibilities?

402 A They do change wildly. The National

403 Institutes of Health is the largest supporter of biomedical

404 research in the world. As the director, it's my

405 responsibility to survey what the scientific opportunities

406 might be, and to be sure that we were doing everything

407 possible to pursue those in a way that would make advances

408 for the public in terms of alleviating suffering and saving

409 lives.

410 Q While director, did you hold a security

411 clearance?

412 A Yes.

413 Q At what level?

414 A Top secret.

415 Q Not SCI?

416 A You know, I don't recall.

417 Q Okay. During the pandemic, did you receive

418 any classified briefings regarding COVID-19 or China?

419 A Not about COVID-19.

420 Q I'm going to ask a really long list of

421 names, and if you can bear with me while I go through it of

422 just "yes" or "no" if you talked to any of these  
423 individuals regarding the origins of COVID, the Wuhan  
424 Institute of Virology, or EcoHealth Alliance. So the  
425 general timeframe will be January 2019 until now.

426 A Mm-hmm.

427 Q As much as you can remember.

428 Mr. Nassikas. And "yes" or "no" will be obviously to the  
429 best of Dr. Collins' recollection.

430 The Witness. Right.

431 Mr. Nassikas. So you don't have to say that every time.

432 BY MR. BENZINE.

433 Q It can be "yes," "no," or "I don't recall."

434 And we can go back through it.

435 Secretary Azar.

436 A Yes.

437 Q Admiral Giroir?

438 A Yes.

439 Q Dr. Kadlec?

440 A Yes.

441 Q Dr. Birx?

442 A Yes.

443 Q Dr. Redfield?

444 A Yes.

445 Q Dr. Raj Panjabi?

446 A Yes.

447 Q Dr. Ashish Jha?

448 A Yes.

449 Q Jeff Zients?

450 A Yes.

451 Q Andy Slavitt?

452 A Not to my recollection.

453 Q Rob Flaherty?

454 A Not to my recollection.

455 Q Secretary Becerra?

456 A Yes.

457 Q Susan Rice?

458 A Yes.

459 Q Neera Tanden?

460 A No, not to my recollection.

461 Q Shalanda Young?

462 A Again, the substance of your question was

463 about COVID origins, EcoHealth, or Wuhan. That would be

464 no.

465 Q Dr. Fauci?

466 A Yes.

467 Q Dr. Tabak?

468 A Yes.

469 Q Dr. Auchincloss?

470 A Yes.

471 Q Dr. Morens?

472 A No.

473 Q Dr. Ping Chen?

474 A No.

475 Q Dr. Cliff Lane?

476 A Yes.

477 Q Dr. Michael Lauer?

478 A Yes.

479 Q Dr. David Christian Hassell?

480 A No.

481 Q Mr. Gray Handley?

482 A Not to my recollection.

483 Q Mr. Greg Folkers?

484 A Not to my recollection.

485 Q Dr. Eric Stemmy?

486 A Not to my recollection.

487 Q Dr. Emily Erbeliding?

488 A No.

489 Q Dr. Tedros?

490 A Yes.

491 Q Dr. Jeremy Farrar?

492 A Yes.

493 Q Dr. Kristian Andersen?

494 A Would an involvement in a conference call be

495 the sort of thing you're asking about?

496 Q Yes, is that the only involvement?

497 A Only in conference calls.  
498 Q Dr. Michael Farzan?  
499 A Only in conference calls.  
500 Q Dr. Eddie Holmes?  
501 A Only in conference calls.  
502 Q Dr. Ian Lipkin?  
503 A Yes.  
504 Q Dr. Andrew Rambaut?  
505 A Only in the call.  
506 Q Dr. Christian Drosten?  
507 A Only in the call.  
508 Q Dr. Ron Fouchier?  
509 A Only in the call.  
510 Q Dr. Marion Koopmans?  
511 A Only in the call.  
512 Q Dr. Peter Daszak?  
513 A No.  
514 Q Dr. Michael Worobey?  
515 A No.  
516 Q Dr. Jonathan Pekar?  
517 A No.  
518 Q Dr. James LeDuc?  
519 A No.  
520 Q Dr. Shi Zhengli?  
521 A No.

522 Q Dr. George Gao?

523 A No.

524 Q Dr. Ralph Baric?

525 A Not to my recollection.

526 Q Thank you. I want to go back through and

527 ask a few more specifics. So the answer only in the call

528 for Dr. Koopmans, Dr Fouchier, Dr. Drosten, Dr. Rambaut,

529 Dr. Holmes, Dr. Farzan, and Dr. Andersen is referring to

530 the February 1st conference call; is that correct?

531 A That is correct. There was another call

532 that involved Dr. Andersen later in the year.

533 Q Do you recall about when that was?

534 A It would have been about July.

535 Q Do you recall the substance of that one?

536 A It was initiated by a concern by Dr. Bloom.

537 Q Thank you. Going back up the list.

538 Dr. Farrar obviously has the conference call association.

539 Were there other communications with Dr. Farrar?

540 A There were.

541 Q Do you recall about when or how many?

542 A Not specifically. No, I wouldn't be able to

543 lay them out precisely.

544 Q More than one, but less than five?

545 A That would be about right.

546 Q All right. And do you recall outside of the

547 conference call, which we'll talk about in more detail, do  
548 you recall the contents of the conversations? Was it  
549 origin-specific or did it get to anything else?

550 A It was also about the response --

551 Q Okay.

552 A -- to the pandemic. And particularly the  
553 urgency of identifying therapeutics and vaccinations.

554 Q Thank you. Dr. Lauer, do you recall the  
555 contents of those conversations?

556 A Dr. Lauer, as the director of extramural  
557 research for NIH, had very significant responsibilities for  
558 everything that NIH does. So I would, in the course of my  
559 time as director, be in conversations with him almost every  
560 other day about something.

561 In terms of COVID, well, a lot of what we were talking  
562 about at that point was COVID. I can't tell you the number  
563 of occasions or the topics.

564 Q Do you recall any conversations with him  
565 regarding compliance efforts with EcoHealth?

566 A Only after the fact.

567 Q Okay. Dr. Lane, do you recall the contents  
568 of those conversations?

569 A I talked with him a lot about what he was  
570 doing to set up the clinical guidelines that all of the  
571 docs were looking for to know what was the right way to



572 prevent and treat COVID-19.

573 Q Dr. Auchincloss, do you recall those?

574 A It would have been very limited. As

575 Dr. Fauci's deputy, I don't recall the content.

576 Q Dr. Tabak, do you recall those?

577 A Dr. Tabak is my principal deputy whose desk

578 was 20 feet away from mine. We talked many times a day.

579 Q Do you recall any specific conversations

580 about origins, Wuhan, or EcoHealth?

581 A Not any specific ones.

582 Q And then Dr. Fauci, any

583 specific -- understanding you probably talked often. Any

584 specific conversations regarding origins, Wuhan, or

585 EcoHealth?

586 A No specific conversations. But, yes, we

587 were in touch very regularly during the crisis of COVID-19.

588 Q What about Susan Rice, do you recall those

589 conversations?

590 Mr. Barstow. Dr. Collins, if you can answer this at a very

591 general level, that's okay, but do not reveal any specific

592 conversations.

593 The Witness. It will be easy because I don't recall the

594 conversation at all.

595 BY MR. BENZINE.

596 Q But you did talk to Dr. Rice about one of

597 those three topics?

598 A Let me step back a moment. I have spoken  
599 with Dr. Rice about other things. Now that I'm trying to  
600 dredge through my memory, I am not sure I ever spoke to her  
601 about COVID.

602 Q Okay.

603 A So maybe I would like to clarify that.

604 Q All right. Secretary Becerra, do you recall  
605 the contents of those conversations?

606 A Of course I reported to Secretary Becerra  
607 when he became Secretary. We met regularly to cover a wide  
608 range of issues. I don't recall the specifics.

609 Q Mr. Zeintz, do you recall the contents of  
610 those conversations?

611 Mr. Barstow. Dr. Collins, I would give you the same  
612 instruction here. General topic is okay, but do not reveal  
613 specifics about those conversations.

614 The Witness. Right. Well, as the person who was initially  
615 leading the Biden administration's response to COVID, I  
616 spoke with him about those topics. I won't go into the  
617 detail.

618 BY MR. BENZINE.

619 Q To the best of your recollection, were any  
620 of the conversations regarding compliance on EcoHealth?

621 Mr. Barstow. Dr. Collins, I am going to step in here and

622 ask you not to answer that question.

623 Mr. Benzine. On what grounds?

624 Mr. Barstow. Executive branch confidentiality interest.

625 Mr. Benzine. Are you instructing him to not answer the  
626 question?

627 Mr. Barstow. Yes, I am.

628 Mr. Benzine. All right.

629 BY MR. BENZINE.

630 Q Did you have any conversations with  
631 Mr. Zeintz regarding the Wuhan Institute of Virology?

632 Mr. Barstow. Again, I am going to step in here and  
633 instruct Dr. Collins not to answer that question.

634 BY MR. BENZINE.

635 Q Did you have any conversations with  
636 Mr. Zeintz regarding the origins of COVID-19?

637 Mr. Barstow. Once again, I am going to step in here and  
638 ask Dr. Collins not to answer that question.

639 BY MR. BENZINE.

640 Q Okay, going up the list. Dr. Jha, do you  
641 recall the contents of those conversations?

642 Mr. Barstow. The same instruction, Dr. Collins.

643 BY MR. BENZINE.

644 Q Dr. Collins, did you have any conversations  
645 with Dr. Jha regarding the origins of COVID-19?

646 Mr. Barstow. I'm going to ask Dr. Collins to not to answer

647 that question.

648 BY MR. BENZINE.

649 Q Dr. Collins, did you have any conversations  
650 with Dr. Jha regarding the Wuhan Institute of Virology?

651 Mr. Barstow. I am going to ask Dr. Collins not to answer  
652 that question.

653 BY MR. BENZINE.

654 Q Dr. Collins, did you have any conversations  
655 with Dr. Jha regarding EcoHealth?

656 Mr. Barstow. I am going to ask him not to answer that  
657 question.

658 BY MR. BENZINE.

659 Q What about Dr. Panjabi, do you recall the  
660 contents of those conversations?

661 Mr. Barstow. The same instruction.

662 BY MR. BENZINE.

663 Q Dr. Collins, did you have any conversations  
664 with Dr. Panjabi regarding the origins of COVID-19?

665 Mr. Barstow. I'm going to ask Dr. Collins not answer that  
666 question.

667 BY MR. BENZINE.

668 Q Dr. Collins, did you have any conversations  
669 with Dr. Panjabi regarding the Wuhan Institute of Virology?

670 Mr. Barstow. Once again I'm going to ask Dr. Collins not  
671 answer that question.

672 BY MR. BENZINE.

673 Q Dr. Collins, did you have any conversations  
674 with Dr. Panjabi regarding EcoHealth?

675 Mr. Barstow. Once again, I'm going to ask him not answer  
676 that question.

677 BY MR. BENZINE.

678 Q Do you recall the contents of the  
679 conversations with Dr. Redfield?

680 A Only in a very general way.

681 Q Do you recall any specifics of conversations  
682 regarding the origins, his perspective, or your  
683 perspective?

684 A No.

685 Q What about Dr. Birx, do you recall the  
686 contents of those conversations?

687 Mr. Barstow. The same instruction, Dr. Collins.

688 BY MR. BENZINE.

689 Q Dr. Collins, do you recall any conversations  
690 with Dr. Birx regarding the origins of COVID-19?

691 Mr. Barstow. I am going to ask Dr. Collins not to answer  
692 that question.

693 BY MR. BENZINE.

694 Q Dr. Collins, do you recall any conversations  
695 with Dr. Birx regarding the Wuhan Institute of Virology?

696 Mr. Barstow. I will ask him not to answer that question as

697 well.

698 BY MR. BENZINE.

699 Q And, Dr. Collins, do you recall any

700 conversations with Dr. Birx regarding EcoHealth?

701 Mr. Barstow. And again, I will ask him not to answer that

702 question.

703 BY MR. BENZINE.

704 Q Do you recall the contents of the

705 conversations with Dr. Kadlec?

706 A Only in a very general way.

707 Q Any memory of --

708 Ms. Ganapathy. Dr. Collins, I'm going to step in and

709 instruct you to respond, but in a way that focuses on broad

710 themes, as opposed to getting into specifics of

711 deliberative discussions.

712 Mr. Osterhues. What about factual matters?

713 Ms. Ganapathy. Specifics of deliberative discussions.

714 Mr. Osterhues. Deliberative does not include facts.

715 Ms. Ganapathy. The content of deliberative discussions.

716 Mr. Osterhues. No, we went through this the last time.

717 We've gone through this before. I don't know if you really

718 understand what deliberative is. Facts are not

719 deliberative.

720 Ms. Ganapathy. So our position is that we are here

721 voluntarily today as an accommodation. We're not going to

722 get into specifics of high level deliberative discussions.

723 So I'm instructing the witness to respond accordingly.

724 Mr. Benzine. All right. For both White House and

725 Department counsel, we are going to run through as many

726 questions as we can today, but if this continues, we are

727 going to end the interview and issue a subpoena to

728 Dr. Collins. So keep that in the back of your head as we

729 continue.

730 BY MR. BENZINE.

731 Q So you can answer the general conversations

732 that you had with Dr. Kadlec regarding origins, Wuhan, or

733 EcoHealth.

734 A I don't recall the specifics at all.

735 Q Do you recall the contents of the

736 conversations with Admiral Giroir?

737 A There again, I don't recall the specifics.

738 Q And then what about the contents with

739 Secretary Azar?

740 A I met with Secretary Azar regularly, and

741 certainly we talked about the response to COVID, primarily.

742 Q Do you recall any specifics on origins,

743 Wuhan, or EcoHealth?

744 A I don't recall.

745 Q Thank you. I'm going to go through some

746 other departments and agencies that you may not have

747 specific conversations with specific people, but I just  
748 want to ask if you had any conversations with anyone  
749 affiliated with these agencies.

750 Ms. Brandon. About what topic?

751 Mr. Benzine. The same three, origins, EcoHealth, or the  
752 Wuhan Institute.

753 Ms. Brandon. Thank you.

754 BY MR. BENZINE.

755 Q Anyone affiliated with Fort Detrick?

756 A No.

757 Q Anyone affiliated with the State Department?

758 A Not that I can recall.

759 Q Anyone affiliated with the FBI?

760 A What time period are we talking about?

761 Q January until now.

762 A I was interviewed by the FBI.

763 Q Do you recall about when?

764 A I think that was August of '23.

765 Q Thank you. Any conversations with anyone  
766 affiliated with the CIA?

767 A No.

768 Q Anyone affiliated with the National Center  
769 for Medical Intelligence?

770 A No, I don't know what that is.

771 Q Anyone affiliated with the Department of



772 Energy?

773 A On these three topics? No.

774 Q And then anyone affiliated with the Defense

775 Threat Reduction Agency?

776 A Hmm-mm. And, again, these are all to my

777 best recollection.

778 Q Yes, absolutely. One final baseline

779 question. Have you had any conversations with anyone,

780 particularly anyone on that long list, regarding this

781 interview?

782 A No.

783 Q Thank you.

784 I want to ask about personal email and phone. Did you ever

785 conduct official business via a personal email?

786 A No.

787 Q What about a personal cell phone?

788 A I have a single cell phone that's government

789 issued, which I'm allowed to use for a small part of the

790 time for personal purposes.

791 Q Thank you. What about any official business

792 over an encrypted messaging app, like Signal or WhatsApp?

793 A Signal, I don't know what that is.

794 WhatsApp, not official business.

795 Q Does NIH use Microsoft Teams or any other

796 messaging service on your desktop or laptop?

797 A Not on mine.

798 Q Did you keep or maintain more than one  
799 calendar?

800 A No.

801 Q What about more than one email account?

802 A There were a lot of aliases, but they all  
803 fed into the same inbox.

804 Q Perfect, thank you. I'm going to shift  
805 gears and talk about the grant process a little bit at NIH.  
806 And just to the best of your knowledge, answer these. If  
807 you don't know, say so. And then I'm going to get into a  
808 few more specific questions about foreign collaborators or  
809 foreign labs.

810 We talked to any number of people through the kind of NIAID  
811 grant process and then a couple people in NIH, Dr. Lauer,  
812 Dr. Tabak, about the NIH grant process. And I just want to  
813 very briefly run through proposal to funding, from your  
814 point of view, what the process is.

815 A An investigator who has a research idea  
816 writes a proposal following the guidelines that NIH puts  
817 forward about what's expected to be included, submits that  
818 often at a particular date where there's a deadline for  
819 receipt. That is then looked at by the scientific staff at  
820 NIH to decide whether it's an appropriate kind of question  
821 that fits within NIH's mission. And, if so, which

822 institute should it be assigned to. There are 27

823 institutes, et cetera.

824 At that point, then it is assigned to a peer review study

825 section of other experts in that area of science, all of

826 whom are to do this with complete confidentiality. And

827 these are not government employees, these are the experts

828 that seem to know most about that area.

829 The grant then is reviewed by that study section. There's

830 an active discussion about its pros and cons, and it gets

831 assigned a score, a priority score. That is the closest

832 point, then, of figuring out whether it's going to get

833 funded, but it's not the whole final story.

834 There's a second level of review where the advisory council

835 in each of the 27 institutes and centers has an advisory

836 council, that then does a look over all of the grants that

837 came through in that previous four months, and decides

838 whether there should be some adjustment of exactly where

839 the cut should be about what gets funded and what doesn't.

840 In case there's something that's really high priority and

841 didn't quite make it as far as the priority score, well,

842 maybe that one will be prioritized.

843 Once that decision is made, the award is decided and the

844 grants administrator reaches out to the investigator and

845 sets up the grant with appropriate oversight.

846 Q                   Is it possible to receive a fundable score

847 and not subsequently receive funding?

848 A Yes. A fundable score is sort of a hard  
849 thing to say precisely what that should be. It depends on  
850 the institute on that particular cycle on the congressional  
851 budget.

852 Q But just because a grant has gone through  
853 the peer review process and gotten the stamp of approval  
854 that it can receive funding does not mean that it will  
855 receive funding?

856 A The second level of review is real. It  
857 would be very unusual for something that got an extremely  
858 positive peer review to be pulled out and not funded. But  
859 it's more the things on the margin where there can be some  
860 adjustment.

861 Q And then is it the Institute or Center  
862 director that makes the final funding decision?

863 A Officially, it's the director who signs off  
864 on that, recognizing, of course, that the real work has  
865 been done by the advisory council and by the staff.

866 Q And then you, as NIH director overseeing it  
867 all, could you ever make a funding decision?

868 A No.

869 Q Could you overrule any previously made  
870 funding decisions?

871 A That would be extremely unusual.

872 Q But it's within your authority?

873 A It probably is in a very exceptional  
874 situation. Keep in mind, though, that the work is almost  
875 entirely done at the institute level, not at the director's  
876 level.

877 Q Thank you. We've asked a number of people  
878 regarding the vetting or certifying process of foreign labs  
879 that receive U.S. dollars. Do you know what that process  
880 is?

881 A I do not.

882 Q To your knowledge, does NIH certify foreign  
883 labs that receive U.S. dollars?

884 A I don't know that.

885 Q I guess my next question, if you don't  
886 know -- if they're receiving U.S. money, how would NIH kind  
887 of make sure they follow the right BMBL standards or things  
888 like that?

889 A That would be up to the staff to do that. I  
890 trust my staff when I was NIH director to have that kind of  
891 subject matter expertise.

892 BY MR. STROM.

893 Q Is that staff resident at your Office of  
894 Director or is it more likely in the institutes?

895 A In the institutes.

896 Mr. Nassikas. Just for the record, who are you?

897 Mr. Strom. Sorry, John Strom, senior counsel, House Energy  
898 and Commerce Committee, Oversight and Investigation  
899 subcommittee.

900 Mr. Nassikas. Thank you.

901 Mr. Strom. Sorry.

902 BY MR. BENZINE.

903 Q The kind of same questions that I imagine  
904 are similar answers. The process for vetting a foreign  
905 collaborator, do you know what that is?

906 A Only in the sense that the peer review  
907 process is going to look to see whether a proposal is being  
908 conducted by people who have the appropriate expertise.

909 Q Do you know if, during that process or  
910 otherwise, foreign collaborators go through a national  
911 security review?

912 A I do not, no.

913 Q Do you know if there are any countries that  
914 are kind of off limits for receiving NIH dollars?

915 A Off limits? Not that I know of.

916 Q Do you know if NIH partners with any other  
917 U.S. agencies to assist in any of these processes?

918 A NIH does do collaborations with other parts  
919 of the government. We've done the Human Genome Project was  
920 a joint effort between NIH and the Department of Energy.

921 Q Again, what we're trying to figure out is

922 if, like, you get a proposal that has a foreign lab on it,  
923 if NIH would do all the work themselves, or if they would  
924 call the State Department, or if they would call some other  
925 department to try to determine if that foreign lab is  
926 reputable.

927 A I don't know.

928 Q Okay, moving on to kind of why we're here.  
929 I want to talk about, first, how pandemics emerge and get  
930 into COVID-19 a little bit.

931 So our general understanding is kind of two viable pathways  
932 for a pandemic spillover, zoonotic or some type of  
933 laboratory research-related accident; is that correct?  
934 Very broadly correct?

935 A Very broadly correct. I'm trying to think  
936 if there might be some other pathway, but those seem  
937 reasonable.

938 Q And in zoonotic, there's kind of the, like,  
939 direct from an animal to a human, and then from an animal  
940 to an intermediary host to a human, depending on how  
941 many -- there could be multiple middle steps in there. Is  
942 that generally accurate?

943 A That's generally accurate.

944 Q So there's been kind of -- the two really  
945 big coronavirus spillovers before this were SARS 1 and  
946 MERS, both of which had fewer than 10,000 cases worldwide

947 over now two decades.

948 A Mm-hmm.

949 Q And COVID-19 is close to, at least what we  
950 know of, 800 million. I guess one of the curiosities we  
951 have is, why such a big difference? Is it just kind of  
952 obviously one was 2002, this is 2023, there's more  
953 traveling, there's more human movement. But is there a  
954 functional difference in the virus that makes it so  
955 much -- the case numbers so much higher?

956 A I'm not a virologist. I'm not an infectious  
957 disease expert. My understanding is that it was the  
958 ability of SARS-CoV-2 to be so transmissible, so  
959 contagious.

960 Q And then back to kind of the zoonotic  
961 pathway. And, again, I'm going to say it 10,000 times  
962 today. I'm not even not a virologist, I'm just not a  
963 scientist. So hang with me on some things.

964 A Okay.

965 Q For the kind of stereotypical zoonotic  
966 outbreak, obviously there aren't a whole lot of wild animal  
967 farms in major cities. There's obviously markets, but not  
968 the farms themselves. And our understanding is that you  
969 would normally see the farms in -- we'll use China and like  
970 southeastern China, a few cases sprout up in there, animals  
971 travel up the road a little ways, a few cases more, until



972 it gets into a metropolitan area, and then it explodes. Is  
973 that close?

974 A I don't have the expertise to assess that  
975 statement.

976 Q All right, thank you. We'll skip ahead a  
977 couple, then. I want to get just kind of a definitional  
978 understanding on what a laboratory or research-related  
979 accident would be. I think there's a bit of a  
980 misconception that it has to be like some mad scientist in  
981 the lab, like, building a bomb that spills over, right,  
982 versus kind of, like, what the more stereotypical science  
983 is.

984 So just in these scenarios of just "yes" or "no," if you  
985 think it would be a laboratory or research-related  
986 accident.

987 A researcher intentionally manipulating viruses in the lab  
988 and getting infected.

989 A Who's getting infected?

990 Q The researcher is, the person doing the  
991 manipulating.

992 A That sounds like an accident.

993 Q What about a researcher in the lab  
994 conducting serial passage of a virus and getting infected?

995 A Again, if the researcher gets infected,  
996 that's an accident.

997 Q What about just a researcher sampling or  
998 sequencing viruses and getting infected?

999 A First of all, you would not expect just  
1000 sequencing would be a risk. That's not something that's an  
1001 infectious agent.

1002 Q What about sampling, getting it from  
1003 environmental samples and taking out viruses?

1004 A I think there's an occupational risk if, for  
1005 instance, a researcher is working in a wildlife  
1006 environment, of getting infected. Is that an accident or  
1007 is that an occupational risk? I'm not sure I could call  
1008 that an accident in that sense.

1009 Mr. Nassikas. Mr. Benzine, maybe I'm the only one who  
1010 doesn't get it. What's the underlying question again?

1011 Mr. Benzine. If these would be considered a lab accident.

1012 Ms. Brandon. Or naturally occurring.

1013 BY MR. BENZINE.

1014 Q Or naturally occurring.

1015 A That sounds more naturally occurring,  
1016 because it didn't even sound like you were limiting it to a  
1017 lab.

1018 Q And then the final one, a researcher getting  
1019 infected during field work and bringing it back to the  
1020 laboratory?

1021 A I wouldn't call that a lab accident.

1022 Q A few more high-level questions. One of the  
1023 primary purposes of this Subcommittee is to investigate  
1024 what happened from -- during this pandemic to thinking  
1025 about how we can prepare for future pandemics.

1026 A I'm with you.

1027 Q A large question of that has been the  
1028 origins of this virus, obviously, so we can protect better  
1029 from both pathways. We see NSABB coming out with more  
1030 stringent lab recommendations. A couple -- I think it was  
1031 like 30 virologists a couple days ago wrote that they  
1032 wanted more laboratory guidelines. And then obviously the  
1033 question of wet markets and wildlife trading, how we can  
1034 better regulate that.

1035 So what do the origins of a pandemic like COVID-19 tell us  
1036 to prepare for a possible future pandemic?

1037 A We do not at the present time know exactly  
1038 what happened that led to the SARS-CoV-2 emergence.  
1039 Certainly one would, therefore, want to look at the  
1040 possible ways that this came to be, and make sure that  
1041 those are not happening now without oversight.

1042 Q Understanding you're not a virologist, but  
1043 obviously, you've been in the space for a long time, what  
1044 would some zoonotic spillover prevention strategies look  
1045 like?

1046 A Zoonotic spillovers happen when there is

1047 close interaction between humans and animals that are  
1048 infected. To the extent that our world seems to provide  
1049 more opportunities for that to happen, we are more at risk.  
1050 Certainly such things as wet markets, especially if they  
1051 contain wild animals, are putting people at risk who are  
1052 close by. So I would have to say that certainly would be  
1053 an area that we should try to regulate very carefully.

1054 Q And then kind of the laboratory side of the  
1055 equation, what would those prevention strategies look like?

1056 A One would want to have in place policies  
1057 that require stringent attention to the laboratory controls  
1058 if experiments are being done on potential pandemic  
1059 pathogens.

1060 Q Do you think there should be increased  
1061 laboratory regulations on novel pathogens? So we hear the  
1062 potential pathogen language a lot, and the definition is  
1063 already capable of infecting humans. Do you think there  
1064 should be any more restrictions placed on unknown  
1065 pathogens?

1066 A I'm not the expert. I think it is good that  
1067 NSABB has been reconsidering that very question.

1068 Q Moving forward to when COVID first struck,  
1069 first reported on ProMED on December 30th, and then China  
1070 publicly confirmed it December 31st, 2019. When did you  
1071 first become aware of the outbreak?

1072 A I can't precisely state the date, but it was  
1073 shortly after the 1st of January.

1074 Q Do you remember how you learned?

1075 A I don't remember precisely, but I am sure it  
1076 was one of the infectious disease experts at NIH.

1077 Q And then do you recall when the genomic  
1078 sequence of COVID-19 was first made public?

1079 A I believe it was January 10th.

1080 Q And then what's kind of the importance of  
1081 having the sequence of the virus?

1082 A Well, as a guy who has worked a lot on  
1083 genome sequences, this is basically providing you with the  
1084 blueprint of whatever organism you're talking about, in  
1085 this case the virus. So it's providing you with a window  
1086 about its origin, about its biological mechanism, and  
1087 potentially about ways that we might prevent its spread or  
1088 help people who are already infected. It's central.

1089 Q My kind of, again, layman understanding is  
1090 that the sequence being different from having an actual  
1091 virus isolated, it tells you what to plan for, but not  
1092 exactly what it looks like; is that right?

1093 A It's like you have the blueprint for the  
1094 house, but you're not walking in the front door.

1095 Q That's a good analogy. I appreciate that.

1096 Could you tell from -- and again, I'm sorry if this is kind

1097 of a non-educated question. But can you tell from the  
1098 sequence itself that it's a coronavirus or do you have to  
1099 do any more studying?

1100 A                   It has to be compared with everything we  
1101 know about all other viruses that have ever been studied.  
1102 And it's fairly straightforward with that database of other  
1103 viral genome sequences to say this is a coronavirus.

1104 Q                   In Dr. Farrar's book titled Spike, he talked  
1105 about the sequence in it and he wrote, "Eddie Holmes has  
1106 taken screenshots from social media in China about the  
1107 coronavirus sequence. They suggest the full genome was  
1108 known by a genomics company in China by December 27, 2019,  
1109 and that that was reported to the Chinese CDC and the  
1110 hospital who provided the sample on the 27th and 28th of  
1111 December."

1112 Were you aware of that?

1113 A                   No.

1114 Q                   Did Dr. Farrar ever tell you that on  
1115 conference calls or anything?

1116 A                   No.

1117 Q                   Were you aware of the NIH ever receiving the  
1118 sequence prior to January 10th?

1119 A                   No.

1120 Q                   Similarly, in our interview of Dr. Daszak  
1121 this past November, he testified stating that he was aware

1122 of a coronavirus 20 percent divergent from SARS 1  
1123 circulating in China by December 30th. Were you aware of  
1124 that?

1125 A No.

1126 Q He said that was kind of odd specificity,  
1127 because COVID-19 ended up being pretty close to 20 percent  
1128 divergent of SARS 1, and that it would kind of show that at  
1129 least China knew a little bit more than what they were  
1130 leading on, and possibly had the sequence prior to January  
1131 10th.

1132 Do you recall any conversations regarding that, China  
1133 potentially having a sequence prior to it becoming publicly  
1134 available?

1135 A No.

1136 Q And then do you recall who eventually made  
1137 the sequence publicly available?

1138 A Only what I heard, that Eddie Holmes played  
1139 a critical role in that.

1140 Q And did you hear anything about him doing it  
1141 on behalf of a Chinese researcher?

1142 A Only secondhand.

1143 Q Did you hear anything about that Chinese  
1144 researcher's lab being shut down for recertification?

1145 A No.

1146 Q While we are discussing the sequence, one of

1147 the features of the virus that has been in the news a lot  
1148 is the furin cleavage site and everyone discussing kind of,  
1149 like, its impact on the virus. It's never been seen before  
1150 and the SARS-related lineage has been seen, I think, in the  
1151 family above it.

1152 Looking at the sequence, can you tell that it had a furin  
1153 cleavage site?

1154 A                   Again, I'm depending on the experts on  
1155 looking at the protein sequence that would be coded for by  
1156 the genome. The experts say that looks like it would be a  
1157 furin cleavage site.

1158 Q                   And then in all your conversations regarding  
1159 this, again, understanding you're not a virologist, do you  
1160 know what the furin cleavage site does?

1161 A                   Only that I read papers that suggest it was  
1162 an important way to help the virus get inside the cell.

1163 Q                   Does that mean it would make it more  
1164 transmissible?

1165 A                   Potentially. But, again, I'm not the  
1166 expert.

1167 Q                   Again, we just very briefly -- and you had  
1168 no knowledge of it, to be fair, of the Chinese researcher  
1169 who allowed Dr. Holmes to publish the sequence had his lab  
1170 shut down for recertification. There are also numerous  
1171 reports of doctors who discussed the outbreak being forced



1172 to sign NDAs in China and are being gagged or silenced, and  
1173 the original whistleblower, Dr. Li Wenliang, who eventually  
1174 passed away, was one of those who was forced to sign a  
1175 nondisclosure agreement. Do you have any knowledge of any  
1176 of those actions?

1177 A No, I do not.

1178 Q When we were going through the really long  
1179 list of names, I mentioned Dr. Ping Chen. Before I  
1180 mentioned her, had you ever heard of her?

1181 A I had heard of her.

1182 Q Do you know generally who she is?

1183 A Only that she works in the National  
1184 Institute of Allergy and Infectious Disease and had some  
1185 role with examining the Wuhan Institute of Virology.

1186 Q So she was stationed in Beijing for NIAID up  
1187 until mid-December of 2019, and then toured the Wuhan  
1188 Institute of Virology, and facilitated at least one other  
1189 tour of the Wuhan Institute of Virology in 2017. And this  
1190 may not be -- I guess you said you didn't have any  
1191 discussions with her. So you never met with her after the  
1192 pandemic broke out?

