

INVESTIGATING THE ORIGINS OF COVID-19

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC

OF THE

COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY

HOUSE OF REPRESENTATIVES

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INVESTIGATING THE ORIGINS OF COVID-19

Wednesday, March 8, 2023

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

The subcommittee met, pursuant to notice, at 9:03 a.m., in room 2154, Rayburn House Office Building, Hon. Brad R. Wenstrup (chairman of the subcommittee) presiding.

Present: Representatives Wenstrup, Malliotakis, Miller-Meeks, Lesko, Cloud, Joyce, Greene of Georgia, Jackson of Texas, McCormick, Ruiz, Dingell, Mfume, Ross, Robert Garcia, Bera, and Tokuda.

Dr. WENSTRUP. Good morning, everyone. The Select Subcommittee on the Coronavirus Pandemic will come to order. I want to welcome everyone who's here today, as well as our witnesses. Without objection, the Chair may declare a recess at any time. Pursuant to rule 7(d) of the Committee on Oversight and Accountability, and at the discretion of Chairman Comer, Mr. Jordan, a member of the full committee, may participate in today's hearing for the purposes of questions. I now recognize myself for the purpose of making an opening statement.

Welcome to our first of many hearings concerning the coronavirus pandemic. We are tasked to review all the effects of the pandemic, as well as decisions made during the pandemic, not just the origins of COVID-19. However, we are here today at our first hearing to ask the fundamental question that this body has failed to ask three years ago: Where did COVID-19 come from? Did it come from a natural spillover, transferred from a bat to an intermediate source to human? In other words, did it come from nature? Or was it the result of a laboratory or research-related accident? In other words, did it come from a lab?

This question is fundamental to helping us predict and prevent future pandemics, protecting our health and national security, and preparing the United States for the future. This question is not one that should be dismissed out of hand. It cannot be taken lightly. It must be investigated thoroughly, responsibly, and honestly, an investigation based on facts, expert opinions, and without intentional or unintentional bias.

That is what the Select Subcommittee is tasked to do; follow the facts, conduct a fair investigation, and seek to deliver the truth to the American people. Ultimately, we will strive to produce a product that will serve future generations, enhancing our capabilities and operating procedures when we are faced with the threat of an-

other pandemic. That is what is deserved. That is what Americans should expect from their government, and this is one more way we can provide for our defense.

The work has already begun. Thus far, the Select Subcommittee has sent letters of inquiry to the Department of Health and Human Services, the White House, and Dr. Francis Collins of the National Institute of Health, the Office of the Director of National Intelligence, Dr. Anthony Fauci, the former Director of National Institutes of Allergy and Infectious Diseases and Chief Medical Advisor to the President; EcoHealth Alliance, recipient of NIH funding grants to perform coronavirus research, the Department of Energy, Department of State, and the FBI, concerning their intelligence and investigations surrounding the evolution of COVID-19 and any forensic findings they may have discovered.

Over the weekend, we released a memo highlighting new evidence that suggests that Dr. Fauci prompted the drafting of a publication that would disprove the lab leak theory, that the author skewed evidence to achieve that goal, and that the current chief scientist of the World Health Organization was an uncredited co-author even though he appears to have contributed to the piece entitled, "Proximal Origins."

I think we've already established that the Select Subcommittee will try to leave no stone unturned to try to find the truth. Unfortunately, the question of the origins has been politicized. That's no secret. It has driven most people to their corners rather than driving apolitical scientific debate or discussion. Some say the virus came from nature that, according to recent papers discussed in *New York Times*, the science is dispositive.

Some say it's too unique, too primed for human transmission, that there's too much circumstantial evidence that points to COVID-19 coming from a lab. As well, in three years, there's been no track found to prove that COVID-19 evolved naturally from an animal or a mammal or a tick to become highly infectious to humans. The truth is we don't know the origins of COVID-19 yet for sure. We don't have a smoking gun.

First, the science behind COVID-19: the genome of COVID-19 is inconsistent with expectations, and is unique for its group of viruses. COVID-19 has both a binding domain optimized for human cells, and a furin cleavage site, or a small part of the virus that makes it so infectious. That has never been seen before in a SARS-related virus. In other words, COVID-19 has unique characteristics that made it very infectious to humans. These have never been seen before in any other viruses of its type.

Most viral outbreaks are slow and small. CDC data shows SARS infected approximately 8,000 people worldwide, and eight in the U.S. Similar with MERS, which infected approximately 2,000 people worldwide. But COVID-19 was primed for human transmission. It has infected more than 750 million people worldwide. Dr. Redfield, one of our witnesses here today and a virologist, has even said that he believes COVID-19 had a detour from nature to be educated how to infect humans.

Second, the known research occurring in China: We know the Wuhan Institute of Virology was conducting gain-of-function research on novel bat coronaviruses by creating chimeric viruses,

combining two viruses together to test infectivity and infecting mice with these viruses, work that former COVID-19 task force coordinator, Dr. Deborah Birx confirmed was, in fact, gain-of-function, contrary to statements by Dr. Fauci. We have learned that the Wuhan Institute has poor biosafety and was conducting this research at only Biosafety Level 2, described as the “Wild West” by Dr. Jeremy Farrar, a virologist from the U.K., now Chief Scientist for the WHO.

We have learned through a leaked DARPA grant application that with U.S. taxpayer backing, the Wuhan Institute proposed inserting furin cleavage sites into novel coronaviruses, the same unique genetic aspect of COVID-19. And we know, according to a State Department fact sheet, the multiple researchers at the Wuhan Institute were sick with COVID-19-like symptoms in the fall of 2019, before the Chinese officially announced the outbreak.

Third, concerning the actions of NIH and EcoHealth Alliance, records show that the National Institutes of Health while the U.S. was under a moratorium on gain-of-function research, exempted EcoHealth Alliance and the Wuhan Institute from this very ban. Records show that the National Institutes of Health allowed EcoHealth to conduct risky research on novel coronaviruses at the Wuhan Institute without going through the potential pandemic pathogen department level review board. Records show that EcoHealth violated Federal grant policy, and failed to file its five-year progress report for more than two years.

Records show that EcoHealth violated the terms of its grant and failed to report an experiment that resulted in gain-of-function of a coronavirus at the Wuhan Institute.

Fourth, for some reason that we do not yet know, leaders in the scientific community took action to attempt to convince the world that they should not take the lab leak theory seriously. Dr. Francis Collins stated he was more concerned with harm to “international harmony” than he was with investigating the lab leak. Dr. Fauci said the lab leak theory was a “shiny object that will go away in time.”

The president of EcoHealth, Dr. Peter Daszak orchestrated a letter in *The Lancet* that called the lab leak a “conspiracy theory,” a statement that directly benefited Dr. Daszak himself. And four scientists, after a conference call with Dr. Fauci, completely reversed their position. Dr. Kristian Andersen said he found “the genome inconsistent with evolutionary theory.” And Dr. Robert Garry said he “really can’t think of a possible natural scenario.” But a few days later, published a paper saying the exact opposite, a paper based on the new emails we released claim to be prompted by Dr. Fauci himself.

Fifth, the intelligence: FBI Director, Christopher Wray, confirmed publicly that the FBI assessed COVID-19 most likely originated from a lab incident in Wuhan. The *Wall Street Journal* reported the Department of Energy now also believes a lab leak is the most likely origin. These aren’t run-of-the-mill agencies. The FBI used experts in biological threats and is reportedly supported by the National Bioforensic Analysis Center and the Department of Energy used its own Z Division, experts in investigating biological threats. These are some of the facts as we know them, but there’s

so much more to do. We are here today to try and understand what and why.

It's important to conduct this investigation. Discovering the origins is vital. It matters for the future of the world, and we aren't finished. We're just beginning. There will be more hearings and more inquiries and more documents discovered, and we will follow every lead. I look forward to hearing from our expert witnesses today, and I thank them for joining us today. Thank you.

I would now like to recognize Ranking Member Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, Mr. Chairman.

Today, the Select Subcommittee on the Coronavirus Pandemic convenes for its first hearing to discuss the origins of the COVID-19 pandemic, an issue of vital importance to our Nation's public health. Since the first outbreak of COVID-19, researchers in the scientific community have worked tirelessly to evaluate the virus and advance our understanding of its origins. Dozens of studies have been conducted, or are currently underway, to evaluate this question. And under President Biden's direction and leadership, the intelligence community initiated a sweeping assessment to get to the bottom of the virus' origins.

The facts are the evidence remains inconclusive. Therefore, we must allow our scientists and intelligence communities to gather evidence without politicization, extreme partisan rhetoric, or conspiratorial accusations that vilify our Nation's public health experts.

Instead, we should focus on developing policies that prevent and reduce the harm of future viruses and pandemics. As Ranking Member of this select subcommittee, it is my sincere hope that we can conduct this work in an objective, bipartisan way, based on evidence to save lives.

However, today's hearing marks a concerning step down the path of letting extremism get in the way of an inquiry that should be led by science and facts. When House Republicans announced this hearing with their slate of handpicked witnesses, I was alarmed to see someone who wrote a book applauded by white supremacists. Mr. Nicholas Wade's 2014 book, "A Troublesome Inheritance," suggests that different racial and ethnic groups have evolved to possess genetic variations and traits and behaviors tied to whether they prosper or not.

For example, Mr. Wade speculates that certain populations have evolved to develop greater innate intelligence. He writes that quote, "Intelligence can be more highly rewarded in modern societies because it is in far greater demand," end quote, and conversely, he claims that certain populations have been slower to experience an evolutionary change he has described as quote, "the transformation of a population's social traits from the violent, short-term, impulsive behavior typical of many hunter, gatherer, and Tribal societies into, quote, 'the more disciplined future oriented behavior observed in other populations.'"

The notion that people of different racial or ethnic groups are more successful or intellectually superior to another because of predisposed genetic makeup is grossly inconsistent with the consensus of scientific and medical scholarship. That is why I sent a letter to

my Republican colleagues this morning strongly urging them to disinvite Mr. Wade as a witness so as not to give legitimacy to a man of such discredited, unscientific, and harmful views.

These views are dangerous and have no place in a hearing examining the origins of a pandemic that has disproportionately and overwhelmingly harmed communities of color in the United States. I'm concerned that Mr. Wade and his views have been elevated by his participation on today's panel, giving him a platform reaching millions of Americans. His participation hurts the credibility of this hearing. Answering the question of how the novel coronavirus came to be one that should be driven by the need for thoughtful policy solutions. Whether the novel coronavirus emerged naturally or as a result of a lab leak does not change this.

And as our expert communities work to advance our understanding of the virus' origins, Congress should be focused on developing commonsense solutions to put people over politics and protect our Nation from the threat of a future public health crisis.

There is still time for this select subcommittee to change course, to reject extreme partisan rhetoric, discard conspiratorial accusations and work constructively to save lives. The American people deserve nothing less.

I yield back.

Dr. WENSTRUP. I thank the Ranking Member.

I would like to remind the Ranking Member, and all those here, that the Ranking Member was informed of our witnesses seven days ago yet objected this morning. Now, I understand that they had some problems getting their witness because of COVID, but we just received who their witness was today. Also, I'd like to point out that Mr. Wade is here as he was the editor of Nature Magazine and Science Magazine. Nature Magazine is the magazine—not while he was there, but is the magazine that produced and printed "Proximal Origins."

We will proceed, and I expect that our witnesses will proceed in sticking to the topic at hand today as opposed to trying to deviate from it.

Mr. WADE. Mr. Chairman, may I respond?

Dr. WENSTRUP. You'll have a chance. You'll have your opening statement.

Our witnesses today are Dr. Jamie Metzl. Dr. Metzl served on the National Security Council under President Bill Clinton, the State Department under Secretary Madeline Albright, and as Deputy Staff Director for Senator Joe Biden on the Senate Foreign Relations Committee. He's currently a senior fellow at the Atlantic Council. Mr. Nicholas Wade. Mr. Wade has worked in field of health and science journalism for more than 40 years. He worked for Nature Magazine, Science Magazine, and was then the science editor for *The New York Times*. He is now a freelance journalist and author writing extensively about COVID-19.

Dr. Paul Auwaerter—did I say that correctly, sir?

Dr. AUWAERTER. You did.

Dr. WENSTRUP. Dr. Auwaerter was the President of the Infectious Diseases Society of America, the largest professional society worldwide related to infectious diseases. He is currently a Professor

of Medicine at Johns Hopkins University School of Medicine, serving as the Clinical Director for the Division of Infectious Diseases.

Dr. Robert Redfield. Dr. Redfield spent more than 45 years in medicine and is a virologist by training. He served as Chief of the Department of Retroviral Research at the Walter Reed Army Institute of Research, co-founded the Institute of Human Virology at the University of Maryland, and was the Director of the U.S. Centers for Disease Control and Prevention from 2018 to 2021, serving during the pandemic itself.

Pursuant to Committee on Oversight and Accountability rule 9(g), the witnesses will please stand and raise their right hands.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Thank you. Please be seated. Let the record show that the witnesses all answered in the affirmative.

The Select Subcommittee certainly appreciates you all for being here today, and we do look forward to your testimonies. Let me remind the witnesses that we have read your written statements, and they will appear in full in the hearing record. Please limit your oral statements to five minutes.

As a reminder, please press the button on the microphone in front of you so that is on and Members can hear you. When you begin to speak, the light in front of you will turn green. After four minutes, the light will turn yellow. When the red light comes on, your five minutes has expired, and we would ask that you please wrap up.

I now recognize Dr. Metzl to give an opening statement.

**STATEMENT OF DR. JAMIE METZL, PH.D., SENIOR FELLOW,
THE ATLANTIC COUNCIL**

Mr. METZL. Chairman Wenstrup, Ranking Member Ruiz, and members of the Select Subcommittee on the Coronavirus Pandemic, it is my great honor to join you today. We are primarily here because the Chinese government has done everything in its power to prevent the type of investigation into the origins of the COVID-19 pandemic that is three years overdue and still urgently required. We are also here because there is more that we in the United States can and must do to push forward, even if China continues to stonewall. This includes establishing a bipartisan U.S. national COVID-19 commission.

I have waited more than three years for these hearings to be held. Getting to this point has required a great deal of effort by a small but tireless, self-motivated, and highly capable community of experts from around the world who have refused to be bullied into silence. Because so many of us have worked so hard for so many years against such ferociously strong headwinds to help lay the groundwork for these hearings, I join you today with a deep and sincere request that your committee honor our work by making these hearings as evidence-based, probing, and solutions-oriented as possible.

Understanding what went wrong and determining how we can do better must be the ultimate bipartisan and nonpartisan issue. I happen to be a Democrat, which is irrelevant to our work together.

Since the start of the pandemic, I have been in close contact with officials in the Trump and then the Biden administrations and have worked with Members of Congress of both parties on the pandemic origins issue. Although my views are laid out more fully in my written testimony, I'd like to quickly highlight my key points.

First, and most importantly, approximately 20 million people, including over 1 million Americans, have died as a result of COVID-19. These are our parents, partners, children, relatives, colleagues, and friends. We owe every one of these victims and ourselves the fullest possible investigation into how this avoidable tragedy unfolded and our best efforts ensuring that a catastrophe like this never happens again.

