



**Republicans' Fauci Flop:
Select Subcommittee's
Fifteen-Month Probe Fails to Find
Evidence of Extreme Claims Linking
Dr. Fauci to COVID-19's Origins**

Democratic Staff Report
June 2024



EXECUTIVE SUMMARY

Over the past year and a half, the Republican-led Select Subcommittee on the Coronavirus Pandemic has relentlessly attacked Dr. Anthony Fauci, the former Director of the National Institute of Allergy and Infectious Diseases (NIAID), under the guise of investigating the origins of the COVID-19 pandemic. As this staff report explains, those attacks have ranged from baseless to frivolous and are not substantiated by evidence provided to the Select Subcommittee. Over the course of the Republican-led investigation, Select Subcommittee Democratic staff found that:

- Dr. Fauci did not create SARS-CoV-2, the virus that causes the COVID-19 disease. There has been much scrutiny of an award made by NIAID, Dr. Fauci's former agency, to the nonprofit group EcoHealth Alliance (EHA), with a subaward to the Wuhan Institute of Virology (WIV). There is no evidence that the viruses studied under that grant caused the COVID-19 pandemic, or that Dr. Fauci was even aware of that grant until after the outbreak.
- Dr. Fauci did not lie to Congress regarding “gain-of-function” research at WIV. Dr. Fauci's prior Senate testimony explicitly referred to the regulatory definition of the term “gain-of-function,” rather than to an informal usage of the term, and his testimony was accurate.
- Dr. Fauci did not organize a lab leak suppression campaign. He did not orchestrate the “Proximal Origin” paper, he did not bribe that paper's authors with federal funding, and he did not direct NIAID staff to manipulate public media coverage of the issue.

While Democrats have called for the Select Subcommittee to focus on forward-looking reforms to strengthen future pandemic prevention and preparedness, Select Subcommittee Republicans have dedicated time and taxpayer dollars to a probe of federally funded research that has failed to meaningfully advance our understanding of the origins of SARS-CoV-2 and instead inflicted significant damage on Americans' trust in our nation's public health officials.



I. CONTRARY TO THEIR EXTREME AND DANGEROUS CLAIMS, SELECT SUBCOMMITTEE REPUBLICANS’ PROBE FINDS NO EVIDENCE THAT DR. FAUCI CREATED SARS-COV-2 AND CAUSED THE COVID-19 PANDEMIC

Unfortunately, Republican Members of Congress,¹ including members of the Select Subcommittee,² as well as some high-profile figures in right-wing media,³ have claimed that Dr. Fauci created SARS-CoV-2 and is responsible for the millions of ensuing deaths.



¹ E.g., Select Subcommittee on the Coronavirus Pandemic, *Investigating the Origins of COVID-19, Part 2: China and the Available Intelligence*, 118th Cong. (Apr. 18, 2023) (online at <https://oversight.house.gov/hearing/investigating-the-origins-of-covid-19-part-2-china-and-the-available-intelligence/>) (Chairman Comer stating that “[t]his is a how-to manual in orchestrating a cover-up by using some of the most powerful and influential institutions in our country. If you ask me, this was set in motion by Dr. Fauci to hide U.S. funding of gain of function research and dodge accountability for a virus that has killed more than one million Americans.”).

² Congresswoman Marjorie Taylor Greene “accused [Fauci] of ‘enhancing viruses’ to create vaccines to treat them.” *Marjorie Taylor Greene Says Fauci Should be Jailed After Congress Grilling*, Newsweek (Jan. 9, 2024) (online at www.newsweek.com/marjorie-taylor-greene-anthony-fauci-coronavirus-testimony-congress-1858931).

³ *Tucker Carlson Falsely Claims Anthony S. Fauci ‘Created’ COVID*, Washington Post (July 29, 2021) (online at <https://www.washingtonpost.com/health/2021/07/29/tucker-carlson-fauci-created-covid/>); *Navarro Falsely Links Fauci to Pandemic Origin*, FactCheck.org (May 19, 2022) (online at www.factcheck.org/2022/05/scicheck-navarro-falsely-links-fauci-to-pandemic-origin/).

Republican members of the Select Subcommittee have also claimed that Dr. Fauci enjoyed or benefitted from the COVID-19 pandemic.



A. Dr. Fauci, His Family, and Other Scientists and Public Health Officials Have Faced Death Threats and Harassment as a Result of Claims Echoed by Select Subcommittee Republicans

Claims that Dr. Fauci created SARS-CoV-2 are dangerous and irresponsible and have fueled the death threats that Dr. Fauci and his family have faced over the past 4 years.⁴

Democratic Counsel:	During the course of the COVID-19 pandemic, did you receive threats to your life and safety in your role as a leading voice on the pandemic response?
Dr. Fauci:	Yes.
Democratic Counsel:	When did those threats begin to occur?
Dr. Fauci:	You know, I don't recall exactly when they began to occur, but they certainly reached a point when I began pushing back a bit on some of the statements that were coming out from the Trump White House, for example, about hydroxychloroquine and the virus is going to disappear and go away. And I was saying, no, that's not the case. Then I started getting threats and they accelerated and accelerated.
Democratic Counsel:	And what was the nature of those threats, if you recall?

⁴ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Dr. Fauci:	Well, some of them were outright death threats. Some were documented. And a couple of individuals were arrested, one who had an AR-15 in their car with multiple magazines of ammunition and a bulletproof vest with a GPS going to Washington. And he was stopped in a traffic stop and asked where he was going, and he was going to go to kill me and a couple of other people.
	Others were harassing phone calls. They made it very clear, whoever they were, that they knew—
Democratic Counsel:	I—this is—it's hard.
Dr. Fauci:	Time out for a second.
Democratic Counsel:	Yeah, take your time.
Counsel for Dr. Fauci:	Yeah. Take a break.
Democratic Counsel:	If you need a moment to leave the room—
Counsel for Dr. Fauci:	Yeah. Would it be all right if we go off the record?
Democratic Counsel:	Yes. We can go off the record.
	[Discussion off the record.]
Democratic Counsel:	Back on the record.
Dr. Fauci:	Yeah, I'm sorry about that, but it just—
Democratic Counsel:	No.
Dr. Fauci:	I don't want to talk too much about it because I don't want to get it.
	But it was constant threats to me, my wife, and my children, calling up—I have three daughters, and they're, you know, at the time 28, 31, and 33, calling them up and saying—I don't know how they got their phone number—but calling them up and telling them, "We know where you live, we know where you work," and very, very aggressive, violent, sexually explicit threats against them and against my wife, so—not to mention the threats against me, which, you know, I get used to, which triggered the need for security, which I still have to this day.
	And every time somebody gets up, and every time Senator Rand Paul gets up and says I'm responsible for the death of 4 million people, the death threats go up off the wall, the threats against me and my wife and my children go off of the wall.

Dr. Fauci further explained that threats and harassment against other scientists and public health officials increased during the COVID-19 pandemic.⁵

Democratic Counsel:	And I want to get into a little bit about threats to other scientists, because you were not the only one who experienced threats during the pandemic. Is that correct?
Dr. Fauci:	That is correct.
Democratic Counsel:	And, in general, does this treatment of scientists discourage them from speaking publicly about their work?
Dr. Fauci:	Yes, very profoundly. In fact, when scientists would sometimes want to push back at the misinformation and disinformation that's out there, as soon as they do, almost immediately they wind up getting threats. I don't know how that happens, but it happens quickly. Like, it's clear that when somebody gets up and defends Tony Fauci on social media or what have you, within an hour they get threats themselves. So that's the reason why many of the scientists who want to come out and say, "Hey, what are you doing, this is not what happened," et cetera, et cetera, they're afraid to come out and publicly defend. And they've told me so, that they're afraid. "I'm sorry I'm not defending you, but if I do, I'm going to start getting threatened."
Democratic Counsel:	And there's the concerns obviously for those scientists in the moment; but in a future looking way, are there concerns about how this might impact bright young scholars going into science and public service and sharing that information with the world?
Dr. Fauci:	It is in my opinion, but it's well documented by people who have done surveys that people are very reluctant now to get into public health. People have left public health and people don't want to get into it because of what's going on, of the threats on individuals in public health.

B. The EHA Grant Did Not Create SARS-CoV-2, and Dr. Fauci Was Familiar with Neither the EHA Grant nor EHA President Dr. Peter Daszak Prior to the COVID-19 Pandemic

Claims that Dr. Fauci created SARS-CoV-2 are unequivocally false.

