Chair Cathy McMorris Rodgers

House Energy and Commerce Committee
Oversight & Investigations Hearing
“The Biosafety of Risky Research: Examining If Science Is Outpacing Policy"
April 27, 2023

Mr. Chairman, thank you for holding this hearing on the biosafety of risky research. With a new book out this week about lab accidents, the recently released Senate report with new details pointing to safety problems at the Wuhan lab, and the recent recommendations of an NIH advisory panel on oversight of risky research, this hearing is timely.

COVID-19

We still do not know how the COVID-19 pandemic started. However, more information has heightened our suspicions that the origins of the pandemic were linked to a lab incident. Regardless of one’s view of how the pandemic started, we need to scrutinize the biosafety of risky research.

The COVID-19 pandemic has been a catastrophe for the U.S. and the world. More than a million lives have been lost in our nation.

In addition, the pandemic cost the U.S. economy more than $15 trillion dollars. The thought that this awful event might have been avoided by stronger biosafety practices warrants a hearing on this important topic.

Stymied by public health agencies and leaders

Unfortunately, in our pursuit of solutions, the conduct of some public health officials and the loss of trust in our public health institutions hampered our response. Instead of openness and honest discussion, HHS and the NIH have persisted in foot-dragging, stonewalling, or just not engaging on legitimate questions.

Three years into this pandemic, the NIH still won't provide meaningful information or straight answers to the committee about how the P3CO framework governing risky research was developed, and who at the NIH was responsible for developing the framework. An NIH advisory panel earlier this year found the framework had too many loopholes, and too much flexibility to evade independent review.

EcoHealth's failures

We still do not have complete information about how NIH experts in 2016 allowed EcoHealth Alliance, through its subgrantee the Wuhan Institute of Virology, to proceed with a research proposal infecting humanized mice with experimental coronavirus strains. NIH and EcoHealth agreed to go forward with the experiment on the condition that if excessive virus growth occurred EcoHealth would immediately stop the experiment and notify the NIH. This condition was incorporated in the grant terms. The experiment went forward, there was excessive virus growth, but immediate stoppage and notification did not occur. This was the conclusion of both the NIH and the Office of the HHS Inspector General.

Under other circumstances, EcoHealth's failure to stop the experiment and immediately notify the NIH would be called a near-miss safety incident. It may have even been a real incident, but the NIH has no way of knowing because EcoHealth committed another failure – it did not obtain the laboratory notebooks and electronic files from the Wuhan lab. Yet even with these compliance failures NIH holds EcoHealth in good standing and is giving them even more funding. No changes in policy. No lessons learned.

Dangerous mpox experiment unexplained

But NIH's reluctance to deal with biosafety standards is not limited to EcoHealth. A leading scientist at the NIH talked to Science magazine about an experiment he was conducting. The experiment involved transferring a gene from a more lethal but rare version of mpox and putting

it in a more transmissible version of mpox, I and other Republican leaders raised questions with NIH about this experiment. Almost six months later, we still have no engagement from the NIH.

Where is the accountability?

No consequences. No accountability. No seriousness from the NIH, the co-editor of the biosafety manual used by research labs across the U.S. No wonder the credibility of the NIH has suffered.

As we will learn today, we have gaps in policy and in data in the area of biosafety. However, even addressing the gaps will not be sufficient if the NIH only pays lip service to biosafety compliance with no real commitment to implementation.

The path forward to restoring that trust is having good-faith, honest discussion about biosafety in laboratories.

We need critical research for cures and medical countermeasures. However, for years this committee, and particularly this subcommittee, have held oversight hearings about lab accidents and other mishaps. The risk side still has not been adequately dealt with. Today's hearing can be a constructive start.

I thank the witnesses for their participation, especially testifying in-person on short notice. We appreciate your cooperation.