Second, while the question of pandemic origins remains open, there can be no doubt that a research-related origin remains a very serious possibility, if not a distinct probability. There is no smoking gun proving a laboratory origin hypothesis, but the growing body of circumstantial evidence suggests a gun that is at very least warm to the touch. Those feeling otherwise also deserve to have their perspectives and research carefully considered. We should all be open to evolving our views as new evidence emerges. Everyone working in good faith to follow the evidence wherever it leads is on the same side. Those working to prevent this type of investigation are not.

Third, it is inconceivable that over three years after this deadly pandemic began, no comprehensive and unfettered investigation into pandemic origins has been carried out, nor is one currently planned. This injustice is an insult to every victim of this crisis, and a clear threat to future generations. The primary reason there has been no comprehensive investigation into COVID-19 origins is the reprehensible actions of the Chinese government.

Since the early days of the pandemic, China's government has destroyed samples, hidden records, imprisoned brave Chinese journalists, gagged Chinese scientists, actively spread misinformation, and done pretty much everything possible to prevent the kind of unfettered, evidence-based investigation that is so urgently required. Every person on Earth must demand accountability from China. Calling for a full investigation of pandemic origins in China does not at all mean we shouldn't carefully examine our own behavior and that of our friends and allies. In fact, we must.

Fourth, although scientific collaboration, including with Chinese scientists remains critical to building a safer future, we cannot purchase these relationships by our silence. We must at least match the courage of brave Chinese citizens, like Zhang Zhan who is rotting away in a Chinese prison for asking the same questions many foreigners seem somehow afraid to ask. There is no possible way to establish the principle of transparency and accountability tomorrow without fearlessly and unequivocally establishing that principle today.

Fifth, even if China continues to stonewall, there are critical steps we can and must take in the United States and elsewhere to move this process forward. This includes establishing a bipartisan U.S. national COVID-19 commission to examine the origins issue, as well as other failings and shortcomings on the national and

international levels and develop bold recommendations for next steps.

Sixth, because the pandemic has taught us, at least I hope, that in our increasingly interconnected world, we are all only as safe as the most vulnerable among us, making us more secure here in America requires we do everything possible to help build a safer world, including by helping upgrade the World Health Organization. Although some people have criticized the WHO for how it has dealt with the origins issue, it is my view as outlined in my written testimony that WHO Chief Doctor Tedros Adhanom Ghebreyesus has been, in many ways, an unsung hero of this process.

Chairman Wenstrup, Ranking Member Ruiz, and members of the subcommittee, our world is entering a new era of globalization, where risks are increasing across the board, including the risk of pandemics far deadlier than COVID-19. If we do not get to the bottom of what went wrong with the COVID-19 pandemic, if we fail in our efforts to fearlessly understand all shortcomings and shore up the vulnerabilities this crisis has so clearly exposed, the victims of the next pandemic, our children and grandchildren, will ask us why we failed to protect them when we knew what was at stake and had the chance.

Thank you.

Dr. WENSTRUP. Thank you. I now recognize Mr. Wade to give an opening statement.

**STATEMENT OF NICHOLAS WADE, FORMER SCIENCE AND
HEALTH EDITOR, THE NEW YORK TIMES**

Mr. WADE. Thank you, Mr. Chairman.

Although it's a gigantic distraction from the work of your committee, I think I should briefly try to respond to the attempt by Ranking Member Ruiz to discredit my testimony by saying a number of untrue things about the book I wrote 10 years ago on the biology of race. This was a determinately non-racist book. It has no scientific errors that I am aware of. It has no racist statements, and it stresses the theme of unity that we are all variations on the same human genome. My book was vigorously attacked by obscure academics who want everyone else to believe that there is no biological basis to race. And my book was as welcomed to them as pictures of the earth from space are to flat-earthers.

I have nothing to be ashamed of in my book. It's the only place you can now read about what the genome says about human races, and I hope Mr. Ruiz, if he reads it, will be pleasantly surprised to find it says none of the things he says it said.

With apologies for that digression, Mr. Chairman, I would like to thank you for inviting me to discuss the origin of the COVID virus and hope you will allow me a few extra minutes. I am a science writer, and I worked on two leading research journals, *Nature* and *Science*, and then for 30 years on *The New York Times*, where I was an editorial writer and a science editor. This background has given me some knowledge of how the scientific community works.

I'd like to touch on two issues of interest to the committee: Where did the SARS-2 virus come from, and why are we taking the lab-leak idea seriously only now, instead of three years ago? When the epidemic first broke out in December 2019, natural ori-

gin and lab leak were two equally reasonable explanations. But if the virus had emerged naturally, it should have left many telltale signs in the environment. None has yet appeared, despite the Chinese government's keen interest in finding them.

As each month passes without such evidence, the natural origins idea has grown steadily weaker, it seems to me. For lab leak on the other hand, the evidence has been building. Here are two of the three strongest pieces of evidence in favor of lab leak. First, the epidemic broke out not in some random Chinese city, but right in Wuhan, home of the Wuhan Institute of Virology. We know that scientists there were genetically engineering coronaviruses under seriously inadequate safety conditions, and we know that viruses escape from labs all the time. Clearly, lab leak has to be a strong possibility.

Second, that possibility became much more concrete with the recent surfacing of a grand proposal by the Wuhan researchers and others. They applied, in 2018, for a \$14 million grant from a Pentagon program called Project DEFUSE. The essential ingredient of SARS-2, as the Chairman has said, one which makes the virus so infected is a small genetic element called a furin cleavage site. Wuhan researchers said in their grant proposal that they would insert this very element into a group of coronaviruses. And not only that, they will place the element at a very specific point on the virus' genome called the S1/S2 junction.

Now, the DOD turned the proposal down. It was too risky even for them, but the researchers may have done much of the basic work already or could have find other ways to finance it. A year later, the SARS-2 virus appears on the scene, and guess what? It possesses a furin cleavage site, the only known member of its large family of viruses to do so. And the cleavage site is positioned right at the S1/S2 junction. Why should evolution produce, at that very time and at that very place, a virus of the exact type described in the DEFUSE proposal? It's surely much easier to believe that the Wuhan researchers did exactly what they proposed and generated the SARS-2 virus in their lab.

But if the evidence for lab leak is so strong, why do so many people still believe the virus came from nature? The reason is that the natural origin camp got its story out first, always a big help. It very successfully painted lab leak as a conspiracy theory before anyone in the public proposed it. The national media swallowed the natural origin story unskeptically and once committed to it, failed to report important contrary evidence such as the DEFUSE Grant. Science journalists in particular, it seems to me, fell down on their job by failing to check out the virologists' self-serving claims.

The natural origin theory did not prevail by accident. It was promoted by science administrators in the United States and England, including Francis Collins and Anthony Fauci of the National Institutes of Health. The NIH is a national treasure and Collins and Fauci's most prominent leaders at the time are well-known to the public and on Capitol Hill. It's hard to believe that in the twilight of their long careers, they would seriously mishandle an issue as important as the origin of the COVID virus. Yet, that is what the evidence seems point to.

The campaign to discredit lab leak began on the evening of January 31, 2020, when Fauci received an email from four virologists led by Kristian Andersen of Scripps Research; they had all concluded that SARS-2, because of its furin cleavage site, could not have been made in nature. Fauci was probably not too pleased to hear that the virus might have escaped from research that his agency had funded.

A strange thing happened to the virologists' conclusion. Within four days, Andersen, in an email of February 4, repudiated, deriding lab leak as a crackpot theory. What made him change his mind? No new scientific evidence about the virus came to light between January 31 and February 4, but from that 180-degree reversal, a whole campaign was able to be developed, including highly influential articles placed in *Nature Medicine* and the *Lancet*.

I have some ideas about how this and other research should be regulated, which I described in my written testimony. I'll stop there.

Dr. WENSTRUP. Thank you.

I now recognize Dr. Auwaerter to give an opening statement.

STATEMENT OF DR. PAUL G. AUWAERTER, MD, MBA (MINORITY WITNESS), CLINICAL DIRECTOR, DIVISION OF INFECTIOUS DISEASES, SHERRILYN AND KEN FISHER PROFESSOR OF MEDICINE, JOHNS HOPKINS SCHOOL OF MEDICINE, PAST PRESIDENT, INFECTIOUS DISEASES SOCIETY OF AMERICA

Dr. AUWAERTER. Chairman Wenstrup, Ranking Member Ruiz, and distinguished members of the subcommittee, thank you for the opportunity to testify. Though I'm from the Johns Hopkins University School of Medicine, I speak on behalf of the Infectious Diseases Society of America, and my statements do not represent Johns Hopkins.

Over 1 million Americans have died from COVID losses that magnify the tremendous suffering among countless families in our country. As a physician caring for patients with COVID for over three years, we need to deepen our understanding of the virus' origins and apply experience from the pandemic to improve our preparedness, prevent disease, and save lives.

Investigations must be objective and driven by appropriate, scientific, and intelligence experts who present unbiased findings. Investigations are ongoing. There's no consensus yet about the virus' origins. The Department of Energy, with low confidence, determined the virus escaped from a laboratory in China based on classified information unavailable to the public. The FBI reached its conclusion with moderate confidence.

On the other hand, many virologists believe compelling evidence points to an animal origin. They conclude that coronavirus most likely jumped from a caged wild animal into people at a seafood market. We may never know the origin conclusively. Making claims that cannot be supported sufficiently by available data only fuels confusion and mistrust. Regardless, we can learn valuable lessons from these investigations to prevent outbreaks and pandemics of any origin.

A robust public health infrastructure and global coordination are essential for surveillance to identify, track, and contain potential threats. Pathogens respect no borders. We must collaborate inter-

nationally to foster an unsuspicious atmosphere where global information, sharing about infectious diseases is transparent, complete, and rapid.

Twenty years ago, the SARS outbreak provides an instructive example of what can be achieved through multi-countries, scientific, and public health collaboration. Within six months, these collective efforts were successful in staunching the virus, and it has not reappeared. Greater transparency about science, decisionmaking, and public health will help improve health literacy and rebuild trust in science and public health, including understanding why recommendations evolve as knowledge grows.

If people are better prepared to understand science, they will be more comfortable deciding how to protect themselves and their loved ones best. The U.S. should invest in an expert work force to leverage preparedness tools to benefit all communities, meaning recruiting and training. Significant shortages of public health professionals, laboratory scientists, researchers, and infectious disease physicians persist. Federal investments are urgently needed to fill these gaps. Basic translational and clinical research are crucial for our pandemic preparedness.

For example, rapidly deploying tests for a new pathogen will enable quicker scaling of testing capacity when new threats emerge. Investments should also focus on developing therapeutics for anticipated pathogens, including viruses and bacteria, including multidrug resistant ones. Sufficient infectious diseases research capacity improvements to biosafety are essential. Access to BSL-4 facilities assists in bio-security research. Therefore, a new BSL-4 lab should be strategically placed throughout our Nation.

The Federal Government should support biosafety studies, including why laboratory accidents happen, their frequency, and other data needed to create and update evidence-based mitigation measures. Enhanced potential pandemic pathogens, ePPP research, a type of gain-of-function research has received renewed attention. Such efforts can help understand possible human pathogen interactions, assess the likelihood of emerging pandemics, and inform preparedness efforts, including surveillance and medical counter-measure developments.

While such research is inherently risky requiring strict oversight, there are risks if we don't undertake this type of research, leaving us unprepared. Unbiased bodies with appropriate scientific expertise should perform this oversight. Last year, the U.S. Government charged the National Science Advisory Board for Biosecurity (NSABB) with reviewing policies regarding ePPP research and dual-use research of concern (DURC). In January, the NSABB released recommendations to strengthen the oversight of ePPP and DURC research in the U.S. and abroad, remove blanket exclusions, expand research types considered ePPP, strengthen guidelines, and increase transparency in the research review process.

These guidances can facilitate achievements with improved, appropriate guardrails. I am grateful for your attention and for inviting me. The Infectious Diseases of Society also thanks you for your leadership and stands ready to partner with you to learn from the pandemic and to improve our readiness.

Dr. WENSTRUP. Thank you.

I now recognize Dr. Redfield to give an opening statement.

STATEMENT OF DR. ROBERT REDFIELD, M.D., FORMER DIRECTOR, U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Dr. REDFIELD. Chairman Wenstrup, Ranking Member Ruiz, and members of the committee, I'm pleased to testify today in support of this subcommittee's important work to investigate the origin of COVID-19 that has resulted in the deaths of over 1 million Americans. From 2018 to 2021, I served as the 18th Director of the Centers for Disease Control and Prevention during the Trump Administration. As CDC Director, I oversaw the Agency's response to the COVID-19 pandemic from the earliest days of its spread, and I also served as a member of the White House Coronavirus Task Force.

But perhaps more relevant for the purpose of this hearing, my 45 years in medicine have been focused on the study of viruses. I'm a virologist by training and by practice. Prior to my time at CDC, I spent more than 20 years as a U.S. Army physician and medical researcher at the Walter Reed Army Institute of Research where I served as the Chief of the Department of Retroviral Research, and I worked in virology, immunology, clinical research, at the forefront of AIDS epidemic, and other threats.

In 1996, I cofounded the Institute of Human Virology at the University of Maryland in partnership with the state of Maryland, the city of Baltimore, and the University System of Maryland, where I served as the director of clinical research and care. And I also served as a tenured professor of medicine, microbiology, and immunology, chief of infectious disease and vice chair of medicine at the University. After my time at CDC, I served as the senior public health advisor to Governor Hogan in the state of Maryland.

As COVID-19 began to spread across the world, there were two competing hypotheses about the origin of this virus that needed to be vigorously explored. The first hypothesis is the possibility that COVID-19 infections in humans were the result of a spillover event from nature. This is a situation in which the virus naturally mutates and becomes more transmissible from one species to another, in this case from bats to humans via an intermediate species. This is what happened in previous outbreaks of SARS and MERS and earlier coronaviruses that emerged from bats and spread through an intermediate animal.

The second hypothesis is the possibility that the virus evolved in a laboratory involved in gain-of-function research. This is a type of research in which scientists seek to increase the transmissibility or pathogenicity of an organism in order to better understand that organism and inform preparedness efforts and the development of countermeasures such as therapeutics and vaccines.

Under this theory, COVID infected the general population after it was accidentally leaked from a lab in China. From the earliest days of the pandemic, my view of both theories about the origin needed to be aggressively and thoroughly examined. Based on my initial analysis of the data, I came to believe, and I still believe today, that it indicates that COVID-19 more likely was the result

of an accidental lab leak than a result of the natural spillover event.

This conclusion is based primarily on the biology of the virus itself, including the rapid high infectivity for human-to-human transmission, which would then predict the rapid evolution of new variants as well as a number other important factors, which also include the unusual actions in and around Wuhan in the fall of 2019, all of which I'm happy to discuss today.

Even given the information that surfaced in the three years since the COVID-19 pandemic began, some have contended that there's really no point in investigating the origin of this virus. I strongly disagree. There is a global need to know what we are dealing with in COVID virus because its effects how we approach the problem to try to prevent the next pandemic. The understanding of the origin of COVID is critical to future science research, particularly as it affects ongoing ethical debate around gain-of-function research.

Gain-of-function research has long been controversial within the scientific community, and in my own opinion, COVID-19 pandemic presents a case study on the potential dangers of such research. While many believe that gain-of-function research is critical to get ahead of viruses by developing vaccines, in this case, I believe it was the exact opposite; unleashing a new virus to the world without any means of stopping it and resulted in the deaths of millions of people.