These claims focus on the NIAID grant to EHA and the related subaward to WIV. As Select Subcommittee Democrats have explained in detail, there is no evidence indicating that the

⁵ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

viruses studied under that grant, or other federally funded research, sparked the COVID-19 pandemic.⁶

It is also clear that Dr. Fauci was unfamiliar with the EHA grant prior to the outbreak. Dr. Fauci testified to the Select Subcommittee that he has no recollection of any specific interaction with EHA's president, Dr. Peter Daszak, during that time and was generally unfamiliar with NIAID's coronavirus portfolio until after SARS-CoV-2 emerged.⁷

Democratic Counsel:	<p>If I could ask a quick, more global question, when it comes to EcoHealth Alliance or Dr. Peter Daszak, there's been significant focus on him. There have been suggestions, sometimes, that you and he somehow collaborated or conspired to hide something.</p> <p>Let me just ask, what is the extent to which you knew Dr. Daszak prior to the pandemic, let's say?</p>
Dr. Fauci:	<p>Prior to the pandemic, I really don't recall any specific interaction with him.</p> <p>In the course of all of these activities that were going on, someone—I guess it was in the press—showed a picture of me with Dr. Daszak. I take probably thousands of pictures with people at scientific meetings.</p> <p>So the picture shows I've met him. If you ask me, do I have a relationship of back-and-forth discussions with him, the answer to that would be "no."</p>
Democratic Counsel:	<p>Would that relationship, as you just described it, be pretty similar to other well-known folks in their respective fields who have grants with the agency?</p>
Dr. Fauci:	<p>I would say less so. And the reason I say "less so" is that there are people who are grantees who are in an area of research that I am very familiar with and that I'm involved with.</p> <p>For example, my relationship with many people in the field of HIV/AIDS research is something in which I talk to them all the</p>

⁶ Letter from Dr. Lawrence Tabak, Principal Deputy Director National Institutes of Health, to Ranking Member James Comer, Committee on Oversight and Reform (Oct. 20, 2021) (on file with Select Subcommittee Staff); Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023). On October 20, 2021, NIH Principal Deputy Director Dr. Lawrence Tabak sent a letter and analyses to then-House Committee on Oversight and Reform Ranking Member James Comer, explaining that published viruses studied under the grant were too evolutionarily distant from SARS-CoV-2 to be its progenitor virus. There is no other virus included in work performed under the EHA grant, whether at WIV or elsewhere, that Select Subcommittee Democrats are aware of that is closely enough related to SARS-CoV-2 such that it could be a progenitor virus. It should be noted, however, that EHA acknowledges that WIV continues to withhold lab notebooks related to work performed under that grant. In that sense, this analysis is incomplete and will remain so until WIV produces all related records.

⁷ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

	<p>time. Sometimes I collaborate with them on research. I see them at the scientific meetings that I go to.</p> <p>That is not the relationship I had with Dr. Daszak.</p>
Democratic Counsel:	<p>That's helpful.</p> <p>Also, you touched on it, but you may want to expand on the idea that, under the umbrella of NIAID, I mean, there are all sorts of grants on all sorts of different branches of subject matter. You have this intimate relationship with HIV, professionally. How would you describe your, sort of, links to the coronavirus field prior to, of course, the pandemic?</p>
Dr. Fauci:	<p>Very little.</p> <p>In the division of microbiology and infectious diseases, I would have much more interaction with things like malaria and tuberculosis and things like that.</p> <p>Coronaviruses, except for a brief period of time during that very small window in 2002-2003 with coronavirus, I am not integrated, as it were, into the coronavirus field of researchers. I know them now. Obviously, there's a lot of discussion about them. But we have thousands of grants and grantees, and on each grant there may be many investigators. So we have a lot of people coming by, talking to me, meeting me at meetings.</p>
Democratic Counsel:	<p>And that's helpful.</p> <p>What is the extent to which you were familiar with not necessarily Dr. Daszak as a person but this particular grant prior to all the scrutiny?</p>
Dr. Fauci:	<p>Yeah. I do not recall any familiarity with this grant prior to the outbreak.</p>

Furthermore, as Director of NIAID, Dr. Fauci would have overseen several thousand grants at any given time, in addition to his other responsibilities as Director.⁸

Democratic Counsel:	<p>Would you recall approximately how many grants NIAID would have at any given time?</p>
Dr. Fauci:	<p>A few thousand, I guess, between 2- and 3,000. I'll have to check that. I don't know what it is now; I've been out.</p> <p>But, around that time, there were grants that are new grants—you know, there's two types of grants. There's a grant that's submitted as a new grant, and then there's the continuing grants for 5 years. So, if we look at all the grants, I</p>

⁸ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

would say it would—my recollection—I'm not 100 percent sure, but my recollection is somewhere, a couple—up to three thousand, I think.

There is no reasonable basis to claim that Dr. Fauci created SARS-CoV-2. Select Subcommittee Democrats hope that those reckless claims, which exist primarily in right-wing circles, will soon cease.

II. SELECT SUBCOMMITTEE REPUBLICANS' PROBE FINDS THAT DR. FAUCI DID NOT LIE ABOUT GAIN-OF-FUNCTION RESEARCH IN WUHAN, CHINA

There has been controversy over whether the National Institutes of Health (NIH) and NIAID funded “gain-of-function” research at WIV.⁹ In May 2021, Dr. Fauci testified to the Senate that “the NIH has not ever and does not now fund gain-of-function research in the Wuhan Institute of Virology.”¹⁰ Many right-wing figures have since accused Dr. Fauci of lying to Congress with respect to that and similar statements he made in a subsequent Senate hearing.¹¹ Dr. Fauci’s most prominent critic has been Senator Rand Paul (R-KY), who has twice sent criminal referrals to the Department of Justice over the issue.¹²

A. Different Definitions of “Gain-of-Function”

Select Subcommittee Democrats found that Dr. Fauci did not lie to Congress, and that much of the controversy stems from confusion over the meaning of the term “gain-of-function.” Throughout the Republican-led investigation, the term “gain-of-function” has been used to refer to at least three different concepts:

- **Definition 1:** the nonregulatory definition determined by the simple question of whether an experiment has modified an organism and yielded a “gain in function,” or a change in function, even if that new function is not dangerous;¹³

⁹ *Fact-Checking the Paul-Fauci Flap over Wuhan Lab Funding*, Washington Post (May 18, 2021) (online at www.washingtonpost.com/politics/2021/05/18/fact-checking-senator-paul-dr-fauci-flap-over-wuhan-lab-funding/).

¹⁰ Senate Committee on Health, Education, Labor, and Pensions, *An Update from Federal Officials on Efforts to Combat COVID-19*, 117th Cong. (May 11, 2021) (online at www.help.senate.gov/hearings/an-update-from-federal-officials-on-efforts-to-combat-covid-19).

¹¹ *The Repeated Claim That Fauci Lied to Congress About ‘Gain-Of-Function’ Research*, Washington Post (Oct. 29, 2021) (online at www.washingtonpost.com/politics/2021/10/29/repeated-claim-that-fauci-lied-congress-about-gain-of-function-research/); *Ted Cruz tells CPAC That Fauci Should Be Jailed Over COVID-19 ‘Lies’ and Mandates*, Dallas Morning News (Mar. 2, 2023) (online at www.dallasnews.com/news/politics/2023/03/02/ted-cruz-tells-cpac-that-fauci-should-be-jailed-over-covid-19-lies-and-mandates/); *Dr. Anthony Fauci Is Caught in His Biggest COVID Lie Yet*, New York Post (July 31, 2023) (online at <https://nypost.com/2023/07/31/dr-anthony-faucis-caught-in-his-biggest-covid-lie-yet/>).

¹² Letter from Senator Rand Paul to Attorney General Merrick Garland, Department of Justice (July 21, 2021) (online at www.paul.senate.gov/wp-content/uploads/2023/08/07.21.21-Letter-to-Garland.pdf); Letter from Senator Rand Paul to Attorney General Merrick Garland, Department of Justice (July 14, 2023) (online at www.paul.senate.gov/wp-content/uploads/2023/07/Final-Letter-to-Garland_CS26.pdf).