1193 A No.

1194 Q Do you recall meeting with her after the  
1195 tour?

1196 A No.

1197 Q So this is more of, like, an observation  
1198 than a question, but she seems to be kind of a valuable  
1199 witness for NIH and NIAID and the U.S. government in  
1200 general. She was in China when the outbreak was starting,  
1201 and had been to the Wuhan Institute of Virology, and no one  
1202 we have spoken to has met with her. That's just kind of  
1203 interesting. I don't know what that means, but you  
1204 haven't, either, so we can move on.

1205 Early on, we talked about Dr. Stemmy, too, and he was the  
1206 program officer for the EcoHealth grant that has been -- I  
1207 don't even know the sequence of events at this  
1208 point -- semi-terminated, terminated, suspended, went  
1209 through all the oversight mechanisms. Early on, he was in  
1210 communication with Dr. Daszak regarding information on  
1211 COVID-19. Did you ever hear anything about that?

1212 A No.

1213 Q And then, again, Dr. Chen in January 2020  
1214 was in conversations with Dr. Shi at the Wuhan Institute  
1215 regarding COVID-19. Did you ever hear anything about that?

1216 A No.

1217 Q All right. I'm going to switch and discuss  
1218 gain of function research and try to lay some -- try to  
1219 discuss definitions first.

1220 A Good.

1221 Q And put -- talk definitions first, and put

1222 kind of, like, policies for later. So this is just  
1223 baseline definitions of the various aspects here.

1224 The first definition I have, which I pulled off the NIH  
1225 website, is it's just gain of function is defined as a type  
1226 of research that modifies a biological agent, so that it  
1227 confers new or enhanced activity to that agent. Does that  
1228 sound like a fair definition for gain of function research?

1229 A                   Let's be really careful. Context is  
1230 critical. There's been so much confusion about this, so  
1231 I'm glad we're going there to talk about the definitions.

1232 Gain of function in some scientific conversations is quite  
1233 broad. I would even argue piano lessons are a gain of  
1234 function, because they train your brain to do something it  
1235 didn't do before. Certainly in biology, an experiment  
1236 where you modify a bacterium so that it can digest an oil  
1237 spill, which can be a good thing, that's a gain of  
1238 function. You're trying to contribute to that bacterium  
1239 that it wasn't able to do before.

1240 But here today, I think we are mostly talking about gain of  
1241 function as it relates to potential pathogens, particularly  
1242 potential pandemic pathogens. There, let's be really  
1243 careful to say that has to be defined in a very precise  
1244 way, which has been carried out by a series of experts, and  
1245 a lot of harm gets done when the definition is not  
1246 carefully attended to when statements are made about

1247 whether something was or was not.

1248 Q And I agree with that, and I'm going to get  
1249 to the kind of P3CO version of the definition --

1250 A Good.

1251 Q -- in a second. This definition was on  
1252 NIH's website. It has since been taken off NIH's website,  
1253 and we'll talk about that, too. But I take it from how you  
1254 just described kind of the broad level gain of function,  
1255 you agree with that definition for the broad level of the  
1256 term?

1257 A If it was clear that it was talking about  
1258 the broad level of the term. It would be unfortunate if  
1259 somebody took that definition and said, well, that also  
1260 describes gain of function for pathogens. That would be a  
1261 mistake. Context would be broad in that case.

1262 Q If I was a researcher, could I conduct this  
1263 broad level of gain of function on a pathogen while also  
1264 simultaneously not meeting the definition of an ePPP?

1265 A If you're working on a potential pandemic  
1266 pathogen, you have to be guided and constrained by the P3CO  
1267 definition and all that entails.

1268 Q And I agree. I'm trying to figure out if  
1269 there's daylight between -- that only applies to human  
1270 viruses which we already discussed, so it would be a  
1271 discrete set of viruses or a discrete set of pathogens.

1272 If working on viruses not known to already infect humans, I  
1273 mean, theoretically, I could conduct research that modifies  
1274 that agent, whatever that agent is, so that it confers new  
1275 or enhanced activity to that agent. I guess I'm just  
1276 trying to understand if there's research that could fit  
1277 this definition of gain of function without fitting the  
1278 ePPP PC30 definition.

1279 A I think what -- if you're talking about  
1280 research on any particular virus that has the potential in  
1281 any way of being pathogenic, then you have to consider  
1282 whether this meets P3C0 or not. And the answer may well  
1283 be, no, it doesn't, but the question ought to be, is it in  
1284 that zone or not.

1285 Q Okay. That was going to be the next  
1286 definition of -- the P3C0 definition of it as a potential  
1287 pandemic pathogen, one that has likely a wide and  
1288 uncontrollable spread in humans and likely to cause  
1289 significant morbidity and/or mortality in humans resulting  
1290 from the enhancement of the transmissibility and/or of  
1291 virulence of that pathogen. So that's the definition you  
1292 are using?

1293 A That's right.

1294 Q And I guess my point is, that's very  
1295 limiting, that there could be dangerous research that  
1296 doesn't meet that definition. And I think potentially

1297 inherently trying to have novel viruses be able to infect  
1298 human cells is potentially dangerous, that kind of has some  
1299 potential to create a human pathogen. I'm going to ask you  
1300 one more time and then I'll move on.

1301 But there's got to be a bucket of research that would be  
1302 modifying biological agents, so that it confers new or  
1303 enhanced activity to that agent that does not meet the P3  
1304 definition.

1305 A                   The P3 definition would implicate a very  
1306 high level of stringent review, but lots of research that  
1307 doesn't meet that definition would still require, because  
1308 of biosafety regulations, to be carried out in a special  
1309 facility, like a BSL2 or 3 or 4. So there is some  
1310 oversight of the kind of thing you're asking about.

1311 Q                   Thank you.

1312 Mr. Benzine. I think that is a good place for us to break  
1313 for our hour. We can go off the record.

1314 (Recess.)

1315 ■■■■■ All right. We can get started. We can go  
1316 back on the record.

1317 Just to start with, could any additional Members who have  
1318 since joined just identify themselves, please?

1319 Dr. McCormick. Dr. Rich McCormick from Georgia's Sixth.

1320 ■■■■■ Thank you.

1321 BY ■■■■■

1322 Q Dr. Collins, [REDACTED] [REDACTED] I'm chief  
1323 Minority counsel for the Select Subcommittee. Thank you  
1324 for coming in. We really appreciate it.

1325 I have some questions on some discrete topics, but before I  
1326 get to them, just a few quick narrow questions about a few  
1327 things that were discussed in the last round. Actually,  
1328 before I go to that, Mr. Barstow has a remark.

1329 Mr. Barstow. So I think we just wanted to clarify  
1330 something that was covered in the last hour. Mitch asked  
1331 Dr. Collins if he had conversations on three topics, COVID  
1332 origins, EcoHealth Alliance, and the WIV with a series of  
1333 administration officials and other non-administration  
1334 people.

1335 Dr. Collins said yes, that he had conversations with Debbie  
1336 Birx, Raj Panjabi, Ashish Jha, Jeff Zeintz, and Susan Rice.  
1337 I want to clarify for the record that I think Dr. Collins  
1338 was referring to general discussions about COVID issues  
1339 with those officials, and not on the three topics that  
1340 Mitch listed, which was, again, COVID origins, EcoHealth  
1341 Alliance, and the WIV.

1342 Is that right, Dr. Collins?

1343 The Witness. That's correct. And again, I made a  
1344 misstatement about Susan Rice. I never spoke to her about  
1345 COVID at all. So I hope that got corrected.

1346 [REDACTED] [REDACTED]. Great. Thank you, both.

1347 BY [REDACTED].

1348 Q We had one small question in the same space,  
1349 which is Dr. Michael Farzan, I think there was a "yes"  
1350 answer there, and it sounded as if the yes was based on the  
1351 large February 1st conference call with the whole group.  
1352 And our understanding, and we spoke to Dr. Farzan, he was  
1353 not on that call. So knowing that, if that were the case,  
1354 would that change that "yes" to a "no"?

1355 A That would definitely change that "yes" to a  
1356 "no." I was apparently mistaken. I thought he was on the  
1357 call, but I will take your correction.

1358 Q He had other conversations with folks who  
1359 were on that call, but he himself was not on that call.

1360 A Thank you for helping me correct that.

1361 Q Absolutely. And just a quick sort of  
1362 comment and question with respect to Dr. Ping Chen. Our  
1363 understanding is that she was not in China when the  
1364 outbreak occurred. She came back to the United States from  
1365 her role in December of 2018, so she would not have been  
1366 there at the time or had contemporaneous knowledge of the  
1367 outbreak itself.

1368 And an additional clarification, to the extent you're  
1369 aware, our understanding is her visit to the WIV BSL4 lab,  
1370 that that lab was brand-new at the time, and is not the  
1371 same lab where EcoHealth Alliance with the sub-awards of



1372 Wuhan Institute of Virology conducted chimeric work with  
1373 SARS-related viruses. In our understanding, that was in a  
1374 BSL2 or 2-plus Wuhan Institute lab, which is in a  
1375 completely different physical location from the BSL4. I  
1376 don't know if you understand similarly.

1377 A I don't have any firsthand knowledge about  
1378 that.

1379 Q Okay, great. I would like to start with a  
1380 discussion that picks up right where you left off with the  
1381 Majority, which is gain of function research and different  
1382 definitions of that term. You may end up covering some of  
1383 the same ground you've already covered, I hope you don't  
1384 mind, but I'm going to ask you to do it.

1385 There was and still is a grant at NIAID to an organization  
1386 called EcoHealth Alliance, which was to study bat  
1387 coronaviruses. That grant originally included a sub-award  
1388 to the Wuhan Institute of Virology. Are you, at this  
1389 point, generally familiar with what that grant was and is?

1390 A In a general way.

1391 Q There was certain lab work done at the Wuhan  
1392 Institute of Virology under that sub-award that has been  
1393 the subject of significant scrutiny and attention, and a  
1394 lot of that scrutiny is focused on whether or not that work  
1395 was or was not gain of function research.

1396 And it feels to us as if, in addition to the controversy

1397 that has existed there, there has been a substantial amount  
1398 of confusion about that issue. And it feels to us as if a  
1399 lot of that confusion has been caused by the fact that  
1400 different people certainly that this Subcommittee has  
1401 spoken with, have insisted on using the same term, gain of  
1402 function, the same three words, to mean completely  
1403 different things at different times with different  
1404 definitions. So I would like, if you don't mind, for you  
1405 to help me untangle some of that here.

1406 We have heard folks, and folks at NIH actually have  
1407 probably been the most consistent on this issue, so kudos  
1408 to you. But we have heard folks use the term gain of  
1409 function in at least three different ways. We have heard a  
1410 layman's definition, which is basically just a literal  
1411 usage. It's simply saying, was something modified in a way  
1412 such that there has been a gain of function?

1413 And sometimes people seem to use that to include loss of  
1414 function or change of function, but regardless, it seems to  
1415 be a very casual, literal way of using the term. I think  
1416 you were discussing that a little bit with our Majority  
1417 colleagues. Are you generally familiar with that usage of  
1418 the term?

1419 A In common everyday language by non-experts,  
1420 absolutely.

1421 Q Great. We have also heard people use the

1422 term gain of function in the context of the 2014 Federal  
1423 Gain of Function Moratorium. And this now has all sorts of  
1424 specifics built into it, only applies to certain viruses  
1425 and its mammals and the respiratory route. Are you  
1426 generally familiar with that usage of the term?

1427 A Yes, I am.

1428 Q Thirdly, we have heard folks use the term  
1429 gain of function in the context of the 2017 P3CO framework,  
1430 which is the most detailed set of definitions of the three.  
1431 Now it's humans and there is a concept of a potential  
1432 pandemic pathogen which is a multi-part definition and  
1433 there are carve-outs. Are you generally familiar with that  
1434 usage of the term?

1435 A Yes.

1436 Q Great. I would like to talk about each of  
1437 those three and how they differ from each other and whether  
1438 some of them might be more or less useful from each other.  
1439 Starting with that layman's definition, I will introduce an  
1440 exhibit that I think is a good example of that. So that  
1441 will be Minority Exhibit A.

1442 (Minority Exhibit A was  
1443 identified for the record.)

1444 ■■■■■■■■■■ If you could pass those around, please,  
1445 and I will give you a moment to look that over. In the  
1446 meantime, we've had an additional Member join us, and if

1447 that Member could just identify themselves, please?

1448 Dr. Ruiz. Congressman Dr. Raul Ruiz.

1449 The Witness. Doctor, nice to see you.

1450 BY [REDACTED]

1451 Q Take your time and look that over. I will  
1452 only be focusing on a small part, but take your time to  
1453 familiarize yourself with it.

1454 A Okay.

1455 Q Great. So just to start with, I think the  
1456 Majority alluded to this web page also. I don't really  
1457 know what this is. It's from the NIH website. You were  
1458 the director of NIH. It's some kind of public toolkit  
1459 maybe or something to that effect. Whatever it is, is it  
1460 right that it is not a regulation or formal policy of any  
1461 kind?

1462 A It's attempting to explain for people who  
1463 want to understand what is the current position of NIH  
1464 about gain of function research involving potential  
1465 pandemic pathogens, so there's no way to be confused about  
1466 that.

1467 Q All right, great. So if I point your  
1468 attention on the first page under the header  
1469 Gain-of-Function Research, I'm going to just read a brief  
1470 excerpt of that out loud.

1471 "The term gain-of-function research describes a type of

1472 research that modifies a biological agent, so that it  
1473 confers new or enhanced activity to that agent. Some  
1474 scientists use the term broadly to refer to any such  
1475 modification."

1476 As far as you can recall, in your time as director, did  
1477 that definition have any regulatory significance?

1478 A I think that was more just a standard use of  
1479 language that people might use in a conversation.

1480 Q Was it something that NIH would have  
1481 implemented in a formal sense?

1482 A No.

1483 Q Okay. Separately from that, I'm not sure  
1484 whether it's a useful definition. You use the example  
1485 about learning to play the piano, great, that's helpful.

1486 In addition, we learned recently about some research that  
1487 was done last year, where there was a genetic modification  
1488 of bacteria to allow the bacteria to detect tumors. That's  
1489 great, and that's exciting. That is also technically under  
1490 this layman's usage.

1491 A Under the broad context of the words.

1492 Q That would be gain of function under this  
1493 usage; is that right?

1494 A That's right.

1495 Q Okay. So I'm not sure that this definition  
1496 gets to what we, as a Subcommittee, are worried about. I

1497 think we are all focused on pathogens and on research that  
1498 makes those pathogens more dangerous. And I think for that  
1499 we would have to look at definitions 2 and 3, the  
1500 Gain-of-Function Moratorium and the P3CO framework. Do you  
1501 generally agree with that observation?

1502 A Yes, I do.

1503 Q Great. So in that case, I will introduce as  
1504 Minority Exhibit B, the 2014 Gain-of-Function Moratorium.

1505 (Minority Exhibit B was  
1506 identified for the record.)

1507 BY [REDACTED]

1508 Q And I imagine you're familiar with it, but  
1509 you're welcome to take a moment to glance it over.

1510 A Okay.

1511 Q Great. So the operative language in this  
1512 policy is on the second page or the first page of text,  
1513 depending on how you look at it, in italics. It's just one  
1514 paragraph. I'm going to read it out loud because it's  
1515 helpful for the transcript to show what we're talking  
1516 about.

1517 That reads, "new U.S. Government funding will not be  
1518 released for gain-of-function research projects that may be  
1519 reasonably anticipated to confer attributes to influenza,  
1520 MERS, or SARS viruses, such that the virus would have  
1521 enhanced pathogenicity and/or transmissibility in mammals

1522 via the respiratory route. The research funding pause  
1523 would not apply to characterization or testing of naturally  
1524 occurring influenza, MERS, and SARS viruses, unless the  
1525 tests are reasonably anticipated to increase  
1526 transmissibility and/or pathogenicity."

1527 So just an initial question. Am I right that this was a  
1528 formal binding policy that was implemented while you were  
1529 at NIH?

1530 A That's correct.

1531 Q And this set of definitions, as we just saw,  
1532 is a lot more specific. Can you tell us just a little bit  
1533 about what this policy is, your understanding of how it  
1534 came to be? You may or may not have been central to its  
1535 crafting, but your understanding of the context of policy?

1536 A The policy was intended to allow time for  
1537 deeper consideration about what kind of oversight ought to  
1538 be applied in circumstances where the risks might be more  
1539 significant. The decision was to include not just  
1540 influenza, which had been the original concern, but also  
1541 SARS and MERS, and also to include this in terms of  
1542 mammals, but very explicitly to say this is limited to  
1543 circumstances that would increase pathogenicity and/or  
1544 transmissibility. Basically saying that NIH is not to  
1545 prepare during this time to fund new grants that proposed  
1546 those kinds of experiments.

1547 Q And a nuance of this policy that I think  
1548 sometimes gets lost, am I right that this is a  
1549 forward-looking test? In other words, the moment of  
1550 decisionmaking is before the research in question has  
1551 occurred; is that right?

1552 A Exactly. This is about new U.S. government  
1553 funding will not be released.

1554 Q So it is not as simple as looking at a chart  
1555 that summarizes work that has already happened and asking  
1556 yourself, well, what happened in the experiment? For this  
1557 purpose, it's about thinking what was reasonable to  
1558 anticipate at the time that the work was being proposed?

1559 A Correct.

1560 Q All right, great. We focused mostly on  
1561 NIAID grants in our previous conversations. There's  
1562 probably a limit to which you would be familiar with the  
1563 inner workings at NIAID and how they implemented this  
1564 policy. But our 30,000 foot level of understanding is, at  
1565 least in the division we're interested in, there was a  
1566 committee called the Gain-of-Function and Dual Use Research  
1567 of Concern Committee, whose job it was to ask themselves  
1568 these types of questions when the pause was in effect.  
1569 Our understanding is, with respect to the particular  
1570 EcoHealth Alliance grant that has been of so much interest  
1571 to so many folks, that that committee in the summer of 2016





1597 I will read part A, which is, "A potential pandemic  
1598 pathogen (PPP) is a pathogen that satisfies both of the  
1599 following: 1. It is likely highly transmissible and  
1600 likely capable of wide and uncontrollable spread in human  
1601 populations; and, 2. It is likely highly virulent and  
1602 likely to cause significant morbidity and/or mortality in  
1603 humans."

1604 Paragraph B tells us that, "An enhanced PPP is defined as a  
1605 PPP resulting from the enhancement of the transmissibility  
1606 and/or virulence of a pathogen. Enhanced PPPs do not  
1607 include naturally occurring pathogens that are circulating  
1608 in or have been recovered from nature, regardless of their  
1609 pandemic potential."

1610 That's the end of that. So it may be that you had a little  
1611 more involvement in this framework. Could you briefly just  
1612 sort of describe for us what it is, what its purpose is,  
1613 what its context was at the time it came into effect?

1614 A                   So we talked a moment ago about the pause  
1615 which had as part of its plan that that was going to  
1616 provide an opportunity for experts to look at this  
1617 situation and come up with something that would be a more  
1618 longstanding policy. That was a careful, deliberative  
1619 process, driven particularly by the National Science  
1620 Advisory Board for Biosecurity, NSABB, and which led them  
1621 to this set of recommendations pretty much, although that

1622 went through another iteration by review by OSTP, and then  
1623 finally a review and ultimate publishing of the framework  
1624 by HHS.

1625 Importantly, this incorporated a lot of public input with  
1626 opportunities for a lot of debate about how best to set in  
1627 place the appropriate kind of policy that would have the  
1628 greatest opportunity to recognize proposals that needed  
1629 special scrutiny without creating such a bureaucratic  
1630 nightmare that it would slow down other kinds of research  
1631 that really were not of sufficient concern to justify that.  
1632 That's how this came to be.

1633 Q                   Thank you. What are some important or  
1634 relevant for you distinctions between this policy and the  
1635 2014 pause? In other words, we see here talk about humans  
1636 as opposed to mammals. Any other distinctions and their  
1637 significance?

1638 A                   I think a couple main ones. One is, as you  
1639 said, this refers to humans. The other was the scope of  
1640 potential pathogens. Including in 2014, as we looked at a  
1641 moment ago, was influenza, SARS, and MERS. This covered  
1642 all potential pathogens of whatever group. So it was  
1643 broader in that regard.

1644 Q                   Am I right that on the other side of the  
1645 coin, a similarity between this P3CO and pause is that,  
1646 again, they are both forward-looking?

1647 A Absolutely. This was an attempt to say from  
1648 this point going forward, what are going to be our criteria  
1649 for deciding whether research should get started or not,  
1650 whether it should be funded or not.

1651 Q And I guess another distinction to point out  
1652 is that the pause was just that, it was a pause. In other  
1653 words, work subject to it simply could not occur during  
1654 that three-year time. And this is a little bit different.  
1655 It seems to describe a framework for further scrutiny  
1656 before the work can occur?

1657 A Which was always the intent, that the pause  
1658 would need to inspire a process, which this represents,  
1659 that would allow a way for such research to be at least  
1660 considered and not simply taken off the table.

1661 Q A similar question here that we discussed in  
1662 the context of the 2014 pause, which is, again, from afar,  
1663 our understanding is there's a somewhat similar process for  
1664 sending a particular proposal for further P3CO review. And  
1665 it involves a very complex set of events, peer reviewers  
1666 and program officers are involved, at least in the NIAID  
1667 context.

1668 And whatever that process, our understanding is that in the  
1669 context of the EcoHealth grant in question, that that  
1670 question was asked by the relevant folks and there was a  
1671 decision made that that work also did not require referral

1672 under the P3CO framework.

1673 From a distance, I know, is that also your general

1674 understanding?

1675 A That's my understanding.

1676 Q Great. Is it right to say that for you,

1677 when you think about or use the term gain of function in

1678 your professional capacity as director in forming a

1679 conversation like this, that you, depending on the time in

1680 question, are thinking in the context of either the

1681 definition in the moratorium, the pause, or the P3CO

1682 framework, as the case may be?

1683 A I am very sensitized to making sure in any

1684 conversation about gain of function, that the context is

1685 made explicit. If we're talking about a pathogen, then

1686 what time, what year are we discussing? Let's be sure we

1687 are applying the appropriate term of art to be sure we're

1688 not going to get confused.

1689 Q And I guess to repeat something that you

1690 already said, there's a substantive reason for that

1691 distinction. The first definition that we looked at is so

1692 broad that it captures work that is not reasonably thought

1693 of as being of concern.

1694 A And therefore, would not be appropriate to

1695 subject to a very high-level complex review when it carries

1696 no significant risk.

1697 Q Great, thank you. I would like also to  
1698 pivot to a different topic, which is the Proximal Origin  
1699 paper, which I imagine is a paper that you are, at this  
1700 point, generally familiar with; is that right?

1701 A Yes.

1702 Q Great. I will say at the outset, I don't  
1703 think it makes sense to get into all the details of the  
1704 science of that paper with you. As you pointed out at the  
1705 beginning, you, yourself, are not a virologist and we have  
1706 done all of that with the authors. We have flown around  
1707 the country and we have sat with them and we have discussed  
1708 full-length glycans and receptor binding domains and  
1709 pangolins and furin cleavage sites. I am not going to do  
1710 that with you unless you really, really want to.

1711 A It would be interesting, but probably not  
1712 productive.

1713 Q Okay, great. What I do think might make  
1714 sense is to spend a little bit of time on the separate  
1715 question on who organized this paper. Of course, the  
1716 authors wrote the paper, but there has been some degree of  
1717 attention on the question of whether anybody else had the  
1718 idea that the paper should be written or played an  
1719 organizing or coordinating role in the process of  
1720 publication.

1721 I will say that that question is probably a little bit more

1722 of interest to our colleagues in the Majority than to  
1723 ourselves, but we have tried to take a very close look at  
1724 it, and our view is based on documents and interviews with  
1725 folks who were involved, that it does seem like Dr. Jeremy  
1726 Farrar, who is a British scientist, was playing something  
1727 that looks like that sort of a role with respect to this  
1728 paper.

1729 I'll just pause there. From 30,000 feet, to the extent you  
1730 were even able to see, is that your general recollection?

1731 A That is my general recollection.

1732 Q Okay. So I'm going to go into a little bit  
1733 more detail. This Proximal Origin series of events  
1734 occurred over a few different phases, not all of which  
1735 involved you. Our understanding is there was a phone call  
1736 between Dr. Kristian Andersen and Dr. Fauci right there at  
1737 the end of January. Our understanding is that that  
1738 conversation, you were not a part of that; is that right?

1739 A That's correct.

1740 Q All right. But we do understand that coming  
1741 out of that conversation, Dr. Farrar went and set up a  
1742 larger conference call for February 1st. That one had all  
1743 sorts of international folks on it who had expertise, I  
1744 guess, in evolutionary virology.

1745 There's been some question of how that call came to be and  
1746 whose call it really was. We have a couple of documents, I

1747 think, that help tell the story of that call, so I will  
1748 introduce one of those as Minority Exhibit D. And this  
1749 document, for the record, is Bates numbered NIH 791. I  
1750 will give you a moment to look that over.

1751 (Minority Exhibit D was  
1752 identified for the record.)

1753 The Witness. Okay.

1754 BY [REDACTED]

1755 Q All right. So these email chains go in  
1756 reverse order. In other words, the back is whatever  
1757 happened first. I'm actually going to confuse you more by  
1758 starting at the top of the first page with the most recent  
1759 set of conversations. I just want to note it seems here  
1760 that this provides a little bit of color into how you came  
1761 into the conversation.

1762 You can see Dr. Fauci on the first page emailing this  
1763 larger group, responding to an existing email chain and  
1764 saying, "Please include Francis Collins on all subsequent  
1765 correspondence regarding this call." And then Dr. Farrar  
1766 says, "Francis, Call me."

1767 So anything you generally recall. That sort of speaks for  
1768 itself, as far as how you came into it, but anything you  
1769 would like to add about those discrete events?

1770 A I don't have precise recollection of the  
1771 series of events here, but I was informed by Dr. Fauci that



1772 this call was going to happen, and that he thought I should  
1773 join, since I, at that time, served as his supervisor, and  
1774 with obviously incredible attention at that moment about  
1775 what's happening with the pandemic. So I agreed to do so.

1776 Q Great. On the second page of the document,  
1777 Bates labeled 792, we have an email from Dr. Farrar that  
1778 sort of lays out exactly how this call was scripted to go.  
1779 And so I'm just going to point to a few different aspects  
1780 of that.

1781 Dr. Farrar says that, "I will be on email throughout," and  
1782 to email Paul or I if there are any problems. We know from  
1783 CC line that Paul works for Dr. Farrar at Wellcome Trust.

1784 I won't quiz you on that.

1785 Dr. Farrar says, "If you cannot make it, I will phone you  
1786 afterwards to update." And there's an agenda down below  
1787 where Dr. Farrar is assigning roles and he has assigned  
1788 himself the introduction, the focus, and the desired  
1789 outcomes, as well as the summary and next steps.

1790 So that feels pretty clearcut for us as leaders that  
1791 Dr. Farrar was managing this conference call. Is that  
1792 generally what you recall as well?

1793 A Absolutely, yes.

1794 Q Great. And I will say that that is  
1795 consistent with what other folks who were on the call have  
1796 said to us as well.

1797 There's one more email on this February 1st call making  
1798 sort of a similar point, but I do think it's worth looking  
1799 at, so I will introduce that as Minority Exhibit E.

1800 (Minority Exhibit E was  
1801 identified for the record.)

1802 BY [REDACTED]

1803 Q I will give you a moment to look that over.  
1804 It's not too long.

1805 A Mm-hmm.

1806 Q All right. So this one is Bates labeled  
1807 NIH1902, and we see down at the bottom of the first page,  
1808 an email from Dr. Farrar to Dr. Fauci. The subject is  
1809 Conference details, and Dr. Farrar asks, "Could you join?  
1810 Trying to set up an initial call with," and then he's got a  
1811 list of names.

1812 Is it fair to deduce that the call Dr. Farrar is referring  
1813 to there is what would become the February 1st conference  
1814 call?

1815 A Yes.

1816 Q Great. And then Dr. Fauci forwards that on  
1817 to yourself, and you reply that you will join. And then  
1818 there's a discussion of whether Dr. Tabak will or will not  
1819 join. You note that it would be fine with you if he did  
1820 but, "I note Jeremy says he wants to keep this a 'really  
1821 tight group'."

1822 So I don't really know how else to measure who controls a  
1823 call, other than who it is that decides if it's big or  
1824 small or who is on it. Is it fair for us to read this as  
1825 being consistent with what we just talked about, that  
1826 Dr. Farrar was sort of the manager and organizer of the  
1827 call?

1828 A He was the convener.

1829 Q Great. And our impression, and part of this  
1830 is from Dr. Farrar's book, which I don't have, I'm not  
1831 going to show you, but we talked about it a little bit  
1832 earlier where Dr. Farrar spoke at length about he was  
1833 deeply concerned about what he was hearing about the  
1834 possibility of where this virus came from.

1835 And so I just want to know if you recall. Our  
1836 understanding is it's not that Dr. Farrar was sort of an  
1837 administrative organizer, and only that he had substantive  
1838 expertise and concerns about the topic at hand; is that  
1839 right?

1840 A That's correct.

1841 Q I spoke over you. Is that correct?

1842 A That's correct.

1843 Q Great. All right. So after that call, what  
1844 we have heard is that --

1845 [REDACTED] I'll pause there. We've got an additional  
1846 Member that joined us. So if that Member wouldn't mind

1847 identifying themselves?

1848 Mr. Griffith. Morgan Griffith, Chairman of the Oversight

1849 Investigations Subcommittee of Energy and Commerce.

1850 [REDACTED]. Thank you.

1851 BY [REDACTED]

1852 Q So after the first February 1st call, we

1853 have heard that the authors of the paper went off and they

1854 wrote the paper. And as far as the paper itself goes and

1855 whether there was anybody other than the authors who was

1856 helping them along, we spoke to Dr. Kristian Andersen, one

1857 of the coauthors. He told us that Dr. Farrar was a father

1858 figure to the paper, which is sort of a strange phrase, but

1859 helps us understand who was what.

1860 And he also told us that you played no role at all in the

1861 paper. Dr. Robert Garry has called Dr. Farrar an amazing

1862 leader of the paper and told us that you did not influence

1863 the paper. Dr. Ian Lipkin joined a little late, but told

1864 us that nobody suggested to him that you were even involved

1865 in the paper.

1866 So as far as the paper itself goes, is that generally

1867 consistent with your recollection of your own role or lack

1868 thereof?

1869 A That is correct.

1870 Q Great. We have seen in the emails that the

1871 authors would sometimes share drafts of the paper with

1872 Dr. Farrar, and Dr. Farrar would sometimes forward those  
1873 drafts on to yourself and/or Dr. Fauci. If you recall, as  
1874 a recipient of those forwarding emails, did you see your  
1875 role as more of you were meant to receive it and then go  
1876 into the document and somehow edit, or was it more of an  
1877 FYI type of thing?

1878 A It was for information, not for me to edit  
1879 it.

1880 Q Okay. We can look at an example that I  
1881 think is helpful. So I will introduce Minority Exhibit F.  
1882 (Minority Exhibit F was  
1883 identified for the record.)

1884 BY [REDACTED]

1885 Q I will give you a moment to look that over.  
1886 That one is Bates labeled NIH751, and I will not quiz you  
1887 on the contents of the draft that is attached.

1888 So my only question is, in this example, it's two or three  
1889 days after that February 1st conference call. It seems to  
1890 be an example of exactly what we just talked about, which  
1891 is Dr. Holmes sends whatever his current draft is to  
1892 Dr. Farrar; Dr. Farrar forwards it to yourself, and  
1893 Dr. Fauci says, "a very first rough draft from Eddie and  
1894 team."

1895 To the extent that you recall, is this the situation that  
1896 you just said, in other words, Dr. Farrar is sending it to

1897 you as an FYI?

1898 A Yes.

1899 Q Okay. There has been some discussion with  
1900 respect to the substance of the paper. I know it's not  
1901 your field of expertise, but there has been a thought or a  
1902 conversation about whether these authors flip-flopped. In  
1903 other words, as of that February 1st conference call, the  
1904 theory goes that they were convinced that the virus  
1905 originated in a lab, and just days later, they changed  
1906 their mind and said it could not possibly have come from a  
1907 lab. And the only intervening event was a conversation  
1908 with yourself and Dr. Fauci, and there must be something  
1909 not quite right about this whole thing.

1910 I just want to look at one example to examine the extent to  
1911 which that was or was not the case, and so I will introduce  
1912 Minority Exhibit G.