Because of this, it's my opinion that we should call for a moratorium on gain-of-function research until we have a broader debate, and we come to a consensus as a community about the value of gain-of-function research. This debate should not be limited to the scientific community. If the decision is to continue with gain-of-function research, then it must be determined how and where to conduct that research in a safe and responsible and effective way.

I thank you for inviting me here today as we explore this important topic. I look forward to answering your questions. Thank you.

Dr. WENSTRUP. Thank you. I thank you all.

I now recognize myself for questions. I have said since we started this that the goal of this committee would be to come away with some capabilities or at least standard operating procedures in an effort to be able to predict the next pandemic, prepare for the next pandemic, protect ourselves from the next pandemic, and hopefully prevent the next pandemic.

But first, I want to ask each of the witnesses, yes or no: Does the origin of COVID-19 matter to protect the globe from future pandemics? We'll go down the line. Dr. Metzl?

Mr. METZL. One-hundred percent, absolutely and completely yes.

Dr. WENSTRUP. Mr. Wade?

Mr. WADE. Yes.

Dr. WENSTRUP. Dr. Auwaerter?

Dr. AUWAERTER. Yes.

Dr. WENSTRUP. Dr. Redfield?

Dr. REDFIELD. Yes.

Dr. WENSTRUP. So, we're all on the same page there.

Dr. Metzl, I have a question for you. You know we've heard the testimony, and we know, scientifically fact, that we have found in

the past with these types of viruses, coronaviruses in particular, SARS, MERS, we found an intermediary.

My question is: Do you feel that we, as a scientific community around the world, have robust capabilities to do that type of investigation to find an intermediary? Do we have the assets we need for that?

Mr. METZL. Technically, we do, and we know that the Chinese government has actually been very aggressive in trying to find that kind of intermediary host animal. They've sequenced about 100,000 animals. They haven't found anything in SARS and MERS as you mentioned. Those intermediary hosts were found relatively quickly. And so, given that the Chinese government has every incentive to find an intermediate host, I think it's very significant that that hasn't been found, but we have that capability, and everybody has a reason to want to find it, particularly the Chinese government. I think it's very telling that after three years, we still haven't found it.

Dr. WENSTRUP. Dr. Auwaerter, I ask you the same question about those capabilities.

Dr. AUWAERTER. I would agree that we have the technical capabilities. What I would say, though, is with coronaviruses, they are highly mutable, which have—certainly we've seen over these past three years as the virus has evolved. Regarding finding intermediaries, there are examples, with the Ebola virus, where we have not yet found a clear intermediary despite looking very hard. No one thinks that came about from a lab accident decades ago.

So, I think it's still an open question. I think everything does need to be explored, and there's always opposing points of view here that need to be weighed, and not all hypotheses are weighed equally.

Dr. WENSTRUP. I think it's interesting you talked about them being highly mutable. I assume they can be mutable in a lab.

Dr. Redfield, are you an advocate for a moratorium on gain-of-function research, particularly research on potential pandemic pathogens, and why?

Dr. REDFIELD. Yes, I am. I think that, again, the people that are advocates for gain-of-function research do believe that by doing this research, they somehow get ahead of the curve. I'm of the point of view that we don't need to make pathogens more transmissible or more pathogenic in order to get ahead of the curve. We can begin to deal with those pathogens as they evolve. I don't think this should be a decision made by scientists alone. This is a societal decision. There should be a broad debate about whether this research is really necessary. And if so, we should decide how to do it safely and responsibly.

I remind people that when I was CDC director, one of the most difficult things I had to do as a 20-something year Army vet was shut down Fort Detrick. It wasn't very popular. These people were my friends. I knew them. Our inspections showed that they were cutting corners in their biosecurity requirements and I felt that we weren't going to take that chance with the Frederick community and beyond. So, I shut the lab down for four to six months until they corrected their biosecurity.

I think this is much more complicated than people think and if we are to go down that path, I would argue there are a few labs in the world that should be, with multiple redundancy, in containment to do this. But I'm not convinced it's to an advantage and this is why in The Wall Street Journal op-ed I did, I strongly recommended that we have a moratorium on gain-of-function research, similar to what we had in the Obama Administration.

Dr. WENSTRUP. In one sentence, can you provide a definition of gain-of-function research? I say that because there becomes a little semantics sometimes I believe within the scientific community of what is a chimera and what is gain-of-function?

Dr. REDFIELD. Yes. I think it's to take a pathogen, and try to increase one of two things or both, to increase its transmissability or its pathogenicity. I disagree with some of my colleagues at NIH to say the definition's restricted to a pathogen that's already a pathogen. If I make a nonpathogen pathogenic, that's gain-of-function.

Dr. WENSTRUP. So, in your expert opinion, was the Wuhan Institute conducting gain-of-function research on the coronavirus?

Dr. REDFIELD. Absolutely.

Dr. WENSTRUP. Thank you. So, one other path of questioning for you, Dr. Redfield. Proponents of this research claim it may result in vaccines or maybe even stop a pandemic. Dr. Redfield, has gain-of-function created any lifesaving vaccines or therapeutics to your knowledge?

Dr. REDFIELD. Not to my knowledge.

Dr. WENSTRUP. Has gain-of-function stopped a pandemic in your opinion?

Dr. REDFIELD. No. On the contrary, I think it probably caused the great pandemic our world has seen.

Dr. WENSTRUP. Do you find any tangible benefits to gain-of-function research at this time?

Dr. REDFIELD. I personally don't. But I do want to stress, I think the men and women that support it are people of good faith, because they truly believe it's going to lead to a potential benefit. I disagree with that assessment.

Dr. WENSTRUP. Thank you.

I now recognize the Ranking Member, Dr. Ruiz, from California for his questions.

Dr. RUIZ. Thank you, Mr. Chairman.

The Select Subcommittee's first hearing should provide an opportunity for our Members to carry out credible, responsible oversight to prevent and prepare for future pandemics. Instead, House Republicans invited a writer whose extreme and dangerous views have been echoed by white supremacists to testify on the issue of the novel coronavirus' origins.

In May 2014, David Duke, former grand wizard of the Ku Klux Klan, hosted a radio show praising Mr. Wade and his book, "A Troublesome Inheritance."

Mr. Wade, are you aware of David Duke's praise of your views on his website?

Mr. WADE. When my book first came out, Mr. Ruiz, I think the extreme right wing thought it would help their cause, but they very soon dropped referring to it because when they actually read it, as

many people who talk about my book have not, they found that the book——

Dr. RUIZ. David Duke did read your book. In fact, he had a whole radio talk show about it and described it in detail. And he did endorse your views. On a post, davidduke.com promoting his radio show, he states, quote, “Hear Dr. David Duke speak on the former science editor for *The New York Times* who has now essentially embraced the scientific racial truth that Dr. Duke wrote extensively about in *My Awakening*, and has written about for more than 35 years.”

You see, Mr. Wade’s book deploys dangerous tropes and stereotypes about minority communities under the guise of science. His assertions define the overwhelming consensus of scientists and researchers, including those in the fields of population genetics and evolutionary biology.

Dr. Redfield, as a former CDC director, do these views trouble you?

Dr. REDFIELD. I’m sorry. I was distracted. I’m sorry. I was distracted.

Dr. RUIZ. Would the views that I mentioned and David Duke’s endorsements of Mr. Wade’s book trouble you?

Dr. REDFIELD. I’m not a fan of David Duke at all. I do think that Nicholas Wade—and I have followed his work over 30 years—is an outstanding science reporter, and has contributed substantially, both in *Nature*, *Science* and, of course, leading *The New York Times*.

Dr. RUIZ. You know, there are 140 faculty members and experts who strongly disagree with you. In fact, more than 140 faculty members and experts jointly condemned Mr. Wade’s book in a joint letter to *The New York Times Book Review* stating, quote, “We reject Wade’s implication that our findings substantiate his guess work. They do not. We are in full agreement that there is no support from the field of population genetics for Wade’s conjectures.”

Mr. Chairman, I’d like to enter this letter into the record.

Dr. REDFIELD. My only comment——

Dr. RUIZ. So, I’m sorry, Dr. Redfield.

So, the point is inviting someone with discredited and dangerous views like Mr. Wade to testify on the origins of this pandemic, which has disproportionately harmed communities of color, is not responsible and credible oversight. Instead, it undermines the credibility of this select subcommittee.

Now, let me turn to you, Dr. Auwaerter.

You are a practicing physician, a professor of medicine, and the former president of the Infectious Disease Society of America, representing more than 12,000 physicians, scientists, and public health experts who specialize in infectious diseases like COVID-19. For the sake of putting people over politics, what credible steps can be taken to advance our understanding of the novel coronavirus’ origins in order to prevent future pandemics?

Dr. AUWAERTER. I think building trust amongst scientists and public health communities is essential, because pathogens can emerge from where we least expect it. We need to have the tools available to rapidly analyze and then develop tests. I had dealt with patients very early in the pandemic where we were making

educated guesses whether they had COVID-19. We need to have tests that can be widely dispersed quickly and treatments.

Dr. RUIZ. Dr. Auwaerter, is it possible that we will never have the concrete evidence to determine with certainty the origins of COVID, whether it was a lab leak or animal transmission?

Dr. AUWAERTER. Well, I think that's entirely possible. And therefore, we need to focus more on also be forward-looking as well as looking back.

Dr. RUIZ. So, having said that, and being forward-looking, would it be responsible to start coming up with solutions to deal with whether it was a lab leak or animal transmission? For example, is there an international body that promotes safety guidelines and has the authority to have inspections and incentivizes foreign nation labs to have transparency so that we can be assured that labs are safe in foreign country, especially in not-so-friendly foreign countries?

Dr. AUWAERTER. Yes. And I think as already been hinted, that, I think, is essential for general protection.

Dr. RUIZ. In my research, I couldn't find one. Do you know of any such body that exists?

Dr. AUWAERTER. No, but I'm saying that's absolutely necessary.

Dr. RUIZ. And what can we do, if it was an animal transmission, looking forward, to save lives? What can we do to better our ability to prevent that—I know it's difficult—identify it early, and contain it in other countries before it spreads? What can we do?

Dr. AUWAERTER. You know, there were efforts a few years ago to build surveillance labs under prior administrations in an effort to anticipate and work with other countries.

Dr. RUIZ. And what happened to those labs?

Dr. AUWAERTER. I believe they were dropped or discontinued due to lack of funding.

Dr. RUIZ. OK. Thank you, and I yield back.

Dr. WENSTRUP. Thank you. And I thank the Ranking Member for transitioning to questions germane to the hearing today.

Dr. WENSTRUP. I now recognize Dr. McCormick from Georgia for five minutes of questions.

Dr. MCCORMICK. Dr. Auwaerter, you said in your testimony that investigations into the origins of COVID-19 should be objective and driven by appropriate scientific and intelligence experts who present unbiased findings that are not politicized. According to evidence and previously released emails on February 8, 2020, Dr. Andersen who authored "Proximal Origins" stated, "Our main work over the last couple of weeks has been focused on trying to disprove any type of lab theory."

Would you consider this statement objective and unbiased?

Dr. AUWAERTER. I really don't have enough of a frame of reference to really make a comment on a single statement.

Dr. MCCORMICK. All right. Let's switch then. You cited a couple papers last summer in Science that talked about the evidence of natural origin. These papers claim to show dispositive evidence against lab leak.

Now, I went to medical school. I'm an ER doc. I served lots of patients during this pandemic until just recently and I know how viruses work. They are specific to species for the most part, correct?

Dr. AUWAERTER. They often are, but not always. There are some that are—coronaviruses are probably one of the most widely dispersed amongst the animal kingdom.

Dr. MCCORMICK. OK. And if we use the origins of a species that was in the wild and came to human contact and gave us the virus in question, wouldn't that virus still exist in that species in the wild?

Dr. AUWAERTER. Well, I think that it would be likely the case.

Dr. MCCORMICK. Right. Chances are—that's a good answer. Thank you.

Dr. AUWAERTER. Right.

Dr. MCCORMICK. So, how many species in the wild have we captured that still have this coronavirus in them? Because that would be a very easy thing to do given its wide dissemination in human population and its proximity to Chinese wildlife. How many wild animals have been captured with this coronavirus present in them currently?

Dr. AUWAERTER. Well, the answer is no. But on the other hand—

Dr. MCCORMICK. Thank you. That's OK. I appreciate it. So, basically, I'm talking about from a scientific standpoint, we understand as a virologist and as a student of virology, a good professor taught me just like yourself, who just said that the evidence is that diseases just don't go away in populations that are contained in the wild. And yet, we've extensively tried to capture—the Chinese government would benefit greatly from showing us that this exists in the wild and came to human population. Yet, not one evidence of a certain species, whether it be dog or bat, has ever been shown to have this virus, that somehow or another transferred to human.

Yet, that is our main evidence and theory to disprove that, albeit, the Wuhan lab that actually stated what they were going to do and then had the same problem occur, that's a less likely chance in your mind. Is that correct?

Dr. AUWAERTER. Well, I think the hypotheses remain very open at the moment.

Dr. MCCORMICK. So, which one do you think is more scientifically based, based on what we just discussed?

Dr. AUWAERTER. Well, I'm not privy to intelligence community information.

Dr. MCCORMICK. So, you don't have an opinion?

Dr. AUWAERTER. Well, I think it is more likely at the moment just based on my reading of a zoonotic, that is an animal based—

Dr. MCCORMICK. So, based on the fact—

Dr. AUWAERTER. But we need to attend to both.

Dr. MCCORMICK. So, you intend to favor the hypothesis even though it has no proof whatsoever that it actually exists in the animal genome, that you're going to favor that over the fact that a Wuhan lab that said they wanted to do this and then had an outbreak about the same time, that that's less likely. Got it.

First of all, when you talk about having trust, that's the most important thing you just stated in answer to Mr. Ruiz's statement. The most important thing is trust.

How do we build trust when there's no transparency from the CCP when it comes to investigating the origins of this disease? How do we build trust based on your statement?

Dr. AUWAERTER. Well, I think amongst scientific communities, that is probably not as high a barrier, but you know, for the politics, I'd have to leave to others.

Dr. MCCORMICK. But you just stated that's the most important thing.

Dr. AUWAERTER. Correct.

Dr. MCCORMICK. But yet, we don't have transparency on something that would be pretty easy to investigate if we had transparency, correct?

Dr. AUWAERTER. Again, I would leave to others foreign policy corridor.

Dr. MCCORMICK. But scientifically, right? We need to have transparency to investigate something, correct?

Dr. AUWAERTER. Absolutely.

Dr. MCCORMICK. OK. And we don't, right?

Dr. AUWAERTER. Well, I think this has been brought up and—

Dr. MCCORMICK. Yes. OK. So, we agree on that. That we have no transparency on the one thing that we need trust on to investigate the less likely cause of this disease. So, it's just totally coincidental.

So, with that, I will state that he pretty much agrees with me when it comes to the origins, just doesn't want to admit it. Thank you very much. I yield.

Dr. WENSTRUP. I now recognize the ranking member of the full committee, Mr. Raskin from Maryland for five minutes of questions.

Mr. RASKIN. Thank you, Chairman Wenstrup and Mr. Ruiz, for this important hearing.

The COVID-19 pandemic came to America in 2020, of course, when Donald Trump was President. And that President's policy failures, magical thinking, and total recklessness caused, according to his own special advisor on COVID, Deborah Birx, the unnecessary deaths of hundreds of thousands of Americans.