¹³ National Institutes of Health, *Gain-of-Function Research Involving Potential Pandemic Pathogens* (online at <https://web.archive.org/web/20211019065407/https://www.nih.gov/news-events/gain-function-research-involving-potential-pandemic-pathogens>) (accessed May 8, 2024). Select Subcommittee Republicans often point to an

- **Definition 2:** the technical definition contained in the 2014 Federal Gain-of-Function Moratorium (“the pause”), which was narrowly drawn and temporarily paused all federally funded work falling under its scope;¹⁴ and
- **Definition 3:** the technical definition contained in the 2017 Department of Health and Human Services’ *Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogens* (P3CO Framework), which differs from and replaced the pause and subjected all federally funded work meeting the new definition to increased regulatory scrutiny.¹⁵

B. Dr. Fauci Has Consistently Referred to the P3CO Framework

Dr. Fauci explained in his transcribed interview that in his Senate hearings, he was referring to the P3CO Framework (Definition 3).¹⁶

Democratic Counsel:	When you talk about this issue, this broader issue of gain-of-function and Wuhan Institute of Virology, publicly—for example, the high-profile exchange with Senator Rand Paul—
Dr. Fauci:	Right.
Democratic Counsel:	—and if you say that NIH, quote, "has not ever and does not now fund gain-of-function research in the Wuhan Institute of Virology," is this layman's definition the definition that you are talking about in those occasions?
Dr. Fauci:	No.

archived NIH webpage for this concept. That page defined gain-of-function as “a type of research that modifies a biological agent so that it confers new or enhanced activity to that agent.”

¹⁴ Department of Health and Human Services, *U.S. Government Gain-of-Function Deliberative Process and Research Funding Pause on Selected Gain-of-Function Research Involving Influenza, MERS, and SARS Viruses* (Oct. 17, 2014) (online at www.phe.gov/s3/dualuse/Documents/gain-of-function.pdf). The pause affected projects “that may be reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route.” The pause did not apply to characterization of naturally occurring flu, MERS, or SARS, unless the tests were reasonably anticipated to increase transmissibility and/or pathogenicity. The pause was in effect from 2014-2017.

¹⁵ Department of Health and Human Services, *Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pandemic Pathogens* (Jan. 9, 2018) (online at www.phe.gov/s3/dualuse/Documents/P3CO.pdf). The Framework implemented new defined terms such as “potential pandemic pathogen,” or PPP, and “enhanced PPP.” Those definitions are discussed later in this report, but they differ from the pause in at least two important ways: the Framework is limited to humans, rather than all mammals, and covers all pathogens, rather than just flu, MERS, and SARS. The P3CO Framework remains in effect today. Effective May 6, 2025, the P3CO Framework will be superseded by a new White House-created framework. See The White House, *Implementation Guidance for the United States Government Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential* (May 6, 2024) (online at www.whitehouse.gov/wp-content/uploads/2024/05/USG-DURC-PEPP-Implementation-Guidance.pdf).

¹⁶ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Democratic Counsel:	Great. What would you be talking about in those situations?
Dr. Fauci:	<p>What I was referring to when Senator Paul asked me and I repeated multiple times that we were not doing gain-of-function research, no—I said that the NIH sub-award to the Wuhan Institute was not to do gain-of-function research. I was referring specifically to the operative definition of "gain-of-function" at the time, which is the P3CO framework.</p> <p>And the P3CO framework is a policy and a framework that came out of a policy guidance from 3 years of discussions led by OSTP, the National Academies of Sciences, and multiple scientific working groups that came out with a very precise definition.</p> <p>And the precise definition was: any experiment that is reasonably anticipated to result in the enhancement of a—and by "enhancement," it is meant an increase in the transmissibility and/or the pathogenesis of a PPP. And what a PPP is is a potential pandemic pathogen. So if you enhance it, it's referred to as "ePPP."</p> <p>So then you ask the question, what is a PPP? And by the regulatory definition, it is the following: It is a pathogen that is likely to be highly transmissible and spread widely in a population and a pathogen that likely will cause a high degree of morbidity and mortality in humans.</p> <p>So, when I was asked the question, did the grant that was a sub-award to Wuhan fund experiments that were enhanced PPP, that is what I was referring to when I said we do not fund gain-of-function—gain-of-function according to the strict definition, which I refer to as the operative definition of "gain-of-function."</p> <p>So, when someone asks me, as a scientist, are you doing gain-of-function, is that gain-of-function, I always apply it to the operative definition of "gain-of-function."</p>

Dr. Fauci also clarified that his public comments would have been equally true in reference to the pause (Definition 2).¹⁷

Democratic Counsel:	And at the time of that exchange, it was the P3CO framework. There was also a time, I think from 2014 to 2017, when the gain-of-function moratorium was the operative policy.
Dr. Fauci:	Right.

¹⁷ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Democratic Counsel:	So a similar analysis, I assume, would've been the case for that—
Dr. Fauci:	Right.
Democratic Counsel:	—period of time.
Dr. Fauci:	Yes.

This is logical, as those were the definitions that HHS, NIH, and NIAID were tasked with implementing. Definition 1, by contrast, had no regulatory significance during Dr. Fauci’s tenure as Director and thus formed no part of his answer.¹⁸

Dr. Fauci also confirmed to Select Subcommittee Democrats that Definition 1 is overbroad and not useful.¹⁹

Democratic Counsel:	Let's do this: If I direct your attention down on the first page under the header "Gain-of-Function Research," I'll read out loud what seems to pretty closely track the idea of a layman's definition. "The term gain-of-function research describes a type of research that modifies a biological agent so that it confers new or enhanced activity to that agent." It also says that, "Some scientists use the term broadly to refer to any such modification." I'll stop there. That feels like a relatively broad definition.
Dr. Fauci:	Correct.
Democratic Counsel:	We read recently that there was some work done last year that genetically modified bacteria so that they could detect tumors.
Dr. Fauci:	Right.
Democratic Counsel:	That's great.
Dr. Fauci:	Right.

¹⁸ Select Subcommittee on the Coronavirus Pandemic, *Hearing on Overseeing the Overseers: A Hearing with NIH Deputy Director Lawrence Tabak* (May 16, 2024) (online at <https://oversight.house.gov/hearing/overseeing-the-overseers-a-hearing-with-nih-deputy-director-lawrence-tabak/>). At a May 16, 2024, hearing, in response to a question about whether NIH funded gain-of-function research at WIV, NIH Deputy Director Dr. Lawrence Tabak testified, “If you’re speaking about the generic term, yes we did.” Dr. Tabak later clarified that NIAID applied Definitions 2 and 3 in assessing whether proposed research was or was not gain-of-function research, and that the generic Definition 1 had no relevance to that assessment. Dr. Tabak’s clarification is consistent with Dr. Fauci’s prior testimony to the Select Subcommittee and reflects the Definitions varying degrees of usefulness with respect to agency assessments.

¹⁹ Select Subcommittee on the Coronavirus Pandemic, *Transcribed Interview of Dr. Anthony Fauci* (Jan. 8-9, 2024).

Democratic Counsel:	It seems—but, please, you tell me—that that would also fit this definition. Is that right?
Dr. Fauci:	That is correct, as well as making an influenza vaccine. Yeah.
Democratic Counsel:	To the extent that you recall, maybe because of its breadth, did this definition, in your time as Director, have any formal, regulatory significance? This is not a policy—
Dr. Fauci:	No.
Democratic Counsel:	—or regulation—
Dr. Fauci:	No.
Democratic Counsel:	—that we're looking at?
Dr. Fauci:	No. It's a broader definition. It did not.

Dr. Fauci's Senate testimony was clear in this respect. For example, in his May 2021 Senate testimony, Dr. Fauci specifically noted that he was referring to the P3CO definition (Definition 3).²⁰

Mr. Marshall:	My point is, is there national security implications with something as theoretically lethal as viral gain-of-function?
Dr. Fauci:	Sure, there is. That is why we have committees. We have a P3CO committee, which is the Potential Pathogen—Pandemic Pathogen Care and Observation—and Oversight, excuse me. And that is a committee separate from the NIH that looks at these types of grants to see if they need to be funded. So, there is a considerable amount of oversight to make sure grants that are doing research that would obviously be of danger is not performed.

Dr. Fauci did the same in a November 2021 exchange with Senator Paul:²¹

Mr. Paul:	We don't anticipate the Chinese are going to reveal the virus if it came from their lab. You know that, but you continue to mislead. You continue to support NIH money going to Wuhan. You continue to say you trust the Chinese scientist. You appear to have learned nothing from this pandemic. Will you, today, finally take some responsibility for funding gain-of-function research in Wuhan?
-----------	--

²⁰ Senate Committee on Health, Education, Labor, and Pensions, *Hearing on An Update from Federal Officials on Efforts to Combat COVID-19*, 117th Cong. (May 11, 2021) (online at www.govinfo.gov/content/pkg/CHRG-117shrg46765/pdf/CHRG-117shrg46765.pdf).