1913 (Minority Exhibit G was  
1914 identified for the record.)

1915 BY [REDACTED]

1916 Q I will give you a moment to look that over.  
1917 That is Bates labeled REV411.

1918 A Okay.

1919 Q So this is now at February 8th. We are a  
1920 week away from that original February 1st conference call.  
1921 It's another example of Dr. Farrar forwarding on a draft,

1922 except this time it's to a larger group that includes some  
1923 of the folks who were on that conference call who are  
1924 virologists or evolutionary virologists; is that right?  
1925 Dr. Fouchier, as an example?

1926 A Yes.

1927 Q So Dr. Farrar is asking for a little bit of  
1928 input as to the contents of the draft. I think, if you  
1929 recall, but I would think it's fair to assume that he's  
1930 looking for that input from folks such as Dr. Fouchier for  
1931 whom this is their field, rather than yourself?

1932 A That's correct.

1933 Q All right. And in the draft itself, maybe  
1934 just starting on REV413, the second page of the paper under  
1935 the header Origin of 2019 nCoV. I'm just going to run  
1936 through from a very, very high level what the draft seems  
1937 to be doing at this moment in time, which is they're  
1938 examining three possible origin scenarios, one being  
1939 natural selection in humans, the other being natural  
1940 selection in an animal host, and the third being selection  
1941 during passage. In other words, a laboratory origin. We  
1942 can just see those from the headers that flow on to the  
1943 next page.

1944 At the very end of the paper, under the header Limitations  
1945 and Recommendations, the draft tells us that, "The  
1946 evolution scenarios discussed above are largely

1947 indistinguishable and current data are consistent with all  
1948 three."

1949 So is it fair to perceive as a reader that, at this point  
1950 on February 8th, the authors were still taking the  
1951 position -- I know that everybody had ruled out whatever  
1952 that HIV theory was and deliberate creation and design in  
1953 the laboratory off to the side, bioweapon off to the side.  
1954 But when we talk about the possibility, for example, of a  
1955 serial pathogen in a lab, the authors at this point were  
1956 saying it's impossible to tell, we're perfectly open to  
1957 that possibility.

1958 A                   That's correct.

1959 Q                   All right. I think there's a point worth  
1960 making also about the final version of the paper itself. I  
1961 don't think I'm going to introduce it, I'm just going to  
1962 mention for your recollection, they have a couple of very  
1963 conclusory phrases in that paper, such as: Our analysis  
1964 clearly shows that SARS-CoV-2 is not a laboratory construct  
1965 or purposely manipulated virus.

1966 As I said, we have had very detailed conversations with the  
1967 authors of the paper. Their choice of exact words had a  
1968 set of meanings for them that are not always obvious for  
1969 the reader, particularly somebody who doesn't have that  
1970 preexisting scientific background.

1971 For example, when they use the phrase laboratory construct,



1972 it turns out that what they had in their minds, according  
1973 to them, was a virus whose backbone was identifiable as  
1974 being from the Wuhan Institute of Virology. There are  
1975 particular viruses that that lab worked with frequently  
1976 that were well-known in the community. And they said,  
1977 well, we didn't mean really any kind of laboratory  
1978 construct, we meant specifically which one.

1979 So those types of nuances, I think, would it be fair to  
1980 say, number one, not readily apparent from the words  
1981 themselves and, number two, would not have been so apparent  
1982 to you at the time as a reader?

1983 A                   Would not have been.

1984 Q                   They also had a few conclusions that could  
1985 be read reasonably to conflict with each other. In one  
1986 place, they say that they do not believe any type of  
1987 laboratory-based scenario is plausible. In another place,  
1988 they tell us that it is impossible to prove or disprove  
1989 whether or not this was a result of serial passage in a  
1990 lab.

1991 I think it is reasonable for a reader to get a little bit  
1992 tangled up about how those can fit together, and I don't  
1993 know whether at any point you have experienced a similar  
1994 degree of confusion in the nuances of this paper.

1995 A                   I do think careful reading of this does make  
1996 one a little unclear about how those two statements were

1997 both intended.

1998 I think my own understanding related to the question about  
1999 whether this was human engineered from scratch and this  
2000 work done by these world experts strongly argue that is  
2001 not.

2002 Q So that's a really helpful and important  
2003 point that we've heard elsewhere, and my question will have  
2004 you restate almost what you just said. But is there an  
2005 extent to which the conversation -- when this conversation  
2006 started, it was more focused on either the HIV theory or  
2007 the idea of a bioweapon or deliberately engineered virus  
2008 more so than a nuance such as serial passage?

2009 A The original question was, does this genome  
2010 look like something that might have been put together  
2011 intentionally by an investigator as opposed to deriving  
2012 from a natural zoonotic event.

2013 Q And that first possibility of being  
2014 intentionally put together does not, in and of itself,  
2015 capture all possible lab origins, for example, selection  
2016 during passage would be an example?

2017 A It does not.

2018 Q Great. Unless there's anything more you  
2019 would like to add on the substance, I promised you I  
2020 wouldn't drag you into it, and then I dragged you into it.  
2021 There is just one more point that's related to this paper.

2022 It has been suggested that either yourself or Dr. Fauci, or  
2023 some combination of both, somehow bribed the authors of  
2024 this paper to write an anti-lab leak paper in exchange for  
2025 subsequent \$9 million grants that went to Dr. Andersen and  
2026 Dr. Garry. We out of a feeling of due diligence asked the  
2027 authors about this. Dr. Andersen told us that the  
2028 allegations are false and that he had not even talked to  
2029 you about his grant application. And we had an exchange  
2030 with Dr. Garry that I will read out loud because I think  
2031 it's helpful.

2032 We asked Dr. Garry, "Did Tony Fauci or Francis Collins ever  
2033 threaten you or bully you or intimidate you into concealing  
2034 or altering the findings of your paper or in any other  
2035 way?" Dr. Garry said no.

2036 We asked Dr. Garry, "Did Drs. Fauci or Collins ever  
2037 threaten to revoke or offer to provide federal funding from  
2038 you in any way?" Dr. Garry said no.

2039 We asked, "Are you aware of any efforts by Drs. Fauci or  
2040 Collins to suppress scientific inquiry into the origins of  
2041 the virus?" Dr. Garry said no.

2042 And lastly, we asked, "Is there any version of this  
2043 question that I haven't asked you yet to which the answer  
2044 would somehow be yes?" Dr. Garry said, there is not.

2045 So I will ask you as well. Did you, in any way, ever  
2046 threaten to withhold federal funding from the authors of

2047 this paper or promise to award federal funding to the  
2048 authors of this paper if they changed or suppressed their  
2049 findings?

2050 A Absolutely not. I want to categorically and  
2051 unequivocally say there was no such efforts to put pressure  
2052 on the authors, in terms of any funding decision. And I  
2053 want that to be absolutely clear.

2054 Q Thank you.

2055 [REDACTED] With that, I will turn to my colleague,

2056 [REDACTED]

2057 [REDACTED] Thank you.

2058 BY [REDACTED]

2059 Q Good afternoon, Dr. Collins. You spoke a  
2060 little bit in the first hour with the Republicans about the  
2061 grant-making process at NIH, and I'm not going to go into  
2062 all the details of that, but I do have a couple questions  
2063 just to make things clear for the record.

2064 You mentioned the initial peer review or study section that  
2065 is the initial group that will review for substance the  
2066 grant application. And it's my understanding that the  
2067 scientists and academics who make up that study section are  
2068 not NIH staff, correct?

2069 A That's correct.

2070 Q And are they fully vetted for potential  
2071 conflicts of interest and to ensure they have the

2072 appropriate expertise prior to joining the study section?

2073 A Yes.

2074 Q And it is also my understanding that the

2075 advisory council or board, depending on the institute

2076 changes the title, but that that advisory council or board

2077 is also made up predominantly of people who are not NIH

2078 staff?

2079 A That's correct.

2080 Q And are those members of the advisory

2081 council or board also fully vetted for potential conflicts

2082 of interest and to ensure they have the appropriate

2083 expertise prior to joining the advisory council or board?

2084 A Yes, that's correct.

2085 Q And I spent a good amount of time reviewing

2086 the NIH grant process and I saw several references in

2087 various different websites and documents about the

2088 grant-making process that mentioned preventing conflicts of

2089 interest. So it seems that is a very high priority for

2090 NIH?

2091 A Absolutely.

2092 Q And that's to protect the integrity of the

2093 grant application process, correct?

2094 A So it's above reproach.

2095 Q Thank you very much, Dr. Collins.

2096 ■■■■■ I think with that we can go off the record.

2097 (Recess.)

2098 Mr. Benzine. We can go back on the record, and in a  
2099 minute, Chairman Griffith wants to ask a few questions, but  
2100 I want to state one thing very clearly for the record that  
2101 this Committee has never made any allegations that you or  
2102 Dr. Fauci bribed any of the authors to write the paper.  
2103 Thank you.

2104 BY MR. GRIFFITH.

2105 Q Good to see you, Dr. Collins.

2106 A Thank you.

2107 Q I've got some tough questions for you, but  
2108 we appreciate you.

2109 So here's one that I got out of the Fauci depositions.  
2110 We're talking about all of this stuff, and it seems that he  
2111 didn't know a whole lot about stuff and he would say, well,  
2112 that would have been my Deputy Director Auchincloss's  
2113 responsibility, or that was Francis Collins.

2114 So my question comes up, what is the role that Dr. Fauci  
2115 used to perform? What was his job description? What's he  
2116 supposed to be doing? Because it didn't sound like he was  
2117 doing much of anything except sitting on top of the heap.

2118 A As the director of the National Institute of  
2119 Allergy and Infectious Diseases, he carried a very heavy  
2120 load of responsibility for overseeing what NIH's research  
2121 program was for all infectious diseases as well as allergy.

2122 And there's a bunch of immunology in there as well.

2123 When you consider the scale of that, the number of grants  
2124 that his institute is supporting on any given day,  
2125 thousands of them, he absolutely had to depend on subject  
2126 matter experts in his institute which were an amazing group  
2127 of extremely talented people.

2128 So I think as an effective leader, he needed to identify  
2129 the areas that needed his attention and trust the expertise  
2130 in his institute to handle almost all the rest of it.

2131 Q But when we asked him about whether he was  
2132 aware of the EcoHealth Alliance grant and that they were  
2133 doing sub-grants to Wuhan Institute of Virology, he seemed  
2134 to indicate that he didn't have any knowledge at all of  
2135 that process, didn't know, wouldn't have known if they were  
2136 doing it, had a sub-grantee that was a foreign entity, even  
2137 went so far as to say if you mentioned Wuhan to him in a  
2138 general sense that he wouldn't have known what was there,  
2139 whether it was a university, disavowed knowledge in advance  
2140 of all the stuff that happened with COVID-19, disavowed  
2141 knowledge of knowing what the Wuhan Institute of Virology  
2142 was, and that there might have been some other entity that  
2143 was in Wuhan.

2144 If you had just said Wuhan to him, he would have said, oh,  
2145 it's a city in China. That just struck me as somebody that  
2146 wasn't really paying attention.

2147 I understand that he may not know every little thing in  
2148 every grant, but shouldn't he have at least been aware that  
2149 he we were doing business at the Wuhan Institute of  
2150 Virology?

2151 A I don't think so, given the complexity of  
2152 what his institute was trying to support across many  
2153 different diseases, including work in other countries.

2154 Q Do you know if the EcoHealth Alliance was  
2155 the only time that we had money that ended up getting into  
2156 the Wuhan Institute of Virology? Were there other grants?

2157 A I don't know.

2158 Q Okay. Gain of function, and it's in the  
2159 same vein. You all had posted at the time, and we had  
2160 submitted an exhibit that showed what you all had on your  
2161 website as the definition of gain of function. And I  
2162 understand you talked about this earlier, but I wasn't  
2163 here. And then Dr. Fauci had a different definition.  
2164 I recognize both are valid. I'm not picking -- or picking  
2165 on that. But my concern is, is that we don't -- from a  
2166 policy standpoint, we don't appear to have a single  
2167 definition that we're using when we're doing grants.  
2168 So under the definition that was on the website, some of  
2169 what they were doing in Wuhan might have been gain of  
2170 function. By the definition with the three Ps and that  
2171 process, they weren't. And I get that and I respect that,



2172 but from a public perspective, that started a huge brouhaha  
2173 in this country.

2174 Shouldn't the NIH through all of its different departments  
2175 have one definition of what gain of function is, and that's  
2176 the one that ought to be posted?

2177 A                   We did talk about this earlier, and it  
2178 clearly depends on context, Congressman, because you can't  
2179 stop scientists from using the term gain of function in  
2180 other ways that isn't necessarily sensitized to how precise  
2181 that needs to be when you're talking about a pathogen.

2182 As I said earlier, look at what we're doing for cancer  
2183 right now. We're saving people's lives with something  
2184 called CAR-T cells. And that is giving gain of function to  
2185 an immune system.

2186 Q                   I'm not against doing gain of function when  
2187 it's not a pathogen. But the other is more debatable and  
2188 I'm not here to debate that today. What I'm asking is,  
2189 shouldn't there be a definition? Contextual, maybe at the  
2190 cocktail party, it makes sense. Contextual, when you have  
2191 certain Senators who are looking at the definition on the  
2192 NIH site and then asking questions and you have this huge  
2193 brouhaha, which if you would have had one definition  
2194 wouldn't be a problem.

2195 Further, when you're giving out grant money, I think it  
2196 would be a whole lot easier for those thousands of people

2197 receiving grants, thousands of entities receiving grants,  
2198 to know what the definition is and what is and isn't  
2199 allowed.

2200 First, let's get the definition straight and then what is  
2201 and isn't allowed.

2202 A I take your point that we need to be really  
2203 clear about this, and that's exactly what -- starting back  
2204 in 2013 with the original idea about a pause, and then the  
2205 definition of P3CO, that's exactly what NIH --

2206 Q And I just --

2207 Mr. Nassikas. Can he finish his answer, Congressman?

2208 Mr. Griffith. That's fine.

2209 The Witness. I think you can't stop scientists who are not  
2210 even working on infectious disease from saying the words  
2211 gain of function now and then, because they're thinking of  
2212 it in a different context. But for anybody who is doing  
2213 research on a potentially infectious agent, they know that  
2214 the definition NIH is going to go by is P3CO. That is not  
2215 hard to find.

2216 BY MR. GRIFFITH.

2217 Q And I know you're not in charge anymore, so  
2218 you can't make these things. But as a policy guy, I'm  
2219 trying to figure out if we shouldn't, Congress, dictate  
2220 that you post what you're doing if it's going to be on a  
2221 pathogen, because that's what caused a -- we had a lot of

2222 discussion in the previous depositions about that, because  
2223 that's what caused a huge distrust by the American people  
2224 when the spat occurred between Senator Paul and Dr. Fauci.  
2225 And it was all based on the misunderstanding, grant you, I  
2226 understand it was a misunderstanding, but it was because  
2227 the NIH was unclear in its own documents as to what gain of  
2228 function is, and I think there ought to be a definition.  
2229 Even if it has to be multiple pages, it should be there.

2230 A                   In the previous session, Congressman, we  
2231 actually looked at that definition. I think it is very  
2232 clear and it's not hard to find. But I take your point,  
2233 there has been a lot of confusion.

2234 Q                   Let me switch gears or stay in the same kind  
2235 of vein because it's where I'm concerned, and that is  
2236 vetting labs that we're doing work with. I think we do  
2237 fair in the United States of America. I'm not saying we're  
2238 perfect, we've obviously had problems. In my time on  
2239 Energy and Commerce, we have seen some of those problems,  
2240 not always NIH labs, but labs in general.

2241 Shouldn't the NIH, for all those thousands and thousands of  
2242 grants that it awards through whatever divisions, shouldn't  
2243 we be vetting the labs if some of our money is going there,  
2244 so that we don't have a situation? Because no matter what  
2245 happened at the lab in Wuhan, most people recognize -- let  
2246 me stop there.

2247 You would agree that most people recognized that BSL2 in  
2248 Wuhan did not really mean the same thing as BSL2 might have  
2249 meant in the United States, that they didn't have the  
2250 proper filtration in their air systems, et cetera.

2251 Wouldn't you agree with that?

2252 A I don't have those details.

2253 Q But -- and then that begs the question.

2254 Shouldn't we -- and I'm looking at it as a policy maker,  
2255 and I respect that you have a slightly different role. But  
2256 shouldn't we, as a country, want to have a consistent  
2257 pattern of where our research is being done, particularly  
2258 if we're dealing with pathogens, and the labs actually are  
2259 safe?

2260 A Absolutely. The question is, what is that  
2261 policy, and how do you make sure you do something that's  
2262 effective, but not so onerous that it makes really  
2263 important research impossible.

2264 Q And shouldn't it be the NIH's job to do  
2265 that, or should Congress have to step in? And I'm willing  
2266 to step in, but should Congress be doing it or should NIH?

2267 A Because these are really complicated  
2268 scientific questions in terms of exactly what the right  
2269 answers ought to be, I would very much hope this could be a  
2270 process that is based upon that science.

2271 Q And I'm happy to do it based on science, but

2272 maybe legislate.

2273 All right. I've got some conflict of interest questions.

2274 One of the areas that Energy and Commerce is interested in

2275 understanding and strengthening are the conflict of

2276 interest disclosures for federally funded researchers. To

2277 most laymen, it would seem that scientists like Peter

2278 Daszak, Eddie Holmes, Ralph Baric, Linda Weiss, Bob Gary,

2279 et cetera, who have been extremely vocal and active in the

2280 public and governmental discussions about the origins of

2281 SARS-CoV-2 all had significant conflicts of interest when

2282 they weigh in on origins.

2283 Some of these scientists have collaborated with the Wuhan

2284 Institute of Virology, others are relying on access to bat

2285 caves and viruses that are collected from China, others

2286 have made their careers, their reputations, and their

2287 livelihoods conducting and proliferating the kind of gain

2288 of function research that many believe could have possibly

2289 started -- many believe could have possibly started the

2290 pandemic. I know that's not your position, but many

2291 believe that. So they aren't totally disinterested

2292 experts. They have skin in the game?

2293 In litigation, we solve this problem by disclosing to

2294 jurors that experts are hired by the parties to the lawsuit

2295 because knowing that is relevant for a jury to consider

2296 when evaluating the expert's testimonies.

2297 So is it your opinion that Dr. Daszak has a conflict of  
2298 interest when discussing the origins of SARS-CoV-2, given  
2299 his ties to the Wuhan Institute of Virology?

2300 A I'm not sure I can speculate on that. It  
2301 would depend on the setting in which he was expressing his  
2302 view.

2303 Q Well, how about to this Subcommittee, or to  
2304 this Committee and my Subcommittee?

2305 A I don't think -- I'm not in a good position  
2306 to assess that.

2307 Q How about Ralph Baric?

2308 A I would have to give the same answer. I  
2309 don't know the context.

2310 Q Eddie Holmes?

2311 A The same answer.

2312 Q All right. So here's my position on that.

2313 And, look, nobody is accusing you or Dr. Fauci of bribing  
2314 people. But when it comes to those thousands and thousands  
2315 of grants, you all are the -- are you all the biggest in  
2316 the world on giving grants for medical research?

2317 A Yes.

2318 Q Okay, I thought that was the case, and I'm  
2319 glad that's the case. That being said, you all are kind of  
2320 like Darth Vader when you walk in the room. Somebody might  
2321 not be in trouble, but they don't want to get in trouble.

2322 They're going to scurry off to the side and try to stay out  
2323 of trouble.

2324 So when you all issue an opinion on something or statements  
2325 are made that -- about, you know, we highly  
2326 disregard -- and I'm paraphrasing, but disregard a lab leak  
2327 theory, don't you think that would make people  
2328 uncomfortable who might be on the fence or might want to  
2329 keep an open mind on that? Don't you think it would make  
2330 them uncomfortable that maybe if they challenge the giant  
2331 of research and the two people that are leading it, that  
2332 they can get in trouble?

2333 A I don't think so. I think it's a scientific  
2334 organization. Part of the way we operate is by encouraging  
2335 challenges. I would honestly want to support that,  
2336 encourage exactly that kind of contrary view.

2337 Q And I know you would, but I fear that maybe  
2338 the power of those two offices is so great that  
2339 notwithstanding your intent -- because I know your heart is  
2340 a good heart. I'm not challenging that at all -- that you  
2341 may inadvertently have influenced some of the discussion on  
2342 origins early on. Can you see that as a possibility?

2343 Ms. Brandon. Congressman, could I ask a clarifying  
2344 question?

2345 Mr. Griffith. Sure. I'm asking him if he is willing to  
2346 recognize that there is a possibility based on the strength

2347 of his office and his organization that scientists might  
2348 have been hesitant to challenge the clear position coming  
2349 out of their institution that the natural source was the  
2350 only real likely source?

2351 Ms. Brandon. I understand.

2352 Dr. Collins, did you ever tell the authors of Proximal  
2353 Origin --

2354 Mr. Griffith. No, I'm not asking him if he told. I'm  
2355 asking him if it's a possibility he thought it might  
2356 influence somebody. It's not a matter of direct telling.  
2357 What I'm asking is, is he willing to recognize the  
2358 possibility that his merely stating that would make some  
2359 scientists question whether they should go in the direction  
2360 to look for a source other than the natural source.

2361 Ms. Brandon. Sir, I'm just trying to clarify that. To my  
2362 knowledge, I don't think Dr. Collins ever suggested that  
2363 there was a natural origin to these authors before they  
2364 wrote the paper.

2365 Mr. Griffith. Oh, okay.

2366 BY MR. GRIFFITH.

2367 Q Is that accurate?

2368 A State the statement again?

2369 Q I'm going with her question, so she'll have  
2370 to restate it.

2371 Ms. Brandon. Prior to the February 1 phone call or during



2372 the February 1 phone calls, did you express an opinion that  
2373 you thought that the origins of COVID were natural?

2374 The Witness. No.

2375 BY MR. GRIFFITH.

2376 Q But after the February 1 phone call, you  
2377 did?

2378 A Based upon the conclusion of the experts.

2379 Q And wasn't there an email out there  
2380 somewhere that indicated that you needed to shut down the  
2381 lab leak theory? Because -- go ahead, answer and I'll  
2382 follow up.

2383 A We should take a minute to talk about what's  
2384 meant by lab leak.

2385 Q Any kind of a lab accident. I'm not saying  
2386 anything intentional. I'm saying something that happened  
2387 at the lab. I'm not including -- we've got a discussion  
2388 with Dr. Fauci. I'm not including a person who worked at  
2389 the lab who went out into the field and came back with the  
2390 virus. I'm talking about something that happened in the  
2391 lab.

2392 Mr. Nassikas. And Dr. Collins is going to answer your  
2393 question, but he has to put the context.

2394 Mr. Griffith. I understand.

2395 The Witness. We're talking now about early sort of late  
2396 winter, early spring 2020. In my mind, the question that

2397 the experts were trying to address primarily was, was this  
2398 virus human engineered. Was it, in fact, created from  
2399 scratch by somebody who was trying to create a really  
2400 dangerous pathogen.

2401 I thought the evidence was strongly against that. That is  
2402 one kind of way that the lab leak was being utilized by  
2403 some people, and I thought that kind of use of lab leak was  
2404 not something that should continue to be propagated, and  
2405 yet it was in some settings.

2406 So in answer to your question, yes, I was very much opposed  
2407 to the idea that the continued assertion that this virus  
2408 had been human engineered should be just left unchallenged.  
2409 It needed to be challenged.

2410 Q This went further than challenging it. You  
2411 said it ought to be put down, didn't you?

2412 A Well --

2413 Q Put a stop to it right away?

2414 A By that, I meant that we should do what we  
2415 can to get the truth out there, as opposed to statements  
2416 that were reckless and speculative that were not based on  
2417 evidence.

2418 Q How do you explain the furin cleavage site  
2419 and the 12 nucleotides that show up in this coronavirus  
2420 that don't show up anywhere else prior to this?

2421 A I can't explain it. I can certainly point

2422 to the fact that furin cleavage sites have appeared in  
2423 other coronaviruses, not beta coronaviruses, but other  
2424 coronaviruses, so there is some way in which that can  
2425 happen naturally. I can't explain how it happened with  
2426 SARS-CoV-2.

2427 Q And do they always have those 12 nucleotides  
2428 when they have the furin cleavage site? Because that's  
2429 what made it really contagious, I understand.

2430 A The furin cleavage site has to be a certain  
2431 series of amino acids, so 12 nucleotides, that's four amino  
2432 acids, and that's generally what it takes to make a furin  
2433 cleavage site.

2434 Q All right. Slightly switching again.

2435 A Fine.

2436 Q It bothers me, and Dr. Fauci said this in  
2437 his hearing. What he said didn't bother me, but it  
2438 triggered thoughts in my mind. He said we need to -- he  
2439 was keeping an open mind, he believes that it's a natural  
2440 source, and that we need to continue looking for the  
2441 natural source, but to keep an open mind on the other if  
2442 you could find evidence. And he said one of the problems  
2443 was that we couldn't find any evidence of a lab incident.  
2444 Maybe that's a better way of using that word, a lab  
2445 incident, because the Chinese wouldn't cooperate.  
2446 And as a recovering attorney, did a lot of small courtroom

2447 cases for decades, sometimes the lack of behavior or the  
2448 lack of evidence tells me something. And here's what I'm  
2449 seeing and I would your comment on it.

2450 The Chinese have not done extensive scouring for animals.  
2451 They haven't really been looking hard for the source. You  
2452 agree with that?

2453 A I agree with that.

2454 Q If they didn't believe it was a lab leak,  
2455 wouldn't it be in their interest to look for that source  
2456 and find that source, so that they could say, look, it  
2457 wasn't us?

2458 A Actually, I wouldn't agree.

2459 Q Tell me why.

2460 A I think it's in the Chinese's best interest  
2461 for this to be unresolved. If it was a lab leak, they're  
2462 responsible. If it was a natural origin in a wet market  
2463 that was selling wild animals that they were not supposed  
2464 to be doing, they're responsible. So they love it that  
2465 this hasn't gotten resolved.

2466 Q And I understand that, but their level of  
2467 culpability is greater if it's in a facility that they own,  
2468 as opposed to a natural source. And it seems to me that  
2469 their failure to look strenuously for the natural source  
2470 indicates that they know it's a lab leak.

2471 A I don't agree. I think they're just as

2472 culpable.

2473 Q We will disagree on that.

2474 Mr. Griffith. Give me just a minute. All right. I will

2475 yield back.

2476 Mr. Benzine. Thank you, sir.

2477 I want to introduce Majority Exhibit 1.

2478 (Majority Exhibit No. 1 was

2479 identified for the record.)

2480 BY MR. BENZINE.

2481 Q So this is an op-ed that you, in addition to

2482 Drs. Fauci and Dr. Gary Nabel, wrote December 30, 2011 in

2483 The Washington Post, I believe in response to

2484 Dr. Fouchier's experiments on avian influenza in ferrets.

2485 I will give you a minute to flip through, you don't need to

2486 read it word for word, but I guess the first kind of

2487 question is, do you remember drafting this article?

2488 A It was 12 years ago, but I vaguely remember

2489 it.

2490 Q Do you remember if it was, like we've heard

2491 a lot of things in science, drafted by committee seems to

2492 be a term that floats around. Do you remember who was the

2493 lead drafter, or was this all kind of done together?

2494 A I don't remember.

2495 Q The line that I want to talk most about is

2496 on the first page and starts the third paragraph.

2497 Mr. Nassikas. One second. If you could let him finish his  
2498 scan.

2499 The Witness. Okay. Sorry, go ahead.

2500 BY MR. BENZINE.

2501 Q The start of the third paragraph is, "Given  
2502 these uncertainties, important information and insights can  
2503 come from generating a potentially dangerous virus in the  
2504 laboratory." The rest of the article talks about kind of  
2505 the risk/benefit analysis and ensuring the information is  
2506 used for good. And I want to talk about each of those.

2507 I guess, generally, what kind of important information  
2508 could come from generating a potentially dangerous virus in  
2509 the laboratory?

2510 A Once again, I'm not a virologist, but the  
2511 argument has been made that if you were trying to  
2512 anticipate a future dangerous pandemic, it helps to know  
2513 what you're looking for. So if, under carefully controlled  
2514 conditions, you can study a virus like influenza and  
2515 discover that certain changes in its genome might be  
2516 associated with greater human risk, then you know in your  
2517 surveillance you should be looking for those kinds of  
2518 changes.

2519 Q Does that logic also apply to like we've  
2520 talked about, kind of the difference between an already  
2521 known human pathogen and a novel virus? Does that logic

2522 apply to novel viruses as well?

2523 A                   It's harder to see that, if that's not a  
2524 virus that you are currently planning to do surveillance  
2525 for.

2526 Q                   So I guess in the EcoHealth context, the  
2527 vast majority of what they do and specific in that grant is  
2528 surveillance work going, collecting samples, bringing them  
2529 back, and testing to see if they could infect either ACE2  
2530 mice or humanized mice. I learned on Monday that those are  
2531 different things. That a humanized virus is kind of the  
2532 entire mouse ecosystem is now a human ecosystem.

2533 A                   Immune system.

2534 Q                   Immune system, versus the ACE2, just  
2535 changing the ACE2 receptor in the mouse. So a lot of what  
2536 they did were changing out spike proteins on an already  
2537 understood backbone to see if the new spike protein could  
2538 pierce the ACE2 receptor. That seems potentially dangerous  
2539 to me. Does that sound dangerous to you?

2540 A                   The goal of those experiments, again, was to  
2541 try to understand whether what happened with SARS and what  
2542 happened with MERS might happen again, in a careful way, to  
2543 assess what's the property of a virus in that family that  
2544 is most likely to be a concern.

2545 Q                   The article also touches on the risk/benefit  
2546 analysis. And from what we've kind of gleaned, that falls

2547 in the P3 realm that in addition to -- like, NIAID would  
2548 make the determination of whether or not it met the P3 of a  
2549 potentially enhanced pandemic pathogen. And then the P3  
2550 board would do a risk/benefit analysis on whether or not  
2551 the proposed research was worth the risk. Is that correct?

2552 A I think you said something I don't quite  
2553 agree with.

2554 Q Okay.

2555 A That this was in the P3 realm.

2556 Q No, not this. That the risk/benefit  
2557 analysis falls under the P3 realm.

2558 A The point of the policy is to try to put in  
2559 place a very high level deliberative body that could assess  
2560 whether the benefits are worth the risk.

2561 Q So it would be the P3 board's job to  
2562 determine risk/benefit, not the NIAID grant officials?

2563 A I think the pathway was pretty clear that if  
2564 NIAID officials observed an incoming application that  
2565 appeared to be in this place as described by P3CO, they  
2566 would flag it, and then the higher level review would need  
2567 to happen before funding.

2568 Q What has been unclear and we're trying to  
2569 figure out is where that bifurcation happens, where we're  
2570 no longer talking about just does this research propose  
2571 working within ePPP versus a determination made of whether



2572 or not it's worth it.

2573 And our understanding from NIAID is that they don't look at  
2574 whether or not the research is worth it. The research  
2575 comes in, ePPP check, send it up to the P3, P3 does the  
2576 risk/benefit. Does that sound right?

2577 A Certainly NIAID is involving in assessing  
2578 whether the science is compelling. That's what the peer  
2579 review process does, so they're not abandoning that.

2580 Q It's unclear to us whether or not a  
2581 risk/benefit analysis takes place unless something is  
2582 referred to the P3.

2583 A No, I would not agree with that.

2584 Q Okay.

2585 A All peer review involves risk/benefit. The  
2586 risk might be you spent money and got nothing useful, and  
2587 the benefit is going to be you're going to advance human  
2588 knowledge. So that's happening to everything that NIH  
2589 looks at.

2590 Q The third kind of big thing that is  
2591 mentioned in this article is ensuring that the information  
2592 that comes from this research is used for good, the kind of  
2593 dual use concerns. How does NIH go about that?

2594 A I'm not that familiar with the precise  
2595 policies about dual use research of concern, DURC as it's  
2596 called. So I can't actually quote you the precise way in

2597 which that oversight happens.

2598 Q Who at NIH would be in charge of that?

2599 A Every institute has to have some

2600 capabilities in that space. I can't tell you exactly who

2601 that person would be.

2602 Q Okay. For research that has been flagged,

2603 does NIH review publications prior to them being published?

2604 A Not ordinarily. But if something has been

2605 flagged, as was the case 12 years ago with influenza, that

2606 might happen.

2607 Q Okay. I guess, again, that's kind of what

2608 we're trying to figure out. If a research proposal is

2609 going forward prior to a researcher potentially publishing

2610 a roadmap on creating a dangerous virus, if the U.S.