Now, apart from the urgent question of how to improve our pandemic response from the debacle that he presided over is the question how the COVID-19 pandemic began. This, too, is a critically important question to answer to help us prevent and prepare for future pandemics. Answers must come from objective, fact-based investigations, informed by doctors, scientists, and public health experts. At President Biden's direction, the intelligence community is also taking sweeping action now to understand the origins of the virus and to bring all relevant facts to light.

Whatever the origins of COVID-19, whether it is bats or bureaucrats, no finding will ever exonerate or rehabilitate Donald Trump for his lethal recklessness in mismanaging the crisis in America which cost us more than a million lives. Indeed, if COVID was actually the product of a lab leak or the worst bioweapon of mass destruction ever invented as some have argued—and obviously we don't have the scientific evidence to say any of this yet—it would not only not remove Donald Trump's culpability, it would only deepen his culpability in the most profound way.

Now, why do I say that? Because over the course of the crisis beginning in January 2020 and lasting through the spring on more than 42 different occasions that we have identified so far, President Trump openly praised and defended the performance of Communist Party Secretary and Chinese President Xi in his handling of COVID-19 and boasted of how closely they were working together and boasted of Xi's openness and transparency.

On January 22, 2020, when the first case of COVID was identified in the U.S., Trump stated, I quote, "We have it totally under control." When asked if he believe the U.S. would, "know everything we need to know from China," he said, and I quote, "I do. I do. I have a great relationship with President Xi." January 24, he posted on Twitter, "China has been working very hard to contain the coronavirus. The United States greatly appreciates their efforts and transparency. It will all work out well. In particular, on behalf of the American people, I want to thank President Xi." March 21, in a briefing, he assured us, "China has been working very hard to contain the coronavirus." He added, "The United States greatly appreciates their efforts and transparency. It will all work out well."

March 27, he posted on Twitter, "just finished a very good conversation with President Xi of China, discussed in great detail the coronavirus that is ravaging large parts of the planet. China has been through much and has developed a strong understanding of the virus. We are working closely together, much respect."

Because of time, I'm just giving the committee a tiny taste of Donald Trump's fawning, star-struck, sycophantic embrace of everything the Chinese government was telling him in 2020, but I will happily offer a lot more for any colleagues who think that the hunt for the origins will somehow absolve the last administration for telling Americans that COVID would magically disappear at Easter time, or everybody should just take hydroxychloroquine, or refusing to wear a mask, or never developing a national plan to defeat the disease.

Whether it was bats or leaks or bureaucrats who caused it, Donald Trump was the biggest apologist in the United States of America for President Xi and the Chinese Communist Party. He could have directed the intelligence community to lead a COVID-19 origin investigation back in March 2020. Three years ago. He did not. He wasted precious time minimizing the risk of the virus and lavishing his praise on President Xi. He could have taken the origins of the pandemic seriously and held the CCP accountable. He could have pushed back against the CCP for interfering with the WHO's investigation into its origins, and he could have asked our intelligence community to intervene. He did none of those things, and everyone should remember that. Let's take the politics out of it, and let's get to the bottom of what happened.

Thank you, Mr. Chairman. I yield back.

Dr. WENSTRUP. I now recognize Ms. Malliotakis from New York for five minutes of questions.

Ms. MALLIOTAKIS. Thank you, Chairman.

For two years, myself and the other Republicans on this subcommittee connected the dots, we exposed the evidence supporting our strong belief that COVID was developed and leaked from the

Wuhan lab. And during those same two years, the same Democrats that sit on this committee, they only hindered, they obstructed. They refused to hold hearings and get to the truth. Now, we see mounting evidence supporting that COVID-19 originated from the lab in Wuhan, China, run by the Communist Chinese Party. And this hearing is about getting to the truth. I thank the Chairman for making this the very first hearing, because the American people who have seen just as many fellow Americans die from COVID, as nearly as many died from COVID, that died in every war since the American Revolution combined deserve to know the truth.

Dr. Redfield, you pointed to the lab leak theory, even before we did. In mid-January 2020, you expressed concerns to Dr. Fauci, to Jeremy Farrar of U.K.'s Wellcome Trust, and to Dr. Tedros of World Health Organization that, quote, "We had to take the lab leak hypothesis with extreme seriousness." And you urged Dr. Fauci to investigate both the lab and the natural hypotheses.

Shortly thereafter on February 1, Farrar convened a meeting of a group of 11 top scientists across five time zones, and asked Dr. Fauci to join. And he wrote, "My preference is to keep this group really tight. Obviously, ask everyone to treat in total confidence."

Dr. Redfield, you were excluded from this call, but up until then, you were included in every other conversation. What changed? Why do you think that you were excluded from these conversations?

Dr. REDFIELD. Thank you very much. I think—just to emphasize—in early to mid-January, I did have multiple calls with Fauci, Farrar, and Tedros about how important I thought it was that science get engaged and aggressive pursuing both hypotheses. I also expressed, as a clinical virologist, that I felt it was not scientifically plausible that this virus went from a bat to humans and became one of the most infectious viruses that we have in humans.

All viruses are not the same. When you look at coronaviruses, for SARS and MERS, for example, when they entered the human species, which they did via an intermediate, they never learned how to go from human to human. Even to this day, they don't know how to go human to human. So, you can't equate Ebola with a coronavirus.

Ms. MALLIOTAKIS. Why do you think you were excluded from those calls?

Dr. REDFIELD. Because it was told to me that they wanted a single narrative, and that I obviously had a different point of view.

Ms. MALLIOTAKIS. OK. In emails following the conference call, four of the 11 scientists told Fauci that they all found a genetic sequence inconsistent with expectations from evolutionary theory, basically what you're saying. However, just three days later, these four scientists had drafted a paper arguing the exact opposite. And that's now the infamous "Proximal Origin of SARS COVID 2." Our investigations show this paper was prompted by Dr. Fauci among others with a goal to disprove the lab leak theory.

What is the likelihood that these scientists came across additional information just three days after making these statements to conclude with such certainty that COVID-19 came from nature instead of the lab leak that they thought it was three days earlier?

Dr. REDFIELD. Yes. I think it's unfortunate. Again, I've said this before, that this whole approach that was taken on February 1,

and subsequently in the month of February, if you really want to be truthful, it's antithetical to science.

Ms. MALLIOTAKIS. Thank you.

Dr. REDFIELD. Science has debate, and they squashed any debate.

Ms. MALLIOTAKIS. Thank you. Given what we know now and looking at all of the conversations in February 2020 and before the release of the paper, do you think that Dr. Fauci used this paper to hide that gain-of-function research created this virus?

Dr. REDFIELD. I can't talk about Fauci's motivation.

Ms. MALLIOTAKIS. Do you think that the paper does hide the truth?

Dr. REDFIELD. I think it's an inaccurate paper that basically was part of a narrative that they were creating. Remember, this pandemic did not start in January at the seafood market. We now know there was infections all the way back into September. This was a narrative that was decided that they were going to say that this came from the wet market, and they were going to do everything they could to support it, to negate any discussion about the possibility that this came from a laboratory.

Ms. MALLIOTAKIS. I've got 20 seconds left. Dr. Fauci was affirmatively told in an email that NIH had a monetary relationship with the Wuhan Institute through EcoHealth Alliance. He was told this on January 27, 2020.

Do you think that Dr. Fauci intentionally lied under oath to Senator Paul when he vehemently denied NIH's funding of gain-of-function research?

Dr. REDFIELD. I think there is no doubt that NIH was funding gain-of-function research.

Ms. MALLIOTAKIS. Is it likely that American tax dollars funded the gain-of-function research that created this virus?

Dr. REDFIELD. I think it did. Not only from NIH, but from the State Department, USAID and from DOD.

Ms. MALLIOTAKIS. I'm out of time. Thank you very much.

Dr. WENSTRUP. I now recognize Mrs. Dingell from Michigan for five minutes of questions.

Mrs. DINGELL. Thank you, Mr. Chairman.

During the height of the COVID-19 pandemic, I found it very disheartening to see public health professionals across this country vilified and attacked for supporting COVID-19 mitigation measures, basic safety measures and later vaccines. They were trying to keep people safe and prevent deaths. I want everyone to know, I take this committee very seriously. I want the facts.

Dr. Redfield will confirm to you, I was one of the first people to call him about Wuhan, and had a lot of questions and never let up. So, I want the facts. But I hope and say to my colleagues on the other side, we cannot go down a dangerous path by pushing unfounded conspiracies about Dr. Fauci and other long-serving career public health officials. Here is the reality, like many of you, I am reading many articles, not just over the past weeks.

Dr. Redfield knows I've been on this from the beginning, talked to researchers, doctors, frontline nurses, public health officials. They all agree on one fact. After the billions of dollars on pandemic era upgrades to labs and data and surveillance, after all the studies

and white papers about emergency preparedness, the U.S. still lacks two things in the public health arsenal: people and trust.

These continued smears on public health officials are destroying them. I strongly urge everyone on this committee, but my Republican colleagues specifically, from rehashing unfounded theories that Dr. Fauci and other public health experts have blocked investigations into the pandemic origins. Let's get the facts. Dr. Fauci has said we need to get to the bottom of how the novel coronavirus originated, and has said, and I've heard him say, like I talked to Dr. Redfield, he has an open mind about the virus' origins.

To all of you and all of us in this room, I say it's critical to rebuild trust and that continued attacks on public health officials only serves to further discredit people's confidence in our public health institutions, makes it almost impossible and it's challenging to recruit workers in the field, and it undermines people's trust in science.

We're seeing it. We know the basic things like washing your hands, covering your mouth when you cough, and immunizations save lives. And yes, because of all what we're doing, people aren't getting measles vaccines. They're not getting chicken pox. We're seeing the return of diseases we haven't seen before. We have to take seriously that this rhetoric is perpetuating people's distrust in flu shots and many other things. So, let's work together, all of my colleagues, to protect the American people. That's our job.

Dr. Auwaerter, how does misinformation surrounding the possible origins of COVID-19 and its spread damage the relationship between doctors and patients?

Dr. AUWAERTER. Well, my sense is it's a very frequent question that, you know, patients ask me in the office, What do you think? And I don't have any direct knowledge, but it's obviously on a lot of people's minds. And I think, if it was handled objectively, it would be less political. And therefore, it sort of removes out of the realm of also dovetailing with other public health mitigation measures, which you so appropriately put forward. You know, for the first part of the pandemic, we all wore masks. I can tell you no one on my faculty got COVID-19 until people started to not wear masks as well.

I think the efforts of trying to just help the public early on when we don't know a lot of information, we always tend to be more conservative. And then as we gain knowledge, recommendations evolve.

So, I think the origin story is important to help, again, look forward and put forward measures to try to help anticipate whether it's a zoonotic infection or was a lab-derived virus.

Mrs. DINGELL. I'm going to have more questions for the record, Mr. Chairman.

But I want to switch subjects. Today, there are a variety of views within the intelligence community and around the world on whether the virus originated in an accidental lab leak or whether it occurred from a leak to animals to humans. And I want to know that as much as anybody. But Dr. Auwaerter, is it normal for different agencies within the intelligence community to make different assessments of the likelihood of one origin theory over the other?

Dr. AUWAERTER. Well, I don't work in the government, but my understanding just reading the newspapers are that the CIA has not made any determination. Others have come to different levels of conclusions, so it seems to me that there is a difference of opinion.

Mrs. DINGELL. And it's normal for scientists to disagree?

Dr. AUWAERTER. Absolutely. I think debate there is always the case, very few things we know for certain.

Mrs. DINGELL. I yield back. Thank you, Mr. Chairman.

Dr. WENSTRUP. I now recognize the Chairman of the full committee Mr. Comer, from Kentucky, for five minutes of questions.

Mr. COMER. Thank you, Mr. Chairman.

One of the prevailing themes of the pandemic has been scientists' use of the media to downplay the lab leak theory.

Mr. Wade, in your career you worked at *Nature Magazine*, *Science Magazine*, and *The New York Times*. Would you agree that the scientific establishment used the media to downplay the lab leak theory?

Mr. WADE. That's a complicated issue, Mr. Comer. I think the media was used in this particular campaign to establish natural origin theory. The scientific community is very afraid to speak up on political issues. I think the reason is that the government grants are handed out through the system of peer review committees. So, you don't want any single scientist on your peer review committee to vote against you. Therefore—because you won't get your grant it's so competitive. So, therefore, scientists are very reluctant to say anything that is politically divisive and might turn other scientists against them. This means that they cannot be relied upon in the way that I think we would like them to be independent and forthright and call it as they see it.

Mr. COMER. OK. Well, we saw this first with the "Proximal Origin" paper that said, "Our analysis clearly showed that COVID-19 is not a laboratory construct or a purposefully manipulated virus." This was first published on February 17 of 2020.

Each witness, I have a simple question, yes or no, was there science available to make such an unequivocal statement against the possibility of a lab leak that early on, February 2020?

Dr. Metzl?

Mr. METZL. Absolutely, no.

Mr. COMER. Mr. Wade?

Mr. WADE. No, it was not.

Dr. AUWAERTER. Yes. I don't have sufficient frame of reference to give an answer.

Dr. REDFIELD. No.

Mr. COMER. Next, Peter Daszak of EcoHealth Alliance orchestrated a letter in the *Lancet*, a prestigious journal, on February 19, 2020, that said, "We strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin."

Each witness, yes or no, is the possibility COVID-19 leaked from a lab a conspiracy theory?

Mr. METZL. Absolutely not.

Mr. WADE. No.

Dr. AUWAERTER. I would say no, but also it has been approached as such.

Dr. REDFIELD. No.

Mr. COMER. Dr. Redfield, I want to stick with you. You have said before that you were locked out of conversations about the lab leak by Dr. Fauci and Dr. Collins.

Do you think they kept you out of the conversations because you believe COVID-19 may have come from a lab?

Dr. REDFIELD. Yes. I think I made it very clear in January to all of them why we had to aggressively pursue this. And I let them know as a virologist that I didn't see that this was anything like SARS or MERS because they never learned how to transmit human to human, that I felt this virus was too infectious for humans. There was a lot of evidence that lab actually published in 2014 that they put the H2 receptor into humanized mice so it can infect human tissue. I think, you know, we had to really seriously go after the fact it came from the lab, and they knew that that was how I was thinking. Although, I thought we had to go after both hypotheses. I was told later, I didn't know I was excluded. I didn't know there was a February 1 conference call until the Freedom of Information came out with the emails, and I was quite upset as the CDC Director that I was excluded from those discussions.

Mr. COMER. Why would they do this?

Dr. REDFIELD. Because I had a different point of view and I was told they made a decision that they would keep this confidential until they came up with a single narrative, which I will argue is antithetical to science. Science never selects a single narrative. We foster, as my colleague here just said, we foster debate. And we're confident that with debate, science will eventually get to the truth. This was an a priori decision that there's one point of view that we're going to put out there, and anyone who doesn't agree with it is going to be sidelined. And as I say, I was only the CDC director, and I was sidelined.

Mr. COMER. Well, I think Dr. Fauci, Dr. Collins got caught with their hand in the cookie jar. They got caught supercharging viruses in an unsecure Chinese lab. They wanted push the envelope, and so, they got together to cover themselves, cover up their story, and wipe their fingerprint of the virus that has killed more than one million Americans. Now to quote Jurassic Park, they were, "so pre-occupied with whether or not they could, they didn't stop to think if they should."