²¹ Senate Committee on Health, Education, Labor, and Pensions, *Hearing on An Update from Federal Officials on Efforts to Combat COVID-19*, 117th Cong. (May 11, 2021) (online at www.help.senate.gov/hearings/an-update-from-federal-officials-on-efforts-to-combat-covid-19).

Dr. Fauci:	Senator, with all due respect, I disagree with so many of the things that you have said. First of all, gain-of-function is a very nebulous term. We have spent—not us, but outside bodies—a considerable amount of effort to give a more precise definition to the type of research that is of concern that might lead to a dangerous situation. You are aware of that. That is called P3CO.
------------	--

Select Subcommittee Democrats are therefore unclear as to why Senator Paul and others continue to claim that they are confused or feel misled by Dr. Fauci’s Senate testimony. A reasonably attentive listener would have understood that Dr. Fauci was referring to the regulatory definition that his agency was tasked with implementing.

C. Dr. Fauci’s Testimony Was Truthful

NIAID staff examined whether the EHA grant fit both the pause and P3CO definitions of gain-of-function (in 2016 and 2018, respectively) and found the answer to be “no” in both cases.²²

Dr. Fauci explained that he was not involved in those analyses, nor was he aware of them at the time they were made.²³

Democratic Counsel:	And, as we understand it, there was a system at NIAID for doing all of that. There was a committee, at least in the DMID division—
Dr. Fauci:	Right, Division of Microbiology and Infectious Disease.
Democratic Counsel:	So, in that division, there was a gain-of-function and dual-use research of concern committee—
Dr. Fauci:	Correct.
Democratic Counsel:	—whose job it would be, it sounds like, to ask and answer all those types of questions.
Dr. Fauci:	Correct.
Democratic Counsel:	And we've heard a little bit about how that process would typically work. And it sounds like—I'm generalizing—that, typically, a program officer would sort of flag a question and maybe have a conversation with the grantee, have a discussion, ask for some information, take that information back to the committee that we just described, and then they would all sit together and make a decision on the moratorium question.

²² Letter from Jenny Greer and Dr. Erik Stemmy to Dr. Aleksei Chmura (July 7, 2016) (on file with Select Subcommittee Staff); Letter from Adam Graham and Dr. Erik Stemmy to Dr. Aleksi Chmura (July 5, 2018) (on file with Select Subcommittee Staff).

²³ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

	Is that basically your understanding as well?
Dr. Fauci:	Yes, that's my understanding.
Democratic Counsel:	And specifically in the context of this EcoHealth grant, which is what we've spent most of our time on, our understanding is that that is basically how that process unfolded.
	Is that your basic understanding, that that process happened —
Dr. Fauci:	Yes.
Democratic Counsel:	—with respect to this grant?
Dr. Fauci:	That is my basic understanding.
Democratic Counsel:	That was in the summer of 2016. Were you on that gain-of-function committee that took a look at that question?
Dr. Fauci:	No.
Democratic Counsel:	Were you the program officer on the grant?
Dr. Fauci:	No.
Democratic Counsel:	Were you involved in that decision at that time, now 8 years ago, in any way?
Dr. Fauci:	No.
Democratic Counsel:	Just because it can help us to see what the org chart looks like, approximately how many reporting levels, in the context of NIAID, would exist between the folks who were making that decision and yourself, in your regular duties as Director?
Dr. Fauci:	Multiple—
Democratic Counsel:	Would you be anywhere near it?
Dr. Fauci:	I wasn't even close to it. It was multiple layers, up through the chain of the division and then to the Deputy Director. So I was not involved in that in any way.

Democratic Counsel:	We've heard a little bit elsewhere about the system for sending projects to P3CO review. In other words, in order for that further review to occur, there has to be a decision to refer it.
Dr. Fauci:	Right.

Democratic Counsel:	And it seems to be a multistep process that maybe involves some peer reviewers and a program officer all discussing amongst themselves.
	Is that generally—I know I'm generalizing, but is that your general understanding of how that—
Dr. Fauci:	Yes.
Democratic Counsel:	—process works?
Dr. Fauci:	That is the general understanding of how the process works.
Democratic Counsel:	And we understand that specifically with respect to this EcoHealth grant that that process occurred. In other words, there was a conversation amongst the program officer and other people that that person deemed appropriate about whether or not this work should be referred for further review under the P3CO framework. And our understanding is that the answer to that question at that level was no.
	Is that also your understanding?
Dr. Fauci:	That is correct.

Dr. Fauci also explained that in public settings since the pandemic, he has simply described the answers that were relayed to him by those staff members, which again, in both cases was “no.”²⁴

Democratic Counsel:	So, for you, as Director, when folks come and ask, okay, well, was there or was there not research that should or shouldn't have happened under that 2014 moratorium, how do you go about answering that question?
	I would think it would basically be as simple as saying: Well, we have a committee. Did the committee look at it? If so, what did they look at and what did they find?
	Is that basically what your process would be?
Dr. Fauci:	Exactly.
Democratic Counsel:	Okay.
	And, in this case, as we understand it, a program officer did flag the question, the committee did look at it, and they decided that that answer was no.
	Is that also your understanding?
Dr. Fauci:	Yes, it is.

²⁴ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Democratic Counsel:	And I imagine—you tell me—that you might do some kind of spot-check. In other words, you might say, "Hey, just walk me through the way that you guys approached it." But I would not think that you would be starting over from scratch. You would certainly have some degree of understanding that your folks, as subject-matter experts, did things as they're supposed to do them.
Dr. Fauci:	Right.

Democratic Counsel:	And would your analysis—if you're asked, well, was any particular grant or the EcoHealth grant, was that gain-of-function under the P3CO framework, I would assume that your process for answering that question would be more or less the same as it was for the moratorium, which is: We've got a committee; we've got folks. Did they look at that question, and, if so, what was their answer?
	Is that right?
Dr. Fauci:	That is correct.

Select Subcommittee Democrats are therefore at a loss to explain Senator Paul’s and others continued accusations against Dr. Fauci. The likeliest explanation is a continued misunderstanding of the distinctions above. For example, Senator Paul has often focused on whether an experiment *yielded* a gain in function.²⁵ That type of retrospective review is not relevant for the pause or P3CO. As Dr. Fauci explained, those are forward-looking policies (i.e., they hinge on what would have been reasonably anticipated *before the experiment occurred*).²⁶

Democratic Counsel:	And an additional aspect of the policy—it's a nuance, but I think it gets lost sometimes—is that it seems to be a forward-looking policy. In other words, the moment of decision-making—
Dr. Fauci:	Right.
Democratic Counsel:	—occurs before—
Dr. Fauci:	Right.
Democratic Counsel:	—the experiment has occurred. Is that correct?
Dr. Fauci:	Exactly.
	And the reason for that was, back when we didn't have these kinds of official regulatory restrictions, the thing that

²⁵ Senate Committee on Health, Education, Labor, and Pensions, *Next Steps: The Road Ahead for the COVID-19 Response*, 117th Cong. (Nov. 4, 2021) (online at www.help.senate.gov/hearings/next-steps-the-road-ahead-for-the-covid-19-response).

²⁶ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

	<p>triggered all of this, the H5N1 influenza ferret studies, was only really brought to everyone's attention after the experiments were done and the data was submitted to a scientific journal.</p> <p>And that was a great concern, that we don't want that to happen again. So you've got to essentially regulate before the fact, as opposed to make a harried decision after the fact.</p>
Democratic Counsel:	<p>And so that also means that, when we think specifically about whether particular research is or is not implicated by this policy, it's not as simple as looking at a figure after the research has already happened—</p>
Dr. Fauci:	<p>No.</p>
Democratic Counsel:	<p>—and measuring that. It's about putting yourself back into the shoes of the decision—</p>
Dr. Fauci:	<p>Right.</p>
Democratic Counsel:	<p>—before the research occurred.</p>
Dr. Fauci:	<p>Right. In other words, the scope of research—the scope of the research project.</p>

Dr. Fauci also explained his reference to “gain-of-function” work in Wuhan in a February 2020 email, which is shown below.²⁷

²⁷ Email from Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, to Garrett Grigsby, Director, Office of Global Affairs, Office of the Secretary, Department of Health and Human Services, et al. (Feb. 1, 2020) (on file with Select Subcommittee Staff).