2611 government is given the opportunity to weigh in.

2612 A Certainly at the level of reviewing the

2613 proposal, yes.

2614 Q Okay.

2615 A At the level of reviewing all publications

2616 before they appear, not unless it's a special circumstance.

2617 Influenza is an example.

2618 Q Like this one, NIH was able to review the

2619 Fouchier publication prior to publishing.

2620 A That was reviewed by a group. I don't

2621 recall, it might have been the NSABB because they were in

2622 existence at that time, or it might have been some other ad  
2623 hoc group.

2624 Mr. Benzine. Thank you.

2625 BY MR. STROM.

2626 Q Dr. Collins, from the 2011 article through  
2627 to the '14 pause, it sounds like, and I think you mentioned  
2628 in talking with Mr. Griffith, there's a sort of an ongoing  
2629 discussion about some sort of deliberative pause on gain of  
2630 function experiments.

2631 So my understanding is that in 2014, as these deliberations  
2632 were underway, NIH rejigged or made adjustments to the  
2633 NSABB's composition budget and mission statement or  
2634 charter. Do you recall those events?

2635 A I don't.

2636 Q Okay. I'm going to give you this article  
2637 here to try to see if it will refresh your recollection.

2638 We'll pass these around.

2639 (Majority Exhibit No. 2 was  
2640 identified for the record.)

2641 BY MR. STROM.

2642 Q So as you're reading it, I can sort of  
2643 summarize it, and for the record, give the title. It's a  
2644 Reuters article called "U.S. rolls back oversight of  
2645 potentially dangerous experiments," it was published August  
2646 13, 2014, so it's almost two months to the day before the

2647 pause goes into effect.

2648 [REDACTED] Real quick, is there more than one copy  
2649 for the Minority if possible?

2650 Mr. Strom. I made 10 copies or so. They're making their  
2651 way around.

2652 [REDACTED] Thanks, John.

2653 Mr. Strom. And just to note, the article itself is only  
2654 about three-and-a-half pages long. 13 is just ads.

2655 BY MR. STROM.

2656 Q So just to give you the layman's view. In  
2657 reading this article, it sounds as if, in the aftermath of  
2658 the controversial influenza experiments, the NSABB had made  
2659 a recommendation that I think really ran counter to sort of  
2660 the core principles of sort of open scientific publication  
2661 of wanting to share methods of replicability and concerns  
2662 like that, because of the potential dual use nature of the  
2663 research. Is that consistent with your understanding?

2664 A Yeah, maybe I wouldn't have called it ran  
2665 counter. I think they tried to balance whether this, as a  
2666 scientific event, was important and I think they thought it  
2667 was. But was it creating a risk because of the possibility  
2668 that others might try to replicate.

2669 Q Sure. And then the last paragraph on the  
2670 first printed page says, "In the last two years, members of  
2671 the NSABB found their responsibilities reduced and their

2672 meetings canceled, and nearly a dozen were abruptly  
2673 dismissed, according to seven current and former board  
2674 members, and a Reuters review of agency documents."

2675 The article also says that there was a reduction in the  
2676 responsibilities of the board and that its charter was  
2677 modified, and then that its budget was cut from around  
2678 \$300,000 to just about \$150,000.

2679 So the impression it gives is that as this discussion is  
2680 gearing up, and it came under the Obama administration, is  
2681 a discussion about whether it's appropriate to have a pause  
2682 or to put more guard rails on it is that NIH or NIAID are  
2683 sort of systematically dismantling their oversight board,  
2684 their recommendation board.

2685 So I guess my question would be, is that sort of -- to the  
2686 best of your recollection, what led you -- what led NIH to  
2687 dismiss these 11 members of the board? Let's start with  
2688 that.

2689 A I have no recollection of this.

2690 Q And then, do you recall what caused NIH to  
2691 change the board's charter?

2692 A I do not know.

2693 Q And then a similar question. Do you recall  
2694 what caused NIH to half the NSABB's budget?

2695 A I do not know.

2696 Q And then --

2697 BY MR. BENZINE.

2698 Q Who would have the authority to remove

2699 members from NSABB?

2700 A I would have to look at their charter. I

2701 don't remember whose authority that's under, whether that's

2702 NIH or the department.

2703 BY MR. STROM.

2704 Q The NSABB reports to the NIH Office of

2705 Science Policy, I believe, that is part of your broader --

2706 A They staff it.

2707 Q They staff it?

2708 A I would have to look at the charter to see

2709 to whom they actually report.

2710 Q Sure. So I guess, to your recollection, was

2711 there a sense at NIH that a pause wasn't needed, opposition

2712 to pausing this kind of research? I'm just trying to

2713 understand why they would make these adjustments to an

2714 outside advisory board or recommendations, while at the

2715 same time that obviously there are people within the Obama

2716 administration who are deeply concerned about the nature of

2717 this kind of research.

2718 A I can't really come up with an explanation

2719 for the changes that you're mentioning. I do have to point

2720 out the NSABB became the most critical first part of

2721 figuring out what they should do that led ultimately to

2722 P3CO. So they were not exactly pushed aside. They were  
2723 asked to take on a very critical role.

2724 Q And you don't recall if the membership  
2725 changes were related to that new role that they were taking  
2726 on?

2727 A I don't recall.

2728 Q Thank you.

2729 BY MR. BENZINE.

2730 Q So the Minority introduced the deliberative  
2731 gain of function pause as Exhibit B.

2732 A Okay.

2733 Q I'm not going to ask about the language in  
2734 it, but if you want to have it in front of you.

2735 Were you involved at all in the conversation leading to  
2736 this policy?

2737 A I probably was at a high level, not in a  
2738 detailed level. I don't recall precisely what role I was  
2739 asked to play.

2740 Q We can skip through some of them and move  
2741 along to the P3, which I believe the Minority introduced as  
2742 Exhibit C.

2743 Were you involved at all in this?

2744 A I was involved in terms of knowing it was  
2745 going on, making sure that the appropriate plans were in  
2746 place about how to get the right groups to look at this.

2747 Q Can you go into a little bit more detail on  
2748 that? What do you mean by the right groups to look at  
2749 this?

2750 A That this began with the NSABB effort, and  
2751 that it also then needed to be reviewed at the level of  
2752 OSTP and the department.

2753 Q Was NIH involved at all in the drafting of  
2754 the operative language?

2755 A No.

2756 Q Do you know who was?

2757 A The original draft was from NSABB. Those  
2758 are individuals who are not government employees.

2759 Q And then approved by OSTP and then approved  
2760 by HHS?

2761 A Correct.

2762 Q It's our understanding that NIAID, and it's  
2763 a department-wide policy, but that NIAID and NIH are the  
2764 only ones to ever submit anything to the P3. Is that  
2765 consistent with yours?

2766 A I can imagine that being the case. They're  
2767 the ones who support this kind of research.

2768 Q And it would seem maybe a little contrary to  
2769 understanding that because NIAID is the prime, and NIAID  
2770 and NIH are the primary users of the language, that they  
2771 weren't involved in the drafting of the language. Is that



2772 odd to you?

2773 A No, I think you wanted to have the most  
2774 objective expert input on how to do this.

2775 Q Okay. And the Minority talked a little bit  
2776 about it, and I just want to make sure I have it clear. So  
2777 in order to meet the definitions in the P3CO, the  
2778 underlying prerequisite is the pathogen proposed being  
2779 worked on is known to infect humans; is that right?

2780 A That's right.

2781 Q And then the proposed research would have to  
2782 make that pathogen more highly transmissible or virulent;  
2783 is that right?

2784 A Potentially.

2785 Q All right. Reasonably anticipated or  
2786 something, I think, is the language. And we talked about  
2787 this briefly, but just again for clarity, this language  
2788 wouldn't apply to research on novel viruses, even creating  
2789 chimeras, because the novel virus is not known to have  
2790 infected humans; is that right?

2791 A According to this definition, that's right.

2792 Q Do you believe that there should be  
2793 oversight of that type of work?

2794 A That's a complicated question that I think  
2795 deserves a deep look, and has been looked at again by the  
2796 NSABB in more recent deliberations.

2797 Q Thank you. I want to talk a little bit  
2798 about the Wuhan Institute of Virology and just your  
2799 knowledge of what was going on there, if there was any.  
2800 And if there's not, let us know.

2801 A This could go quite quickly.

2802 Q Perfect. So the Wuhan Institute was China's  
2803 first -- or involved China's first BSL Level 4 laboratory.  
2804 They also had 2 and 3. Is that your understanding?

2805 A That's my understanding.

2806 Q And at least in the United States, there's  
2807 various levels of research that can have each BSL4, and  
2808 it's like a pathogen with no known human -- or no known  
2809 solution, I guess is an easy way to put that.

2810 The Office of the Director of National Intelligence, in  
2811 response to a statute from Congress signed by the  
2812 President, issued a declassified memo on the Wuhan  
2813 Institute of Virology. Have you read that memo?

2814 A I don't believe I have.

2815 Q Okay. In it, it describes a relationship  
2816 between the Wuhan Institute and the People's Liberation  
2817 Army of China. Do you have any knowledge of that  
2818 relationship?

2819 A I do not.

2820 Q And then it also describes that the Wuhan  
2821 Institute first possessed SARS-CoV-2 in late December of

2822 2019. Do you have any knowledge of that?

2823 A I do not.

2824 Q We've kind of discussed that already, that

2825 Dr. Holmes, the Chinese CDC, Dr. Daszak, at least a couple

2826 other people, including the Wuhan Institute, had sequenced

2827 the virus, and knew it was a coronavirus by late December.

2828 But the notification to the world was an unknown pneumonia

2829 which, looking back and having that information, certainly

2830 seems like a misstatement, if not an outright lie. Does it

2831 concern you that they kind of had this base of knowledge

2832 and then weren't reporting it?

2833 A It concerns me.

2834 Q Were you involved in any conversations

2835 regarding lack of transparency from China during the

2836 outbreak?

2837 A No.

2838 Q ODNI also reported that scientists at the

2839 Wuhan Institute have created chimeras of SARS-like

2840 coronaviruses through genetic engineering involving

2841 techniques that would make it difficult to detect

2842 intentional changes. Were you aware of that?

2843 A No.

2844 Q Are you aware of the capability to

2845 synthesize viruses without being able to tell that they

2846 were synthesized?

2847 A Yes, absolutely. I'm a molecular biologist.

2848 Q So I guess you are the expert in this kind  
2849 of area of being able to synthesize those things, and you  
2850 just have knowledge of not being able to leave a trace. A  
2851 lot of people have said that just looking at the genome,  
2852 you can tell that it wasn't -- a Proximal Origin study, you  
2853 can tell it wasn't an intentionally manipulated virus. But  
2854 scientists are capable of intentionally manipulating  
2855 viruses without leaving fingerprints, so how do you think  
2856 you can come to that statement?

2857 A The sequence of SARS-CoV-2 would not have  
2858 been predicted to be a particularly effective and  
2859 infectious virus. Somebody who was aiming to design this  
2860 from scratch would never have chosen the particular  
2861 sequence of nucleotides that this virus represents.

2862 Q And we've heard that, too, and we've also  
2863 heard from the interview that a scientist at DARPA who used  
2864 to be at the National Center for Medical Intelligence under  
2865 the Defense Intelligence Agency, and he told us through  
2866 their research that scientists don't necessarily seek  
2867 perfection, that it's specifically in the pandemic  
2868 preparedness realm that when you're trying to see if a  
2869 virus has the potential for spillover, you understand that  
2870 Mother Nature usually isn't capable of perfection.  
2871 So when you're synthesizing the viruses and piecing it

2872 together, you're actually trying to mimic recombination in  
2873 nature, not necessarily designing a virus from scratch. Is  
2874 that consistent with your understanding?

2875 A                   It still wouldn't fit this situation.

2876 Q                   Why not?

2877 A                   Because the sequence of this virus would not  
2878 be arrived at by recombination between what we knew at that  
2879 time.

2880 Q                   It couldn't have?

2881 A                   It would not fit.

2882 Q                   Okay, why?

2883 A                   Because what we knew about the infectious  
2884 nature of coronaviruses would have predicted that this  
2885 virus wouldn't work.

2886 Q                   The ODNI report also said that Wuhan  
2887 researchers probably did not use adequate biosafety  
2888 precautions at least some of the time prior to the pandemic  
2889 in handling SARS-like coronaviruses. Do you have any  
2890 knowledge of that?

2891 A                   I don't.

2892 Q                   And the final section says, "several lab  
2893 researchers fell ill in the fall of 2019 with symptoms,  
2894 some of their symptoms consistent but not diagnostic of  
2895 COVID-19, and the IC continues to assess that this  
2896 information neither supports nor refutes either hypothesis

2897 of the pandemic's origins."

2898 Do you have any knowledge of ill researchers at the WIV?

2899 A Not at all.

2900 Mr. Griffith. I've got a follow-up question.

2901 Mr. Benzine. Absolutely. Yes, sir.

2902 BY MR. GRIFFITH.

2903 Q So we've got these scientists, they're  
2904 working on sequences. They're not trying to create  
2905 something that's going to go out and be a pandemic or a  
2906 pathogen to human beings. They're just trying to say, what  
2907 happens if we do this. And doesn't that happen a lot of  
2908 times in science? People say, let's see what happens if we  
2909 rearrange this, this way, not expecting it to be a  
2910 pandemic, not trying to make a pandemic, just goofing  
2911 around in the lab trying to say, hey, what happens if we do  
2912 this?

2913 A For them to have landed on this particular  
2914 sequence out of all the entire universe of possible tweaks  
2915 they might play with, that just stretches the imagination.

2916 Q And that's what we do in science, isn't it,  
2917 stretch the imagination?

2918 A To a point.

2919 Mr. Griffith. All right.

2920 Mr. Benzine. We can go off the record.

2921 (Lunch recess taken.)

2922 AFTERNOON SESSION

2923 [REDACTED] We can go back on the record.

2924 BY [REDACTED]

2925 Q Dr. Collins, starting with a few questions

2926 about a few topics that were discussed in the previous

2927 round.

2928 A Mm-hmm.

2929 Q One of them is, just for the record, there

2930 was some discussion in our initial round about the extent

2931 to which there has or has not been an accusation made

2932 against yourself and Dr. Fauci about a \$9 million grant.

2933 There is a mention that that accusation has not been made.

2934 Just for the sake of the record, it's helpful, I think, for

2935 me to read that in Select Subcommittee hearing on

2936 investigating the origins of COVID on March 8th of last

2937 year, there was an exchange between Congressman Jordan and

2938 Nicholas Wade who was a witness at that hearing. And the

2939 topic at hand was the extent to which the authors of

2940 Proximal Origin either did or did not change their views

2941 for some reason other than science.

2942 Mr. Wade said, "Well, if you're looking at the timeline on

2943 May 21st, just a few weeks after the nature med -- the

2944 nature medicine argument had come out, two of the

2945 signatures of the origin email to Dr. Fauci, that's

2946 Dr. Andersen and Dr. Garry, were awarded a \$9 million

2947 grant."

2948 Mr. Jordan responded, "So there's 9 million reasons why  
2949 they changed their mind. I know you would get to it, I  
2950 read that last night, three months after, so three days  
2951 after they say it came from a lab, they change their  
2952 position. And the only intervening event, the conference  
2953 call with Dr. Fauci and Dr. Collins, again a call that  
2954 Mr. Redfield was not allowed to be on, the head of CDC and  
2955 on the Coronavirus Task Force, and then three months later,  
2956 shazam, they get 9 million bucks from Dr. Fauci."

2957 That's the end of the quote. I think it's difficult to  
2958 read that quote in any other way than from what you and I  
2959 had discussed, and I just thought that would be helpful for  
2960 the record.

2961 Mr. Benzine. Sorry, [REDACTED] just a question for clarity  
2962 of the record.

2963 [REDACTED] Sure.

2964 Mr. Benzine. Was Mr. Jordan the Chairman of the Select  
2965 Subcommittee?

2966 [REDACTED] He is certainly not the Chairman of the  
2967 Select Subcommittee.

2968 Mr. Benzine. Thanks. We can move on.

2969 [REDACTED] I will say if the distinction rests on  
2970 whether or not he is a Member of the Select Subcommittee,  
2971 that distinction probably is not that meaningful for



2972 Dr. Collins when those sorts of comments are made.

2973 Mr. Benzine. My point is to be clear what didn't come from

2974 Chairman.

2975 [REDACTED]. Certainly, we agree with that.

2976 Mr. Benzine. All right, thank you.

2977 BY [REDACTED].

2978 Q My first sort of substantive clarification.

2979 This website definition of gain of function. We will come

2980 back to it again, sorry, I don't know how many times we can

2981 have the exchange, but our understanding is there was no

2982 confusion amongst staff or at the director level or amongst

2983 grantees about whether or not that was somehow an operative

2984 definition of gain of function; is that correct?

2985 A That's correct.

2986 Q Okay. The regulated community, as well as

2987 the agency itself, understood at all times that the

2988 operative definitions were found in the 2014 pause for

2989 those three years, and then in the P3CO framework from 2017

2990 onward; is that right?

2991 A That's correct.

2992 Q Great. A somewhat minor technical point.

2993 There was a very brief mention of BSL levels and the extent

2994 to which, for example, a BSL2 in the United States might be

2995 something different from BSL2 in China.

2996 Our understanding is that the levels themselves are

2997 internationally recognized, the differences might be in  
2998 different countries what the appropriate levels are for  
2999 different types of work. Is that also your general  
3000 understanding?

3001 A I'm not an expert, but that's my  
3002 understanding.

3003 Q Great. Back to Proximal Origin for a  
3004 moment. The timeline of those events I think can sometimes  
3005 get a little muddy. Is it right that -- you've already  
3006 explained it, but one more time -- you, as a virologist, in  
3007 that whole sequence are more or less relying on -- you not  
3008 being a virologist, sorry.

3009 A Thank you.

3010 Q You not being a virologist, for the  
3011 transcript, are relying on what the virologists and  
3012 evolutionary virologists are telling you at any given  
3013 moment.

3014 So early in that conversation, somebody says something to  
3015 the effect that, gosh, we should take a look at serial  
3016 passage. Their state of mind would be, hey, somebody  
3017 should take a look. And if later folks do that analysis  
3018 and say, we don't think that that's plausible, I would  
3019 think that your state of mind would be, well, I suppose  
3020 that that's not plausible.

3021 Is that generally right?

3022 A That's generally right. I have to be guided  
3023 by the experts because I'm not a virology expert myself.

3024 Q Great. And with respect to furin cleavage  
3025 sites, which I don't think it's possible to discuss furin  
3026 cleavage sites any more than I have in the last year. So  
3027 we were told by the authors of Proximal Origin that at the  
3028 time of the February 1st conference call, when those folks  
3029 are sort of raising an alarm that, hey, we're looking at  
3030 these mutations, they look potentially like they may have  
3031 been inserted, that they were not aware at that moment the  
3032 extent to which furin cleavage sites are observed up at the  
3033 genus level in beta coronavirus, sarbecoviruses they're  
3034 saying, oh, my gosh, we've never seen this, but they were  
3035 not yet aware of the extent to which furin cleavage sites  
3036 would exist one level above that.

3037 So you may not remember whether or not that is the case.

3038 You tell me.

3039 A I don't have a clear recollection.

3040 Q It does seem clear from their point of view  
3041 that that's a piece of information that they collected as  
3042 the process went on that contributed to an evolution in  
3043 their own points of view.

3044 In addition, Dr. Andersen told us that this particular  
3045 furin cleavage site with the PRRA, I think, or the amino  
3046 acids, he said it's a bad furin cleavage site.

3047 In other words, if you were sitting around trying to dream  
3048 up a good furin cleavage site, this is not what that would  
3049 look like, and that factored, again, into their thinking  
3050 that this was very likely not something that a human had  
3051 designed or engineered.

3052 A That's my understanding as well.

3053 Q A little bit of discussion about the P3CO  
3054 framework. It's a clarification for me because I agreed  
3055 with the Majority that we have sometimes tried to  
3056 understand exactly what happened when. I'm going to try to  
3057 summarize what I think is right, but then you can tell me  
3058 if I'm right or wrong.

3059 There is, of course, a cost/benefit analysis for any given  
3060 proposed work at the proposal and award stage; is that  
3061 right?

3062 A Yes.

3063 Q Great. And then in addition to that, or  
3064 separately from that, the question of whether or not a  
3065 particular grant would be referred for P3CO review, that  
3066 is, I think, a definitional question, right? That question  
3067 looks at whether the definitions that we looked at about  
3068 ePPP are met. Is that right?

3069 A That's correct.

3070 Q And then if that definitional requirement is  
3071 met, then the P3CO committee that conducts the further

3072 review, they would then engage in some sort of balancing  
3073 cost/benefit analysis separately about whether this work is  
3074 worth it when weighed against the risks that are presented;  
3075 is that right?

3076 A                   That's correct.

3077 Q                   Great. We're happy about that.

3078 There was also a little dialogue about P3CO and the  
3079 requirement that the pathogen in question be able to infect  
3080 humans, and you affirmed that that is correct, and that's a  
3081 distinction as opposed to the 2014 pause.

3082 A                   Mm-hmm.

3083 Q                   But it is not just that it be able to affect  
3084 humans. There are all sorts of other criteria in the  
3085 definition that must also be met. If some of them come to  
3086 mind for you and you could repeat them, that would be  
3087 great.

3088 A                   Highly transmissible and highly virulent.

3089 Q                   And I think there's something about wide and  
3090 uncontrollable spread?

3091 A                   Leading to wide and uncontrollable spread.

3092 Q                   Great. Is it right -- again, a very brief  
3093 back-and-forth about the extent to which either NIAID or  
3094 NIH were consulted in the crafting of P3CO. Am I right to  
3095 assume that you would not personally know for a fact the  
3096 extent to which individuals at either of those agencies

3097 were or were not consulted in that process?

3098 A I would not, and I'm glad you're raising it  
3099 again. When it was asked before, I'm not sure it came  
3100 across that I would not have been in a position to know  
3101 whether there was some consultation with NIAID or other  
3102 parts of NIH. That's not something that I would have  
3103 necessarily been informed about.

3104 Q Thank you. This is just a pure science  
3105 question. When we think and talk about novel viruses, I  
3106 know you're not a virologist, I'm asking at a very  
3107 superficial level. But if you do have an understanding,  
3108 our sense is that there are almost an unquantifiable number  
3109 of novel viruses that exist somewhere out there in the  
3110 universe. And the fraction of those that in their current  
3111 state are capable of directly jumping into a human and  
3112 infecting a human, I think is thought to be relatively low.  
3113 Is that your general sense?

3114 A That's correct. There is actually a project  
3115 that's trying to do a better job of cataloging viruses, the  
3116 Virome Project, as you might guess. And the vast majority  
3117 of those viruses are not capable of infecting human cells.

3118 Q Thank you. Some discussion, back on the  
3119 substance of Proximal Origin, and you had talked about how  
3120 the particular sequence would not have been predicted to be  
3121 a particularly effective virus and certain conclusions can

3122 be drawn from that fact.

3123 And I guess it's just an observation or question, which is,  
3124 we have found in our conversations with the authors of the  
3125 paper that there is a limit to what you can deduce from  
3126 that. In other words, you can deduce that probably the  
3127 sequence is not a product of the human mind, it is not a  
3128 product of intelligent design, it was not dreamt up by a  
3129 person.

3130 But there is an extent to which it is difficult to be sure  
3131 about whether other forms of lab work were or were not  
3132 necessarily that they occurred involving naturally  
3133 occurring viruses. And I'm just pointing out that possible  
3134 distinction and whether you've ever considered that nuance.

3135 A I think I'm on record about that, that I am  
3136 convinced, based on the sequence, that the original arising  
3137 of this virus was a natural event. But I can't exclude the  
3138 possibility that there was secret study going on at the  
3139 Wuhan Institute of Virology or somewhere that studied the  
3140 virus and potentially played some role, but I have no  
3141 evidence to support that.

3142 Q Thank you. A slight pivot to talk to a new  
3143 but related topic, which is a zoonotic origin pathway. In  
3144 general, you touched on a little bit at the beginning of  
3145 the day. I would like to ask a few questions about it.  
3146 I think our work often is very focused on possible lab

3147 accident origin and what exactly that might look like. I  
3148 don't think we have spent as much time talking about a  
3149 zoonotic origin, but that theory, I think, has been fleshed  
3150 out in detail elsewhere. And so could you maybe just, to  
3151 the extent you have an understanding, talk a little about  
3152 historical context for zoonotic jumps with coronaviruses,  
3153 or more broadly than that.

3154 A                   When you look at the nature of pandemics  
3155 that have affected humans, as long as we've known about it,  
3156 the vast majority have been on the basis of a natural  
3157 zoonotic origin. Many of those were influenza. Certainly  
3158 with SARS, we understand that to have been zoonotic through  
3159 an intermediate host, probably a civet cat, where with MERS  
3160 it appears that was also zoonotic maybe with camels as the  
3161 intermediate host. Those are pretty well worked out.

3162 So while it has been the case there have been lab  
3163 accidents, let me not try to say that's not also something  
3164 that's happened historically. When you look at the major  
3165 sequence of events associated with a pandemic, it has  
3166 generally been a naturally occurring zoonotic transfer from  
3167 some animal maybe through some other species to a human.

3168 Q                   And what might that pathway typically look  
3169 like, whether it's in a setting that's more the animal's  
3170 natural habitat or in a setting where it's the human's  
3171 natural habitat? What might it look like?



3172 A                    These are often circumstances where humans  
3173 have come in close proximity to habitats that have  
3174 traditionally been animals, whether that's a bat cave in  
3175 China, as we think probably was the place where SARS and  
3176 MERS originally got started, or whether it was, as in  
3177 Ebola, maybe a different kind of animal interaction, we  
3178 still don't know.

3179 So, yeah, usually this is one of the consequences of the  
3180 way in which the world has been developing with more and  
3181 more opportunities for humans and wild animals to come in  
3182 close contact in ways they might not have in the past.

3183 Q                    To the extent that you have a sense, does  
3184 China have any general characteristics or traits that might  
3185 make it ripe for zoonotic spillover event?

3186 A                    I don't want to overgeneralize compared to  
3187 all other countries in the world. But certainly China,  
3188 with both the existence of lots of animals that share  
3189 enough biology with humans that they might have the  
3190 potential of this kind of a viral jump, and that proximity  
3191 with population increasingly close to some of those  
3192 habitats.

3193 And I guess I especially have to bring up, because there  
3194 still seems to be a strong reason to look at the wet market  
3195 at circumstances where wild animals are being butchered and  
3196 sold in a circumstance where they have not necessarily been

3197 examined to see if they might be carrying some pathogen.

3198 Q                   So I think that flows nicely into a  
3199 conversation about SARS Co-2 and what a natural spillover  
3200 might have looked like in this case. Do you have a sense  
3201 at all of research or data points that are out there that  
3202 have examined that question, whether it's the context of  
3203 the seafood market case clusters, or anything else that  
3204 comes to mind?

3205 A                   Yes, I do. And I think that data is  
3206 actually really interesting and highly relevant, and it  
3207 surprises me in some ways it hasn't gotten more attention.  
3208 So, for instance, there's two papers published in Science  
3209 Magazine in 2022 looking specifically at the epidemiology  
3210 of the first cases of SARS-CoV-2 in Wuhan. And by a series  
3211 of analyses, which again, I'm not an expert on, but this is  
3212 in a peer-reviewed paper, pointing to the west edge of the  
3213 Wuhan market as the most likely place where this seemed to  
3214 be emerging in a pretty compelling story.

3215 Along with that, recognition that there were actually two  
3216 slightly different SARS-CoV-2 viruses. They differed by  
3217 just two single nucleotide changes but they basically then  
3218 make two lineages, and the argument being that would be  
3219 something you might expect to see in an animal-to-human  
3220 passage but not so likely if it was a single accident in a  
3221 laboratory.

3222 Then more recently, with data that was perhaps accidentally  
3223 put up on the internet, but was seen by a French  
3224 Investigator, Debarre, swabs that were taken from the  
3225 market in or around January and then analyzed for their DNA  
3226 content showed many of those, particularly in the west part  
3227 of the market, positive for SARS-CoV-2. And many of them  
3228 also positive for animals.

3229 And in particular, the raccoon dog, which we know is a  
3230 species that can, in fact, be infected by SARS-CoV-2 and  
3231 can transmit it, is present in a number of those swabs as  
3232 well. That doesn't prove that the virus was in that  
3233 animal, but it certainly says they were in very close  
3234 physical proximity.

3235 I think if you were -- stepping aside from all of the other  
3236 contentiousness in trying to sort out what do you think the  
3237 odds are of this having been a purely natural origin with  
3238 animals in the wet market having been the point at which  
3239 the virus reached humans, versus postulating some other  
3240 event like a lab event, you would go towards the former.

3241 Occam's Razor says that if you have a tough situation with  
3242 two different opportunities to explain it, you're generally  
3243 going to be right to pick the one that is the most  
3244 straightforward. In this case, I think that's what this  
3245 is.

3246 So again, I'm totally open to new data that would change

3247 this, and I wish we had more data from the Wuhan Institute  
3248 of Virology about what exactly is going on in late '19 and  
3249 2020. Absent that, just looking at what we have right now,  
3250 my sort of way of looking at this would say that this is a  
3251 natural origin all the way through.

3252 Q For other not perfectly analogous, but  
3253 similar incidents, such as SARS 1 or MERS, was it  
3254 instantaneous that folks were able to pin down the point of  
3255 origin or reservoir host?

3256 A No, I'm glad you asked. This is a very  
3257 long, drawn-out process, in those instances, years.  
3258 Recognizing the case of Ebola, for instance, we still don't  
3259 know what the actual intermediate host was. This is hard,  
3260 hard work, and it can only really be done with full  
3261 cooperation of the geographic sites that you want to study,  
3262 and that's not been possible so far for SARS-CoV-2.

3263 Q Is it reasonable to think that in this case,  
3264 particularly with the cooperation or lack thereof that you  
3265 mentioned, that it would take significant time, if at all,  
3266 to be able to do all of that tracing successfully?

3267 A It would take significant time and a lot of  
3268 cooperation and a lot of resources.

3269 Q Perhaps worth noting, because the natural  
3270 versus lab conversation, I think often there's this very  
3271 sharp line that gets drawn between them such that nothing

3272 could ever cross that boundary. For example, and I think  
3273 you talked about some version of this earlier.

3274 If you had a lab worker, goes out, does field work in a  
3275 cave, collects a natural virus, brings it back to the lab,  
3276 is simply handling it in some manner, no additional type of  
3277 manipulation of any kind, but somehow gets infected, that  
3278 that virus, that would seem like it would be perhaps a lab  
3279 accident involving a natural virus and not fit cleanly into  
3280 the either bucket. Does that seem reasonable?

3281 A                   It does, although I think that's unlikely,  
3282 given that we don't currently have evidence of viruses that  
3283 were out there occurring naturally that would be able to  
3284 cause that level of illness without something else along  
3285 the way, that intermediate host.

3286 Q                   Does that go back to that brief exchange  
3287 about novel viruses, that it's pretty unusual for a totally  
3288 novel natural virus to be able to jump directly into a  
3289 human host?

3290 A                   It is.

3291 ██████████ I think that is it for our questions this  
3292 round. So unless there's anything more, I think we can go  
3293 off the record.

3294 (Recess.)

3295 Mr. Benzine. We can go back on the record.

3296 BY MR. BENZINE.

3297 Q Dr. Collins, John is going to ask some  
3298 questions, but I want to clear the record once again that  
3299 this Committee, the Chairman being the only one that can  
3300 speak for this Committee, has not made any accusations that  
3301 you nor Dr. Fauci have bribed anybody to change any  
3302 evidence. Thank you.

3303 Out of curiosity, how many people work for you, or worked  
3304 for you, at NIH?

3305 A About 46,000.

3306 Q If one of them made a statement that you  
3307 disagreed with, would it be fair to ascribe that statement  
3308 to you?

3309 A No.

3310 Q Thank you.

3311 BY MR. STROM.

3312 Q So I would like to follow up on our  
3313 colleagues' questions about some of the early epidemiology.  
3314 I am going to try to minimize exhibits just to be concise.  
3315 But the Chinese, through the WHO China joint team, the  
3316 Chinese side of that team did a retrospective case search  
3317 as part of their origins investigation and were only able  
3318 to identify 177 cases in December of 2019.

3319 Given sort of the exponential growth that we subsequently  
3320 saw in January and February, does that sound like it's a  
3321 reasonably complete set of early cases?