I look forward to the rest of the testimony today, and I look forward to the great work of this subcommittee. Mr. Chair, I yield back.

Dr. WENSTRUP. I now recognize Mr. Mfume from Maryland for five minutes of questions.

Mr. MFUME. Thank you very much. Mr. Chairman, I want to thank you and the Ranking Member for convening us on this very important and difficult topic. One that all Americans, regardless of where they live, regardless of what they do are concerned about. And I had come to this hearing expecting, Mr. Chairman, that we would find a way to peel off the things that didn't matter so that we could get to the things that did matter, whether it was a lab leak, or an infection through animals. I think we've got to pursue both of those paths if we are ever to get the truth.

However, I must go back to what my Ranking Member said, that I am a bit appalled that this hearing now gets layered over with the issue of race in a very strong way with the presence of Mr. Wade. Mr. Wade, I have read your book, and I'm appalled by it. I would hope that giving you this platform does not paint or taint the issue that we're trying to get to and deal with here. You're not a physician. You are not a physician's assistant. You are not a scientist. You have never done a peer-reviewed paper. And yet, you've got an opinion, which is fine, except that it's steeped in this conspiracy theory that somehow or another, minorities are so genetically different that they are culpable in some sort of way. I just don't like that at all.

In your book, "The Troublesome Inheritance," you talk about a number of different things—and David Duke talks about it—and says that he really endorses your position on Blacks and Jews. The book was championed by the infamous white supremacists, Jared Taylor, John Demarchar, and Steve Sailer. The book has been promoted on a neo-Nazi forum that is linked to almost 100 racially motivated attempted murders over the last five years. It troubles me that—and I'm going to ask unanimous consent, Mr. Chairman, that *The New York Times* piece for which you wrote actually said that your theory has come off at the wheels, particularly, when you talk about east Asians and their genetic makeup.

I would like to ask that the David Duke statement and the copy from his website be entered into the record. And I'd like that the Southern Poverty Law Center, which tracks these things annually, and their assessment, which is similar, be added to the record.

Dr. WENSTRUP. Without objection.

Mr. MFUME. Now, I've got to tell you, I spent five terms in this body. I was so troubled by what I saw in the streets with bias and hate crimes that I actually gave up my seat in the Congress, and I went back to work in community groups. I ended up being the president of the NAACP so that, nationally, I could work against this sort of thing. It is repulsive. So, here I am back again hearing the issues that drove me out of here to begin with. I don't want to take away from this hearing. I don't want to take away from what I said earlier is that we've got to go down both paths. It just burns me that I would know that I'm doing that on a forum where somebody with these sort of beliefs is also a part of.

Mr. Auwaerter, I want to go to you for minute. I know you don't represent Johns Hopkins, you are representing the Association on Infectious Diseases. I have a lot of—

Mr. WADE. Excuse me, sir, do I get the chance to respond briefly.

Mr. MFUME. It's my time. No, you do not.

Mr. WADE. OK.

Mr. MFUME. I have a lot of respect for Hopkins. I spent 10 years on the board of trustees there. I'm a graduate of the institution. I know that you speak with a great deal of background. And even though, in this instance, you're speaking on the Association of Infectious Diseases, I take all of that very seriously. And I want to ask you one quick thing here about going down both of these paths. How much can you say, in a short period of time, does the information obtained through this hearing and other hearings and the in-

telligence community, how very important is that to bolstering the efforts to prepare for any future pandemics?

Dr. AUWAERTER. Well, I think, obviously, getting to the origins is on everyone's mind. But also understanding what happened should also help prepare us for moving ahead. And I can't overstate the needs in our public health, which have been generally less well-funded than other measures and other diseases to help protect our country.

Mr. MFUME. Thank you. I've got to reclaim the little bit of time that we have left. And, Mr. Wade, let me just say this, personally, for a race of people who have suffered, endured, and survived three centuries of slavery, oppression, deprivation, degradation, denial, and disprivilege, I'm absolutely offended that you would have the opportunity to take this platform and to add anything of significance to it. I yield back.

Mr. WADE. Well, I don't have anything in common with the White supremacists.

Dr. WENSTRUP. Mr. Wade, hold on a second. Hold on a second. I do think that Mr. Wade deserves the opportunity to take two minutes to respond to accusations made. But I do want to get back to the topic at hand which is the origins of COVID-19.

Mr. WADE. Thank you, Mr. Chairman. I'm sorry for this distraction from the work of the committee. I'm sorry, too, that Mr. Mfume did not like my book. I'm not a racist. I don't have anything in common with the views of White supremacists—

Mr. MFUME. They love you, though.

Mr. WADE [continuing]. Just because David Duke likes my book.

Dr. WENSTRUP. Mr. Mfume, would you please let him respond? He did not interrupt you.

Mr. MFUME. I didn't know that he got time to respond.

Dr. WENSTRUP. Chairman's decision.

Mr. WADE. It's a not very good argument that David Duke likes my book. He maybe he likes many things, but that doesn't mean to say they're all wrong. I did write my book for him. I also made the clearest possible distinction between writing about the biology of race, which is a purely scientific issue and racist statements, which I have absolutely no sympathy. My book is explicitly antiracist. I stress the fact that we are all variations on the same human genome, which I think is a very important and unifying fact. I think the arguments made against the book were for entirely political reasons. Various

[inaudible] led to the 120 scientists who attacked my book in Science as well as a nice story about Einstein. Someone told him 100 scientists had written a book saying he was wrong. And he replied, "Well, if I were wrong, one would have been enough." That's how science works, not on the number of people against it, it works on facts. And those letter writers had no good point and no mistake in my book. So, I don't think that their criticism should be taken carefully. I'm sorry for the disruption and unhappiness this issue has caused and let's get back to the issue of the hearing, Mr. Chairman.

Dr. WENSTRUP. Thank you. I now recognize Dr. Miller-Meeks from Iowa for five minutes of questions.

Dr. MILLER-MEEKS. Thank you so much, Chair Wenstrup. And thank you to all of our witnesses who are here today. I'm both a doctor and former director of the Iowa Department of Public Health as well as a military veteran of 24 years. Like Dr. Metzl said, I have waited three years for this hearing. And I have, in fact, put people over politics and science over conspiracy. Our first inquiry on the Select Subcommittee on the Coronavirus Crisis—this is my third year on this committee—was June 29, 2021, on origins of COVID-19, and the only people that attended were Republicans.

We had a press conference at that hearing, and I was concerned that the public and the press weren't conveying that it wasn't partisan in trying to determine origins. It was, in fact, of utmost importance, and importance not just to Americans, but to the international community. At that press conference on June 29, 2021, I said: The reason we with need to know the origins of COVID-19 is to prevent and prepare for the next pandemic. We need to know, one, there are immediate disclosure rules. There was not immediate disclosure of a virus that would lead to a worldwide pandemic. Immediate disclosure and WHO has a vested interest in this in making sure there's compliance.

Laboratory safety: it was known, even in the U.S., there are labs who have lab leaks, laboratory safety, biosafety lab for working being done in a biosafety lab too. It was known that this was occurring at the Wuhan Institute of Virology. So, lab safety. And, third, and I think Dr. Redfield has mentioned this—all of you have mentioned this—and that is, the ethics of gain-of-function research, or types of research. Often, we as scientists get ahead of the ethics. But the ethics of types of research, and again, the international community has a vested interest in discussing and debating these topics. I have published in journals before, peer-reviewed journals. I know how the editing and the peer-review process works. I also know very intimately of the disclosure requirements and conflicts of interest, including financial.

Over the weekend, we released new emails and documents that suggested that Dr. Fauci prompted the drafting of a publication, ultimately, called "Proximal Origins," that would disprove the lab leak theory. The authors of this paper skewed available evidence to achieve that goal. And Dr. Jeremy Farrar, now chief scientist for the World Health Organization, went uncredited despite significant involvement.

Are you all aware of these documents? And just nod affirmatively. All of the witnesses except one have nodded yes. You know, many of you have been in journalism and in science writing for a long time. Dr. Metzl, can you explain the process briefly, because I have little time, of drafting, editing, and reviewing a publication in a science magazine.

Mr. METZL. Well, Mr. Wade is probably better at this than me because he was an editor of two science magazines. But what I will say is different people contribute, and it's normal practice, to attribute, to list the names of the people who have participated.

Dr. MILLER-MEEKS. And, then, Mr. Wade, given that acknowledgment, so do you think it's important that there is proper crediting and acknowledging of authors?

Mr. WADE. I think the question of who is or is not an author of a paper is somewhat loose. So many people interpret it different ways. I think it's called honorary authorships where you talk to someone in an elevator and say, well, I'll add you to my paper. It's not a very—there are no hard-and-fast rules for who should be author of a paper.

Dr. MILLER-MEEKS. But if an individual is the genesis of that paper, do you think they should be acknowledged.

Mr. WADE. Well, if they make some important intellectual contribution to it, they should. I don't know that Farrar did or was in a position to. All we know is that he suggested a minor editing change to the paper.

Dr. MILLER-MEEKS. And Dr. Auwaerter, you mentioned that we know the intermediate host for SARS. How long did it take for us to find the intermediate host for SARS?

Dr. AUWAERTER. It did take a few years. It was not immediate.

Dr. MILLER-MEEKS. And MERS.

Dr. AUWAERTER. MERS also took sometime.

Dr. MILLER-MEEKS. Are any of you aware of a furin cleavage site occurring naturally? Dr. Metz, go ahead.

Mr. METZ. They occurred naturally, but not in SARS-like viruses, other than SARS-CoV-2.

Dr. MILLER-MEEKS. So, in other viruses, but not in SARS, and SARS-CoV-2 very similar to SARS-CoV-2.

Mr. METZ. Correct. In no SARS-like viruses, and it showed up for the first time in a SARS-like virus, in the SARS-CoV-2 virus, which seemed to appear out of nowhere.

Dr. MILLER-MEEKS. Yes. The endonuclease's fingerprint, how common does that occur? The repeating cycle CG-GC-GG and—

Mr. METZ. The furin cleavage sites.

Mr. WADE. Well—

Dr. MILLER-MEEKS. The point in that is that there is, as you said, Dr. Metz, extraordinary circumstantial evidence that this came from a lab. I don't know why the authors didn't want to state this, they did not want to have the scientific conversation and dialog; why they wanted to obfuscate and suppress the truth, or even have a debate about the origins of COVID-19. Was it for personal financial gain? Was it to hide U.S. financial interest into the Wuhan Institute of Virology indirectly? Was it to suppress the revelation that there was, perhaps, gain-of-function research that had been prohibited in the United States? Or were they concerned that a conspiracy would develop that it was bioterrorism? And I would state that their suppression and obfuscation has led to the exact mistrust and distrust and conspiracy theories that they may have tried to avoid. Thank you so much. I'm so delighted to have this hearing, and I think we will be able to get to the bottom of this, have an open dialog. What they did is not science, and it will not prevent you from future pandemics—

Dr. WENSTRUP. Your time has expired. I now recognize Ms. Ross from North Carolina for five minutes of questions.

Ms. ROSS. Thank you very much, Mr. Chairman. I just want to be very clear to our distinguished panelists and to the folks who are watching this. My Democratic colleagues and I strongly support the experts' community's effort to determine the origins of the

novel coronavirus. Because doing so is critical to preventing and preparing for future pandemics, plain and simple.

And as stated, almost 1.2 million Americans have lost their lives due to COVID-19, and millions more around the world. It's very personal to each of us. More than 30,000 people in my home state have died because of this pandemic. And our goal here should be to prevent something like this from happening again, which is why science and facts should guide legitimate investigations into the pandemic's origins. And as has been said by my colleague on the other side of the aisle, we must put people over politics.

So, Dr. Auwaerter, I just want to ask you my first question. How does promoting our understanding of the novel coronavirus' origins help us prevent and prepare for future pandemics?

Dr. AUWAERTER. Well, I think there are two main avenues. One is if it is of animal origin, we need to anticipate additional viruses, or even potentially bacteria. And therefore, having an advance notice, an early notice as possible, certainly is helpful for containment and also mitigation measures. This, no doubt, would need to be cooperation with other countries, public health agencies to build that infrastructure.

On the other hand, if it's a lab-derived virus, then guidance in terms of proper research and guardrails is highly important to make sure, to the best of abilities, this never happens again. Much as we take great care with airline safety, nuclear weapons, and so on, all of that needs to be paid attention to.

Mr. ROSS. Thank you. Dozens of scientific research studies have been completed or are currently underway to promote our understanding of how the novel coronavirus came to be.

Under President Biden's leadership—and we heard a little bit from our colleague Mr. Raskin about President Trump's initial response to this—but under President Biden's leadership, the intelligence community has taken decisive action to get to the bottom of the novel coronavirus' origins. And we have seen some new releases from different departments about their ongoing findings.

Dr. Auwaerter, can you tell us about the importance of the objectivity of these investigations?

Dr. AUWAERTER. Well, as a clinician and someone that does research, I think the objectivity is very important. Obviously, not all information is available to us that has based the conclusions. Those are outside of my expertise as to whether that's the case. But I think the objectivity is highly important, and also the fact of how it's rated. You know, low confidence means exactly what I think it means, that there's a fair amount of uncertainty.

Mr. ROSS. OK. Final question, congressional investigations designed to villainize or discredit public health experts, undermine our public health institutions and sometimes can spread dangerous misinformation, which itself can metastasize.

Dr. Auwaerter, instead of launching a partisan investigation or politicizing the pandemic's origin, what should Congress be doing to prevent something like this from happening again?

Dr. AUWAERTER. Well, outside of the political realm, I would just say an independent body would make the most sense that is not cueing, essentially, or have the ability to make much political hay,

if that's possible. I'm not sure of the details of that. But to me, that seems to be the ideal.

Ms. ROSS. Thank you very much. I would like yield the remainder of my time to my colleague, Congressman Mfume.

Mr. MFUME. Oh, thank you very, very much for that. I want to go back and underscore, if I might, how I began my comments because I don't want that lost on those who are here or those who are watching. This is designed—and again, I want to commend the Chair and the Ranking Member Ruiz for making sure that we move down a path together. Together, Democrats and Republicans trying to get answers for the American people, not just about what happened, but as has been said so that it never happens again. And if it does, we are prepared.

And I put so much emphasis on science because I spent five years at the NIH, at the Institute for Minority Health and Health Disparities. I was the executive director of the National Medical Association. And up until two years ago, I have served as Vice President of Research America, the largest research advocacy organization in the country. This is real to me. This is very personal. And I just can't even fathom the thought of people still dying as a result of this until we have our work completed. Thank you. I yield back.

Mr. WENSTRUP. Thank you. I now recognize Ms. Lesko from Arizona for five minutes of questions.

Mrs. LESKO. Thank you, Mr. Chair. In Rep. Ruiz's opening statement, he said he doesn't want the COVID-19 investigation to be political. I couldn't agree more. Yet in the next breath, he accused one of the witnesses of writing a white supremacist book, which is a political salvo designed to discredit the witness. Then his first question wasn't about COVID-19 at all, it was all about a non-COVID-related book that Dr. Wade wrote in the past. And a poster board was held over his head designed for political theatre. Then Rep. Raskin went after President Trump for five minutes instead of asking a question.

With all due respect, I contend that some of my Democratic colleagues are the ones making the COVID investigation political. Why they don't want to investigate the origins of COVID-19 that killed millions of people, I will never understand.