From: "Fauci, Anthony (NIH/NIAID) [E]" [REDACTED]
 Date: February 1, 2020 at 11:58:36 PM GMT+1
 To: "Grigasy, Garrett (HHS/OS/OGA)" [REDACTED]; "Harrison, Brian (HHS/IOS)" [REDACTED]
 Cc: "Keh, Lawrence (HHS/OS/OGA)" [REDACTED]; "Kadlec, Robert (OS/ASPR/IO)" [REDACTED]; "Collins, Francis (NIH/OD) [E]" [REDACTED]
 Subject: follow up

Folks:

The call with Jeremy Farrar (Wellcome Trust) went very well. Francis Collins joined and there were several highly credible scientists (including and in addition to the two that I spoke with last night) on the call with expertise in evolutionary biology. One point to make clear, and this was brought up on the Task Force call. Most of the rumors that are going around relate to the paper by an Indian group saying that there are HIV gene sequences inserted in the 2019-nCoV virus. All of the scientists on our call felt that this was not credible, and they dismissed it as they the two did last night. That is not what they were concerned about. They were concerned about the fact that upon viewing the sequences of several isolates of the nCoV, there were mutations in the virus that would be most unusual to have evolved naturally in the bats and that there was a suspicion that this mutation was intentionally inserted. The suspicion was heightened by the fact that scientists in Wuhan University are known to have been working on gain-of-function experiments to determine the molecular mechanisms associated with bat viruses adapting to human infection, and the outbreak originated in Wuhan. Upon considerable discussion, some of the scientists felt more strongly about this possibility, but two others felt differently. They felt that it was entirely conceivable that this could have evolved naturally even though these mutations have never been seen in a bat virus before. The reasons for each side of the argument are too complicated to bother you with. Bottom line is that they all agreed with my strong suggestion to gather an even larger group under the auspices of an internationally credible organization. After some discussion they all felt that the WHO would be the most appropriate convener of such a group, and that the scientific experts be broadly representative of the global scientific community. Jeremy Farrar and Francis Collins will contact Tedros and ask him to do this. They hope to initiate this in the next day or so.

They pass no judgment at all at this point and feel that the group's mandate should be: "What are the evolutionary origins of 2019-nCoV, important for future risk assessment and understanding of animal/human coronaviruses". In this way, there is no assumption of foul play or guilt on anyone's part and merely an intense scientific look at the evolutionary origins of this virus. Where that leads remains to be seen. Happy to chat with any of you about this.

Best regards,
 Tony

As Dr. Fauci explained, he was relaying a comment that he heard somebody else make on a conference call.²⁸

Democratic Counsel:	I think for some folks what jumps out to them is the mention of, "Scientists in Wuhan University are known to have been working on gain-of-function experiments." Could you, if you recall, discuss a little bit what that sentence meant by you at the time?
Dr. Fauci:	Yeah. Yeah. I was reporting what I had heard by -- and I don't know exactly who it was. You know, it could have been Kristian. It could have been one of the others. But in the discussions back and forth.
	And if you look at the wording, it says they were concerned about the fact upon viewing the sequences, that there was mutations that most unusual naturally in the bats, and there was suspicion that this mutation was intentionally inserted. And the suspicion by them on the call was heightened by the fact that apparently -- at least during the call -- I used the word "by the fact." Probably shouldn't have used the word "the fact." But saying, but the discussion that scientists at Wuhan were known to have been working on gain-of-function experiments to determine whatever.

²⁸ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

	So it was a report of what I had heard on the call that someone—and certainly someone said it. I think it was Kristian. I'm not sure. But said that they had heard that there was gain-of-function research going on and, therefore, that makes it even more compelling to look into this.
Democratic Counsel:	And so you are basically repeating something you heard in this remark?
Dr. Fauci:	Absolutely, yeah.

Dr. Fauci’s congressional testimony was both clear and accurate. Select Subcommittee Democrats hope that public figures will stop levying baseless attacks against him.

III. SELECT SUBCOMMITTEE REPUBLICANS’ PROBE FAILS TO FIND EVIDENCE OF EFFORTS TO SUPPRESS THE LAB LEAK THEORY ON THE PARTS OF DRS. FAUCI AND COLLINS

Select Subcommittee Republicans have also claimed that Dr. Fauci (and Dr. Francis Collins, the former Director of NIH) engaged in a widespread conspiracy to suppress a SARS-CoV-2 lab leak origin theory.²⁹

Some Republican allegations in this respect are too frivolous to address in detail. For example, Select Subcommittee Republicans publicized a whistleblower’s claim that Dr. Fauci “influenced” the Central Intelligence Agency’s (CIA) COVID-19 origins investigation, saying that they possessed information indicating that “Dr. Fauci was escorted into CIA headquarters – without a record of entry – and participated in the analysis to ‘influence’ the Agency’s review.”³⁰ In his transcribed interview, Dr. Fauci explained that he has not visited the CIA in over twenty years.³¹ Although Select Subcommittee Republicans have not asserted this claim again since then, they have not retracted their letter publicizing the claim.³²

Other allegations are more serious. For example, Select Subcommittee Republicans claim that:

²⁹ Select Subcommittee on the Coronavirus Pandemic, *Press Release: Wenstrup Releases Alarming New Report on “Proximal Origin” Authors, NIH Suppression of the COVID-19 Lab Leak Hypothesis* (July 11, 2023) (online at <https://oversight.house.gov/release/wenstrup-releases-alarming-new-report-on-proximal-origin-authors-nih-suppression-of-the-covid-19-lab-leak-hypothesis/>); Select Subcommittee on the Coronavirus Pandemic, *Press Release: Hearing Wrap Up: Suppression of the Lab Leak Hypothesis Was Not Based in Science* (July 12, 2023) (online at <https://oversight.house.gov/release/hearing-wrap-up-suppression-of-the-lab-leak-hypothesis-was-not-based-in-science/>).

³⁰ Select Subcommittee on the Coronavirus Pandemic, *Press Release: Wenstrup Reveals New Allegations that Dr. Fauci Potentially Influenced CIA COVID-19 Origins Investigation* (Sept. 26, 2023) (online at <https://oversight.house.gov/release/wenstrup-reveals-new-allegations-that-dr-fauci-potentially-influenced-cia-covid-19-origins-investigation/>).

³¹ Select Subcommittee on the Coronavirus Pandemic, *Transcribed Interview of Dr. Anthony Fauci* (Jan. 8-9, 2024).

³² Letter from Chairman Brad Wenstrup, Select Subcommittee on the Coronavirus Pandemic, to the Honorable Christi A. Grimm, Inspector General, Department of Health and Human Services (Sept. 26, 2023) (online at <https://oversight.house.gov/wp-content/uploads/2023/09/2023.09.26-SSCP-Letter-to-HHS-OIG-Re.-AF-Movements.pdf>).

- Drs. Fauci and Collins ordered the “Proximal Origin” paper to be written in order to suppress their role in the lab origin of SARS-CoV-2, potentially by bribing some of the paper’s authors with federal grant funds; and
- At Dr. Fauci’s behest, Dr. David Morens of NIAID worked to further suppress the lab leak theory.

This section addresses those claims in turn.

A. Drs. Fauci and Collins Did Not Orchestrate the “Proximal Origin” Paper or Bribe Its Authors with Federal Funds

Select Subcommittee Democrats addressed these claims in an interim staff report last year.³³ That report found that:

- Drs. Fauci and Collins made no attempt to suppress the lab leak theory on the February 1, 2020, conference call with a group of eminent virologists, nor did they influence the drafting of the “Proximal Origin” paper; and
- Drs. Fauci and Collins did not bribe the authors of “Proximal Origin” with federal funds in exchange for writing the paper.

Those findings were based on interviews with the paper’s authors, and each finding has since been corroborated through additional witness interviews.

For example, Dr. Fauci confirmed other witnesses’ testimony that he played no substantive role on the February 1, 2020, call.³⁴

Democratic Counsel:	We've talked to some of the folks who were on that call, and Dr. Andersen told us that the call was organized by Dr. Farrar and that he did not remember you, Dr. Fauci, chiming in. Dr. Garry told us that it was Dr. Farrar's call and that you, Dr. Fauci, identified yourself, said, I am here, at the beginning, but then didn't say much or anything of substance.
	Again, is that consistent generally with what you remember about the call?
Dr. Fauci:	That is correct.