3322 A I'm not in a position to really have an  
3323 opinion about that.

3324 Q Do you think it's accurate that the  
3325 Chinese -- the first confirmed case that they have  
3326 disclosed they date to December 8th. Is it plausible to  
3327 you that, given again this exponential growth that we saw,  
3328 to go from one case, maybe a handful of cases if they  
3329 missed some of the other ones, to these millions and  
3330 millions or hundreds of thousands of cases in such a short  
3331 period of time?

3332 A I'm not an epidemiologist. You would have  
3333 to ask somebody with better expertise than mine.

3334 Q So you mentioned, and I believe the two  
3335 papers you're citing is one, the lead author is Michael  
3336 Worobey, the other is Dr. Pekar, Steven Pekar maybe, I  
3337 forget his first name. You cited two Science papers or two  
3338 Nature papers.

3339 A Science.

3340 Q The Worobey paper being one and the other  
3341 being Jonathan Pekar's modeling paper?

3342 A I do not recall who the first author was.

3343 Q Okay. So one of the issues you mentioned  
3344 that you found compelling is that the genetic evidence, the  
3345 swabs that were collected in January that were positive for  
3346 SARS-CoV-2 also had animal DNA in them.

3347 One, I guess as a practical matter, if taking the Chinese  
3348 at their word that the first cases are December 8th, is a  
3349 swab collected in early January or even, I believe some of  
3350 the collections were done as late as March or April, going  
3351 to be indicative of the origins of the virus?

3352 A Hard to be totally clear. But if there's an  
3353 ongoing infection in an animal species that's present on  
3354 site, then you might expect that you could find that not  
3355 just in one moment but over the course of time.

3356 Q Because there's an infected animal  
3357 population that's circulating the virus?

3358 A Mm-hmm.

3359 Q So I'm going to try to avoid making this an  
3360 exhibit, but let me know if it's more comfortable for you  
3361 to look at. This is a paper by Jesse Bloom who I know  
3362 you're familiar with titled Association between SARS-CoV-2  
3363 and the metagenomic content of samples from the Huanan  
3364 Seafood Market. And I'm just going to read a segment of  
3365 the abstract. I'm happy to make it an exhibit if you  
3366 prefer.

3367 Mr. Nassikas. I think it would helpful for us to see it.

3368 Mr. Strom. We will make this Majority Exhibit 3.

3369 (Majority Exhibit No. 3 was  
3370 identified for the record.)

3371 BY MR. STROM.



3372 Q                   You can just read the abstract is fine,  
3373 since that's all I'm going to ask you about.  
3374 So you mentioned -- and I believe the French researcher  
3375 you're talking about talking is a woman named Flo Debarre.  
3376 There was, I think, a difference in approach between her  
3377 and Crits-Cristoph, and now this other group and Dr. Bloom.  
3378 So I'm just wondering, Dr. Bloom's analysis, the key phrase  
3379 to me would be, "None of the samples with double-digit  
3380 numbers of SARS-CoV-2 reads," and that would mean I believe  
3381 21 samples, "have a substantial fraction of their  
3382 mitochondrial material from any non-human susceptible  
3383 species. Only one of the fourteen samples with at least a  
3384 fifth of the chordate mitochondrial material from raccoon  
3385 dogs contains any SARS-CoV-2 reads, and that sample only  
3386 has 1 out of approximately 200 million reads mapping to  
3387 SARS-CoV-2.  
3388 "Instead, SARS-CoV-2 reads are most correlated with reads  
3389 mapping to various fish, such as catfish and largemouth  
3390 bass." The result is "that while metagenomic analysis of  
3391 the environmental samples is useful for identifying animals  
3392 or animal products sold at the market, co-mingling of  
3393 animal and viral genetic material is unlikely to reliably  
3394 indicate whether any animals were infected by SARS-CoV-2."  
3395 So understanding it's still a live issue, it seems to me  
3396 that basically the samples that are in the market seem to

3397 be -- seem not to have any animal DNA in them. Is that a  
3398 fair reading of this?

3399 A                   That's not so. He as much as says there is  
3400 raccoon dog in some of these samples, and there were other  
3401 species as well.

3402 Q                   Correct. But one 1 of 200 million reads,  
3403 that strikes me as a fairly insignificant amount.

3404 A                   Jesse Bloom is a very careful scientist.  
3405 This is a great example of the kind of scientific debate  
3406 that ought to happen when you have data that's somewhat  
3407 unprecedented and you're trying to figure out what it  
3408 means. For him to take down this pathway that the  
3409 quantitative levels of SARS-CoV-2 versus some animal are an  
3410 important indicator of whether they actually coexisted.  
3411 It's not something that everybody, I think, would agree  
3412 with. When you're talking about swabs that have been  
3413 sitting around for potentially days or weeks, there's so  
3414 many other variables.

3415 So I see what he's saying, but I don't think a conclusion  
3416 that he's drawing would necessarily be agreed to by other  
3417 experts.

3418 Q                   But I guess the other -- so I guess the  
3419 counter argument is that, don't worry about the fact that  
3420 the COVID positive samples didn't correlate, weren't found  
3421 with any animal material?

3422 A That's not true.

3423 Q Okay.

3424 A They were found with animal material. He's  
3425 trying to make a quantitative case as opposed to yes/no.

3426 Q Sorry, I didn't mean to talk over you.

3427 A If you're asking, were there samples that  
3428 had SARS-CoV-2 and raccoon in the same swab, the answer is  
3429 yes.

3430 Q Right. It just seems that that's a very,  
3431 very small amount to then confidently -- to base confidence  
3432 off of, I guess.

3433 A Again, to try to turn this into a  
3434 quantitative argument about how many reads, I think is  
3435 going beyond the way in which this data had been collected,  
3436 and ascribing significance to it that a lot of people  
3437 wouldn't necessarily accept.

3438 Q I don't know the answer to this, so -- do  
3439 you not feel like perhaps the proponents that have pointed  
3440 to this as some sort of smoking gun of a natural origin  
3441 aren't making the same mistake that I'm apparently walking  
3442 into?

3443 A I hope nobody's making a mistake.

3444 Q Sure.

3445 A I hope everybody is trying to look at the  
3446 data that we have, which is unfortunately not nearly as

3447 complete as we wish it was, and trying to assess, of the  
3448 various options, what seems most likely. In fact, the  
3449 Occam's Razor.

3450 The swabs from the market, in my view and in the view of  
3451 most virologists, tip in the direction this really was  
3452 natural. It probably happened at the wet market.

3453 Q So you accept the Chinese representation  
3454 that there were only 177 cases in December as more or less  
3455 like a good-faith effort to identify all the cases?

3456 A I have no way of assessing whether that's  
3457 good faith or not.

3458 Q Hypothetically, if there's more than 177  
3459 cases, obviously we don't know if they have connections to  
3460 the market or not, but that would be relevant to your  
3461 analysis. So if you think it's a relatively complete set  
3462 of early cases, then it's a true preponderance tied to the  
3463 market. But if they missed thousands of cases for whatever  
3464 reason, intentional or accidental, wouldn't it be then  
3465 likely that you lose that sort of tight nexus to the  
3466 market?

3467 A Not necessarily. It could be the cases they  
3468 missed are very much like the ones they found. And, again,  
3469 this is hypothetical about whether they missed a lot or  
3470 not. I have no reason to think that they did.

3471 Q No reason to think that they missed early

3472 cases?

3473 A No.

3474 Q All right.

3475 Mr. Strom. I might have a few more questions on that, but

3476 I'll let you get on.

3477 BY MR. BENZINE.

3478 Q I'm going to switch gears and talk about

3479 EcoHealth and the enforcement and oversight mechanisms that

3480 happened throughout 2020.

3481 When did you first become aware of EcoHealth's existence?

3482 A I don't have an absolutely clear

3483 recollection. I know I did in April of 2020. I'm not sure

3484 I knew about it before then.

3485 Q So it would be -- I'll rephrase it. Did you

3486 know about EcoHealth prior to the pandemic?

3487 A No.

3488 Q Did you know about Dr. Daszak prior to the

3489 pandemic?

3490 A No.

3491 Q Sitting here today -- this is kind of a very

3492 broad question before we get into the specifics.

3493 Obviously, NIH and NIAID and HHS have gone through all

3494 kinds of things with EcoHealth in the way of -- in the past

3495 four years. What's your perspective on them as a grantee

3496 institution?

3497 A That's such a broad question and it would be  
3498 pretty speculative. I'm not sure how to answer.

3499 Q Okay. Do you think they are worthy of  
3500 getting U.S. taxpayer dollars?

3501 A That all depends on what's the scientific  
3502 value. So it would have to depend on the specific  
3503 instance.

3504 Q It doesn't depend on their past practice?

3505 A It would be a factor for sure.

3506 Q Again, like John, I'm going to try to limit  
3507 the amount of paper that I flood you guys with.

3508 On May 28, 2016, Dr. Greer and Dr. Stemmy wrote to  
3509 EcoHealth regarding the potential of some of their  
3510 experiments falling under the gain of function deliberative  
3511 pause. Are you aware of that letter?

3512 A I am aware the question was raised at that  
3513 point. I don't know that I know the letter.

3514 Q Were you aware that the question was raised  
3515 post-pandemic? You weren't involved in the original  
3516 process?

3517 A No, I was only aware long after the fact.

3518 Q Thank you. Similarly -- well, I want to ask  
3519 about this. Dr. Daszak wrote back and regarding the  
3520 concerns proposed adding a condition to his award, that  
3521 pretty much if the viruses they work with show a greater

3522 than 1 log growth, that he would immediately stop the work  
3523 and report it to NIAID. You're aware of that addition?

3524 A Long after the fact. Yes, I'm aware now.

3525 Q During NIH's enforcement is when you became  
3526 aware?

3527 A Well after --

3528 Ms. Ganapathy. I'm just going to step in here.

3529 Dr. Collins, to the extent that your response would require  
3530 disclosing internal deliberative communications, I would  
3531 instruct you not to do that. But to the extent that you  
3532 can respond, please do so.

3533 The Witness. I can't tell you exactly the timing of when  
3534 that particular condition came to my attention, but it was  
3535 certainly long after the onset of the pandemic.

3536 BY MR. BENZINE.

3537 Q Dr. Daszak testified that he took that  
3538 condition from Dr. Baric at UNC. Were you aware of that?

3539 A No.

3540 Q He also said that it was originally kind of  
3541 designed by Dr. Baric, and then he had it in some of his  
3542 grants to NIAID. Is that common, that a grantee would come  
3543 up with their own special award condition?

3544 A I would not know the answer to that.

3545 Q Presumably, since the enforcement action and  
3546 this came to your attention, have you discovered that

3547 specific award condition in any policy or manuals that NIH  
3548 or NIAID has?

3549 A No, I have not. But I wouldn't necessarily  
3550 have been looking.

3551 Q Okay. The next letter, July 5, 2018, from  
3552 Dr. Stemmy to EcoHealth, and this is after the P3 came into  
3553 effect. So they rereviewed EcoHealth's experiments under  
3554 the new P3 definition.

3555 Were you aware of that letter at the time?

3556 A No.

3557 Q Did you become aware of that letter during  
3558 the pandemic?

3559 A Long after, yes.

3560 Q Those were kind of like the major letters  
3561 sent pre-2020 in the EcoHealth situation. After the  
3562 pandemic started, after the enforcement action started, did  
3563 you have any discussions with anyone at NIAID regarding  
3564 those letters?

3565 A No.

3566 Q Did you have any discussions with anyone at  
3567 NIAID regarding the decision on the gain of function pause  
3568 did not apply to EcoHealth?

3569 A No.

3570 Q What about the decision that the PC30 did  
3571 not apply to EcoHealth?



3572 A No.

3573 Q Moving into 2020. Before we start with  
3574 individual letters, we asked Dr. Lauer and he testified  
3575 that he would not sign or send a letter that he disagreed  
3576 with. Do you have any reason to doubt that assertion?

3577 A No.

3578 Q Do you agree with every enforcement action  
3579 the NIH took against EcoHealth?

3580 A Yes.

3581 Q I want to introduce Majority Exhibit 4.

3582 (Majority Exhibit No. 4 was

3583 identified for the record.)

3584 BY MR. BENZINE.

3585 Q So this is a letter from Dr. Lauer to  
3586 EcoHealth and Columbia. It's pretty well-established by  
3587 now that Columbia was a mistake, but primarily EcoHealth,  
3588 and this letter severed the Wuhan Institute of Virology's  
3589 relationship with EcoHealth pursuant to that grant. Were  
3590 you previously aware of this letter?

3591 A I was not aware when it was sent. I have  
3592 seen it more recently.

3593 Q Who made you aware of the letter?

3594 A As part of trying to prepare for these  
3595 conversations.

3596 Q Are you more --

3597 Mr. Benzine. I'll introduce it as 5.

3598 (Majority Exhibit No. 5 was

3599 identified for the record.)

3600 BY MR. BENZINE.

3601 Q This is a letter from Dr. Lauer to EcoHealth

3602 from April 24, 2020 terminating the EcoHealth grant. Is

3603 this one that you're maybe more familiar with?

3604 A I am now.

3605 Q When did you become familiar with this one?

3606 A I don't recall when I first saw it.

3607 Q Do you recall how the decision to terminate

3608 the EcoHealth grant came to be?

3609 Ms. Ganapathy. Just one second, Dr. Collins. I'm going to

3610 instruct you to respond to the extent you can do so without

3611 disclosing deliberative communications.

3612 The Witness. In a general way, I'm aware of how this came

3613 to be.

3614 BY MR. BENZINE.

3615 Q How did it come to be?

3616 Ms. Ganapathy. The same instruction.

3617 The Witness. I was informed about the fact that this was

3618 going to happen by Dr. Tabak.

3619 BY MR. BENZINE.

3620 Q Did Dr. Tabak tell you who he heard it from?

3621 A I'm not able to answer that.

3622 Q I'm going to run through the sequence of  
3623 events that we have gotten from previous testimony, and you  
3624 can just respond "yes" or "no" if this is your  
3625 understanding of the events.

3626 A I might need counsel to advise me about  
3627 that.

3628 Ms. Ganapathy. Dr. Collins, you can respond "yes" or "no,"  
3629 but nothing further.

3630 The Witness. Thank you.

3631 BY MR. BENZINE.

3632 Q Our understanding from previous testimony  
3633 from both Dr. Tabak and Dr. Fauci was that Mr. Meadows, as  
3634 chief of staff, instructed HHS OGC, who instructed  
3635 Dr. Tabak, who instructed Dr. Lauer to terminate this  
3636 grant. Is that also your understanding?

3637 Ms. Ganapathy. One second. Actually, just to clarify the  
3638 instruction. Dr. Collins, you can respond "yes" or "no."  
3639 To the extent you don't actually know, you should say that.

3640 The Witness. I don't actually know.

3641 BY MR. BENZINE.

3642 Q But you heard from Dr. Tabak that the grant  
3643 was going to be cancelled?

3644 A Yes.

3645 Q Did you have any conversations within NIH  
3646 regarding whether or not NIH had the ability to cancel this

3647 grant?

3648 A I don't recall that specific kind of  
3649 question. This was a very unusual situation, however.

3650 Q Do you recall any conversations about how to  
3651 cancel grant?

3652 Ms. Ganapathy. Dr. Collins, the same instruction as  
3653 previously.

3654 The Witness. I think I can't answer that one.

3655 Mr. Benzine. Are you instructing him to not answer?

3656 Ms. Ganapathy. Yes.

3657 BY MR. BENZINE.

3658 Q After the letter was sent, do you recall any  
3659 conversations with anyone at NIH or NIAID regarding whether  
3660 or not they agreed with the cancellation of the grant?

3661 A I don't recall those conversations.

3662 Q Do you recall -- so you said that you became  
3663 aware of the efforts to terminate the grant from Dr. Tabak.  
3664 Do you recall about when that was?

3665 A Within the afternoon of April 24th.

3666 Q So the date this letter was sent?

3667 A Yes.

3668 Q Was that order of events kind of strange,  
3669 that Dr. Tabak would inform you of action within a few  
3670 hours of it being taken?

3671 A The impression I had was that this needed to

3672 be done very quickly.

3673 Q Why?

3674 A I think that's in the space I can't respond  
3675 to.

3676 Q I am going to ask the question again. It's  
3677 her job to tell you if you can't respond.

3678 Why were you under the impression that this couldn't be  
3679 done, or had to be done quickly?

3680 Ms. Ganapathy. And, Dr. Collins, I am going to instruct  
3681 you to not respond to the extent it would require  
3682 disclosing deliberative communications.

3683 The Witness. I think I can't respond.

3684 BY MR. BENZINE.

3685 Q To the extent you know, was it because the  
3686 President was giving a press conference?

3687 Ms. Ganapathy. The same instruction as previously,  
3688 Dr. Collins.

3689 BY MR. BENZINE:

3690 Q You can answer "yes" or "no."

3691 The Witness. Which instruction?

3692 Ms. Ganapathy. So, Dr. Collins, once again, I would just  
3693 instruct you to only respond to the extent it would not  
3694 disclose substantively your discussions, your deliberative  
3695 discussions about this grant.

3696 The Witness. Then I had better not respond.

3697 BY MR. BENZINE.

3698 Q "Yes" or "no" is not deliberative. I'm the  
3699 one telling you the deliberation. "Yes" or "no" is not a  
3700 deliberative answer.

3701 Mr. Nassikas. What was the question, then?

3702 BY MR. BENZINE.

3703 Q Was it your understanding that the grant  
3704 needed to be terminated quickly because the President was  
3705 giving a press conference?

3706 The Witness. Counsel, can you advise me whether a "yes" or  
3707 "no" is acceptable?

3708 Ms. Ganapathy. Dr. Collins, you can respond "yes" or "no"  
3709 as to whether or not that was your understanding.

3710 The Witness. Yes.

3711 Mr. Benzine. Thank you. Welcome to Congress.

3712 The Witness. Such fun.

3713 Mr. Benzine. I am going to introduce Majority Exhibit 6.

3714 (Majority Exhibit No. 6 was

3715 identified for the record.)

3716 BY MR. BENZINE.

3717 Q So this is a letter from July 8, 2020 again  
3718 from Dr. Lauer to EcoHealth reinstating and then  
3719 immediately suspending the grant, pending the answers to a  
3720 number of questions. When we interviewed Dr. Tabak, he  
3721 said this letter was kind of written by committee and that

3722 you were involved in that committee. Is that a fair  
3723 characterization?

3724 A I was aware of it. I would not say that I  
3725 played much of a role.

3726 Q Could you describe your role?

3727 A I was the NIH director. I knew that this  
3728 was an action that Dr. Lauer was proposing to take, and I,  
3729 by my best recollection, wanted to know what the plan was.

3730 Q Were you involved at all in the drafting of  
3731 the letter?

3732 A I don't think I was.

3733 Q Okay.

3734 A I have no recollection of that.

3735 Q Do you recall any specifics on the  
3736 conversations regarding the letter?

3737 A No.

3738 Q Again, I'm going to skip ahead a little bit  
3739 in the timeline, but there were a number of letters between  
3740 July 8, 2020 and my next one of July 23, 2021. I will  
3741 introduce that as Majority Exhibit 7.

3742 (Majority Exhibit No. 7 was  
3743 identified for the record.)

3744 BY MR. BENZINE.

3745 Q So again, another letter from Dr. Lauer to  
3746 EcoHealth, this time July 23, 2021. Were you aware of this

3747 letter at the time it was sent?

3748 A No.

3749 Q When did you become aware of this one?

3750 A I'll need a minute to read it.

3751 I don't recall having seen this before.

3752 Q Okay. In this letter, Dr. Lauer -- on page

3753 2 at the very bottom, Dr. Lauer requests the year 5

3754 progress report from EcoHealth that was due at the end of

3755 the fiscal year 2019, September 30, 2019, and at this point

3756 was 22 months late.

3757 A Sorry, where is that?

3758 Q It's under Reports. "We are also writing to

3759 notify you that a review of our records indicates that

3760 EcoHealth Alliance is out of compliance with requirements

3761 to submit the following reports that are outlined in the

3762 NIHGPS" -- I don't know what the acronym stands for -- "the

3763 Federal Financial Report and the Interim Research

3764 Performance Progress Report." That would be their year 5

3765 RPPR.

3766 A Okay.

3767 Mr. Nassikas. What's the question?

3768 BY MR. BENZINE.

3769 Q At this point in time, it was 22 months

3770 late, it was due September 2019. July 23, 2021. Dr. Lauer

3771 told us this was the first time that they asked for it.



3772 When did you become aware that they were that late on a  
3773 progress report?

3774 A Not at this time. I found out that it was  
3775 significantly late. I did not know about this letter.

3776 Q Okay. Do you recall who told you that they  
3777 had been late on their progress report?

3778 A I do not recall.

3779 Q But you know it was after, significantly  
3780 after July 23, 2021?

3781 A Yes.

3782 Q After you were told, did anyone provide a  
3783 briefing regarding the missing progress report?

3784 A I don't recall that.

3785 Q Dr. Daszak's testimony was that EcoHealth  
3786 attempted to submit the progress report but was locked out  
3787 of NIH's system. Dr. Lauer's testimony was that NIH did a  
3788 forensic analysis and found no evidence that EcoHealth was  
3789 unable to submit the progress report on time. Do you have  
3790 any knowledge of that?

3791 A I do not.

3792 Mr. Benzine. I want to go ahead and introduce Majority  
3793 Exhibit 8.

3794 (Majority Exhibit No. 8 was  
3795 identified for the record.)

3796 BY MR. BENZINE.

3797 Q This time it's a letter from you, so  
3798 hopefully it's a little bit more familiar than Dr. Lauer's,  
3799 to former Ranking Member Comer on July 28, 2021. And I  
3800 will give you a minute to flip through.

3801 A Please.

3802 Okay.

3803 Q This is just kind of, like, I know how the  
3804 game is played, I write letters for my bosses all the time.  
3805 But I was wondering your involvement in the drafting of  
3806 this letter?

3807 A As you can see, it's highly technical. I  
3808 would not have a letter go out with my signature without my  
3809 having reviewed it, but I was not the primary author.

3810 Q Do you know who was?

3811 A I do not.

3812 Q Do you know anybody that was involved in the  
3813 drafting of the letter?

3814 A I do not.

3815 Q I want to go to page 5. In the beginning of  
3816 the third paragraph, I think you just kind of gave the  
3817 answer to this, but it starts, "Results of the WIV  
3818 experiments under the EcoHealth Alliance grant were  
3819 reported to NIAID and published contemporaneously in  
3820 peer-reviewed scientific literature to inform the global  
3821 scientific community of these findings," when five days

3822 earlier Dr. Lauer was saying that EcoHealth hadn't produced  
3823 everything to NIAID.

3824 But you said that you were unaware that the report was  
3825 late, so that would -- I don't know if you want to expound  
3826 on that at all. This sentence reads to me like NIAID was  
3827 aware, everything EcoHealth had done had reported to NIAID,  
3828 which by the time this letter was written was not true.  
3829 But you were not told that it was not true?

3830 A                   Yeah, I would have not had any reason to  
3831 know that.

3832 Q                   I appreciate that, thank you.

3833 Mr. Benzine. I want to introduce Majority Exhibit 9.

3834   (Majority Exhibit No. 9 was  
3835   identified for the record.)

3836 BY MR. BENZINE.

3837 Q                   It's just a one-and-a-half page letter.

3838 While you look at it, it's an October 20, 2021 letter from  
3839 Dr. Tabak to Mr. Comer again. And in this letter, it's  
3840 notifying Congress that the year 5 progress report was, in  
3841 fact, turned in, it was turned in on August 3, 2021, and  
3842 that in that progress report, EcoHealth described a limited  
3843 experiment that had an unexpected result where, one, a  
3844 chimera they created resulted in mice becoming sicker than  
3845 those infected with the underlying virus.

3846 Ms. Ganapathy. Could you give the witness a moment to

3847 review the letter?

3848 The Witness. Thank you.

3849 Okay.

3850 BY MR. BENZINE.

3851 Q Were you previously aware of this letter?

3852 A I think I have seen it, but not particularly  
3853 aware of it.

3854 Q So not involved in the drafting?

3855 A Not that I recall.

3856 Q All right. Where I want to start, before  
3857 talking about the research that the letter talks about, is  
3858 the very last page. The last big paragraph talks about  
3859 RaTG13 and BANAL-52 as being the two closest viruses, but  
3860 neither of those would have possibly been COVID-19, which I  
3861 think everyone agrees with.

3862 The next line down is, "The analysis attached confirms that  
3863 the bat coronaviruses studied under the EcoHealth Alliance  
3864 grant could not have been the source of the SARS-CoV-2 and  
3865 the COVID-19 pandemic."

3866 As we have discussed at length, in some interviews, it is  
3867 unclear if RaTG13 or BANAL-52 were ever studied with U.S.  
3868 funds. But the statement strikes me as awfully certain  
3869 when there is no way to be certain. You have been doing  
3870 this a long time. In your experience, do grantees or  
3871 researchers publish every experiment that they conduct?

3872 A No, I suppose not.

3873 Q Do they publish every virus that they  
3874 collect or sequence?

3875 A They would certainly be inclined to publish  
3876 those that were of particular interest.

3877 Q But not every single one?

3878 A Sometimes the data is not good enough to be  
3879 published.

3880 Q Okay. So this is a statement that says  
3881 unequivocally "the bat coronaviruses studied under the  
3882 EcoHealth Alliance grant could not have been the source of  
3883 SARS-CoV-2."  
3884 Understanding that researchers do not publish every  
3885 experiment that they conduct, do not publish every virus  
3886 that they collect or sequence, that's a pretty certain  
3887 statement, would you agree?

3888 Ms. Brandon. Mitch, this refers to an attached analysis.  
3889 Do you have that analysis?

3890 Mr. Benzine. I can get it, but really all it says is the  
3891 bat coronavirus studied under the EcoHealth grant could not  
3892 have been COVID-19.

3893 Mr. Nassikas. It's saying the analysis attached confirms  
3894 that. So none of us are looking at that analysis.

3895 Mr. Benzine. I'll introduce it in the next hour.

3896 Ms. Brandon. Thank you.

3897 Mr. Benzine. Moving back to the front page of this, and  
3898 I'll introduce Majority Exhibit 10 to go along with it.

3899 (Majority Exhibit No. 10 was  
3900 identified for the record.)

3901 BY MR. BENZINE.

3902 Q We don't need to read the whole thing  
3903 because it is awfully long, but it is the year 5 progress  
3904 report that EcoHealth submitted. We can just flip to page  
3905 15 under Specific Aim 3.

3906 So I want to read Dr. Tabak's letter a little bit first,  
3907 and then come back to this one. So the fourth paragraph  
3908 down, "The limited experiment described" --

3909 Mr. Nassikas. Wait, where are we again? I'm sorry.

3910 Mr. Benzine. Tabak's letter, the fifth paragraph.

3911 Mr. Nassikas. Of the first page?

3912 Mr. Benzine. Yes.

3913 BY MR. BENZINE.

3914 Q "The limited experiment described in the  
3915 final progress report provided by EcoHealth Alliance was  
3916 testing if spike proteins from naturally occurring bat  
3917 coronaviruses circulating in China were capable of binding  
3918 to the human ACE2 receptor in a mouse model. All other  
3919 aspects of the mice, including the immune system, remained  
3920 unchanged.

3921 "In this limited experiment, laboratory mice infected with

3922 SHC014 WIV1 bat coronavirus became sicker than those  
3923 infected with the WIV1 bat coronavirus. As sometimes  
3924 occurs in science, this was an unexpected result of the  
3925 research, as opposed to something that the researchers set  
3926 out to do. Regardless, the viruses being studied under  
3927 this grant were genetically very distant from SARS-CoV-2."  
3928 I now want to flip to this very long paragraph that you can  
3929 read while I summarize.

3930 A Let me read it first, if you don't mind.

3931 Q Yeah.

3932 A We're on page 15?

3933 Q Yes, sir.

3934 A Okay.

3935 Q So in this paragraph, they describe an  
3936 experiment where they took a known backbone with one, and  
3937 dropped in spike proteins from different coronaviruses to  
3938 test if it could connect with the ACE2 receptor.

3939 My rudimentary understanding is that the seven mice, the  
3940 control group infected with just WIV1, five survived. But  
3941 of the eight mice that were infected with the chimera of  
3942 WIV1 and SHC014, only two survived. So as EcoHealth wrote,  
3943 "These results suggest that the pathogenicity of the SHC014  
3944 is higher than other tested bat SARSr-CoVs in transgenic  
3945 that express hACE2."  
3946 Understanding Dr. Tabak kind of very -- summarized this

3947 experiment, do you think they're the same experiments?

3948 Mr. Nassikas. Is there really a basis for Dr. Collins on  
3949 the fly here to be answering these questions, Mr. Benzine?  
3950 Maybe you want to establish the basis if he has reviewed  
3951 this in detail, studied it, talked about it, analyzed it.

3952 BY MR. BENZINE.

3953 Q I am trying to figure out if what EcoHealth  
3954 reported would fall under the definition of gain of  
3955 function.

3956 A Is that the question?

3957 Q Yes.

3958 A No.

3959 Q Why not?

3960 A None of these viruses had been shown to be  
3961 transmissible to humans. This is under P3CO.

3962 Q Under the P3CO definition, but not NIH's  
3963 gain of function definition.

3964 A Well, we've talked about that, haven't we?

3965 Q Yes.

3966 A That that gain of function definition, which  
3967 was on the website, is intended for general applications  
3968 that did not relate to potential pathogens.

3969 Q When we asked Dr. Tabak the same question,  
3970 your previous deputy -- I'll read the question.

3971 "What's described in the EcoHealth year 5 progress report



3972 would fit the definition, the broad definition of  
3973 gain-of-function research?

3974 "Answer: The generic broad description of what a gain of  
3975 function is, yes."

3976 Do you agree with Dr. Tabak?

3977 A I think he's saying the same thing that I  
3978 did in somewhat different words. There is a generic  
3979 description of gain of function which is utilized in  
3980 scientific and public conversation, but is not appropriate  
3981 to apply that to a circumstance where we're talking about a  
3982 potential pathogen. Let's keep those separate.

3983 Q Okay. I want to introduce -- I think the  
3984 Minority already introduced it -- Minority Exhibit A.

3985 A Which one?

3986 Q This one. So this is the NIH website,  
3987 pulled off the Wayback Machine. It has since been updated.  
3988 But this version was active as of July 12, 2021 with this  
3989 definition.

3990 You testified earlier, and it caught me and I wrote it  
3991 down, that it's important to be sure that we apply the  
3992 appropriate term of art, that ePPP would be the appropriate  
3993 term of art when talking about --

3994 A PC30 --

3995 Q -- PC30?

3996 A -- would be the appropriate term of art to

3997 describe how gain of function should be interpreted with  
3998 the pathogen.

3999 Q                   And the Minority brought up, and we asked  
4000 Dr. Fauci similarly his testimony in the Senate and  
4001 Chairman Griffith brought it up, too, where he said the NIH  
4002 does not now and has not ever funded gain-of-function  
4003 research in Wuhan.

4004 That would not be the term of art in your understanding?

4005 A                   I'm sorry, I don't understand the way you  
4006 phrased the question.

4007 Q                   So in Dr. Fauci's testimony saying that NIH  
4008 does not now and has not ever funded gain-of-function  
4009 research in Wuhan, in that statement, gain of function  
4010 would not be the appropriate term of art?

4011 A                   Be careful. I think we're talking about  
4012 gain of function having different definitions depending on  
4013 the context. I think P3CO is the definition of gain of  
4014 function if you're talking about a pathogen. His statement  
4015 was clearly talking about Wuhan. So when he said gain of  
4016 function, I assumed he is thinking that PC30 criteria would  
4017 not have been the kind of funding that would have been  
4018 allowed at Wuhan.

4019 Q                   And I guess our point is, if someone was  
4020 watching that hearing and Googled NIH definition of gain of  
4021 function, this is the website that would have come up.

4022 This was active July 12, 2021. That testimony is May 11,  
4023 2021. And as we have been going through this  
4024 investigation, we have kind of come across and we have  
4025 heard some of it today of no laboratory construct, or no  
4026 laboratory-based scenario is plausible. That's what's  
4027 written on paper or said out loud is not what people meant  
4028 to say. And it strikes us as kind of the experts should  
4029 write or say what they mean to say.

4030 A And so should everybody else.

4031 Q I agree. And you said that when talking  
4032 about a pathogen, people should automatically flip to the  
4033 P3CO definition. If the gain of function definition  
4034 modifies a biological agent, would a pathogen fall under  
4035 biological agent?

4036 A I've got to look at the whole document here,  
4037 not just that paragraph, which is kind of providing an  
4038 historical recognition that gain of function has been used  
4039 in lots of ways. But if you read the whole document, it's  
4040 about gain of function involving potential pandemic  
4041 pathogens and you get the P3CO.