My first question is for Dr. Redfield. A witness in our roundtable last week said that it was a no-brainer that the virus came from the Wuhan lab. When you were Director of the CDC, did Dr. Fauci ever explain to you why he didn't believe the virus came from the Wuhan lab and why he actively worked to silence that theory?

Dr. REDFIELD. Dr. Fauci's position as those who thought a spillover took the position that it was most likely a spillover event because that's what happened with SARS, and that's what happened with MERS. Alright. And I think it's important to look at, prior to 2012, we didn't really have another mechanism other than nature. We weren't doing gain-of-function research.

I'm a clinical virologist. I tried to explain to Dr. Fauci, who's an immunologist, that this virus, SARS and MERS, when they infected man from the intermediate host, civet cat in the case of SARS and a camel in the case of MERS, they never learned how to go human to human. So, those original outbreaks are less than

1,000 people, and the epidemics died. When everyone thought this was SARS-like, well, it's going to die too. But this virus was immediately the most infectious virus—not the most, I think probably right behind measles—virus that we've seen infect man.

So, I immediately said, wait a second, this isn't natural. And then you go back and look at the literature and you find in 2014 this lab actually published a paper that they put the H2 receptor into humanized mice so it can infect human tissue. And then you learn that the new COVID, which came from bats, now can hardly replicate in bats.

Mrs. LESKO. Yes.

Dr. REDFIELD. So, how does that happen? So, I had said that my view as a virologist—again, my hypothesis—and I never discredit them for their hypothesis, the spillover—was that this was—most likely come from the lab. And we need to aggressively investigate both hypotheses.

Mrs. LESKO. Thank you. Thank you very much. I have another question for you, Dr. Redfield. In a recent Energy and Commerce Oversight hearing, I asked the NIH acting director about the NIH's gross negligence in monitoring the EcoHealth Alliance grant and subgrant to the Wuhan Institute of Virology. He admitted that we might not have had all of the information and research reports from WIV and EcoHealth. He insisted, however, that he was sure that the coronavirus research at WIV was completely unrelated to SARS-COVID-2.

With the information we know and the fact that China deleted data and asked NIH to delete data, do you believe that we can have certainty that the virus did not come from the Wuhan lab and that U.S. funding was not used for COVID-19-related research?

Dr. REDFIELD. Yes, absolutely, we can't do that. I will say if you go back and look—it's declassified now, and I'm sure you all have your classified briefings, but the declassified information now. In September 2019, three things happened in that lab: One is they deleted the sequences. That's highly irregular. Researchers don't usually like to do that. The second thing they did was they changed the command and control of the lab from the civilian control to the military control. Highly unusual. I've been involved in dual use labs when I was in the military. And the third thing they did, which I think is really telling, is they let a contractor redo the ventilation system in that laboratory.

So, I think clearly there was strong evidence that there was a significant event that happened in that laboratory in September. It's now been declassified. You can read it. I'm sure there's more classified information around it.

Mrs. LESKO. Thank you. Dr. Redfield, The *New York Post* reported that you stated: I could use the word "coverup," but I don't know that, so I'm not going to speculate that. Do you believe there was a coverup? And if so, why would the Federal agencies work with legacy media to silence scientists and other Americans asking questions about the origins of SARS-CoV-2?

Dr. REDFIELD. Yes, and I'm not a big fan of quoting The *New York Post*. I don't think I used the word "coverup." OK. I think there was an attempt to misguide, redirect the debate, but I wouldn't have used the word "coverup."

Mrs. LESKO. Thank you very much. And I yield back.

Dr. WENSTRUP. I now recognize Dr. Bera from California for five minutes of questions.

Dr. BERA. Thank you, Mr. Chairman. You know, from day one of this pandemic, unfortunately, politics has kind of infused a lot of this. And I know this—you know, obviously, Dr. Redfield, you and I had many conversations. In my time in Congress, you know, one of my focus areas has been global health security pandemic preparedness. I've sat on national task forces at CSIS to prepare for global health securities. We put out a recommendation, but, unfortunately, in the fall of 2019, and had pushed to put that framework in place.

My colleagues, Congresswoman Dingell and Congressman Ross have equivocally said, as Democrats, we want to find out what the origins of COVID were.

Early on in the pandemic, in January 2020, I pushed, personally, as hard as I could on the Trump Administration to do everything they could to get our scientists to the hot zone, to ground zero, to actually get a sense of what was going on. I am not going to defend how the Chinese Communist Party has handled this pandemic. They've stonewalled us. They've played politics. They've—you know, Dr. Metzl, you talked about the importance of WHO. They played politics with the WHO recommendations. And until we actually can get to the hot zone, until we—you know, I don't know that we'll ever get the data.

This is not a partisan issue. In fact, on the Intelligence Committee, which the Chairman is on, we marked up a COVID-19 Origins Act in a nonpartisan way. It passed out of markup with a voice vote. We will all get a chance to vote on that bill on Friday. I think you will see a strong bipartisan vote encouraging the intelligence community to declassify as much information as possible so the public can see the information that we have. It's not conclusive, but we've got to continue to try to find the COVID origins.

I think it is reprehensible that we're disparaging some of our greatest public health individuals. Dr. Fauci, who I have known for a long time, and Francis Collins, who I've gotten to know, both are outstanding scientists, and so forth. They may have had a different hypothesis. We should entertain all hypothesis, and we should do it in an objective way to find the answers. I also hope we don't as a body take the wrong lessons from this.

Dr. Metzl, you talked the importance of the WHO. I would like your opinion on—international collaboration is extremely important, not just in pandemic preparedness, but also in biosecurity work, and so forth. We have to have the systems in place to identify pandemics fairly quickly, to think about how we address it, because, you know, whether this was man-made or naturally occurring, bad actors are out there who just saw what a virus did to the entire planet. Those technologies are readily available. You come from a national security background. How important is it to work with our international partners here?

Mr. METZL. It's absolutely essential that we work with our international partners and with the WHO. And as it's been said repeatedly, when those international partners, or potential partners themselves are bad actors, which is absolutely the case with China,

that makes things a lot more difficult. And then the World Health Organization, which is absolutely essential, is working with one hand tied behind its back. It doesn't have the mandate or the authority to do what it needs to do. It couldn't have its own independent surveillance capability in the beginning of the pandemic. When China was preventing the WHO investigators from going to Wuhan, there was nothing that they could do. And as I had said in my remarks, Dr. Tedros has actually really been at the forefront of fighting for the kind of open inquiry that the Chinese government has so aggressively blocked.

If I can just say, just very quickly, I'm originally from Kansas City. I'm a Midwestern optimist and so, I hear some consensus in the room that it's critically important to understand how the pandemic started; that we have to fully examine all origin hypotheses.

It's my view, as I have said before, that China must be the primary focus but we also have to look at everything, including ourselves.

But if we make this process primarily about Dr. Fauci—even though we need to look at everything—if we make it primarily about Dr. Fauci, we would be inappropriately serving the Chinese government a propaganda coup on a silver platter.

Dr. BERA. I couldn't agree with you more. Let's get to the facts. Let's discover the origins. Let's do what we can to prevent the next pandemic. Let's increase our biosafety and biosecurity. You know, we should debate gain-of-function research. I think that's totally appropriate. We should make sure if we are looking at that, that it is done in an absolute safe way with oversight, et cetera. We should also think about the private sector that can operate, you know, do this research on their own. We ought to think about how we also look at that and make that safer. Thank you.

Dr. WENSTRUP. Now I recognize Mr. Cloud for five minutes of questions.

Mr. CLOUD. Thank you, Chairman, and thank you all for being here. Thank you for your work in science and for yielding your wisdom in this effort to us today.

Dr. Metzl, I wanted to ask you, you mentioned that there were scientists who refused to be silenced, insinuating that there were efforts to silence. And I was just wondering if you could kind of brief what some of those efforts were?

Mr. METZL. Sure. So, when a small handful of us, in the earliest days of the pandemic, began raising the possibility of possible lab origin, there was just, as I said, ferociously strong headwinds. There was this manufactured consensus. And I kept digging. And like I said before, I'm a lifelong Democrat. I consider myself a progressive person, but I kept digging. I couldn't find the justification for these strong arguments, calling people like me, investigating, looking into pandemic origins in good faith, conspiracy theorists. And it was very difficult. So, we had a small group that formed later in 2020 that is—others have called the Paris Group—all of the members of that community were aggressively trying to place scientific papers with journals and had zero success.

So, there was a wall that was extremely difficult to get over, which is why, what I said to this group is, look, we have to try to get around that wall. And that's why we published our four open

letters that I believe played significant role in, along with other things, of starting to shift at this conversation. But it took more than a year of this kind of aggressive work to even start to begin that type of change.

Mr. CLOUD. And some of that pushback came from our government, too. Is that correct?

Mr. METZL. Well, it was mixed—I mean, certainly, from what we’ve heard, there were leaders of the U.S. Government who—Dr. Fauci had said he was open to all possibilities. But then the next sentence was the preponderance of science suggests a natural origin. I’m a fan of Dr. Fauci, but I would—I don’t like to scream at the television, but when I heard those words, I would say, well, no, no, that’s not the case. That’s not what the science, at least as I’m reading it, is saying.

Mr. CLOUD. And to what you were just saying, Forbes mentioned you as one of the first as an ex-high official——

Mr. METZL. Yes.

Mr. CLOUD [continuing]. High-level staffer for Bill Clinton and then Senator Joe Biden to say that SARS coronavirus was likely a Wuhan lab escapee. Why did you think that?

Mr. METZL. So, in the early days of January 2020, like everybody, I was trying to figure out what was happening. And I read the news reports, and it said it comes from the market. And SARS-2 sounded kind of like SARS-1, and that seemed credible. But I had just been in Wuhan, China. So, I think a lot of Americans had this vision of Wuhan as some little market town where a bunch of yokels are eating bats for dinner every night. But Wuhan is China’s Chicago. It’s an incredibly sophisticated, highly educated, wealthy city. I knew that the Wuhan Institute of Virology was based there. I knew a lot about that background. I also had an understanding both of the science and of China. And then on January 24 of 2020, there was a Lancet paper written by Chinese scientists saying that more than a third of the earliest cases of infection were of people who had no connection to the market. So, in my mind, that was a pretty strong piece of evidence that the market was a super spreader place, which certainly is what I still believe. And that was when I started digging.

And then in later February 2020, I had all of these ideas I was developing. I went to South Africa for the meeting of our World Health Organization expert advisory committee on human genome editing. And this is with some of the top scientists and others in the world. And then privately, I was telling people, like, here is my private view. Here is what I’m seeing in the evidence. And there was a part of me that was kind of hoping that they would say, Oh, no, you’re crazy. Here is what you’re missing. Because, you know, this is an uncomfortable hypothesis for many reasons. That wasn’t—now, certainly, nobody was saying that. And that was why when I came back after those meetings, I became very, very public, and then I launched my website and wrote a number of editorials in March and early April.

Mr. CLOUD. I want to try to get another question in here. Your take on this, was that before or after “Proximal Origins” came out?

Mr. METZL. So, before——

Mr. CLOUD. And what was your take on that when you, I guess, read that——

Mr. METZL. Yes.

Mr. CLOUD [continuing]. And what impact do you think that had on the scientific community——

Mr. METZL. It's a——

Mr. CLOUD [continuing]. And the free discovery, so to speak of——

Mr. METZL. It's a great question. Just, I don't mean to be overly referenced in my own background, but I'm pro-science, pro-vaccine. I believe climate change is real. But when I saw that, I was monumentally—I won't use—I'll say, upset, angry. Because without the available evidence, these absolute claims were being made. And I was really digging, and there just wasn't the evidence to make those assertions.

So, the right position in the beginning was what everybody is saying now. It could have been natural origin. It could have been a lab origin. And we need to actively and aggressively investigate all relevant hypotheses. And it's very unfortunate that wasn't the case.

Mr. CLOUD. And of course, the question we'll have to get to later is why was this—all the data deleted and everything.

Dr. WENSTRUP. I now recognize Mr. Garcia from California for five minutes of questions.

Mr. GARCIA. Thank you very much, Mr. Chairman. I want to thank, of course, all of our witnesses as well for being here. We all care deeply about the work of this select subcommittee. I think it's critical. And we all can agree that we learn as much as about the COVID-19 origins as we can. We know that preventing future pandemics saves lives. That's what this is all about. That's what this committee is all about.

We have lost over 1 million American lives in this country, many more across the world. A lot of folks know I lost both my mother and my stepfather to the pandemic early on, so that I understand the human cost and tragedy of this virus.

I'm very grateful that in May 2021, President Biden ordered the intelligence community to investigate the origins of COVID-19. He specifically requested the Department of Energy be brought into as part of this important assessment. This has been discussed today. We know that this is critical work that's been happening. We also know that one way or another, we don't have clear proof about the origins of COVID-19. And this has been shared by our witnesses, and of course in the many reports that have been produced by our agencies.

Now, we can make convincing cases, of course, for both potential lab leak, or if there was transmission from animals, but no one can say for certain where exactly the origins are today. And I think I want to repeat that so that it can be very clear to the American public as far as where we're actually at in this process and in these investigations. Multiple Federal agencies have supported both sides of the question and none with high confidence.

One of the most important lessons that we can learn from the origins of COVID-19 is how we can better respond to future viruses and future pandemics, because there will be future

pandemics. We've seen the mass death, the devastation this has caused our economy and the American public and the global public. And we also need to know and understand what mistakes were made in the past so that we can correct them in the future.

We know, for example, that President Trump's own advisor on COVID-19, who we heard a lot from during the pandemic, Dr. Birx, had said that the previous administration's policies early in the pandemic possibly cost us hundreds of thousands of American lives.

And I want to also note something that was said. We know that on more than 20 separate occasions, President Trump defended President Xi and his handling of COVID-19. We've been talking a lot about China and Chinese origins. But it's important to talk also about what the former President's comments were.

So, even as we had concerns about China's lack of transparency early on in the crisis, President Trump would consistently praise President Xi, in fact, on 20 separate occasions.

I want to quote something former President Trump said, "Last night, I spoke to President Xi. We talked about the experience that they had in China and of all the things that have taken place, and we learned a lot. They've had a very tough experience, and they're doing well, and he is doing well. President Xi is doing very well. But we learned a lot, and we have great communication together. We're going to be sent great data from China."

Now, it's very clear that that great data actually never came, and there was never really the cooperation that the President—that the former administration said that we were going to have. And over and over again, President Trump's Administration coddled the Chinese government and told us that this was all going to work out just fine, even though his doctors and scientists disagreed.

If members of this subcommittee are as concerned about role of the Chinese government in the origins of the pandemic, then we also need to take a serious look at why the former President repeatedly praised China and downplayed a virus that has gone on to kill over a million Americans. That is the work that the subcommittee should also be focused on.

Dr. Redfield, I know you mentioned in a *New York Times* interview that your greatest disappointment was lack of constant public health messages from civic leaders. And so my question is, is it fair to say that misinformation was a major public health threat?

Dr. REDFIELD. I think that getting accurate information to the American public was really important. I was extremely disappointed as CDC Director that I was restricted from being able to communicate to the American public. I thought that was a disservice.

Mr. GARCIA. And do you think that politicians who spread misinformation make the pandemic worse? And would it be fair to say that politicians who promote vaccine hesitancy actually cost lives?