Dr. Collins confirmed the same:³⁵

³³ Minority Staff, Select Subcommittee on the Coronavirus Pandemic, *EcoHealth Alliance Did Not Cause the COVID-19 Pandemic but Did Engage in Questionable Professional Conduct* (May 1, 2024) (online at https://oversightdemocrats.house.gov/sites/evo-subsites/democrats-oversight.house.gov/files/evo-media-document/SSCP%20EHA%20Democratic%20Staff%20Report_FINAL.pdf).

³⁴ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

³⁵ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Francis Collins (Jan. 12, 2024).

Republican Counsel:	Did you discuss anything on the phone call?
Dr. Collins:	Almost nothing.
Republican Counsel:	Almost nothing?
Dr. Collins:	I was listening. I might have a comment about, oh, that's interesting. I had no substance to contribute.

Dr. Fauci also testified that he did not influence the paper; that Dr. Jeremy Farrar, a British scientist, orchestrated the paper; and that when Dr. Fauci received drafts of the paper from Dr. Farrar or others, he understood it to be as an “FYI” rather than for the purpose of providing substantive input.³⁶

Democratic Counsel:	<p>So after that February 1st call, what we've heard is that the authors of the paper went off and wrote the paper. And as far as the paper itself went—who was writing it and who was guiding it—we've talked about that with the coauthors.</p> <p>Dr. Andersen told us that Dr. Farrar was a, quote, father figure to the paper, which is sort of a curious but illustrative phrase, and that you played no role in the paper, as far as he could see.</p> <p>Dr. Garry has called Dr. Farrar a leader, an amazing leader of the paper, but reported that, from his vantage point, you didn't influence the paper in any way.</p> <p>And Dr. Ian Lipkin, who joined the paper a little bit later than the others, told us that nobody suggested to him that you were even involved in the paper.</p> <p>So as far as the substance of the paper went, is that generally consistent with your recollection of your own role?</p>
Dr. Fauci:	That is correct.
Democratic Counsel:	<p>We have seen emails where sometimes the authors would write up a draft, and they would share the draft with Dr. Farrar, and he would occasionally forward those drafts on to yourself or on to Dr. Collins.</p> <p>When that would happen, just as a general matter—we can look at a few examples—but, in general, if you recall, how would you have seen your role as the recipient of those forwarded emails? Is it more that, oh, Jeremy is sending me this so that I can open up a version, go in, and make line</p>

³⁶ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

	edits? Or is it, from your point of view, more of an FYI situation?
Dr. Fauci:	Absolutely, an FYI and a courtesy.

Dr. Collins provided similar testimony:³⁷

Democratic Counsel:	So after the first February 1st call, we have heard that the authors of the paper went off and they wrote the paper. And as far as the paper itself goes and whether there was anybody other than the authors who was helping them along, we spoke to Dr. Kristian Andersen, one of the coauthors. He told us that Dr. Farrar was a father figure to the paper, which is sort of a strange phrase, but helps us understand who was what.
	And he also told us that you played no role at all in the paper. Dr. Robert Garry has called Dr. Farrar an amazing leader of the paper and told us that you did not influence the paper. Dr. Ian Lipkin joined a little late, but told us that nobody suggested to him that you were even involved in the paper.
	So as far as the paper itself goes, is that generally consistent with your recollection of your own role or lack thereof?
Dr. Collins:	That is correct.
Democratic Counsel:	Great. We have seen in the emails that the authors would sometimes share drafts of the paper with Dr. Farrar, and Dr. Farrar would sometimes forward those drafts on to yourself and/or Dr. Fauci. If you recall, as a recipient of those forwarding emails, did you see your role as more of you were meant to receive it and then go into the document and somehow edit, or was it more of an FYI type of thing?
Dr. Collins:	It was for information, not for me to edit it.

A contemporaneous email indicates that to the extent Dr. Fauci suggested writing a paper at all, it was with the understanding that the paper would *endorse* the lab leak theory:³⁸

³⁷ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Francis Collins (Jan. 12, 2024).

³⁸ Email from Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, to Dr. Jeremy Farrar, Director, Wellcome Trust (Feb. 1, 2020) (on file with Select Subcommittee Staff).

From: Fauci, Anthony (NIH/NIAID) [E] [REDACTED]
Sent: 1/31/2020 4:38:35 PM
To: Jeremy Farrar [REDACTED]
CC: Kristian G. Andersen [REDACTED]
Subject: RE: Phone call

Jeremy:

I just got off the phone with Kristian Anderson and he related to me his concern about the Furine site mutation in the spike protein of the currently circulating 2019-nCoV. I told him that as soon as possible he and Eddie Holmes should get a group of evolutionary biologists together to examine carefully the data to determine if his concerns are validated. He should do this very quickly and if everyone agrees with this concern, they should report it to the appropriate authorities. I would imagine that in the USA this would be the FBI and in the UK it would be MI5. It would be important to quickly get confirmation of the cause of his concern by experts in the field of coronaviruses and evolutionary biology. In the meantime, I will alert my US. Government official colleagues of my conversation with you and Kristian and determine what further investigation they recommend. Let us stay in touch.

Best regards,
Tony

Dr. Fauci confirmed this understanding in his testimony to the Select Subcommittee:³⁹

Democratic Counsel:	So as a reader, I take away from that that you are communicating, hey, if you think that this could be from a lab, specifically the product of deliberate manipulation, you need to learn more and tell somebody, alert the authorities.
Dr. Fauci:	Right.
Democratic Counsel:	Is that right?
Dr. Fauci:	Absolutely. I said it very explicitly in the email.
Democratic Counsel:	This is sort of speculative, but that feels not consistent with what we would expect to see if you were somehow trying to suppress the idea that it might have come from a lab?
Dr. Fauci:	I think that's obvious, yes.

Again, this is consistent with the testimony of the paper's authors themselves.

Drs. Fauci and Collins also rejected any allegation that they somehow bribed the authors of "Proximal Origin":⁴⁰

³⁹ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

⁴⁰ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 9, 2024); Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Francis Collins (Jan. 12, 2024).

Democratic Counsel:	Did you, in any way, ever threaten to withhold Federal funding from the authors of the paper or award Federal funding to the authors of the paper in exchange for changing their scientific findings?
Dr. Fauci:	No.

Democratic Counsel:	Did you, in any way, ever threaten to withhold federal funding from the authors of this paper or promise to award federal funding to the authors of this paper if they changed or suppressed their findings?
Dr. Collins:	Absolutely not. I want to categorically and unequivocally say there was no such efforts to put pressure on the authors, in terms of any funding decision. And I want that to be absolutely clear.

Much like the CIA claim mentioned above, Select Subcommittee Republicans have been silent regarding the bribery claim since Representative Jim Jordan (R-OH) levied the allegation last year:⁴¹

Mr. Jordan:	So there's 9 million reasons why they [the "Proximal Origin" authors] changed their mind. I know you would get to it. I read that last night. Three months after —so 3 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 3 months later, Shazam. They get nine million bucks from Dr. Fauci.
-------------	---

Select Subcommittee Democrats see no basis for the claims that Drs. Fauci and Collins somehow orchestrated the "Proximal Origin" paper.

B. Dr. Fauci Did Not Direct Dr. Morens to Suppress the Lab Leak Theory

While Select Subcommittee Democrats remain concerned about the potentially willful evasion of public transparency requirements by Dr. Morens,⁴² there is no evidence to indicate that Dr. Fauci enlisted Dr. Morens to covertly suppress the lab leak theory at Dr. Fauci's behest.

For example, Select Subcommittee Republicans identified an email in which Dr. Morens said "... to my total surprise, my boss Tony actually ASKED me to speak to the National Geographic on

⁴¹ Select Subcommittee on the Coronavirus Pandemic, *Hearing on Investigating the Origins of COVID-19*, 118th Cong. (Mar. 8, 2023) (<https://oversight.house.gov/hearing/investigating-the-origins-of-covid-19/>).

⁴² *Top NIH Office Advised Covid Scientists that he Uses Personal Email to Evade FOIA*, Intercept (June 29, 2023) (online at <https://theintercept.com/2023/06/29/covid-nih-personal-email-foia/>).

the record about origins. I interpret this to mean that our government is lightening up but that Tony doesn't want his fingerprints on origin stories."⁴³

From: [REDACTED]@niaid.nih.gov At: 07/29/21 07:38:47
To: Jason Gale (BLOOMBERG/ NEWSROOM:), [REDACTED]@TULANE.EDU,
[REDACTED]@sydney.edu.au, [REDACTED]@utah.edu
Subject: RE: Fwd:Re: URGENT: Seeking comment on paper in Nature:
Scientific reports

Jason, I can almost always talk on background or off the record, and if needed I MIGHT be able to speak ON the record. In the US government we all have to get approval from HHS or the Whitehouse to speak to the press. Sometimes they are touchy about certain issues and say no. For many months, I have not been approved to talk about "origins" on the record.