4042 Q I understand that, and I am willing to  
4043 stipulate in every single interview for all mankind that  
4044 what EcoHealth did, did not fall under the P3CO definition.

4045 A Thank you.

4046 Q That it was reviewed, but did not fall under

4047 the P3CO definition. What they did absolutely falls under  
4048 this definition.

4049 A And so does an awful lot of other research  
4050 that has nothing to do with pathogens. So I don't know  
4051 where you're going with this.

4052 Q I will stipulate that, too. What I'm going  
4053 with is, when experts testify, they should be clearer in  
4054 their testimony. When people write Congress letters, they  
4055 should be clear in their letters. And saying EcoHealth did  
4056 not conduct gain-of-function research in Wuhan is not  
4057 clear.

4058 A We should all be clear.

4059 Q Thank you.

4060 Mr. Nassikas. And Dr. Collins has said that context is  
4061 important, Mr. Benzine. I think he's asked and answered  
4062 this about 20 times today.

4063 Mr. Benzine. And I appreciate the continued efforts.

4064 We can keep Minority Exhibit A in front of you and flip to  
4065 what will be Majority Exhibit 11.

4066 (Majority Exhibit No. 11 was  
4067 identified for the record.)

4068 BY MR. BENZINE.

4069 Q This is the same website, but on the back,  
4070 you'll see that it was last reviewed October 20, 2021. So  
4071 the same day that Dr. Tabak sent that letter to Congress,

4072 the gain of function page on NIH's website was changed. Do  
4073 you have any knowledge of that?

4074 A I do not.

4075 Q Who would have the authority to change the  
4076 NIH's website?

4077 A It's handled through the Office of  
4078 Communications.

4079 Q And who runs that office?

4080 A The chief of Communications.

4081 Q Who is that?

4082 A At this time? That would have, I think,  
4083 been Renate Myles.

4084 Q Okay, you can put those aside.

4085 I want to talk about staying in the EcoHealth lane. That  
4086 experiment has come under the microscope for more than just  
4087 whether if or if not it is gain of function. That under  
4088 their grant terms, the one-log growth term, that experiment  
4089 exhibited a more than a one-log growth, and EcoHealth's  
4090 position is that they reported that experiment in year 4  
4091 and that satisfied their condition.

4092 NIH's position, as we've heard from Dr. Lauer and  
4093 Dr. Tabak, is that the year 5 report and the year 4 report  
4094 showed different experiments. Do you have any knowledge of  
4095 that?

4096 A I don't have any expertise to contribute to

4097 that.

4098 Q Is that your understanding of NIH's  
4099 position?

4100 A I'm not entirely sure. You have just told  
4101 me what their position was. I did not know it.

4102 Q Okay, so you did not have conversations with  
4103 Dr. Tabak or Dr. Lauer regarding the year 4 versus year 5  
4104 experiments?

4105 A There may have been some general reflections  
4106 on that some time ago, but I don't think it was  
4107 determinative.

4108 Q Okay. This past summer, EcoHealth's grant  
4109 was reinstated, NIH cut the China portion out, cut the WIV  
4110 out, WIV was eventually debarred and EcoHealth's grant was  
4111 reinstated. Were you involved in that decision?

4112 A No. Just to remind you, I was not the NIH  
4113 director at that point.

4114 Q Yes, but NIH director emeritus? I don't  
4115 know if they call you in to discuss anything.

4116 A They do not.

4117 Q Okay.

4118 A And they shouldn't.

4119 Q Then we will skip ahead a little bit.

4120 Were you involved in that decision? The Wuhan Institute  
4121 was suspended from receiving federal funds while a

4122 debarment proceeding occurred. Were you involved at all in  
4123 the suspension?

4124 A No.

4125 Q And then they were eventually debarred for  
4126 receiving federal funds for ten years. Were you involved  
4127 at all in that decision?

4128 A No.

4129 Q I will move forward and talk about  
4130 everyone's favorite conference call and introduce Minority  
4131 Exhibit E.

4132 Mr. Nassikas. Which is?

4133 Mr. Benzine. This email.

4134 The Witness. Okay, with the funny font.

4135 Mr. Benzine. For the life of me, I can't tell you why.

4136 Every now and then, we get an email in funny font. I don't  
4137 know if it's just because of the inbox it was pulled from.

4138 BY MR. BENZINE.

4139 Q But you discussed this a little bit and how  
4140 you got all the conference call, and that kind of thing.

4141 So the bottom email from Dr. Farrar to Dr. Fauci with who  
4142 is going to be joining the call and the call-in details.

4143 Dr. Fauci forwards it to you. How were you made aware of  
4144 this call?

4145 A I was, I think -- again, it's four years  
4146 ago -- initially informed by Dr. Fauci that the call was

4147 happening. And then, I think I got this email forwarded  
4148 about what the agenda was going to be from Dr. Farrar, who  
4149 was clearly the person organizing the call.

4150 Q Did Dr. Fauci ask you to join the call?

4151 A Yes.

4152 Q Prior to being asked to join the call, did  
4153 you express interest in joining the call?

4154 A I don't think I knew it was happening until  
4155 he reached out. Again, I was his boss. It would not be  
4156 unusual for him to feel that his boss should be included in  
4157 something of this magnitude.

4158 Q Do you know how many conference calls  
4159 Dr. Fauci had on a weekly basis?

4160 A A ton.

4161 Q How many others did he invite you to?

4162 A Very few.

4163 Q Going a little bit up. Dr. Tabak joins in  
4164 and says, "Would you like me to join?" You say it's fine  
4165 "but I note Jeremy says he wants to keep this a 'really  
4166 tight group'. Tony, what do you think?"

4167 Do you recall any conversations with Dr. Fauci regarding  
4168 Dr. Tabak joining the call?

4169 A I do not remember.

4170 Q Did Dr. Tabak eventually join the call?

4171 A He did.



4172 Q And we talked to him at length, and learn  
4173 something new in every single one of these interviews. But  
4174 he's an expert in O-linked glycans?

4175 A That's correct.

4176 Q And do you recall if he discussed that  
4177 expertise on the phone call?

4178 A I believe he did make a comment.

4179 Q Did you discuss anything on the phone call?

4180 A Almost nothing.

4181 Q Almost nothing?

4182 A I was listening. I might have made a  
4183 comment about, oh, that's interesting. I had no substance  
4184 to contribute.

4185 Q We talked about this with Dr. Fauci, and I'm  
4186 sure you're aware, Dr. Redfield has testified that he was  
4187 not included in the call, and the reason for not being  
4188 included was that he had already expressed his kind of  
4189 thought process that this may have come out of a lab. Did  
4190 you ever have any conversations with Dr. Redfield about the  
4191 call?

4192 A No, I was unaware.

4193 Q No conversations with him after the call,  
4194 either?

4195 A Eventually. He was the director of the CDC.

4196 Q I mean about the call, any conversations?

4197 A No.

4198 Mr. Benzine. We can go and do Majority Exhibit 12.

4199 (Majority Exhibit No. 12 was

4200 identified for the record.)

4201 BY MR. BENZINE.

4202 Q So this is Majority Exhibit 12. It's an

4203 email chain with Dr. Fauci, Mr. Grigsby, Mr. Harrison,

4204 Dr. Kadlec, and you, and it's Bates marked SSCP\_NIH1796

4205 through 1798.

4206 A Will you give me a minute to review?

4207 Q Yes.

4208 A Okay.

4209 Q I want to focus on page 1797, the long email

4210 from Dr. Fauci.

4211 A Mm-hmm.

4212 Q So this is kind of, and he said this as

4213 well, his recounting of the conference call to what would

4214 be, I guess, his boss, Brad Harrison being chief of staff

4215 of HHS?

4216 A Correct.

4217 Q Dr. Kadlec being the Assistant Secretary for

4218 Preparedness and Response. There's one particular line.

4219 He goes through it, "The call with Jeremy Farrar went very

4220 well." You joined, several other highly credible

4221 scientists dispelled the HIV gene sequence pretty quickly,

4222 dispelled the kind of like intentional release pretty  
4223 quickly.

4224 But then he talks -- and it's a sentence that starts, "The  
4225 suspicion," about a third of the way through the paragraph.

4226 A Mm-hmm.

4227 Q "The suspicion was heightened by the fact  
4228 that scientists in Wuhan University are known to have been  
4229 working on gain-of-function experiments to determine the  
4230 molecular mechanisms associated with bat viruses adapting  
4231 to human infection, and the outbreak originated in Wuhan."

4232 Do you recall any conversations regarding, however you want  
4233 to define gain-of-function research, occurring in Wuhan on  
4234 the conference call?

4235 A I do not recall that conversation.

4236 Q Do you recall any conversations regarding  
4237 the suspicion that it originated in Wuhan and there's a  
4238 high containment laboratory also in Wuhan?

4239 A I don't recall it.

4240 Q Do you recall anything else that was  
4241 discussed on the conference call?

4242 A Mostly about the sequence that we were  
4243 analyzing and trying to understand what it told us about  
4244 its possible origins.

4245 Q Do you recall anyone discussing drafting a  
4246 paper on the conference call?

4247 A I don't recall that we got to that point.

4248 Q There is -- and I'm not going to introduce  
4249 it. If you don't remember, that's fine. There's some  
4250 emails with you where Dr. Farrar asks you and Dr. Fauci to  
4251 get on a call after the conference call. Do you recall  
4252 that?

4253 A I recall there was a quick check-in. I  
4254 don't remember what the contents were.

4255 Q Okay.

4256 Mr. Benzine. I want to introduce Majority Exhibit 13.

4257 (Majority Exhibit No. 13 was  
4258 identified for the record.)

4259 BY MR. BENZINE.

4260 Q I sincerely apologize for the very tiny  
4261 font. Apparently it's very hard to produce Slack messages.  
4262 But these are Slack messages that include Dr. Andersen,  
4263 Dr. Rambaut, Dr. Holmes, eventually Dr. Gary, but they're  
4264 from February 1, 2020. And I'll give you a minute to skim  
4265 the whole thing, but I am only going to ask about a couple.

4266 Mr. Nassikas. Maybe read them out loud, the ones you're  
4267 interested in.

4268 Mr. Benzine. Yes, I will.

4269 BY MR. BENZINE.

4270 Q There's a blue bubble in the middle that  
4271 says "Latest messages." I'm just going to be operating

4272 above that.

4273 So Dr. Andersen says, yes --

4274 Mr. Nassikas. Hold on just a second.

4275 The Witness. I'm trying to figure out the date.

4276 BY MR. BENZINE.

4277 Q It's February 1st.

4278 A All of this.

4279 Q All of it is. February 2nd begins at the

4280 very bottom.

4281 A Okay. But February 1st is sort of partway

4282 down the page. So are the first entries here at the top of

4283 the page also February 1st?

4284 Q Yes, they are. You can see kind of the time

4285 stamp. Well, I can read the time stamp. After the bubble,

4286 it says, 14:57. And before the bubble, it says, 14:52.

4287 A I see.

4288 Q So all February 1st in chronological order.

4289 A Okay.

4290 Q The first message from Dr. Anderson says,

4291 "Yes, call," referring to the conference call. They're

4292 talking about it a little ways.

4293 The first message from Dr. Holmes there with the orange

4294 avatar says, "Big ask!" And then Dr. Andersen says,

4295 "Destroy the world based on sequence data. Yay or nay?"

4296 Do you remember what the big ask was?

4297 A I don't. I'm puzzled.

4298 Q I know there were conversations after this  
4299 with Dr. Farrar about getting the WHO involved in the  
4300 origins investigation. That's my kind of operating  
4301 presumption of what the big ask was, but I don't know.

4302 A Can't tell. It's two words.

4303 Q All right.

4304 Mr. Benzine. With that, we can go off the record. Thank  
4305 you.

4306 (Recess.)

4307 [REDACTED] We can go back on the record.

4308 BY [REDACTED]

4309 Q Dr. Collins, I will just have two quick ones  
4310 about topics discussed in the previous round.

4311 The first is with respect to the EcoHealth year 5 report  
4312 and the specific experiment that you were looking at and  
4313 the specific conclusion that there had been an increase in  
4314 pathogenicity in the chimera as compared to the full-length  
4315 backbone. Then there was a discussion about the  
4316 implications for that fact -- for whether or not the  
4317 experiment could be labeled gain of function.

4318 I just want to reemphasize two points, one which you have  
4319 already made crystal clear, that the layman's usage of gain  
4320 of function is not useful or productive in the context of  
4321 that conversation. Is that right?

4322 A                   That's correct.

4323 Q                   Great. But then, secondly, with respect to

4324 that term under the 2014 moratorium or P3CO framework, I

4325 just wanted to point out again, the nuance that because

4326 those are both forward-looking policies, it would not be

4327 possible to look at the results of an experiment, and then

4328 deduce from those results whether or not the work in

4329 question does or does not fall under those policies.

4330 Instead, the key moment and the key test is before the work

4331 has occurred, and you've got to ask yourself, is it

4332 reasonably anticipated that in the future, there will or

4333 will not be an increase in pathogenicity or

4334 transmissibility. Do I understand that correctly?

4335 A                   That's correct.

4336 Q                   Great. One other minor point with respect

4337 to -- it's really not your problem, in a sense, but you

4338 were discussing it. The question of Dr. Fauci's previous

4339 remarks, particularly in the context of the Senate hearing,

4340 on the question of gain of function and clarity or lack of

4341 clarity. We did this with Dr. Fauci, I'll do it again here

4342 just for the sake of thoroughness.

4343 That in the hearing that I think has been discussed, where

4344 at one point in the hearing, he made a remark that NIH has

4345 not and does not fund gain-of-function research in Wuhan

4346 Institute.

4347 At another point in that hearing, a different Senator,  
4348 Senator Marshall, asked Dr. Fauci whether there are  
4349 national security implications with something as  
4350 theoretically lethal as viral gain of function, to which  
4351 Dr. Fauci said, "Sure there is. That is why we have  
4352 committees, we have a P3CO committee."

4353 In a subsequent hearing a few months later, Dr. Fauci and  
4354 Senator Paul discussed this topic again, and Dr. Fauci said  
4355 to Senator Paul, "Senator, with all due respect, I disagree  
4356 with so many of the things that you have said. First of  
4357 all, gain of function is a very nebulous term. We have  
4358 spent, not us, but outside bodies, a considerable amount of  
4359 effort to give a more precise definition to the type of  
4360 research that is of concern that might lead to a dangerous  
4361 situation. You are aware of that. That is called P3CO."

4362 So the only point I wanted to make is that in the context  
4363 of both those hearings, Dr. Fauci did refer specifically to  
4364 the P3CO framework. And is it reasonable for you to assume  
4365 as a listener that if somebody says, P3CO, a listener could  
4366 reasonably perceive that they are describing the P3CO  
4367 framework?

4368 A Yes, he made a good statement.

4369 Q Great.

4370 [REDACTED] And with that, I will turn it over to our  
4371 ranking member.



4372 Dr. Ruiz. Thank you.

4373 BY DR. RUIZ.

4374 Q Dr. Collins, I am Dr. Raul Ruiz, Ranking  
4375 Member of the Select Subcommittee on the COVID pandemic,  
4376 and an emergency physician. And I wanted to really  
4377 emphasize that our Select Subcommittee and this team is  
4378 very interested in a lessons-learned, forward-looking  
4379 investigation that can help us prevent future pandemics and  
4380 help us better respond in order to save lives in future  
4381 pandemics.

4382 We have spent a lot of time having to combat accusations  
4383 and assumptions that target individuals' previous behavior  
4384 that are based on assumptions. We constantly want  
4385 to -- Democrats want to constantly focus on moving forward  
4386 with lessons learned to have concrete solutions that will  
4387 actually make a difference in the lives of Americans for  
4388 when that next pandemic comes to be.

4389 So having said that, I want to ask you a few questions on  
4390 the COVID-19 vaccine development and rollout. We know from  
4391 media reporting about how impressive the COVID-19 vaccine  
4392 development process was compared to the typical process.  
4393 So to help us fully understand that, can you walk us  
4394 through the typical process of vaccine development approval  
4395 and distribution?

4396 A Certainly. So, Congressman, initially you

4397 decide what is the infectious disease that you're seeking  
4398 to try to target with the vaccine. In the pre-mRNA days,  
4399 that meant you had to figure out a strategy to try to  
4400 generate some kind of a vaccine that would inspire an  
4401 immune response. And that might mean using some other  
4402 carrier virus like an adenovirus or it might be actually  
4403 trying to purify a protein subunit of that pathogen that  
4404 would not itself be infectious, but might inspire the  
4405 immune system to make antibodies in T cells.

4406 That was a long, drawn out, complicated, often high failure  
4407 process. It often wasn't clear exactly which part of the  
4408 pathogen you should target. You wanted something where  
4409 immunity would be protective, always easy to say that with  
4410 limited knowledge about most of these pathogens. But you  
4411 would do that, and that would require oftentimes months or  
4412 even years of effort to come up with a strategy that looked  
4413 as if, in an animal model like a mouse, it seemed to be  
4414 generating antibodies that might be protective, might even  
4415 be neutralizing.

4416 Having achieved that, if you did, and having been able to  
4417 show no unexpected side effects of a serious nature, then  
4418 you would begin to move forward to possible human clinical  
4419 trials. That requires a great deal of intense oversight by  
4420 the people who have done the research, and by the FDA to  
4421 decide whether this is in fact justified in terms of safety

4422 issues.

4423 That would lead to a phase 1 trial where you would enroll a  
4424 small number of subjects, maybe a dozen or a couple dozens.

4425 This was not in a phase 1 trial generally trying to assess  
4426 whether you're protecting somebody against the disease.

4427 It's mostly trying to say, is it toxic, is there some  
4428 unexpected and unfortunate side effect, and could you at  
4429 least say you've seemed to have raised some antibodies?

4430 If that looks promising -- and again, most vaccines fail at  
4431 that point. But if it does look promising, then you go on  
4432 to a phase 2 trial, which is a larger number of  
4433 individuals, perhaps 100 or so, maybe a couple hundred to  
4434 see whether this holds up in a larger population. And,  
4435 again, looking to see are there any unexpected side  
4436 effects.

4437 If that's good, then it's time to really do a definitive  
4438 trial which may be tens of thousands of individuals in the  
4439 circumstance where they're at risk for the disease, and so  
4440 you can see whether, in fact, the vaccine reduced their  
4441 likelihood of falling ill. That's what ultimately was the  
4442 defining trial for the mRNA vaccines for COVID-19.

4443 But what I'm laying out there, in the old days before we  
4444 did this for COVID-19 with mRNA, in the old days that was a  
4445 five or ten-year effort, sometimes even longer.

4446 There's one other part of this also that then often

4447 resulted in an even longer delay is, what do you know?  
4448 Your strategy actually worked, your phase 3 trial looks  
4449 good. Now people need the vaccine. And now you've got to  
4450 start setting up the manufacturing which could readily take  
4451 you many more months, doing this in a facility where you  
4452 know the control capacity is absolutely squeaky clean and  
4453 has the capacity to be able to produce enough doses to  
4454 reach out and immunize a lot of people.

4455 One of the, I think, very important aspects of what was  
4456 done with COVID was Operation Warp Speed, basically  
4457 deciding we're going to have that time at the end, so let's  
4458 do the manufacturing even before we know if the vaccine is  
4459 going to work. And if it doesn't, we'll throw those doses  
4460 out. But if it does work, we haven't lost that time.

4461 I hope that's sort of a general answer to your question.

4462 Q                   So -- yes. But what, in your opinion, were  
4463 the major differences between the standard process and the  
4464 ways that COVID-19 vaccines were developed and approved?

4465 A                   Multiple ways. Again, I think the  
4466 availability of the mRNA strategy, which didn't get  
4467 invented overnight, it's been 25 years.

4468 Q                   Can you describe that strategy of the mRNA?  
4469 You mentioned the other adenovirus --

4470 A                   Yes.

4471 Q                   -- vector, but how about this one?

4472 A Well, basically mRNA is the RNA that codes  
4473 for protein. So if one has a particular sequence of RNA  
4474 letters, you know what protein that will make and you can  
4475 actually design it to make a protein that you want to have  
4476 produced, and it means you don't actually have to have the  
4477 virus growing in your lab in order to start the process of  
4478 making the vaccine.

4479 So you can, as was done here, make an mRNA that codes for  
4480 the most important part of that spike protein, and you  
4481 could expect therefore, if that finds its way into a cell  
4482 in an animal or ultimately a human, the protein is going to  
4483 get made. So you have a very quick pathway towards  
4484 generating the kind of immunogen that you think the immune  
4485 system is going to respond to in a way that raises  
4486 antibodies and T-cells.

4487 Q So that's a lot faster than growing the  
4488 virus in a lab.

4489 A Right, or trying to clone it and stitch it  
4490 into an adenovirus, or worse yet, trying to make purified  
4491 proteins subunit, which Novavax eventually was able to do  
4492 with COVID-19, but it was many months after. So mRNA as a  
4493 major advance in terms of the speed is a big part of this.  
4494 The other advances, I think, included the ability because  
4495 of that to go from a design to a phase 1 trial in 63 days.  
4496 Normally, that's a year. The way in which the phase 3

4497 trial was designed, I will tell you was also a big  
4498 important part of this by the design of a master protocol,  
4499 so that all of the vaccine manufacturers agreed to follow  
4500 the same design which had to be randomized, double-blind,  
4501 controlled. And agreeing with the same end points, and  
4502 agreeing that the numbers of participants had to be at  
4503 least 30,000 in order to be sure you had power to say  
4504 whether it had worked or not.

4505 Having that standardized saved a lot of time, because a lot  
4506 of vaccine trials maybe aren't quite as carefully designed  
4507 and you get a result and the FDA says, I don't know if I  
4508 quite believe that yet. This was done in a way that was  
4509 going to be absolutely definitive, and it was.

4510 Q Okay.

4511 A And then there was the warp speed on the  
4512 manufacturing part. And of course, this took a lot of  
4513 resources. We would not have been able to do any of this  
4514 without a huge investment on the part of the United States  
4515 government on behalf of the whole world to try to do this  
4516 in record time.

4517 Q How did NIH work with FDA and other federal  
4518 agencies to expedite the process of vaccine approval and  
4519 manufacturing distribution? So in other words, what steps  
4520 were taken to ensure that the vaccine would be safe for  
4521 children, pregnant people, and the elderly?

4522 So if you can answer the first one in terms of how did NIH  
4523 work with the FDA?

4524 A That was a very close relationship. For me  
4525 as the NIH director, working with FDA was absolutely  
4526 essential from the get-go. I mentioned the importance of  
4527 having a master protocol for the vaccine trial design. FDA  
4528 was intimately involved as we sat around the table to  
4529 figure out what that should look like.

4530 Ms. Ganapathy. Dr. Collins, just one thing. I am just  
4531 going to step in. Please respond, but to the extent that  
4532 this would require disclosing any specific deliberations,  
4533 we instruct you not to do so.

4534 The Witness. I got that. I think what I've said so far is  
4535 all a matter of public record, but I'll be careful.

4536 Ms. Ganapathy. Yes.

4537 The Witness. So FDA, because they were going to be in the  
4538 position of deciding whether the trial was going to give  
4539 them sufficient evidence to rule yes or no, having their  
4540 input in terms of the actual design of the trial was quite  
4541 critical.

4542 BY DR. RUIZ.

4543 Q So there was a lot of talk about the vaccine  
4544 safety issues. What steps were taken to ensure that the  
4545 vaccine would be safe for children, pregnant people, and  
4546 the elderly?

4547 A                   Very important questions. Certainly the  
4548 design of the original trials was done with special  
4549 attention to the fact there might need to be a different  
4550 way of looking at safety questions for children or for  
4551 pregnant women or for the extremely old -- although as I  
4552 recall, I don't think we excluded people on the basis of  
4553 old age, but we certainly did in terms of children and  
4554 pregnancy.

4555 Those -- once you could see in the large-scale trial on all  
4556 of the other adults that this appeared to be both highly  
4557 effective, 95 percent, in preventing symptomatic disease  
4558 and with very little in the way of concern about safety  
4559 issues, then we certainly wanted to make sure this could be  
4560 made available also to these other groups. So separate  
4561 trials quickly introduced with children, with pregnant  
4562 women, and ultimately, those also turned out to be highly  
4563 beneficial, as one could see.

4564 Q                   And also, there's mention of concerns of how  
4565 this was expedited and there were shortcuts, or it was  
4566 developed so fast that there was some way we didn't really  
4567 know the full extent of its safety. How did you ensure  
4568 vaccine safety even as the vaccine development process was  
4569 expedited?

4570 A                   It is an interesting paradox, isn't it,  
4571 Congressman? I think everybody wanted to have this done as



4572 quickly as possible, but then became worried that it was  
4573 done as quickly as possible.

4574 I think the design of the vaccine trial allowing a period  
4575 of observation after the vaccination of at least two  
4576 months. If you look at circumstances where there has been  
4577 a serious safety issue with the vaccine, it is usually  
4578 apparent in that timeframe. So the design specifically was  
4579 put in place to try to capture anything of that sort. If  
4580 it was common enough to happen in 30,000 or half of those  
4581 of the people who actually got the vaccine, you would  
4582 expect it to turn up.

4583 Q Generally, how does research on what makes a  
4584 virus more or less transmissible contribute to the  
4585 development of vaccinations?

4586 A Well, certainly for COVID-19 with the  
4587 continual arrival of new variants that emerged and sort of  
4588 took over the population of viruses which says they were  
4589 more transmissible than the ones that came before, they  
4590 wouldn't have done that. That was an education about how  
4591 this virus's transmissibility came over the time with  
4592 natural evolutionary pressures get better and better.  
4593 That certainly required us, thinking about the vaccine  
4594 development, to respond to that, and to try to be sure that  
4595 as people needed additional immunization, because we  
4596 certainly found out that these vaccines don't last forever,

4597 that it would be best to do so with a booster that reflects  
4598 what is the kind of virus they're now likely to encounter  
4599 as opposed to where we started.

4600 Q And how had prior research on coronavirus  
4601 transmissibility contributed to the development of  
4602 vaccinations for SARS-CoV-2? And do you think that also  
4603 helped expedite?

4604 A If we had not already had a big program at  
4605 NIH on coronaviruses based on SARS and MERS, the previous  
4606 examples, including an effort to try to see whether mRNA  
4607 vaccines would work, we would never have been able to  
4608 respond as quickly as we did.

4609 Q So the NIH funding for the underlying  
4610 research is important.

4611 A Absolutely.

4612 Q And it's also important for future pandemic  
4613 preparedness.

4614 A It is. I wrote an editorial in Science  
4615 Magazine as I was preparing to step down as NIH director  
4616 about lessons learned from COVID-19. And that was a big,  
4617 important one, that you have to invest not just in the  
4618 acute need of today, but in the basic science that prepares  
4619 you for what might be coming next, so that you're not  
4620 caught off guard.

4621 Q So cutting funding to NIH on these type of

4622 research and development programs would be detrimental to  
4623 the public safety for any future pandemic in terms of  
4624 putting us behind in vaccine development?

4625 A                    Seriously detrimental and shortsighted.

4626 Q                    And being detrimental would also mean more  
4627 lives lost potentially in a future pandemic without the  
4628 therapeutic or modalities or the vaccines?

4629 A                    We are going to see other pandemics in the  
4630 future. We should learn every time this happens about how  
4631 to prepare for the next one. I think we saw opportunities  
4632 that now ought to be invested in, such as figuring out what  
4633 are the most likely pathogens for the next one? Could we  
4634 actually start now with building the first steps in vaccine  
4635 preparation or in therapeutics or diagnostics? A whole  
4636 plan like that was put together. Unfortunately, it was not  
4637 provided with resources.

4638 Q                    So when a new virus emerges, what basic  
4639 understanding do scientists need about a virus and how it  
4640 replicates in order to begin the development of vaccine  
4641 development?

4642 A                    We need to understand its basic biology.  
4643 Viruses are clever little stretches of nucleic acid, but  
4644 they're often not immediately obvious in terms of how they  
4645 do what they do. They have their own set of genes that  
4646 help them replicate, that help them get inside human cells,

4647 that help them package themselves so they could get into  
4648 the next set of human cells. All of that basic science is  
4649 critical if you're going to be successful in coming up with  
4650 both vaccines and with therapeutics.

4651 Q And how did NIAID acquire that information  
4652 about SARS-CoV-2?

4653 A They already had the foundation of  
4654 information about coronaviruses in the same class because  
4655 of SARS and MERS, and that put NIAID ahead of where they  
4656 otherwise would have been. They already knew something  
4657 about how the basic genes that are involved in this  
4658 particular class of coronaviruses and what they do, and  
4659 that enabled them very quickly to be able to predict what  
4660 would be the best mRNA sequence to use.

4661 That happened in 48 hours. The design of the vaccine that  
4662 has saved 3 million lives in the United States alone, maybe  
4663 including mine because I got this, too, was done in 48  
4664 hours with just having the sequence of the virus and all  
4665 the knowledge they already had about this family of  
4666 coronaviruses. And they could say, this is the exact  
4667 sequence we want to make.

4668 And then a trick there. Barney Graham -- just a real hero  
4669 under the circumstance, but most people don't know his  
4670 name -- had already studied other coronaviruses like this  
4671 and had figured out, if you want to make a really good

4672 vaccine, you don't want to use exactly the same protein  
4673 sequence that the virus makes. You want to make a little  
4674 tweak to it. You want to put in a couple of proteins in  
4675 just the right place which makes it fold in a way that it's  
4676 better for the immune system to recognize it. That was  
4677 profound. All of the other mRNA vaccine strategies used  
4678 Barney's idea. I don't know if our vaccines would have  
4679 worked without that.

4680 Q                   That's incredible. He definitely deserves  
4681 some recognition for that.

4682 A                   He does.

4683 Q                   So we've talked just now and earlier about  
4684 the significance of using mRNA technologies to develop the  
4685 COVID-19 vaccine. But what potential does the use of mRNA  
4686 technologies hold for future vaccine development?

4687 A                   A lot. And it's not just for infectious  
4688 disease.

4689 Q                   Yeah, talk to me.

4690 A                   Certainly for infectious disease, we now  
4691 have a platform, if you can call this a platform, I think  
4692 for developing a vaccine for almost anything. And it's  
4693 being applied in places where we've had a real hard time  
4694 getting a good vaccine, like tuberculosis or malaria. MRNA  
4695 opens that up.

4696 But cancer is the other place where there's a huge amount

4697 of excitement. People have worked on cancer vaccines for a  
4698 long time, and it has been pretty frustrating because the  
4699 timetable is so long. If you got cancer today and somebody  
4700 took out that tumor and then tried to analyze it and  
4701 figured, oh, here are some aspects of that tumor that the  
4702 immune system should have seen, but it didn't. Let's try  
4703 to rev it up by making you a personal vaccine that will  
4704 allow the immune system to wake up.

4705 But by the time you get there, it's like a year later  
4706 because it's so slow. With mRNA, the cycle time now  
4707 becomes actually practical in this space, and there are a  
4708 lot of researchers doing that where they're getting pretty  
4709 excited.

4710 Q I'm an emergency medicine physician and that  
4711 really excites me, too.

4712 A Right. Especially for people with stage 4  
4713 disease where we don't do much to help them. Immunotherapy  
4714 might be the way we can cure people even at that stage.

4715 Q That's incredible. Do you think that  
4716 Congress is investing enough in mRNA technologies as  
4717 compared to other forms of research at the NIH?

4718 A I think it is an area that everybody  
4719 identifies as high priority. But when only about 20  
4720 percent of the grants that come to NIH can be funded right  
4721 now because of the budget, that means there's still some

4722 pretty good science, probably really good science, that's  
4723 being left on the table.

4724 Q                   And is there research being done on this  
4725 technology now, before an outbreak is imminent? Are we  
4726 using this research in identifying what one may think that  
4727 the next pandemic is and then better prepare for that?

4728 A                   I don't know the precise details about how  
4729 much that's been possible. There was a big plan to do a  
4730 lot of that and it was not resourced. At a smaller level,  
4731 I am sure there are some efforts going on with, for  
4732 instance, influenza since most of us expect influenza is  
4733 likely to emerge with another bad one before long.

4734 Q                   And what role, if at all, did you play in  
4735 developing the strategy for how vaccine distribution should  
4736 be prioritized?

4737 A                   I had no role in that.

4738 Q                   You had no role in that?

4739 A                   I was part of the Operation Warp Speed team,  
4740 but that was not my assignment. So I was aware that people  
4741 like -- were deeply engaged in trying to work out that  
4742 part, but I did not have input.

4743 Q                   I want to move now towards therapeutics.

4744 A                   Yes.

4745 Q                   That's something that I know that hasn't  
4746 been as advanced as our quick development of vaccines, and

4747 we are still looking for some good therapeutics to match  
4748 different patient populations and needs. So I would like  
4749 to focus on the ongoing work of developing therapeutics for  
4750 COVID-19 in future novel viruses.