Dr. REDFIELD. I think there's a number of issues. Clearly, vaccine hesitancy is one of our greatest threats. As you know, as CDC Director, I took it on head on when I found out that, you know, we had over 360,000 people die of flu in the decade before I was CDC Director and less than 50 percent of American public takes the flu vaccine. So, I try to get over that.

I do think—and this is different—I think one of the ways you promoted vaccine hesitancy, though, that wasn't the intent. I do think when we got into vaccine mandates, that helped reinforce vaccine hesitancy. So, vaccine hesitancy is a threat. We need to address it.

Mr. GARCIA. Thank you very much, sir. And I think that's important to also note vaccine hesitancy has been promoted actually by some members of this committee is actually very dangerous as has been said by you and many doctors across the country.

Just quickly, Mr. Redfield, according to your March 17, 2022, transcribed interview with the Select Subcommittee on the Coronavirus Crisis, you had a team of CDC investigators prepare to go to China in early January 2020. Is that correct?

Dr. REDFIELD. Correct.

Mr. GARCIA. But President Trump was not successful in deploying this team to China. Is that also correct?

Dr. REDFIELD. Correct.

Mr. GARCIA. Well, thank you very much. Mr. Chairman, I yield back.

Mr. WENSTRUP. I now recognize Dr. Joyce from Pennsylvania for five minutes of questions.

Dr. JOYCE. Thank you for yielding. And thank you to our witness panel for appearing here today.

Dr. Redfield, thank you for appearing and discussing these important matters. One of the biggest problems for our country going forward has been the erosion of public trust in our public health authorities, both at a national and at an international level. I believe that the work this committee will do on getting to the bottom of the origins of this virus will be critical in restoring that trust. And to that end, the House of Representatives will be voting on legislation, this week, requiring that the Director of the National Intelligence Agency to declassify all information relating to the origins of COVID-19, especially if there is reason to believe that the Wuhan Institute of Virology is a source of this outbreak.

Dr. Redfield, how important is this level of transparency to restore trust with the American public?

Dr. REDFIELD. You know, I thought about this a lot of how we're going to get to the answer that you're striving to get to: What is the origin? I don't think that answer's going to come from the scientific community. I think that answer's going to come from the intelligence community. And we need to get the intelligence community—and you all have the way to do that—I would like to have you have each of them show what data they have, where they got it, who their informants were, and what their conclusions were. Because as you know, a number of them are on the fence. They don't say yes or no. You got the FBI and the Energy Department, which I have a lot of respect for. Because when you look at those two departments, the FBI and the Energy Department have the strongest scientific footprint of any of our intelligence agencies. And I think the way they got to the answers of low probability and moderate probability is their internal scientists did the science.

Dr. JOYCE. So, yes or no? Do you support the declassification of all information relating to the origins of the COVID virus?

Dr. REDFIELD. I think declassification is very important. The only caveat that I would say is there are some method and sources issues that I think you guys are going to have to wrestle with to see if they're compromised by some of the declassification.

Dr. JOYCE. And I think that the erosion of the trust of the American people needs to be reestablished, and part of that is obtained.

Dr. REDFIELD. I agree with you. I agree with you.

Dr. JOYCE. I also mentioned that there's a loss of trust on international levels. And I constantly hear that from my constituents back home in Pennsylvania over the issues, specifically, regarding the World Health Organization by kowtowing to the Chinese Community Party who showed, at every step, an unwillingness to be honest and transparent about the timing, the severity, and the origins of the outbreak. They badly damaged their reputation.

Dr. MetzL, Article 6 of the International Health Regulations requires that the World Health Organization notifies within 24 hours of all events which may constitute a public health emergency of international concern.

Do you believe that the Chinese Communist Party complied with this requirement given the reports that the CCP had identified COVID cases as early as November 2019?

Mr. METZL. There can be no doubt, whatsoever, that the Chinese government violated the IHR.

Dr. JOYCE. Do you feel that there's an opportunity from our group, our work here to reestablish potential trust in the World Health Organization?

Mr. METZL. Well, that's a separate issue. Certainly, in the earliest days of the pandemic, Dr. Tedros, by his own admission, was saying too many nice things about the—about the Chinese government, when the Chinese government was very clearly not providing the WHO the information that the WHO was privately asking for. But as I said earlier, Dr. Tedros, then was the essential voice after the deeply flawed Chinese International Joint Study in February 2021. If Dr. Tedros had not spoken up, basically condemning this deeply flawed report and then abolishing the entire—this entire group, we would be in a very different situation today.

Dr. JOYCE. The CCP was given full veto authority over those included on the investigation team. And coincidentally, the only American accepted was Peter Daszak who is CEO of EcoHealth. Sort of like having the fox in the hen house.

With this information, do you believe that the conclusions of the report can be trusted? And is there a serious conflict by Daszak's inclusion in the investigation team?

Mr. METZL. So, as I've said many times, the entire process was flawed for the joint study. And that was a joint study not originated by the WHO Secretariat, but by the World Health Assembly, which is the governing body of states overseeing the WHO. So, this was forced on the WHO. The report of the Chinese International Group, in my view, was so deeply and fundamentally flawed that it's outrageous. But the WHO Secretariat, they were the ones who then—Dr. Tedros rejected the findings. And then the WHO Secretariat abolished that group and established a new group, the Scientific Advisory Group on the Origin of Novel Pathogens. And that group came out with this report that was saying that we have to

fully investigate a lab origin, and they've called on China to be more cooperative. And China is again stonewalling.

Dr. JOYCE. I agree that that full investigation of a lab origin is the responsibility of this committee. I thank all of the panel members for being here today. And Mr. Chairman, I yield.

Dr. WENSTRUP. I now recognize Ms. Tokuda from Hawaii for five minutes.

Ms. TOKUDA. Thank you, Mr. Chair. Following up on the gentleman from Maryland's comments, as an Asian American woman representing an ethnically diverse district that would find offense with Mr. Wade's work and conclusions in regards to race, I ask that the letter to the editor signed by more than a hundred geneticists and biologists opposing the use of their research in Mr. Wade's book be entered officially into the record. This speaks to his professional credibility and calls into question his very presence on this panel.

Dr. WENSTRUP. Without objection.

Ms. TOKUDA. Thank you. One thing the COVID-19 pandemic made clear is the need for reliable real-time public health data. Without it, people of color and the most vulnerable in our communities are disproportionately impacted. We don't have the infrastructure to get needed resources to them, and people die.

We, in Congress, must continue to support our Federal public health agencies, not just in determining the origins of COVID-19, but in improving data and analytics technology so we can pinpoint and slow the spread of infectious disease.

At the beginning of the pandemic, we observed difficulty scaling up the appropriate public health infrastructure to track and keep pace with COVID-19. This was a catastrophic wake-up call that we were grossly unprepared to deal with the pandemic. Coupled with the lack of action, admission, and leadership by the Trump Administration, people died.

Dr. AUWAERTER, let's focus on the facts, and let's put people first. We need to understand the origins of COVID-19—there's no argument about that here—to prevent and prepare for future pandemics. What do public health agencies and researchers need to do now learning from this pandemic to ensure that we can quickly test and trace when faced with new pathogens of pandemic potential?

Dr. AUWAERTER. Well, my work as a clinician deals with public health departments. I'm not a public health department person, but each state has its own department, and then liaises with the Centers for Disease Control. And many—I know many of our state health departments don't have enough funds to accomplish what they want to. Each state is sort of self-funding and has other Federal moneys, too. But there's just not enough resources. There's not enough people. And we have to go back to work force issues, trainees.

We need to get people excited entering these careers. I'll mention that for infectious diseases, only 56 percent of our training programs filled in 2022. There are a number of reasons for that, including low compensation. I know in public health officials, clinical laboratories, we have trouble finding people that want to do that work and getting them into training programs. So, these are abso-

lutely vital from both clinical laboratories, public health laboratories. These are sentinel findings for, you know, trying to see if there's an outbreak, is there something new impacting the health not only in our country, but then expand that internationally as well. Because these same efforts are just as important as keeping peace.

Ms. TOKUDA. Thank you. So, clearly the Federal Government needs to do more in terms of support and resources to support our state and local public health agencies in order for us to have a strong infrastructure set up.

Regardless of how the novel coronavirus came to be, it is important we continue to invest in public health infrastructure and invest in research on pathogens of pandemic potential with appropriate guardrails and strict oversight and guidelines. To do nothing, quite frankly, is to have learned nothing from this tragedy and set us up for failure and more death in the future.

Dr. METZL, what would happen if Congress blocked Federal funding for BSL-3 AND BSL-4 laboratories because of misinformation and fear-mongering surrounding lab leaks? What would happen if there a moratorium on gain-of-function research, which includes developing medical capabilities, countermeasure and surveillance capacities.

Mr. METZL. Are you asking me? Are you asking me? I'm sorry?

Ms. TOKUDA. Sorry about that. Dr. Auwaerter.

Mr. METZL. OK.

Dr. AUWAERTER. Yes, thank you. So, I think we—you know, if we have very strict rules and shut down or halt research within the U.S., there may be others outside our borders carrying this out. As has already been mentioned that there are countries that may not participate with standard practices and agreements. So, this is not an area I labor in, but as a clinician, and from my infectious diseases perspective within the society, I think research that does examine these very carefully, and as you said with guardrails, with oversight, is important. And, you know, there can be debate about where you draw the line in terms of doing this research. But I think not to do it could leave us unprepared. And, of course, there's different points of view of this. And this has been going back and forth for a while. But I do think it needs to be vigorously reexamined.

Ms. TOKUDA. Thank you very much. And I know, Dr. Metz, you have also concluded these things in your testimony as well, the support for this research.

Mr. METZL. Yes. We would be making a grave error if we shut down virology, if we shut down epidemiology. If we didn't have high containment virology labs, I think everybody agrees with that. The only question is, what are the guardrails? And when we have a situation, such as this, where it appears very likely that a lab error may have led to this whole pandemic, that forces us to be very careful and to do the kind of review that we all need to be working on together.

Ms. TOKUDA. Thank you.

Dr. WENSTRUP. I now recognize Ms. Greene from Georgia for five minutes of questions.

Ms. GREENE. If we're going to look into the origins of COVID and fully understand where this virus came from, this virus that has murdered so many people over the world, I think the most important thing we can do today is look at the timeline. And if we go back to early 2020 when this was just starting to kill so many people, we'll see something interesting. That while Dr. Fauci, Dr. Andersen, Dr. Collins, Peter Daszak from EcoHealth, who, by the way, had a grant for gain-of-function research, Dr. Auchincloss and others were doing everything possible to shut down the Wuhan lab theory, publicly, even though privately they told each other that COVID-19 looked engineered and discussed the reason to stop the theory.

And if they were to, it's really interesting, they wanted to give reasons for not expressing this opinion to the public were that it would do great potential harm to science and international harmony, and do unnecessary harm to science in general, and science in China, in particular, even though their paychecks are funded by the American taxpayers.

At the same time this was going on, the CCP was using its full weight and power to spread a propaganda campaign to conceal the origins of COVID, numbers of cases and deaths, and protect their own reputations while stockpiling medical supplies severely hurting the global supply chain and definitely hurting America.

In the same way the CCP's silenced, censored and prisoned dissenters who tried to tell the truth, Dr. Fauci and his cohorts seemingly were running their own misinformation and, ultimately, censorship campaign to, in quotes from Dr. Collins to Dr. Fauci, "put down this very destructive conspiracy about the lab leak theory."

But it's really interesting. I think we should revisit January 27, 2020. Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases finds out that they have a financial relationship with the Wuhan Institute of Virology through EcoHealth Alliance, and that they've been working with novel coronaviruses.

January 31, 2020, Dr. Fauci is warned by Dr. Kristian Andersen that some of COVID-19's features potentially look engineered and the genome is inconsistent with expectations from evolutionary theory.

Dr. Redfield, did you agree, in your opinion, with Dr. Andersen's assessment at the time that this virus did look engineered?

Dr. REDFIELD. I was concerned because of the presence of the furin cleavage site that we've talked about. And I think it's important to understand what that cleavage site does. That cleavage site totally changes the orientation of the binding domain of COVID. So it now, which could not see the H-2 receptor, which is the human receptor, it totally changes the orientation now so it has high affinity for human receptors. So, that furin cleavage site bothered me. It didn't seem that it belonged there.

And then when you look at the sequences that it uses beyond this committee, but I know many of you have looked into it, the sequences that they used in those 12 nucleotides for arginine were the arginine sequences nucleotide triplet coded for the human arginine? So, why did this virus have the arginine sequences for

human there, not bat? It was very disconcerting to me. It looked like this virus was engineered.

Ms. GREENE. Was this—what you’re observing and speaking of, is this something that would in line with gain-of-function research and the capabilities it would provide to the——

Dr. REDFIELD. Right——

Ms. GREENE [continuing]. Virus.

Dr. REDFIELD [continuing]. Yes. I mean, basically this lab published in 2014 that they accomplished in this—allowing the coronaviruses that they were working with in the lab to bind to the H-2 receptor and humanize mice. And the only way they did that was by reorienting the binding domain.

Ms. GREENE. And it was clear to them at this time that that was likely the issue in their private conversations. Yet, by February 4, a paper on the origins of COVID is drafted by four participants of the February 1 conference call. One of those participants, Dr. Andersen, completely reverses himself in an email to the President of EcoHealth, Peter Daszak, and says, “The main crackpot theories going around at the moment relate to this virus being somehow engineered, and that is demonstrably false.”

My question to you, Mr. Redfield, did you know of any evidence that they had found within three days from February 1 to February 4 to be able to confirm that it was not created in a lab?

Dr. REDFIELD. As I mentioned earlier, unfortunately, I was excluded from those conversations, which I found retroactively very disappointed, since I was, obviously, a virologist and very engaged. And I actually had asked Jeremy Farrar, Tony Fauci, and Tedros to have these conversations. And then to be excluded I found unusual.

I do think it illustrates one point that’s worth really focusing on. When you have a group of people that decide there could only be one point of view, that’s problematic. And I’ll keep going saying it’s antithetical to science. And unfortunately, that’s what they did.

Ms. GREENE. I can tell you, Dr. Redfield, that is the case. That’s very problematic because how people suffered in this country from those, what I would call, tyrannical decisions using their positions of power and shutting down the country in the way they did.

Dr. WENSTRUP. The gentlelady’s time has expired.

Ms. GREENE. I think people definitely do feel that way. Thank you. I yield back.

Dr. WENSTRUP. I now recognize Dr. Jackson from Texas for five minutes of questions.

Dr. JACKSON. Thank you, Mr. Chairman, I appreciate it. I want to thank all of our witnesses for being here. Dr. Redfield, I want to thank you, in particular, for your service as CDC Director. You were key in getting some of the meatpacking plants back up and running during the height of the pandemic in my district, and I appreciate that.

I just want to say I agree with a few of the things that have been said on the other side of the aisle from my colleagues. And one of the things I want to talk about that hasn’t really been addressed here from this side of the aisle is that, yes, I do believe that public health has been devastated by this COVID-19 pandemic. But, that is because public health officials in this country decided that they

were going to consider the politics surrounding this issue when making statements and recommendations. That's the root of the problem with the public health here.