But today, to my total surprise, my boss Tony actually ASKED me to speak to the National Geographic on the record about origins. I interpret this to mean that our government is lightening up but that Tony doesn't want his fingerprints on origin stories.

Bottom line, I can speak to you on background and, if you need or want quotations or attributions, you can request to speak to me formally. They can only say no or, better yet, steer you to Tony....

Have you asked Dr. Newman when he bmight be able to share the paper he mentioned? I would love to see that....

Republicans claim that this email shows that Dr. Fauci deliberately sought to suppress the lab leak theory by using Dr. Morens as a conduit.⁴⁴

To the contrary, Dr. Fauci testified that he never told Dr. Morens or any other NIAID employee what they could or could not discuss publicly:⁴⁵

Republican Counsel:	Did you have any conversations with Dr. Morens about what he could or could not discuss regarding origins?
Dr. Fauci:	No. I never tell somebody what they could or could not discuss, because that's a press office thing.
Republican Counsel:	He said that he interpreted your asking him to discuss origins as you didn't want your fingerprints on origin stories. Any idea what that meant?

⁴³ Email from Dr. David Morens, Senior Adviser to the Director, National Institute of Allergy and Infectious Diseases, to Jason Gale, Senior Editor, Bloomberg News, et al. (July 29, 2021) (on file with Select Subcommittee Staff).

⁴⁴ Letter from Chairman Brad R. Wenstrup, Select Subcommittee on the Coronavirus Pandemic, to Dr. David Morens (June 29, 2023) (online at https://oversight.house.gov/wp-content/uploads/2023/06/2023.06.29-BRW-Letter-to-DM-Re.-Origins_Redacted_Final.pdf).

⁴⁵ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Dr. Fauci:	I have no idea what he's talking about. Yeah.
------------	---

Dr. Morens testified similarly:⁴⁶

Republican Counsel:	Did you ever have any conversations with Dr. Fauci regarding you speaking to the press and what you would say or not say?
Dr. Morens:	This [email] would be the only thing. I don't remember the context. In fact, I don't remember this letter, but I do remember that at one time he asked me to talk to the press or approved me talking to the press, which normally he wouldn't do. He wouldn't get involved in that, the press office would handle that.

Failure to follow federal records retention and freedom of information laws are of great concern to Select Subcommittee Democrats; however, absent further evidence, which Select Subcommittee Democrats have not been presented with, Republicans' claim regarding Drs. Fauci and Morens is not substantiated.

IV. SELECT SUBCOMMITTEE DEMOCRATS REMAIN FOCUSED ON CONTINUED EFFORTS TO MITIGATE THE THREAT OF COVID-19 AND REFORMS TO STRENGTHEN FUTURE PANDEMIC PREVENTION AND PREPAREDNESS

Select Subcommittee Democrats have maintained a focus on continued efforts to mitigate the threat COVID-19 poses, particularly to vulnerable populations, and reforms to strengthen future pandemic prevention and preparedness throughout this Congress, and Dr. Fauci and Dr. Collins provided insights on these issues based on their vast experience with infectious diseases.

As a general matter, Dr. Collins offered the following on the continued importance of NIH's research enterprise for future pandemic prevention and preparedness:⁴⁷

Dr. Ruiz:	So the NIH funding for the underlying research is important.
Dr. Collins:	Absolutely.
Dr. Ruiz:	And it's also important for future pandemic preparedness.
Dr. Collins:	It is. I wrote an editorial in Science Magazine as I was preparing to step down as NIH director about lessons learned from COVID 19. And that was a big, important one, that you have to invest not just in the acute need of today, but in the basic science that prepares you for what might be coming next, so that you're not caught off guard.

⁴⁶ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. David Morens (Jan. 18, 2024).

⁴⁷ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Francis Collins (Jan. 12, 2024).

A. Testing and Contact Tracing for COVID-19 and Future Infectious Diseases

Early challenges developing and deploying effective COVID-19 tests and scaling up contact tracing undermined the United States’s initial response to the pandemic in early 2020. Dr. Fauci discussed with the Select Subcommittee these early challenges and the importance of accurate testing and robust contact tracing for containing initial outbreaks:⁴⁸

Democratic Staff:	As I understand it, testing is a key pillar of the public health response to any sort of disease outbreak. Could you elaborate specifically on the role of testing in containing outbreaks?
Dr. Fauci:	Yeah. I mean, testing is your eyes on what's going on in the community. So, I mean, right from the very beginning, if you go back and look at quotes that I have made, is, we've got to absolutely—what did I quote?—flood the system with testing, both people who are symptomatic as well as asymptomatic individuals, to get some vision into what's going on in the community. Because if you wait for people to get sick and present to a clinic or to a hospital, you are already weeks behind what's actually going on in the community. In order to stay ahead of it, you've got to test very, very robustly.

Dr. Fauci also said:⁴⁹

Democratic Staff:	So what about COVID 19 specifically—for example, the ways it spread—made contact tracing so difficult to stand up in the United States?
Dr. Fauci:	Yeah. We found this out gradually, but then it became very clear that, anywhere, depending upon your study, between 50 to 60 percent of the transmissions occurred from a person who had no symptoms. Either they never would have any symptoms or they were in the pre symptomatic phase. So, if you have at least half of the infections in the community are spreading, it becomes really difficult to make contact tracing effective.
Democratic Staff:	So, looking to the potential for future outbreaks or future pandemics, it's my sense that contact tracing could take a greater role under certain circumstances. Are there lessons from the initial COVID 19 response that we should be taking away—
Dr. Fauci:	Yes.

⁴⁸ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

⁴⁹ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Democratic Staff:	—for the deployment of contact tracing?
Dr. Fauci:	<p>Yeah. Contact tracing is intimately associated with your local public health capability of mobilizing people to do the contact tracing.</p> <p>What became clear—it became clear to me, because what I would do after a while, because I'm a physician who takes care of patients, I would call up my colleagues in different places and say, how's contact tracing going? And they were saying that contact tracing is not working very well because we don't have the public health infrastructure in place to make it work.</p> <p>So my recommendation for what are lessons learned, that we need to support more the local public health capability of doing contact tracing.</p> <p>Our local public health infrastructure, as good as it was decades ago, has sort of attenuated a lot, almost as victims of our own success, because we have good vaccines and we have antibiotics, so the local public health people who go out into the community and do public health things has diminished greatly over the last several years. People who have left their jobs have not been rehired.</p> <p>So one of the big lessons learned is that, you know, public health at the local level is absolutely critical, and we were weak in that regard.</p>

B. Importance of Continued Investment in the Development of New COVID-19 Therapeutics

Dr. Fauci also told the Select Subcommittee that antiviral drugs are essential for managing COVID-19 infections, and that it is “critically important to continue to develop them.”⁵⁰

Dr. Collins shared that COVID-19 therapeutic development is at a critical moment.⁵¹

Dr. Ruiz:	And what does the current research and development landscape look like for new COVID 19 therapeutics?
Dr. Collins:	You know, I don't know that it looks particularly promising at the moment. Because Paxlovid is out there, industry may feel like this is therefore a pretty tough community to be able to land another success story. It really is one of those places where you need the whole ecosystem of public and private to

⁵⁰ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

⁵¹ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Francis Collins (Jan. 12, 2024).

try to push this forward when there may be a fairly high risk of failure.