4751 Although the public health emergency concluded last year,  
4752 it is important that we continue to stay on top of  
4753 COVID-19, which continues to pose a threat to the medically  
4754 vulnerable including the elderly and the immunocompromised.  
4755 An important way we continue to reduce the threat of  
4756 COVID-19 to these populations is by investing in the  
4757 development and availability of therapeutics.

4758 Could you explain for us the work NIH has conducted to  
4759 develop COVID-19 therapeutics?

4760 A I would be glad to. I had the  
4761 responsibility as the NIH director to try to be sure that  
4762 the therapeutic efforts were not happening in some  
4763 uncoordinated scattershot way, and that meant pulling  
4764 together an unprecedented public/private partnership called  
4765 ACTIVE, an acronym that stood for Accelerating COVID-19  
4766 Therapeutic Interventions and Vaccines. Vaccines was in  
4767 there, too.

4768 This was set up in about two weeks primarily by me in late  
4769 March of 2020, and grew to involve 20 other pharmaceutical  
4770 companies that had the greatest interest in this, an  
4771 executive committee that I cochaired with Paul Stoffels of



4772 Johnson & Johnson, and meetings that went on amongst  
4773 various subgroups essentially around the clock. It was an  
4774 incredibly impressive, everybody drop everything, work 100  
4775 hours a week to try to figure out what could we do to try  
4776 to find both vaccines and therapeutics.

4777 One's original hope, of course, is that there is going to  
4778 be a drug that's already been given to people for something  
4779 else and is known to be safe that will turn out to work.

4780 Repurposing has got to be your first order of business but  
4781 you have no guarantee that's going to work. It worked in  
4782 some modest ways. Remdesivir, the first drug that got  
4783 approved for really sick people in the United States, that  
4784 was repurposed and that was an NIH study done in the space  
4785 of just three months after the pandemic hit our shores.

4786 Steroids, that was the UK. They came up with that before  
4787 anybody else, and that turned out also to be a valuable  
4788 intervention for people in the ICU but was not good as a  
4789 treatment for people with milder illness.

4790 What we did with ACTIVE was to look at what are the  
4791 possible drugs that somebody would say might have activity  
4792 here, and then try to prioritize which ones should go into  
4793 rigorous trials, and there were about 800 of those  
4794 suggestions and we had a group of experts looking at every  
4795 one of those saying, does this one look promising or is  
4796 this just kind of a hope and a prayer?

4797 And ultimately, it came down to testing 20 million of those  
4798 in rigorous randomized trials, in clinical trial networks  
4799 we had to set up from scratch because they weren't there.  
4800 This was incredibly intense. It involved these master  
4801 protocols.

4802 Most of those failed. Hydroxychloroquine failed,  
4803 ivermectin failed. That's important to know, isn't it, not  
4804 just what worked, but also what didn't work, so that people  
4805 won't put their hopes and trust in it.

4806 Monoclonal antibodies went into that, and with the initial  
4807 virus a lot of those looked really good and saved some  
4808 lives, but then the virus had to mutate and then the  
4809 monoclonal antibody had to be redesigned.

4810 There were a few other drugs that were repurposed that  
4811 worked reasonably well. Anticoagulants, interestingly.  
4812 Because the virus caused this problem with  
4813 hypercoagulability, it turned out that was actually a good  
4814 thing to give for people who were in the hospital, not for  
4815 people who were doing okay at home. But once you got in  
4816 the hospital and you were sick enough, you were at risk for  
4817 a big clot. So that also happened. That was all approved.  
4818 But looking for the home run, there wasn't a home run in  
4819 repurposing.

4820 Q In terms of anticoagulants, can I just ask  
4821 you for my own personal knowledge, when you say

4822 anticoagulants in the hospital, are you talking about  
4823 Coumadin or aspirin? Because there was a lot of aspirin in  
4824 early outpatient regimens.

4825 A                   This was full heparinization.

4826 Q                   Oh, full heparinization, in the hospital?

4827 A                   In the hospital, because we ran a trial of  
4828 full versus low dose heparin and the full was slightly  
4829 better. So it was a big deal. And aspirin did not seem to  
4830 provide the same protection. I think that was another  
4831 trial.

4832 Q                   Even in outpatient settings?

4833 A                   I don't remember. I'm sure that got tested.  
4834 I don't remember that it turned out to be important or I  
4835 would probably know.

4836 Q                   Okay. Please continue.

4837 A                   But of course, what we all wanted was a  
4838 highly effective oral agent, and we didn't have one in the  
4839 medicine cabinet that was already developed, so that had to  
4840 be invented. And that's where Paxlovid came along. Pfizer  
4841 built upon some efforts they had previously done with SARS,  
4842 so they weren't starting totally from scratch. They had  
4843 sort of a framework of what a molecule might look like.

4844 I will say, NIH helped in a certain way by giving them  
4845 other information we had. And that drug turns out to be  
4846 pretty good. It's highly effective and fortunately it

4847 works in virtually all of the various strains, because it  
4848 doesn't work on the spike proteins, it works on another  
4849 part of the life cycle.

4850 So I would say a lot of lives, we don't know how many, have  
4851 been saved by Paxlovid. When I got COVID back in February,  
4852 I sure took it. I hated the bad taste in my mouth, but I  
4853 was okay anyway to have the chance to experience that.

4854 It's certainly the case that I wish we had a longer list  
4855 there, but that was a really important story. We ran a  
4856 workshop about, okay, what should we be doing to try to  
4857 accelerate this? And here, as you probably know, if you're  
4858 going to develop a drug, you've really got to know the  
4859 lifecycle of this virus so you know where its Achilles heel  
4860 is where you can find a small molecule that will interfere  
4861 with that. So that's a lot of really deep basic science to  
4862 build on. I wish we were doing that for some of the other  
4863 future pandemics, but we're simply not.

4864 Q Why not?

4865 A We don't have the resources.

4866 Q So more resources would aid in better  
4867 preparation?

4868 A Yes.

4869 Q And cutting resources to the NIH and your  
4870 research would harm our ability to better prepare for the  
4871 next pandemic?

4872 A Absolutely. I wrote another paper about  
4873 this with my 31 coauthors who are all part of this active  
4874 partnership, including FDA, including people from all these  
4875 companies, that got published about a year ago. And it has  
4876 a whole box that says, lessons learned. Here's what we  
4877 should be doing. When I look at that list now, I'm really  
4878 troubled.

4879 Q I would love to see that box.

4880 A Happy to share.

4881 Mr. Nassikas. We'll get a copy to you.

4882 Dr. Ruiz. Please.

4883 BY DR. RUIZ.

4884 Q And you touched on this a little earlier,  
4885 but to what extent did NIH's work to develop COVID-19  
4886 therapeutics build off of the body of research NIH had  
4887 generated in the years prior to the pandemic?

4888 A Oh, in many incredibly important ways, in  
4889 every possible way. I mean, basic virology but certainly  
4890 specific virology about coronaviruses. The things like  
4891 what Barney Graham already knew about that protein idea.  
4892 But also, in terms of the mRNA platform, that's 25 years of  
4893 initially a lot of skepticism about whether this would  
4894 work, and whether it would be safe. A Nobel Prize has now  
4895 been given for the people who persisted Katalin Kariko and  
4896 Drew Weissman, but that was all efforts that we supported

4897 along the way.

4898 And as well as clinical trial design, that's something we  
4899 had learned a lot about in the previous years and so we  
4900 knew how to do it in a fashion that it would be rigorous  
4901 and then compelling.

4902 And one final thing I would say. The other thing I was  
4903 very compelled about was if you're going to do a trial of  
4904 this sort, based on everything we've done in the past, it  
4905 has to involve people of diverse backgrounds. If you're  
4906 going to convince the public that this vaccine is safe for  
4907 them, they've got to look at who took part in the trial and  
4908 say, are there people there that look like me?

4909 And I cannot tell you how many Saturday mornings I spent  
4910 talking to people running the trials asking them, what does  
4911 your diversity look like? And if it's not what the country  
4912 looks like, there's a problem. And this isn't just a nice  
4913 thing to have. This is essential to have, both for  
4914 understanding whether it works and also convincing people  
4915 that they've been represented in a critical way in figuring  
4916 out if this is safe.

4917 Q I appreciate you saying that. We'll have  
4918 some questions about that in the near future. And the  
4919 reason why I appreciate you saying that is because I  
4920 actually have a bill that would help alleviate barriers for  
4921 underrepresented populations in clinical trials. And so we

4922 are working through that as well in a very bipartisan way  
4923 with a colleague of mine on Energy and Commerce.

4924 So now I would like to turn to the development of new  
4925 COVID-19 therapeutics.

4926 A Mm-hmm.

4927 Q So what benefits would new therapeutics  
4928 options offer to COVID-19 patients, particularly the  
4929 medically vulnerable and those with long COVID?

4930 A Well, just talking about acute COVID illness  
4931 to begin with, long COVID, I think at the moment, we have  
4932 one very successful drug, Paxlovid, and one that's also  
4933 been FDA approved, although there are some concerns about  
4934 whether it is as ideal for reasons I don't need to get  
4935 into. But that's a pretty short list for a pandemic that  
4936 continues, as we all know, to spread around the world. We  
4937 are hearing the wastewater levels now are as high as  
4938 they've been in a year. So we ought to have a larger menu  
4939 there, and that's a lot of hard work that needs to be done.  
4940 Paxlovid, by the way, is a drug that interacts with other  
4941 drugs, and so there's certainly plenty of people who, when  
4942 you look at the list of drug interactions, are simply not  
4943 candidates. And that's unfortunate. In the ideal world,  
4944 you want a drug that has no side effects, is 100 percent  
4945 effective, and doesn't interact with anything else. We  
4946 don't have that.

4947 Q So you discussed some of this a few moments  
4948 ago, but is there anything that you would like to add  
4949 regarding NIH's ongoing work to develop COVID-19  
4950 therapeutics? Like, what can we do now to help, as  
4951 Congress?

4952 A Again, if we had the resources to fund more  
4953 basic virology about the classes of viruses that are most  
4954 likely to cause future pandemics so we could really work  
4955 out in advance the life cycle of each of those viruses and  
4956 understand where are the vulnerable places that a drug  
4957 could turn out to be beneficial, then we would be well  
4958 ahead. That is happening at a much slower pace than it  
4959 should.

4960 Q And what does the current research and  
4961 development landscape look like for new COVID-19  
4962 therapeutics?

4963 A You know, I don't know that it looks  
4964 particularly promising at the moment. Because Paxlovid is  
4965 out there, industry may feel like this is therefore a  
4966 pretty tough community to be able to land another success  
4967 story. It really is one of those places where you need the  
4968 whole ecosystem of public and private to try to push this  
4969 forward when there may be a fairly high risk of failure.

4970 Q Do you think the fact that the SARS-CoV-2  
4971 virus mutates very often, does that affect the impetus to



4972 want to pursue this type of research?

4973 A I think, if anything, it should increase the  
4974 interest, because as SARS-CoV-2 comes up with new ways to  
4975 decorate itself with a different spike protein, the  
4976 protection from the vaccines can wane. So far what we have  
4977 seen is, at least for Paxlovid, the drugs however maintain  
4978 pretty high effectiveness because they operate on a part of  
4979 the viral lifecycle that doesn't change, at least not much  
4980 from variant to variant.

4981 You asked about long COVID, and there again, this is an  
4982 incredibly heartbreaking situation. Well, let's just say  
4983 all of COVID is heartbreaking when you consider all of the  
4984 people's lives that have been lost and families that have  
4985 been devastated.

4986 But long COVID, as an additional terribly difficult  
4987 consequence of this now affecting an untold number, but  
4988 probably millions of people, we still, despite Congress  
4989 having provided significant resources three years ago to  
4990 NIH, haven't quite figured out what is going on. And it's  
4991 probably different between individuals. It's not one  
4992 condition. It's probably multiple different ways that  
4993 being infected with this virus leaves you with consequences  
4994 that linger on.

4995 Maybe the virus is still hiding there somewhere. There are  
4996 some indications of that, although it's really hard to

4997 prove. Maybe it is this effect on the vascular system,  
4998 maybe it's that your immune system got revved up and can't  
4999 figure up how to calm down and so you're walking around  
5000 months after the infection is gone with your body still  
5001 fighting off an infection which makes you feel terrible.

5002 We don't know.

5003 But a lot more is being learned, and again the program that  
5004 NIH put together following more than 40,000 people is  
5005 beginning to shed a lot of light on that. I know people  
5006 are frustrated that we don't have answers yet. It's really  
5007 hard to get those answers.

5008 Q Anything else before we move on to the other  
5009 topic, in terms of steps the federal government and  
5010 Congress could consider to foster the development of  
5011 therapeutics and other medical countermeasures for  
5012 potential future outbreaks, including of novel viruses?

5013 A I would love to mention also diagnostics,  
5014 because I think that maybe hasn't gotten as much attention,  
5015 but can be absolutely critical for managing an outbreak or  
5016 a pandemic.

5017 As you know, with SARS-CoV-2, we got off to a slow start in  
5018 terms of having diagnostics that gave you a rapid  
5019 turnaround. There is another place where I got personally  
5020 very involved when Senators Blunt and Alexander identified  
5021 this as a serious problem and identified a way to provide

5022 some additional resources.

5023 And this was a great opportunity to tap into the creativity  
5024 and the vision of people in academia and in small  
5025 businesses, so we set up a shark tank, and we called it  
5026 that, and invited people who had great ideas about how to  
5027 do a fast turnaround of SARS-CoV-2 tests, maybe that could  
5028 even be done at home, to come forward and show us what they  
5029 got.

5030 And we went through hundreds of applicants and ultimately  
5031 winnowed down the ones that looked most promising, and  
5032 that's why there are tests on the pharmaceutical shelves  
5033 that we are all taking advantage of. It wouldn't have  
5034 happened, at least not at that speed, without that very  
5035 creative government program which looked a lot like venture  
5036 capital.

5037 Q                    Yeah.

5038 A                    And it worked and we still have that program  
5039 now being applied to other diseases. And it's  
5040 certainly -- it was recently applied to monkey pox, for  
5041 instance, but could be applied to other emerging pathogens  
5042 if we could keep it going, because we have the whole  
5043 framework and we know how to do it.

5044 Q                    Now let's talk about diversity in clinical  
5045 trials.

5046 A                    Let's.

5047 Q As a physician and public health expert, one  
5048 of my top priorities in strengthening our nation's research  
5049 capacity is ensuring that our population of clinical trial  
5050 participants is diverse and inclusive of historically  
5051 underrepresented communities, including of communities of  
5052 color, vulnerable populations, a wide range of age groups,  
5053 et cetera.

5054 Dr. Collins, I understand this is a priority of yours as  
5055 well, as you mentioned earlier. Could you explain how NIH  
5056 worked to ensure diversity in clinical trials for COVID-19  
5057 medical countermeasures including the vaccines?

5058 A We basically said you have to do this or  
5059 you're not going to get funded. It has to be very clear.  
5060 Too many times, I think, in the past, it has been, well,  
5061 you know, you really ought to try when you're doing a  
5062 clinical trial to enroll diverse people. But there's no  
5063 real teeth to it.

5064 NIH has now determined to apply that kind of rigor and  
5065 actually to require people running trials to report  
5066 regularly whether they're achieving it with the chance that  
5067 they might actually have their funding slowed down if they  
5068 can't come forward with a successful strategy.

5069 Q And why has it been important for NIH to  
5070 ensure diversity in their clinical trials or a diverse  
5071 population in COVID-19 clinical trials?

5072 A For two reasons. One is it's really  
5073 critical to understand whether a particular intervention is  
5074 going to work across different groups. We're all  
5075 different. Each of us has a unique kind of biology, and  
5076 certainly across groups you don't want to lose the chance  
5077 to discover that.

5078 And secondly, if you want confidence on the part of the  
5079 public that a particular result is something that applies  
5080 to them, then they need to be able to be convinced that  
5081 people like them were part of what you did. That was the  
5082 argument with the vaccine trials.

5083 And I will tell you, at the beginning of those trials, the  
5084 first couple of weeks of report, 92 percent or something  
5085 like that of the people enrolling were young white men.  
5086 And that was great, but that was not the answer that we  
5087 needed.

5088 And so it took a lot of arm twisting and a lot of  
5089 reminders, that's not going to be good enough, this has to  
5090 change, and an insistence on seeing every week how are you  
5091 doing? And some of the centers that were being supported,  
5092 because there were many of them across the country, figured  
5093 out how to do this and they were allowed to expand their  
5094 recruitment and some of the others couldn't and they shrank  
5095 theirs.

5096 Q One of the reasons I find the work of

5097 ensuring appropriate representation of communities of color  
5098 in COVID-19 clinical trials to be incredibly important is  
5099 the disproportionate harm the pandemic inflicted on these  
5100 populations, and it was due to a multitude of reasons.

5101 Dr. Collins, is there any perspective you would like to  
5102 share with us on the pandemic's disproportionate impact on  
5103 the communities of colors in the U.S.?

5104 A                   It was very clear at the outset when you saw  
5105 the impact in morbidity and mortality that communities of  
5106 color were suffering a disproportionately large amount of  
5107 that. And there are multiple reasons, as you said, all of  
5108 which are troubling and heartbreaking. Access to medical  
5109 care was not equivalent. People who were basically needing  
5110 to make a living couldn't necessarily stay at home for two  
5111 or three weeks or more to stay out of harm's way. The idea  
5112 that you could achieve a certain level of isolation just  
5113 wasn't feasible.

5114 So you put all those things together with our health care  
5115 system and its limited outreach to all peoples, and the  
5116 outcome was heartbreaking to see.

5117 If you needed one more compelling example of how our health  
5118 care system does not provide benefits to everyone equally,  
5119 there it was.

5120 I think just as a slight counter example that maybe it  
5121 could have been better when it came to the vaccines -- and

5122 maybe it was helpful in a significant way that the trials  
5123 really were diverse. When you looked to see what was  
5124 happening by, say, summer of 2021 when vaccines had been  
5125 available for free to anybody who wanted them, actually  
5126 diverse communities were embracing that pretty much like  
5127 everybody else.

5128 So -- and that would not have been predicted a few years  
5129 earlier given understandable skepticism in the part of some  
5130 communities about whether medical research is always being  
5131 done for their benefit.

5132 Q Did you run into any barriers in getting a  
5133 more diverse population into your clinical trials?

5134 A Yeah, people said this is hard.

5135 Q And why did they say it was hard?

5136 A If you're setting up a trial site and you're  
5137 asking for volunteers, the easiest way to do so is to put  
5138 information out in people's traditional modes of when you  
5139 put something in the paper or something, an email, that  
5140 doesn't reach everybody. And again, because of history,  
5141 some groups are going to be much more suspicious about a  
5142 trial that maybe is not in their best interest.

5143 Q How about transportation?

5144 A And there's transportation.

5145 Q How about hours of the trial or --

5146 A Hours of the trial, people have to get off

5147 work. All of those things, you're absolutely right.

5148 Q How about financing or any kind of payment  
5149 to be included into participation when they're working hard  
5150 and try to pay the bills?

5151 A And you're asking them to give up time.  
5152 Yes, those are all serious factors.

5153 Q And this is my last question. For NIH's  
5154 broader universe of research work, are there lessons we  
5155 should take away from the work of ensuring diverse  
5156 populations in COVID-19 clinical trials and, for example,  
5157 on the importance of additional education, outreach, and  
5158 investments and recruitment efforts?

5159 A That's another great question. One of the  
5160 things we did with the COVID vaccine trials was to work  
5161 with communities, a program called CEAL, C-E-A-L, Community  
5162 Empowerment Alliance.

5163 Basically recognizing that if you are really asking groups  
5164 to trust that this is something they want to take part in,  
5165 you need to have people that are part of their community  
5166 engaged as partners. That's a lesson that I think we have  
5167 learned over and over again, and we sure learned it in that  
5168 space.

5169 Q So in other words, employ and work with  
5170 people that are similar to the communities that are  
5171 underrepresented in order to have better clinical trials



5172 that can lead to better clinical outcomes in that  
5173 population. But in the case of a pandemic, since it's a  
5174 highly transmissible pandemic, doing that will actually  
5175 prevent the transmissions to the general public and in our  
5176 entire nation?

5177 A                   You are exactly right.

5178 Q                   So, in other words, eliminating programs  
5179 that foster diversity inclusions and equity into the  
5180 federal government workforce, into the public health  
5181 aspects or any of the other agency aspects would hinder our  
5182 ability to foster that kind of good outcomes for  
5183 individuals in the general public, all of Americans, in the  
5184 case of a pandemic?

5185 A                   Pandemics only get under control if you can  
5186 actually reduce the likelihood of infection across the  
5187 whole population.

5188 Q                   And by defunding programs that foster  
5189 diversity so you have more of the federal government  
5190 reflective of the diverse populations in our country,  
5191 you're hindering that effort?

5192 A                   If you're not having effective outreach to  
5193 everybody, you're not going to have an effective control in  
5194 a pandemic.

5195 Q                   And so effective outreach. A more effective  
5196 outreach would be done by people who belong to those

5197 different -- or identify culturally with those communities?

5198 A That is --

5199 Q Especially the hardest to reach communities.

5200 A And the evidence certainly supports that.

5201 Q The evidence. I like how you always bring

5202 it back it to the evidence because I too am an

5203 evidence-based physician. So I appreciate you saying that.

5204 Dr. Ruiz. And with that, I'll turn it back.

5205 [REDACTED]. I know we only have a few minutes left in

5206 the round, but I think my colleague, [REDACTED] has a couple

5207 questions.

5208 [REDACTED] I think we can get through this together,

5209 Dr. Collins.

5210 The Witness. Okay.

5211 BY [REDACTED]

5212 Q It's been very well-publicized that

5213 Dr. Fauci received threats against himself and his family

5214 over the course of the COVID-19 pandemic. You mentioned to

5215 the Washington Post that you also received threats. Is

5216 that true?

5217 A That's true.

5218 Q Do you recall anything specific leading to

5219 or causing these threats to begin?

5220 A I think oftentimes they were after some

5221 appearance I made in a public way or maybe on a media

5222 program.

5223 Q                   What was the nature of the threats that were  
5224 made to you?

5225 A                   They were highly diverse. The ones that  
5226 were most troubling were threatening physical harms. Most  
5227 troubling were not limited to threatening me, but also my  
5228 family.

5229 Q                   And how did those threats impact you and  
5230 your life and your family's life?

5231 A                   It's been a source of considerable concern  
5232 and it still is today. Certainly upgraded our security  
5233 system. I have had the experience of having police  
5234 knocking on my door at 1:00 in the morning to say, you  
5235 might need to know there's been a credible threat. There  
5236 is at least one instance of someone who ended up in jail  
5237 because of the credibility of the threats to both me and my  
5238 daughters.

5239 Q                   And that's a horrifying experience. I think  
5240 you have everybody's sympathies in having to deal with that  
5241 just for doing your job. But similarly, are you aware that  
5242 other scientists also received threats based on the work  
5243 they were doing during the COVID-19 pandemic?

5244 A                   Certainly Dr. Fauci. I have heard of  
5245 others. I believe Kristian Andersen mentioned in one of  
5246 his public statements that he had also been targeted.

5247 Q And it seems that this hostile atmosphere  
5248 for scientists and this treatment that they may be getting  
5249 could hinder the advancement of science and specifically  
5250 pandemic preparedness. Is that your understanding?

5251 A I think we can expand that to an even higher  
5252 level of what's happened in terms of science distrust.  
5253 Just at the point where the scientific response to COVID I  
5254 think will be seen historically as one of the most  
5255 remarkable achievements that science has ever mounted for  
5256 anything in the last course of human history. Ironically,  
5257 this has also coincided with the general deterioration and  
5258 trust in science by the public.

5259 Q You may or may not be aware, but there have  
5260 been actual studies into the effects of this environment  
5261 and what it does to scientists and their work. So I am  
5262 just going to go over a little of the of that with you and  
5263 then get your take on it.

5264 There was a GAO report titled Pandemic Origins,  
5265 Technologies, and Challenges For Biological Investigations.  
5266 This was released in January of 2023. In it, it said,  
5267 "Researchers may experience unwanted attention or pressure  
5268 because of their involvement in pandemic origin  
5269 investigations and leave the field or refuse to  
5270 participate."

5271 When you hear that, what does that mean to you and what

5272 impact do you see it having?

5273 A                   It's very troubling. And it's across the  
5274 board in terms of the whole public health response. I've  
5275 talked to public health officers in communities who, in  
5276 trying to do their job, found signs put up saying they  
5277 should be put in jail.

5278 This demonization of people trying to do the best they  
5279 could in the face of a terrible pandemic is not something I  
5280 thought America would do. It seems like hating other  
5281 people is the most un-American action you could think of,  
5282 but now it seems to be commonplace.

5283 Q                   And I think it's helpful to also hear from  
5284 the scientists themselves. Nature published an article in  
5285 October 2021 titled "'I hope you die': how the COVID  
5286 pandemic unleashed attacks on scientists." This article  
5287 included dozens of researchers who shared their stories  
5288 about death threats or threats of physical or sexual  
5289 violence.

5290 Nature also released an associated editorial with this  
5291 piece where they said, and I quote, "Institutions at all  
5292 levels must do more to protect and defend scientists and to  
5293 condemn intimidation."

5294 They also said, "Taking steps to support scientists who  
5295 face harassment does not mean silencing robust, open  
5296 criticism and discussion. The coronavirus pandemic has

5297 seen plenty of disagreement and changing views as new data  
5298 have come in as well as differing stances on which policies  
5299 to adopt. Scientists and health officials should expect  
5300 their research to be questioned and challenged and should  
5301 welcome critical feedback that is given in good faith, but  
5302 threats of violence and extreme online abuse do nothing to  
5303 encourage debate and risk undermining scientist  
5304 communication at a time when it has never mattered more."

5305 I think this echoes some things you've said earlier today  
5306 about encouraging robust debate among scientists. However,  
5307 threats do nothing for the debate.

5308 Is there anything you would like to comment on that?

5309 A I think what you read is a really good  
5310 statement. It captures both parts of this. Yeah, science  
5311 can only be successful if there's open debate about what is  
5312 true and what is not true. And science is focused on  
5313 trying to find truth, and truth does exist. The idea that  
5314 there is no such thing as truth, no scientist I know would  
5315 adhere to that. We are not post-modernists. But  
5316 obviously, when it comes down to a discussion, it's about  
5317 the data, it's about the interpretation of the data. It  
5318 should never become a personal attack, especially one that  
5319 threatens somebody's physical safety.

5320 Somehow that line, perhaps encouraged by social media, is  
5321 now getting crossed every day, every hour, every minute

5322 with no consequences. It's just normal behavior now. It  
5323 breaks my heart.

5324 Q Are there any actions that you think the  
5325 United States government can be taking to ensure we have a  
5326 properly staffed and qualified workforce for scientific  
5327 research and specifically pandemic preparedness?

5328 A I worry that the way in which these risks  
5329 are now perceived, people who might have contemplated going  
5330 into the public health may be thinking twice about that.  
5331 The best way I guess to counter that is to be sure that  
5332 appropriate safety protections are there when they are  
5333 needed, but maybe also to encourage people to see this is  
5334 still, despite all of that, an amazing time to be involved  
5335 in public health and medical research. We are learning so  
5336 much. It is just exciting to be part of that endeavor.

5337 I don't want that to get lost in all of the things we have  
5338 been talking about in terms of the negative sides. This is  
5339 the golden era for medical research, whether it's  
5340 infectious disease or cancer or rare diseases like sickle  
5341 cell that we are now curing. Anybody who wants to be part  
5342 of something truly exciting where they make a contribution  
5343 to human flourishing, this is where you want to be.

5344 Q That sounds like that would be something  
5345 wonderful for all of our bright young scholars and  
5346 scientists to hear to encourage them to go into public

5347 health, medical, scientific research fields.

5348 A If you want to wake up in the morning  
5349 feeling like you're doing something that matters, come on,  
5350 we've got that.

5351 Q Absolutely. I think that is a great place  
5352 for us to end, Dr. Collins.

5353 ■■■■■ So we can go off the record.

5354 (Recess.)

5355 Mr. Benzine. All right, we can go back on the record.

5356 BY MR. BENZINE.

5357 Q Before I ask you a couple more questions  
5358 about Proximal Origin, I want to unequivocally state, and  
5359 the Chairman would be absolutely the first person to state  
5360 that we denounce any threats against anybody's lives. I  
5361 don't know if you know, but he has been shot at on the  
5362 baseball field where Mr. Scalise was shot and credited with  
5363 saving Mr. Scalise's life.

5364 A I remember that.

5365 Q What some of the other people in this room  
5366 know now, after Monday and Tuesday, is that I have gotten  
5367 similar ones particularly after a hearing where people  
5368 don't like what I have to say, either. And so I just want  
5369 to put it out there that we are unequivocal in denouncing  
5370 all threats.

5371 I want to ask a few very brief questions on the paper, the



5372 Proximal Origin, which we talked about earlier a bit, but I  
5373 assume you are aware of the paper.

5374 A Yes.

5375 Q Written by Dr. Andersen, Dr. Gary,  
5376 Dr. Lipkin, Dr. Holmes, and Dr. Rambaut.

5377 First, there is -- significant is too strong an adjective,  
5378 but probably in the neighborhood of five to eight times  
5379 they sent drafts either to you or Dr. Fauci through  
5380 Dr. Farrar mostly. Did you ever edit or suggest any edits  
5381 to the paper?

5382 A No.

5383 Q And to your knowledge, did Dr. Farrar ever  
5384 edit or suggest any edits to the paper?

5385 A I would not know that.

5386 Q And then also, to your knowledge, did  
5387 Dr. Fauci ever edit or suggest any edits to the paper?

5388 A Not to my knowledge.

5389 Q All right. Thank you.

5390 Mr. Benzine. I want to introduce Majority Exhibit 14.

5391 (Majority Exhibit No. 14 was  
5392 identified for the record.)

5393 BY MR. BENZINE.

5394 Q It looks like a long letter but really we  
5395 are only going to talk about one part of the letter and I  
5396 will direct you to it.

5397 For the record, this is a January 11, 2022 letter from Mr.  
5398 Comer and Mr. Jordan to Secretary Becerra. The appendix is  
5399 where we are going to focus. It starts on what would be  
5400 page 4-ish of the letter. And these are mostly now  
5401 produced emails to the Committee, but I want to flip to  
5402 page 12 and 13 of the appendix.

5403 A Is that the number on the bottom of the  
5404 page?

5405 Q Yes, sir.

5406 A Mm-hmm. At the very end.

5407 Q Yes. So unfortunately, despite having asked  
5408 for this now numerous times, the Department has refused to  
5409 provide this email to us. So this is a transcription of  
5410 it. In 2021, Minority staff were allowed to go to HHS,  
5411 view these emails in camera and transcribe them. So as you  
5412 can see, the email up top with the gray boxes, the gray  
5413 boxes and then the words underneath it. And so this is --

5414 A I don't understand the process, but okay.

5415 Q I promise the substance of the email is  
5416 what's underneath it.

5417 So it's an email from you to Dr. Fauci, Dr. Tabak,  
5418 Dr. Lane, and John Burklow from April 16, 2020 and reads,  
5419 "Wondering if there is something NIH can do to help put  
5420 down this very destructive conspiracy, with what seems to  
5421 be growing momentum." And then it has a link to a Bret

5422 Baier story about the coronavirus outbreak starting in the  
5423 Wuhan lab.

5424 And then you continue, "I hoped the Nature Magazine article  
5425 on the genomic sequence of SARS-CoV-2 would settle this.  
5426 But probably didn't get much visibility. Anything more we  
5427 can do? Ask the National Academy to weigh in?"

5428 Do you recall sending this email?

5429 A I do.

5430 Q First, kind of a baseline question, is the  
5431 possibility that COVID-19 originated from some type of  
5432 laboratory accident a conspiracy theory?

5433 A Let me make it clear that at the time this  
5434 email was written, my focus was on the question about  
5435 whether this virus had been human engineered. And based on  
5436 the detailed analysis of the experts, I felt that that had  
5437 been convincingly excluded as a possibility.

5438 Mr. Strom. Can I ask for clarity? When you say human  
5439 engineered, do you mean almost like de novo from scratch?

5440 The Witness. From scratch. For people to continue to put  
5441 that forward, therefore, in the face of strong evidence  
5442 against it, I'm not a fan in retrospect of the word  
5443 conspiracy, but it was certainly a speculation that was not  
5444 based on evidence and it was potentially confusing and  
5445 harmful.