And, yes, this must be repaired. We have to get our public health industry back. The only way that that will change, the only way that that will change is if we—and that we can regain the trust and confidence that we have to have in this country in our public health sector is to look back at what happened, who made what decisions, and why those decisions were made. And, most importantly, if public health authorities, such as Anthony Fauci, betrayed the trust of the American people, they must be held accountable. Period. Somebody has to be held accountable. This is a problem we have in government, throughout government. If there's no accountability, nothing changes.

We're going to be doomed to repeat this whole disastrous period in American history again if we don't get the answers about what happened and why it happened.

So, in addition, I just want to say that this continues to this very day. The WHO, China, the mainstream media, social media, they all need to be called out. They need to be held accountable for their part in this coverup. Millions of people died, and we need some answers to what's going on.

And I'll say that we still have an issue with this today. We still have an issue with corrupt, politically driven advice. And this is evidenced by the misinformation regarding masks, natural immunity, the need for boosters, and most importantly and most important to me at this particular time, the inappropriate efforts to vaccinate our children.

So, I would just say that we have to regain this trust in public health, and we have to do it quickly before something like this comes down the pike again, because the American people right now have zero trust and confidence in the public health sector in this country.

So, I want to ask you real quickly, Dr. Metzl and Dr. Redfield, what do you think that we should and could do to regain that trust of our public health sector?

Mr. METZL. A number of things. First, we need to look objectively, honest, directly, fearlessly at the COVID origins issue. As I had said before, I think the primary culprit, if that's the right word, is China. But we also need to look at ourselves. We really need to look at everything. We need to follow the evidence. We also need to establish a bipartisan process for evaluating the entirety of our readiness. And that's why, in my remarks, I recommended establishing a bipartisan COVID-19 commission, kind of like being built on the model of the 9/11 Commission, because it's going to be very difficult to do it piecemeal. We really need comprehensively, in a bipartisan manner, to develop an action plan. And because health is international, that means exactly as you've said, we need to focus on the national and the international level.

Dr. JACKSON. Dr. Redfield, real quickly.

Dr. REDFIELD. Yes, real quick. I think the first and foremost is we've got to tell the truth. When you don't tell the truth, you've got a problem. And I think if you go back, there were many times

when public health officials packaged the message to what they wanted to say, but it wasn't necessarily truthful.

The second thing, you have to have the courage when you're a public health official to say, I don't know, when you don't know. And I think the really fundamental—that's how we begin to lose it when people say that we're going to be OK once we get 30 percent immunity, and then later they say 50 percent, and then later they say 70 percent. And then the press says, well, why did you say 50 percent before, and now you're saying 70 percent? And the guy says, well, I didn't think the public was ready to hear that.

Dr. JACKSON. Thank you, sir.

Dr. REDFIELD. You've got to tell the truth.

Dr. JACKSON. I want to get a little bit of time here. I want to say, I did agree with some of the stuff that was being said on the opposite side of the aisle. One of the things I don't agree with, and I think that the way we have to fix this is we do have to get past the politics now. It's over, and it's done with. There's been a lot of damage done. We've got to get past that.

And I'm disturbed that, you know, the people on the left in this committee can't talk about this at all without bringing up Trump, racism, or conspiracy theorists. And I just want to make—clear the record on one particular thing, President Trump on May 29, 2020, recognizing the failures of WHO, severed the U.S. relationship with WHO citing the need for serious reforms.

And despite no reforms taking place, on his first day in office, President Biden rejoined the WHO, which was and continues to be nothing more than a puppet of the Chinese Government.

I want to also say that on January 31, 2020, President Trump came under intense criticism when he banned travel from China, an order then-Presidential candidate Biden called xenophobic. A move that even the highly respected Dr. Fauci on the other side of the aisle praised as saying that Trump's actions saved thousands and millions of lives. So, thank you. With that, I yield back.

Dr. WENSTRUP. I now recognize Mr. Jordan from Ohio for five minutes.

Mr. JORDAN. I thank the Chairman. Look forward, the Democrats tell us. Focus on the future. It might have started in a lab. It might have happened in nature. But here is the question I keep coming up with. If it may have been a lab, it may have been nature we're supposed to look forward, then why did Dr. Fauci work so hard for just one of those theories? Why was it so important to push one over the other?

Dr. Bera said, Oh, we should entertain all hypotheses. Dr. Fauci had his hypothesis, how this started. We should entertain all of them. But that's not what happened. That is definitely not what happened.

Three years ago, if you thought it came from a lab, if you raised that, you were called a nutjob, you got censored on Twitter, you were blacklisted on Twitter. You were even called a crackpot by the very scientists who, in late January, sent emails to Dr. Fauci and said it came from a lab. They called you crackpot. Is that right, Dr. Redfield?

Dr. REDFIELD. I think the most upsetting thing to me was The Baltimore Sun calling me a racist because I said this came from a Wuhan lab.

Mr. JORDAN. Dr. Redfield, you ran the CDC, and you were on the coronavirus task force. Is that right?

Dr. REDFIELD. Correct.

Mr. JORDAN. That was formed on January 29, 2020. Is that right?

Dr. REDFIELD. Correct.

Mr. JORDAN. Two days later, Dr. Fauci gets an email from Dr. Andersen which says what? Virus looks engineered. Virus not consistent with evolutionary theory. Is that accurate?

Dr. REDFIELD. That's my understanding if you want to—

Mr. JORDAN. Yes, I know. Did he share that email with you, by the way, Dr. Redfield?

Dr. REDFIELD. No.

Mr. JORDAN. As a member of the task force, as the head of CDC, did he share that email with you?

Dr. REDFIELD. No.

Mr. JORDAN. OK. Next day, February 1, Dr. Garry sends Dr. Fauci another email. That email says: I don't know how this happens in nature, but it would be easy to do in a lab. Did he share that email with you, Dr. Redfield?

Dr. REDFIELD. No, no.

Mr. JORDAN. You didn't see either one of those emails, even though you're head of CDC, even though you're on the coronavirus task force that had been formed just two days, three days earlier.

Dr. REDFIELD. No.

Mr. JORDAN. Three days later, Dr. Andersen and Dr. Garry who told us it came from a lab in emails to Dr. Fauci that Dr. Fauci wouldn't let Dr. Redfield see, three days later they changed their position 180 degrees. The question is why?

Mr. Wade, why would they change their position that fast when the only intervening event is a conference call with Dr. Fauci, the guy who wouldn't let Dr. Redfield see the very emails that they had sent him, Dr. Redfield head of CDC on the coronavirus task force, why would they change their position, Dr. Wade—or Mr. Wade?

Mr. WADE. Well, this question does lie at the heart of the issue. What is pertinent seems to me is there's no new scientific evidence that we can see that became available between these dates of Jan 31st and Feb 4.

Mr. JORDAN. Right, there's no new—I think you're—go ahead.

Mr. WADE. So, you have to ask if there were other kinds of influence available. Now it is true that Dr. Fauci and Dr. Farrar in London were very powerful research officials and between them they controlled—

Mr. JORDAN. I read your testimony. I saw that.

Mr. WADE. OK.

Mr. JORDAN. Yes.

Mr. WADE. So—

Mr. JORDAN. Why don't you cut to the chase and tell them what you really think was the reason.

Mr. WADE. I don't know what the reason was. I just—

Mr. JORDAN. I know what it was.

Mr. WADE. Go ahead, sir.

Mr. JORDAN. No, go ahead. Go ahead. I'll let you say it, because I read your testimony. I think you said it in your testimony, too. Maybe you're reluctant to say it here, but go ahead.

Mr. WADE. Well, if you're looking at the timeline on May 21, just a few weeks after the the Nature Medicine article had come out, two of the signatures of the original email to Dr. Fauci, that's Dr. Andersen and Dr. Garry, were awarded a \$9 million grant.

Mr. JORDAN. So, there's 9 million reasons why they changed their mind. I knew you would get to it. I read that last night. So, three days after they say it came from a lab, they changed their position. And the only intervening event, the conference call with Dr. Fauci and Dr. Collins, again, a call that Mr. Redfield was not allowed to be on, the head of CDC and on the coronavirus task force. And then three months later, shazam. They get nine million bucks from Dr. Fauci.

Well, isn't that something? Isn't that something? That's why we want to talk to these guys. That's why Chairman Wenstrup wants to bring in Dr. Andersen and Dr. Garry and ask them a series of questions so we can get to the bottom of this, so we can move forward and deal with this.

Here is the key question. I'm just a commonsense guy from Ohio. Well, I majored in wrestling in college. I got a degree in economics. You're supposed to get a degree when you go to college. I got one in economics. And one of the things they tell you about is a thing called opportunity cost. So, when you're spending your time making sure that the country believes only one of these theories, you could have been doing what Dr. Redfield was doing in our government, trying to figure out how we deal with this virus. And what was Dr. Fauci doing? He was trying to cover his backside and everybody knows it. And that's the part that ticks us off, because this is the highest paid guy in our government, getting all kinds of money to tell us things that were not accurate. Because we now know U.S. tax dollars went to a lab in China, a lab that was not up to code, a lab that was doing gain-of-function research, and that's where this thing most definitely came from. And Dr. Fauci had to prove no, no, he can't have that news getting out. And that's why he did what he did to the exclusion of a brilliant guy running our CDC; kept him out of the loop. Keeping him out of the loop, probably potentially could have harmed America. That's the thing that ticks us all off.

And that's why, Mr. Chairman, this hearing is so darn important that we get to the bottom of really what happened. I yield back.

Dr. WENSTRUP. Thank you. At this point, I'm going to make a closing statement before—yes, you will follow me, and then I will yield to you for a closing statement.

You know, this is very serious business, extremely serious business, apolitical serious business. And I believe that Dr. Ruiz, the ranking member on the subcommittee feels exactly the same way. You know, there's a difference between saying I disagree with you and here's why, as opposed to labeling something a conspiracy theory, or someone a conspiracy theorist. There's a huge difference. That's the politics that comes in. We need to get it out. No more.

For this committee, and as a general discussion across America, I hope that that can change.

I'm first a physician. I'm also a soldier, Iraq War veteran. I've served on the Intelligence Committee here for the last 10 years. I've had a security clearance since 1998 as a soldier.

This subcommittee is about an after-action review, lessons learned through this process, finding truths, and building a path forward so that we can have readiness in the future. That's what we need to do.

My life has been about trying to improve other lives to keep people healthy and also about the security of the United States of America. I'd love for this thing to be from nature. I would love that. Because that would be better for all of us. But I can't help but look at this and say, there's another possibility here. And when I think of that other possibility, it leads my mind with my experience in life to so many nefarious things that can happen to us as a people. This is a national security issue. This is a national health issue.

Some things might start out as good. I don't think the Wright brothers ever intended for planes to be flown into buildings to kill thousands of people. That may be the case. We need to consider all those possibilities, the lessons learned. I can give you some lessons learned. You know, we're talking about trust and building trust. And I will tell you, going back to Secretary Azar, I made the suggestion, America needs to hear from doctors that are treating COVID patients. I think that would be the most helpful. That's who they know. That's who they trust. Those are the people in the trenches, not from politicians, and not from someone who's never at bedside who's just in the lab.

The origins of this is important. Because when we talk to doctors who are treating patients, for example, though, this is where I think early on it was most important, because all they were concerned about, and all Americans were concerned about is whether they were going to live or die. And will you come up with a cure or a vaccine? That's all they worried about. But as we try to move forward, the origins of this is important, so that we don't have to struggle in the same way that we did through all of this. And trust is important.

Dr. Redfield, I agree with you on the declassification. Hopefully, we will get there. It's important for transparency, for sunlight on all of this. Obviously, there's methods and other things we have to keep out. I get that. And you'd commented on another thing that I had written down before you said it, because to me it's important as a doctor to be honest about what we don't know. And when we don't know something, and we hypothesize something, and then we find out we're wrong we have to say we didn't know, and now we know better. That didn't happen.

And I'll give you an example. You know, early on, people were saying, well, in the summer, it may dissipate like other coronaviruses have in the summer. That made sense, but it didn't happen. And we should have said, oh my gosh, that didn't happen. This thing isn't called novel for a reason, and we need to do a little more digging.

I am open to various opinions, especially from experts in the arena, including doctors that are treating affected patients. That's

where we have to go. This committee is going to deal with all aspects of the pandemic, but this is one that's very important and on the minds of every American.

I want to thank you all for your testimonies today, for taking the time to be with us. We may have to see you again, we'll see. But at the same time, I do want to thank all of you for being here. And with that, I will turn it over to the ranking member for his final comments. Thank you.

Dr. RUIZ. I, too, want to thank all the witnesses for coming today and testifying before this committee.

Let me be clear, my Democratic colleagues and I take seriously the charge of determining the coronavirus' origins. And that is why we must allow scientists and intelligence experts to do their research without politicizations, or politicians politicizing the issue using extreme partisan rhetoric or making conclusions or accusations without concrete evidence. It seems like minds on the other side of the aisle are shut and made up on the origins, and they have chosen their villain.

If we truly want to follow the evidence, the truth is that the evidence as we have it now is inconclusive. But villainizing our public health experts through conspiratorial accusations based on partisan suspicions and not concrete evidence does nothing to help us prevent and prepare for future pandemics.

I, too, am a physician. I, too, have taken care of patients who have died due to dyspnea; in other words, they couldn't breathe; they didn't get the oxygen. And I have intubated and kept people alive and resuscitated people over and over in the emergency department. These are not political ideas for the individual who's diabetic and lives in a poor neighborhood that doesn't have access to testing or to healthcare access.

This is not political. They don't give two cents of who knew what and by when. They want to make sure that they stay alive, that they can get the medicines, that they can live in a country that doesn't have to politicize every single damn thing. And they want to see their government work for them, for the people, to do the right thing.

And I do agree that we need to evaluate the evidence as it comes, just like when we had the lack of evidence of this novel virus, and we made, as Dr. Redfield and Dr. Auwaerter said, some conservative decisions in order to protect until we knew more, until we were able to have the resources to put shots in arms, students responsibly back into schools, people responsibly back into work.

But villainizing our public health experts undermines our efforts to do so. You see it hurts the recruitment of public health servants in a time when we have a public health servant shortage. And it hurts trust. It hurts trust in basic public health measures like masks that reduces airborne transmission and vaccines that save lives.

Congress has an important role in supporting the expert community's efforts to get to the bottom of the coronavirus' origins. We also have an important role to be forward looking in developing the policy solutions necessary to mitigate the threat of new viruses, no matter where they came from.

You know, I saw each of the witnesses nod in agreement in my discussion with Dr. Auwaerter regarding constructive policy solutions like raising the international standards for pathogen research.

There is still an opportunity for us to correct course. And this is a message on both sides of the aisle for this select subcommittee to be a constructive body that focuses on forward looking solutions; ones that save lives that matter to individuals who are at risk of dying today from this virus.

So, let's debate gain-of-function research. Let's discuss what we can do to improve safety guidelines and transparency in foreign labs. Let's discuss how to increase trust in basic public health measures to save lives and recruit more public health workers. Let's put people above politics. We owe it to the American people to take every action we can to save lives. And I stand ready to work with the Chairman to do so.

Dr. WENSTRUP. Thank you, Dr. Ruiz. In closing, I would like to thank our panelists once again for their important and insightful testimony today. With that and without objection, all members will have five legislative days within which to submit materials and to submit additional written questions for the witnesses which will be forwarded to the witnesses for their response.

If there's no further business, without objection, the select subcommittee stands adjourned. Thank you.

[Whereupon, at 11:50 a.m., the subcommittee was adjourned.]