C. Importance of Continued Investment in Research to Understand and Treat Long COVID

In addition, long COVID is a syndrome that continues to impact the lives of an estimated 17 million Americans.⁵² While the symptoms of those impacted varies, 25% of those with long COVID say that it impacts their day-to-day activities “a lot.”⁵³

Long COVID patients and physicians researching it shared their experiences at a hearing before the Senate Committee on Health, Education, Labor, and Pensions. Patients outlined the impact it was having on their lives, and said that long COVID had huge impacts, such as chronic fatigue syndrome, neurological issues, and depression. Physicians recommended continued investment in long COVID research and making access to clinical care easier for patients.⁵⁴

Dr. Fauci testified similarly:⁵⁵

Dr. Fauci:	Yeah. We know it's real. Long COVID is a syndrome, and it varies in what the percentage is, in some studies as little as 5 percent, some as high as 20. The real number may be probably somewhere around 7 percent.
	But we're still trying to figure out because of the, I would say, the looseness first early on of the definition of it. But it really is the persistence of symptomatology long after the acute phase of COVID infections subsides and by normal testing the person is no longer infected.
	And yet, anywhere from weeks to months and in some cases to years, they have a constellation of signs and symptoms that are very puzzling, because there is, at this point, with some recent data showing some hints as to what the potential underlying mechanism might be. But they have everything from sleep disturbances to very severe post-exercise fatigue, particularly seen in young people, athletes, who were very well trained, who get tired walking up a flight of stairs.
	They have what's called unexplained tachycardia,

⁵² Kaiser Family Foundation, *As Recommendation for Isolation End, How Common is Long COVID?* (Apr. 9, 2024) (online at www.kff.org/coronavirus-covid-19/issue-brief/as-recommendations-for-isolation-end-how-common-is-long-covid/).

⁵³ Kaiser Family Foundation, *As Recommendation for Isolation End, How Common is Long COVID?* (Apr. 9, 2024) (online at www.kff.org/coronavirus-covid-19/issue-brief/as-recommendations-for-isolation-end-how-common-is-long-covid/).

⁵⁴ Senate Committee on Health, Education, Labor, and Pensions, *Addressing Long COVID: Advancing Research and Improving Patient Care*, 118th Cong. (Jan. 18, 2024) (online at www.help.senate.gov/hearings/addressing-long-covid-advancing-research-and-improving-patient-care).

⁵⁵ Select Subcommittee on the Coronavirus Pandemic, *Transcribed Interview of Dr. Anthony Fauci* (Jan. 8-9, 2024).

autonomic disturbances, temperature dysregulation, sweating, hair loss, a whole variety, which is really very confusing.

Some of the—in fact, there was an article that came out yesterday or the day before, while we were here, that there were even a considerable number of deaths associated with long COVID, people who had cardiovascular and neurovascular and neurological symptomatology that ultimately led to their death.

Usually it is not a lethal syndrome, but it has disrupted the lives. And if the percentage of people who actually have long COVID is even as low as a very, very small percent on the spectrum of the different reports, then we have a significant problem because of the fact that so many millions and hundreds of millions of people throughout the world have gotten infected.

So we really need to know a precise handle on what the actual occurrence of it is, because it's a heterogeneous syndrome. It isn't—if it's a one, unidimensional syndrome, it's easy to follow and easy to do studies. But because it's so heterogeneous, we really need to get a better feel on the epidemiology of it and then look at what the pathogenic mechanisms are to be able to intervene.

A recent study showed that even in people who, long after you think the acute phase is over, they still have recognizable, subtle immune abnormalities and some subtle persistence of nucleotides of the virus that you can identify. So maybe there's not active infection but residual of infection.

D. COVID-19's Disproportionate Harm on Communities Experiencing Health and Economic Inequities and the Continued Importance of Addressing Those Inequities

COVID-19 morbidity and mortality disproportionately harmed communities that have historically experienced health and economic inequities in the United States, including communities of color. The COVID-19 pandemic laid bare the importance of addressing health and economic inequities as part of comprehensive future pandemic preparedness. Dr. Fauci discussed some of these issues with Ranking Member Raul Ruiz.⁵⁶

⁵⁶ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Dr. Ruiz:

What do we know about the pandemic's disproportionate impact on communities of color in the United States? And how and why was this the case?

Dr. Fauci:

There were two reasons for that. One was the initial risk of getting infected. The other—well, actually, probably three reasons. The initial risk of getting infected. The inequities of access to healthcare. And the underlying conditions that people of poor economic status and people who are in disenfranchised groups, such as some of the minorities.

If you take point number one, that if you look at the—you know, it's dangerous to generalize, but this, I think, is a generalization that helps you to understand the situation, that people of color and somewhat more less economically privileged people generally have jobs that necessitate for their economic survival that they are out in the community. They have essential jobs. They can't sit behind a computer and continue to do their job virtually. So they are the ones that are out there getting infected more.

Then, when they do get infected, when you have people of color and other individuals who are less fortunate to have access to healthcare, that when they do get sick they don't have the immediate access of getting the kind of care that you would expect them to get, and often they don't get the care until they have an advanced disease.

Then the third one is that there are underlying conditions that African Americans and some Latinos and certainly some Native Americans and others have a higher incidence of the underlying conditions, that when you do get infected it makes you statistically more likely that you're going to have a poor outcome with hospitalizations and deaths.

To name a few, you have obesity, you have hypertension, you have chronic renal disease, you have chronic lung disease, you have cardiovascular disease, all of which disproportionately, due to the social determinants of health, are in individuals not because of their race or their ethnic origin; it has to do with the social determinants of health that have not allowed them to have proper diet, to have proper healthcare when they were younger, a whole variety of things.

So three compelling and conflating reasons why the results that you talk about are true.

Dr. Ruiz:

And one of those that comes to mind, given that my first home was in a trailer park, is overcrowded housing with multifamilies—

Dr. Fauci:	Right.
Dr. Ruiz:	living due to issues of poverty, et cetera. And so that increased the risk of transmissions within households of people of lower income. And so how about, do you have other examples of this disparity in people with less income despite race?
Dr. Fauci:	Oh, yeah. I mean, of an individual with less incomes, I think you mentioned one of them, housing. And you're not going to have somebody that has their own apartment with two bedrooms; you're going to have somebody that's living with their grandparents, with their parents, and with their children. And that is one of the reasons why when you have a multigenerational home that that's almost like a perfect storm for getting a lot of different people infected. Also, they may not be able to afford tests. They may not be able to afford any of the things that are not available to be free. So whenever you get away from government supplying things free, you're going to wind up who's going to suffer the most from them and those who are less economically privileged.

E. Public Health Data Collection

Accurate and timely data collection is imperative for the federal government to detect and address emerging and ongoing public health threats. COVID-19 data collected by the Centers for Disease Control and Prevention (CDC) informed public health policymaking at every level of government across the United States and revealed the critical importance of ensuring that CDC has both adequate authority and resources to collect and disseminate public health data.

As Dr. Fauci testified:⁵⁷

Dr. Fauci:	Yeah. I would—I would characterize what you're bringing up as one of the major stumbling blocks and problems that we had with the pandemic. It's a combination of the CDC not having the capability or even the authority of getting on-the-ground local public health information that in real time they could know what's going on. It's—and, in fact, when you know the CDC went through an internal review, and that was one of the many difficulties that were pointed out, is that they don't get data in real time.
------------	---

⁵⁷ Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Anthony Fauci (Jan. 8-9, 2024).

Part of it might be their fault, but part of it is the fault of the system where data that comes in at the local public health is so fractionated in our country, we don't have one system that when a—and I'm going get to and I'll be concise about it—but get into an example of that.

If someone comes in and they're infected, that test may not get reported. If it does, it gets reported locally. And it doesn't necessarily go to a central system.

So at any given time, depending upon how well the local is collecting data, how well the local who collects data is giving it to the central system, so that the central dashboard is generally anywhere from weeks to, believe it or not, months behind.

And we knew that because in the middle of many of the waves of variants that we had, the information that we, and I even personally as part of the various Coronavirus Task Force and Coronavirus Response Teams, we had to get on the phone with our colleagues in South Africa to figure out what was going on with the trend of the virus. We had to get on the phone with our colleagues from Israel and find out. We had to get on the phone with our colleagues from the U.K.

It was a humbling experience that they knew more about what the trend of the virus was than we did in our own country. That is a lesson learned we've got to correct.

Ms. Castor:

So in the—Congress did act, and through the public health emergency we kind of unlocked some data streams. So hospitals were required to report. I think skilled nursing centers were required to report. They would report infections. They would report deaths. They would—I guess they were—we were trying to get a handle on age-related data, race-related data, urban, rural.

Was that helpful to you?

Dr. Fauci:

It was helpful but—it was necessary, but it was not sufficient. It wasn't done completely to make it equivalent to what our colleagues in other countries who knew essentially immediately in real time what was going on.

It was the right direction, and we need to keep going in that direction, but it didn't solve the problem.

V. CONCLUSION

Select Subcommittee Republicans have failed to shed additional light on the origins of SARS-CoV-2 and have managed only to make baseless attacks against Dr. Fauci and erode the public's

trust in our nation's health officials. Select Subcommittee Democrats hope that this report helps bring those attacks to an end.