5446 BY MR. BENZINE.

5447 Q And I appreciate that, and I appreciate the  
5448 clarification on the de novo construction. But we're just  
5449 trying -- there's no reason you should know this, but any  
5450 number of people have been censored, silenced, for saying  
5451 even the possibility of a lab leak, not a de novo  
5452 construction, but the possibility of a lab leak was  
5453 possible.

5454 So I'm just trying to ask, if in your opinion, the  
5455 possibility of a lab leak, putting aside de novo  
5456 construction, is a conspiracy theory?

5457 A I think you would have seen in emails back  
5458 in February that I was among those wondering about the  
5459 possibility of whether this virus had been under study in a  
5460 lab. So I wouldn't have called that hypothesis a  
5461 conspiracy. But to say that it was de novo engineered,  
5462 that crosses the line.

5463 Q And respectfully, that's not what I'm  
5464 asking. I'm just asking if it's a possibility, yes or no?  
5465 Mr. Nassikas. He was answering your question, Mr. Benzine.

5466 BY MR. BENZINE.

5467 Q All it's calling for is a "yes" or "no." Is  
5468 the possibility of a lab leak a conspiracy theory?

5469 A You have to define what you mean by a lab  
5470 leak.

5471 Q Putting aside de novo, the possibility of a

5472 laboratory or research-related accident, a researcher doing  
5473 something in a lab, getting infected with a virus, and then  
5474 sparking the pandemic. Is that scenario a conspiracy  
5475 theory?

5476 A Not at this point.

5477 Q Thank you. Going down the email, you said  
5478 that, "I hoped the Nature Medicine article on the genomic  
5479 sequence of SARS-CoV-2 would settle this." I presume  
5480 that's refers to Proximal Origin?

5481 A Yes.

5482 Q And settle this, what you're referring to in  
5483 that email is kind of the de novo construction of a virus,  
5484 not necessarily the lab leak overall?

5485 A Correct.

5486 Q Okay. And then, "Anything more we can do?"  
5487 What did you mean by that statement? Obviously, you  
5488 followed it with, "Ask the National Academy to weigh in?"  
5489 But I'm trying to understand the thought process.

5490 A Yeah, I was offering one option. I think,  
5491 from reading this email, trying to reconstruct my mindset,  
5492 and this is almost four years ago, was concerned that what  
5493 had already been scientifically deduced about this virus  
5494 had not been as widely appreciated as maybe it should be.

5495 Q At any point, did you tell or suggest  
5496 Dr. Fauci to take any action pursuant to this email?

5497 A No.

5498 Q The next day, April 17, 2020, Dr. Fauci was  
5499 asked the question at a White House press conference  
5500 regarding the origins of the virus and cited to Proximal  
5501 Origin. It then got significantly more visibility because  
5502 it was cited on the White House lawn. Did you instruct him  
5503 to do that?

5504 A No.

5505 Q Did you know he was going to do that?

5506 A No.

5507 Q I want to shift gears and run through some  
5508 topics really quickly.

5509 From January 14, 2021 through February 10, 2021, the WHO  
5510 sent a team to China to investigate the origins of  
5511 COVID-19. Are you generally aware of that investigation?

5512 A I'm generally aware.

5513 Q Did you read the report?

5514 A No.

5515 Q Were you involved at all in the planning or  
5516 setting up of the trip?

5517 A No.

5518 Q It was reported that the U.S. submitted  
5519 three names to be a part of the trip. Do you recall those  
5520 names?

5521 A No, I do not.

5522 Q The team was comprised of 17 international  
5523 scientists and 17 Chinese scientists. The only American  
5524 was Dr. Daszak of EcoHealth Alliance. We have talked about  
5525 Dr. Daszak an awful lot today. You obviously had a lot  
5526 of -- combed through some of his things during the  
5527 enforcement process.

5528 You were asked kind of broadly about Dr. Daszak and  
5529 conflicts of interest earlier by Chairman Griffith. I want  
5530 to ask specifically on this one, do you think Dr. Daszak  
5531 had a conflict of interest in going on this trip?

5532 A It is not my place to assess how WHO  
5533 evaluated that.

5534 Q Okay. You said earlier that you met with  
5535 the FBI this past August, August of 2023.

5536 A I think that's about the time.

5537 Q Was that the only time that you were  
5538 contacted by anyone in the intelligence community regarding  
5539 COVID-19?

5540 A The best of my recollection, yes, that was  
5541 it.

5542 Q And did you tell the FBI substantially what  
5543 you told us today?

5544 A Almost identical.

5545 Q Thank you. One final question on origins,  
5546 and then we are going to talk about some of the mitigation

5547 measures and things.

5548 A                   Okay.

5549 Q                   And move on from there.

5550 We have talked about this an awful lot, I think I know the

5551 answer to the question, but I want to ask it. Is the

5552 origin of COVID-19 still unsettled science?

5553 A                   Yes.

5554 Q                   I am going to skip through some of these

5555 questions. And so I apologize for bouncing around on

5556 topics, but in the spirit of time, we'll ask you some more

5557 specific ones.

5558 In the realm of masking, obviously masks became this big

5559 to-do during the pandemic. One of the specific aspects

5560 that we are interested in is the science and data that

5561 supported it for children. So the WHO recommended against

5562 masking children less than five because masks are, I'm

5563 quoting, not in the overall interest of the child, and

5564 against children 6 to 11 from wearing masks because of

5565 again, quoting, the potential impact of wearing a mask on

5566 learning and psychological development.

5567 The United States recommended masking kids as young as two,

5568 so directly contradicted the WHO's recommendation on that.

5569 Do you recall what science or data backed up that

5570 recommendation --

5571 A                   I have no knowledge of that.



5572 Q Okay. There are now studies coming out  
5573 regarding learning loss from both school closures and  
5574 childhood mask wearing -- for masks specifically, kids not  
5575 being able to see adults form words and things like that  
5576 and it's causing speech issues. Are you aware of those  
5577 issues?

5578 A In a general way, yes.

5579 Q Do you agree that there's learning loss and  
5580 other unintended consequences of mask wearing?

5581 A I have to depend on the experts who assess  
5582 those things who have evidence, they say, that that's the  
5583 case.

5584 Q Thank you. Moving on to social distancing  
5585 and the various regulations surrounding that. On March  
5586 22nd, 2020, the CDC issued guidance describing social  
5587 distancing to include remaining out of congregant settings,  
5588 avoiding mass gatherings, and maintaining a distance of  
5589 approximately six feet from others when possible. We asked  
5590 Dr. Fauci where the six feet came from and he said it kind  
5591 of just appeared, is the quote. Do you recall science or  
5592 evidence that supported the six-foot distance?

5593 A I do not.

5594 Q Is that I do not recall or I do not see any  
5595 evidence supporting six feet?

5596 A I did not see evidence, but I'm not sure I

5597 would have been shown evidence at that point.

5598 Q Okay.

5599 A I was not involved in that conversation.

5600 Q Since then, it has been an awfully large

5601 topic. Have you seen any evidence since then supporting

5602 six feet?

5603 A No.

5604 Q We as a staff took a trip to Los Alamos and

5605 Lawrence Livermore National Laboratories in New Mexico and

5606 California, and beyond the nuclear stuff that they do and

5607 the radiation stuff that they do, they also have

5608 epidemiologists and various other experts on staff.

5609 A Mm-hmm.

5610 Q And they told us that one of the things that

5611 their through computing and their epidemiologists could do

5612 would be remodel a sneeze, and say how far the droplets go

5613 and how fair air flies and things like that. Do you ever

5614 recall NIH partnering with the National Labs during the

5615 pandemic?

5616 A Not that I recall.

5617 Q Okay. In this kind of realm, you -- at

5618 least recently, it became public, a kind of town hall you

5619 did, where you were asked about various mitigation

5620 measures. Do you know what I'm talking about?

5621 A I assume you're talking about a Braver

5622 Angels meeting back in the summer?

5623 Q Yes, is that when it originally occurred, it  
5624 was over the summer?

5625 A Yes, July.

5626 Q During this, you said, As a guy living  
5627 inside the Beltway feeling a sense of crisis trying to  
5628 decide what to do in some situation, or in the White House,  
5629 with people who had data that was incomplete, we weren't  
5630 really thinking about what that would mean to Wilk and his  
5631 family in Minnesota a thousand miles away from where the  
5632 virus was hitting so hard. We weren't really considering  
5633 the consequences in communities that were not New York City  
5634 or some other big city.

5635 The public health people, we talked about this earlier, if  
5636 you're a public health person and you are trying to make a  
5637 decision, you have this very narrow view of what the right  
5638 decision is and that is something that will save a life.

5639 It doesn't matter what else happens. So you attach  
5640 infinite value to stopping the disease and saving the life,  
5641 you attach a zero value to whether this actually totally  
5642 disrupts people's lives, ruins the economy, and has many  
5643 kids kept out of school in a way that they never quite  
5644 recovered."

5645 Do you think that that calculation, the infinite value to  
5646 the public health measure versus the zero value to the

5647 other kind of unintended consequences was a mistake?

5648 A I'm glad you're asking. I made those  
5649 comments in the context of what it was like in March or  
5650 April of 2020. People have forgotten just how devastating  
5651 the situation was with trailer trucks pulling up outside  
5652 the morgue because the morgue couldn't handle all the dead  
5653 bodies, thousands of people dying every day.

5654 I am a public health person, I'm a physician. I swore the  
5655 Hippocratic Oath. I was speaking about myself in that  
5656 quote. For me trying to make a decision or contribute to a  
5657 decision about mitigation measures, my number  
5658 one -- basically my sole concern had to be saving lives.  
5659 That's what I was there for.

5660 I knew there were other parts of the government that were  
5661 also a part of making big sweeping decisions, and I counted  
5662 on them to cover such things as the economy, such things as  
5663 education. But that was not my role, that was not why I  
5664 was there.

5665 So I'm unapologetic for focusing on saving lives. I think  
5666 that was my responsibility, that was my calling. And  
5667 especially at that point, that felt very compelling.

5668 Keep in mind, in terms of the harms that were done that  
5669 you've described with prolonged closures of schools, those  
5670 were state and local decisions. The government made  
5671 general recommendations. States had to decide what to do.

5672 Q And I definitely appreciate and remember the  
5673 early days, too. It was terrible, especially up in New  
5674 York.

5675 So you touched on something that I think when we are  
5676 looking forward to future pandemics that we want to  
5677 incorporate is kind of ensuring a whole of government  
5678 response when it's needed, that it's not just a public  
5679 health emergency. Decisions that are made in the public  
5680 health space have an economic, national security, foreign  
5681 affairs, educational ramifications. Do you think it's  
5682 important to have kind of all the voices at the table when  
5683 determining what steps are needed?

5684 A Yes. And not just at the federal level, but  
5685 particularly because of our federalist government, the  
5686 states and localities having that same diversity of  
5687 viewpoints that captures all of the consequences of the  
5688 decision.

5689 Q And having all those viewpoints at the table  
5690 would kind of eliminate the risk of any one overruling all  
5691 the others. Is that fair?

5692 A That's the way it ought to work.

5693 Q Again, I don't know the answer to these  
5694 questions, so if they're no, just let me know. Another  
5695 situation we are investigating that a Member on this  
5696 Committee actually called medical malpractice is the New

5697 York nursing home order that directed nursing homes to  
5698 accept COVID-19 patients and sometimes not even test them  
5699 for COVID-19.

5700 Did you have any conversations with Governor Cuomo during  
5701 the pandemic?

5702 A No, I did not.

5703 Q What about any conversations with former New  
5704 York Health Commissioner Howard Zucker?

5705 A No.

5706 Q Again, bouncing around on all kinds of  
5707 topics.

5708 A That's okay.

5709 Q We're just going through these. Another  
5710 thing that we are evaluating going forward is having -- and  
5711 some of this might just be to avoid public misperceptions,  
5712 which I think is actually an important goal, of definitions  
5713 on what a death and what a case and what a hospitalization  
5714 actually are. So we have heard a lot, and I think Dr. Birx  
5715 mentioned pretty early on, of an individual dying with  
5716 COVID versus from COVID. Are you aware of that kind of  
5717 distinction?

5718 A I am aware there was a discussion about how  
5719 best to define those situations.

5720 Q What do you recall about that discussion?

5721 A That it was complicated.

5722 Q And I know it's not, when we talked to  
5723 Dr. Fauci and there is kind of like our understanding, and  
5724 he agreed, the three buckets of like a very clear COVID  
5725 death which probably never happened, right, there's almost  
5726 probably no American that's completely healthy, catches  
5727 COVID, and then passes away.

5728 A There were a few.

5729 Q A few. The middle ground where there's some  
5730 kind of intervening event, catching COVID exacerbates what  
5731 you already have and you pass away. And then the very  
5732 extreme on the other side, that you have COVID, you're  
5733 unaware, you get in a car accident and you pass away.

5734 I think from our side, we agreed the first two in there are  
5735 a COVID death, the last one not being so. Would you agree  
5736 with that?

5737 A I would agree with that.

5738 Q Another thing. Hospitalizations, in  
5739 particular, is that during the pandemic, maybe still, I'm  
5740 not aware, but hospitals would test everyone coming in for  
5741 COVID to obviously get an accurate case count, but then  
5742 would record it as a COVID hospitalization regardless of  
5743 the rationale for actually being in the hospital. One of  
5744 the things we want to look at is better defining what a  
5745 hospitalization means. So I guess I'm asking -- I am going  
5746 to put it in hypothetical terms again just so we can kind

5747 of get that.

5748 Someone breaking their leg, not knowing they have COVID,  
5749 going and getting tested for COVID. Would that be a COVID  
5750 hospitalization?

5751 A Got to be careful in terms of not  
5752 generalizing that particular instance. Did they break  
5753 their leg because they were really sick and were trying to  
5754 climb upstairs to go to bed and tripped? So --

5755 Q Okay.

5756 A Careful attention to those details.

5757 Q Understanding those details matter, would  
5758 you agree that there were probably COVID hospitalizations  
5759 through how the hospitals tested for it, that the patient  
5760 wasn't there for COVID?

5761 A I don't know how hospitals were doing that  
5762 or how they were categorizing them. I'm uncomfortable  
5763 answering.

5764 Q Do you think in a future pandemic that there  
5765 should be clear, established definitions for case  
5766 hospitalization and death counts?

5767 A I think an effort should be made to do the  
5768 best you can, recognizing as we've just been talking about,  
5769 there may not be bright lines in every situation.

5770 Q Thank you. The Ranking Member talked about  
5771 COVID vaccines a lot, and I've heard the Chairman say any



5772 number of times that millions of lives were saved by COVID  
5773 vaccines, and that broadly they are very safe and  
5774 effective. I will ask, you detailed your involvement in  
5775 Operation Warp Speed, so I don't need to ask about that.  
5776 But were you involved at all in the FDA processes for EUA  
5777 or full biologics approval?

5778 A No.

5779 Q One of the things we hear an awful lot is  
5780 kind of -- and we discussed this in other aspects, but is  
5781 kind of the, like, maybe overmessaging the kind of noble  
5782 lie, to say -- say something with the effort of getting  
5783 more people vaccinated, that it's a slight mistruth for a  
5784 noble goal. Some of that has come up in the vaccine  
5785 aspect. Like I said, it saved millions of lives, safe and  
5786 effective, but were there breakthrough cases for the  
5787 vaccine?

5788 A Of course.

5789 Q And breakthrough hospitalizations?

5790 A Yes.

5791 Q And breakthrough deaths?

5792 A Yes.

5793 Q So it would be kind of unfair to make  
5794 unequivocal statements that there weren't; is that fair?

5795 A It would also be unfair to make unequivocal  
5796 statements that vaccines don't benefit anybody in terms of

5797 preventing hospitalization or death because that would not  
5798 be true.

5799 Q And I agree. In July 2021, President Biden  
5800 had a town hall and said, if you're vaccinated, you're not  
5801 going to be hospitalized, you're not going to be in the ICU  
5802 unit, and you're not going to die.

5803 So we just kind of walked through that there were  
5804 breakthrough cases, there were breakthrough  
5805 hospitalizations, there were breakthrough deaths. Do you  
5806 think that statement is maybe unfair?

5807 A I think I can't judge how the President  
5808 decided how to phrase his point. I think he was trying to  
5809 make the case that vaccines are going to be highly  
5810 beneficial. Beyond that, I am not in a position to judge  
5811 the words that he chose.

5812 I would say, July of 2021, at that point, about 85 percent  
5813 of the people who were dying were unvaccinated.

5814 Q And I agree with that, too. From our  
5815 perspective, sometimes the unequivocal statements when they  
5816 are proven wrong lead to maybe some hesitancy on some  
5817 people's part. I was promised I wouldn't get hospitalized  
5818 and then my friend got hospitalized and maybe the vaccine  
5819 doesn't work as well, from what we have been hearing from  
5820 constituents.

5821 Mr. Nassikas. Mr. Benzine, what President Biden is saying

5822 there obviously was stated in good faith with good  
5823 intentions and contrasts pretty starkly with what the  
5824 former President said.

5825 Mr. Benzine. In fairness, John, the White House is here.  
5826 If they want to defend the President, they can. I would  
5827 prefer you didn't.

5828 Mr. Nassikas. That's fine. I am just wanting you to be  
5829 honest with the record here.

5830 Mr. Benzine. I mean, if you want me to read it again and  
5831 ask him again if it's true, I'm more than happy to.

5832 Mr. Nassikas. Take your time, however you want to take it  
5833 up.

5834 BY MR. BENZINE.

5835 Q After the full biologics approval, there  
5836 were some vaccine mandates that went into the effect. DoD,  
5837 CMS, OSHA, OPM, Head Start. Were you involved in any of  
5838 those?

5839 A No.

5840 Q As I just kind of laid out, like promises to  
5841 things, and we have seen a downtick in a lot of the  
5842 childhood vaccinations post COVID-19, which we are  
5843 obviously concerned about. Do you think mandating vaccines  
5844 could contribute to vaccine hesitancy on traditional  
5845 vaccinations?

5846 A I don't know.

5847 Q One of the other things we have seen is, and  
5848 as much as you are familiar, are you familiar with the  
5849 VAERS system?

5850 A Yes.

5851 Q And it's the U.S. government's way to track  
5852 adverse events to vaccines; is that right?

5853 A It is.

5854 Q Our understanding is that it is pretty  
5855 flawed, that it contributes to a decent amount of  
5856 overcounting, that you don't have to be a physician to  
5857 enter. There aren't really very many standards to enter an  
5858 adverse event into VAERS. Is that true?

5859 A That's true. Plus, there is no way to  
5860 correlate the adverse events with the actual receiving the  
5861 vaccine.

5862 Q Very true. Do you think that VAERS system  
5863 needs to be reformed?

5864 A I wish it was renamed.

5865 Q We can start there. What would you name it?

5866 A I don't have an alternative, but the name  
5867 currently leads people to believe that this is an  
5868 accumulation of circumstances where the vaccine caused an  
5869 adverse event. The vast majority of what's in that  
5870 database are correlation, but not causation.

5871 Q One of the things we are looking at is

5872 reforming it, trying to limit it -- maybe not limit is the  
5873 right word, but ensure that the reporting that goes into it  
5874 is accurate and then vetted by CDC and FDA.

5875 A Mm-hmm.

5876 Q So in addition to renaming, do you agree  
5877 that we could reform the system a little bit?

5878 A I think some reforming would be a good  
5879 thing.

5880 Q All right, thank you. I want to shift gears  
5881 and talk about immunity. And my understanding, two kinds.  
5882 Kind of infection derived immunity and vaccine acquired  
5883 immunity. My general understanding, I guess depending on  
5884 the pathogen and how much it can evade either of those, is  
5885 the way out of a pandemic is to get enough immunity so that  
5886 if there is a case it can't spread very well, that there's  
5887 enough blocking it. Is that fair?

5888 A That's fair.

5889 Q I am pretty sure I know the answer to this  
5890 question, but are you aware of the Great Barrington  
5891 Declaration?

5892 A Yes, I am.

5893 Q How did you become aware of the Great  
5894 Barrington Declaration?

5895 A On October the 5th or 6th of 2020, a time  
5896 where we still didn't have a vaccine, didn't know if we

5897 would have one, this was announced by the group, the three  
5898 individuals that had authored it, and was immediately  
5899 brought to the attention of the Secretary of Health and  
5900 Human Services.

5901 Q Do you know how it was brought to the  
5902 attention of Secretary Azar?

5903 A I believe through Dr. Scott Atlas.

5904 Q And he was at the White House at the time?

5905 A Yes.

5906 Q Do you know how it got to Dr. Atlas?

5907 A I believe, from what I have read --

5908 Ms. Ganapathy. Dr. Collins, I am going to step in and just  
5909 say to the extent that this would require you to disclose  
5910 any deliberative communications, I would instruct you not  
5911 to answer.

5912 The Witness. I think I can stay out of that zone.

5913 Basically, that Dr. Atlas played a role in having those  
5914 experts appear in Massachusetts and resulting in this  
5915 one-page declaration.

5916 BY MR. BENZINE.

5917 Q And those three individuals,  
5918 Dr. Bhattacharya, Gupta, and Kulldorff met with the  
5919 Secretary on this, correct?

5920 A I don't know if all three of them did. At  
5921 least some of them did.

5922 Q Do you know who?

5923 A I don't.

5924 Q And do you believe that meeting to be set up  
5925 by Dr. Atlas as well?

5926 A That's my understanding.

5927 Mr. Benzine. I want to introduce this as Majority Exhibit  
5928 15.

5929 (Majority Exhibit No. 15 was  
5930 identified for the record.)

5931 BY MR. BENZINE.

5932 Q So this is an email production from FOIA and  
5933 Bates marked 1028 through 1031. I will give you a second  
5934 to skim. You don't need to read the whole article, but the  
5935 email I want to focus on is on the last page.

5936 A Yeah, I'm not familiar with the Wired  
5937 article.

5938 Q The last page is an email from you to  
5939 Dr. Fauci, Dr. Lane, and Dr. Tabak. And it reads, "Hi Tony  
5940 and Cliff, See GreatBarringtonDeclaration.org. This  
5941 proposal from the three fringe epidemiologists who met with  
5942 the Secretary seems to be getting a lot of attention and a  
5943 even co-signature from Nobel Prize winner Mike Leavitt at  
5944 Stanford. There needs to be a quick and devastating  
5945 published takedown of its premises. I don't see anything  
5946 like that online yet - is it underway?"

5947 First, what were your concerns with the Great Barrington  
5948 Declaration?

5949 A I was deeply alarmed that this proposal,  
5950 which flew in the face of virtually every principle of how  
5951 to handle a pandemic, had been put forward and within 24  
5952 hours, without opportunity for any scientific debate, was  
5953 presented to a cabinet member with the implication that  
5954 this might rather quickly become the new policy for the  
5955 United States.

5956 As a physician and somebody who hung around epidemiologists  
5957 a lot, I was convinced this would result in the deaths of  
5958 tens of thousands of people, and was looking for a quick  
5959 response of some sort to sound the alarm.

5960 Q Was it your interpretation that the Great  
5961 Barrington Declaration called for a kind of like, for lack  
5962 of a better phrase, let it rip approach?

5963 A That's been -- I think characterized is too  
5964 strong, but it was in that zone. Basically, the idea would  
5965 be what they called focused protection of the vulnerable  
5966 people, mostly elderly, and otherwise younger people would  
5967 essentially go about normal activities with schools,  
5968 businesses, et cetera. And with the expectation that the  
5969 illness would certainly spread rapidly amongst that  
5970 unprotected group and somehow the focused protection would  
5971 work.



5972 This troubled me greatly because of the absence of any  
5973 proposal of how you could actually do this effectively.  
5974 Are those old people supposed to hide in their houses for  
5975 the next year with no interaction with anybody? And also,  
5976 knowing at this point that something like 30 or 40 percent  
5977 of the people who died from COVID-19 were under 65, this  
5978 just seemed all wrong.

5979 Q I appreciate that and the rationale, because  
5980 I think it has been -- I'm not and never will advocate for  
5981 a let it rip approach, but it doesn't seem like that's what  
5982 they advocated for, but I understand, your perspective now  
5983 hearing it makes a lot of sense and I appreciate it.

5984 I don't want to nitpick too much, it's late on a Friday  
5985 before a holiday weekend, but what did you mean by fringe  
5986 epidemiologists?

5987 A I meant their proposal was fringe.

5988 Q Not they themselves?

5989 A What they were putting forward was way  
5990 outside the boundaries of what most experienced public  
5991 health experts would have advocated for. And again, if it  
5992 was put forward as a scientific presentation and let's  
5993 discuss this, well, fine, let's do that. But they were  
5994 short-circuiting that by a direct transmission to a cabinet  
5995 member of the United States of America.

5996 Q At this point in time, did you have access

5997 to Secretary Azar?

5998 A I did, but not on an easy, everyday basis.

5999 Q Did you ever try to set up a meeting with  
6000 the Secretary regarding the Great Barrington Declaration?

6001 A I don't recall so.

6002 Q Do you know if anyone within, outside of  
6003 these folks and whoever from the government attended with  
6004 them, do you know if anyone attempted to set up a meeting  
6005 to kind of counter the Great Barrington Declaration?

6006 A I don't know.

6007 Q The second to last line is my next question,  
6008 "There needs to be a quick and devastating published  
6009 takedown of its premises." What did you mean by that?

6010 A I meant that this is a dangerous approach  
6011 that could do great harm. I am looking for a response from  
6012 credible experts to get that response out there quickly  
6013 before this becomes somehow a U.S. policy, which seemed  
6014 like a potential serious risk.

6015 Q And then, "I don't see anything like that  
6016 online yet - is it underway?" What did you mean by that?

6017 A That this is now October 8th. This  
6018 statement has been out now for two or three days. I was  
6019 interested to see whether there was going to be such a  
6020 response from the experts. And as, in fact, there was  
6021 about a week later, with 14 public health organizations

6022 putting forward a very strong disagreement with the Great  
6023 Barrington Declaration, and then a whole other effort  
6024 called the John Snow Memorandum capturing additional  
6025 experts who pointed out the potential dangerous flaws.

6026 Q Did you ever instruct anyone at NIH or NIAID  
6027 to draft a counter to the Great Barrington Declaration?

6028 A I did not.

6029 Q My last kind of question, we talked about  
6030 therapeutics and treatments a lot and the active program,  
6031 and I jotted down some notes, attempt to repurpose already  
6032 FDA approved drugs. I think a valiant attempt. 800 went  
6033 in, tested 29, and even fewer than 29 came out. Is that  
6034 fair?

6035 A They were all tested. The vast majority  
6036 showed no benefit. I think the total that did was six.

6037 Q Okay.

6038 A That's in that science summary that I  
6039 mentioned earlier.

6040 Q Thank you. Do you recall -- I think there  
6041 was some testimony before about -- and I might be flipping  
6042 my million and billion, but 7 million or 7 billion spent on  
6043 this. Do you recall if it's an M or a B?

6044 A Spent on which exactly?

6045 Q On ACTIV.

6046 A It would certainly be more than 7 million.

6047 And a lot of these expenditures were being done by the  
6048 private sector. Remember, this was a public/private  
6049 partnership, where a lot of the work had to be done by the  
6050 companies. I don't know the number. 7 billion sounds  
6051 awfully large.

6052 Q Seven is stuck in my head and I don't  
6053 remember quite where it came from, but I really appreciate  
6054 that.

6055 Mr. Benzine. I think we can go off the record then.

6056 (Pause.)

6057 [REDACTED] We can go back on the record.

6058 BY [REDACTED]

6059 Q Dr. Collins, thank you for being here. My  
6060 names is [REDACTED] I am the Democratic staff  
6061 director for the Select Subcommittee. I just wanted to ask  
6062 a few questions following on to a few topics my Majority  
6063 colleagues raised in the last round.

6064 Just initially, Dr. Collins, I want to get your perspective  
6065 here. Is it true that in March of 2020, officials at every  
6066 level of government were operating off of extremely limited  
6067 information regarding the coronavirus and the ways in which  
6068 it spread?

6069 A Absolutely true.

6070 Q If you could briefly elaborate for us on  
6071 what we knew and what we didn't know about the virus and

6072 its spread at that time in March 2020, I would appreciate  
6073 it.

6074 A I'm trying to figure out exactly what the  
6075 timing was relative to the realization that this virus was  
6076 readily spread by asymptomatic people. And that was a big  
6077 discovery that really led to, of course, a much more  
6078 serious outcome. With SARS and MERS, the people who were  
6079 infected were sick.

6080 Q Of course. But at a high level, when we  
6081 were looking at those very first weeks and months of the  
6082 COVID-19 pandemic, we were operating off of very limited  
6083 information about the way the virus spread and that body of  
6084 work was the one that was actively in development in those  
6085 very first initial stages of the pandemic; is that correct?

6086 A That is correct. Again, I don't recall  
6087 precisely if you're asking about March, what was the body  
6088 of knowledge we had, but it was very incomplete.

6089 Q And would you agree, or is it true that as a  
6090 nation, we were experiencing significant challenges, again,  
6091 in that very early period of COVID-19, with supplies of  
6092 tests and PPE?

6093 A Absolutely. Very serious.

6094 Q And just for the record, with respect to  
6095 tests, we were seeing a delayed deployment of effective  
6096 COVID-19 tests due to a number of issues including

6097 contamination of those tests and fundamental design flaws.

6098 Does that sound correct?

6099 A Yes, that's correct.

6100 Q And with respect to PPE, we did observe  
6101 missteps by the federal government both in obtaining and  
6102 effectively distributing PPE to states; is that correct?

6103 A I was not involved in the PPE part.

6104 Q Does it sound familiar that that was an  
6105 issue we were experiencing as a nation, though?

6106 A It sounds familiar, correct.

6107 Q Now, taking a step back, is it true that  
6108 when we are faced with a rapidly spreading respiratory  
6109 virus, when we have little understanding of the ways in  
6110 which it spreads, as you just said, and when we have  
6111 limited supplies of testing and mitigation measures, one of  
6112 the few tools that we have at our disposal to reduce spread  
6113 is to create physical separation between people in order to  
6114 reduce the risk of person-to-person transmission?

6115 A That is a reasonable approach that might be  
6116 taken.

6117 Q And was it reasonable in March 2020 for  
6118 public health officials, again working with extremely  
6119 limited information about the virus and its spread, to  
6120 believe that physical separation between people had the  
6121 potential to reduce person-to-person transmission?

6122 A I think it was a reasonable assumption.

6123 Q And just to be clear, do you agree,

6124 Dr. Collins, that public health guidance suggesting six

6125 feet of social distancing between individuals to reduce the

6126 spread of COVID-19 was not an attempt to deceive the

6127 American public or to mislead the American public, rather,

6128 it was an effort to reduce the spread of COVID-19 and to

6129 save lives, again when public health officials had

6130 extremely limited information about the spread of the

6131 virus?

6132 A I would agree.

6133 Q I also wanted to briefly just revisit the

6134 topic of herd immunity, the different kinds of immunity,

6135 and the way in which that sort of set of issues was

6136 approached in the pandemic response.

6137 I would like to just quickly get your view on herd

6138 immunity. As I understand it, sort of a marquee or

6139 noteworthy aspect of the novel coronavirus and COVID-19 is

6140 the ability to get reinfected; is that correct?

6141 A Yes.

6142 Q So can you just briefly explain for us how

6143 the ability to get reinfected with the novel coronavirus,

6144 with COVID-19 undermines the feasibility of herd immunity

6145 as an approach for addressing COVID-19 specifically?

6146 A Again, I'm not an immunologist, but the idea

6147 of herd immunity is that you have a significant fraction of  
6148 the population that is essentially immune from being  
6149 infected with COVID-19. That turned out to be a very  
6150 difficult goal to achieve because of waning of the immune  
6151 response and changing of the virus.

6152 Q                   You mentioned for us in the last round asked  
6153 by my Majority colleague that there are different types of  
6154 immunity. There is infection acquired immunity, there is  
6155 vaccine conferred immunity, and there is hybrid immunity.  
6156 As you just explained for us, immunity wanes. And the idea  
6157 that infection acquired immunity is something that is a  
6158 permanent fix or a permanent form of protection against  
6159 COVID-19 is rendered moot as a result of that, correct?

6160 A                   That's correct.

6161 Q                   And just to be clear for the record, hybrid  
6162 immunity, which is immunity conferred both through  
6163 vaccination and immunity conferred from infection, affords  
6164 stronger and more durable protection than infection  
6165 acquired immunity alone?

6166 A                   That was the result of a Kentucky study.

6167 Q                   Okay.

6168 ■■■■■■■■■■ I think with that, we can go off the record.

6169 [Whereupon, at 5:22 p.m., the taking of the instant

6170 interview ceased.]