Select Subcommittee on the
Coronavirus Pandemic
DEMOCRATS

EcoHealth Alliance Did Not Cause the COVID-19 Pandemic but Did Engage in Questionable Professional Conduct

Democratic Staff Report
May 2024

EXECUTIVE SUMMARY

Under the guise of investigating the origins of the COVID-19 pandemic, the Republican-led Select Subcommittee on the Coronavirus Pandemic has been probing federally funded research grants administered through the National Institute of Allergy and Infectious Diseases (NIAID) within the National Institutes of Health (NIH). This probe has largely focused on funding awarded to the nonprofit organization EcoHealth Alliance (EHA); EHA's President, Dr. Peter Daszak; and EHA's subaward to the Wuhan Institute of Virology (WIV).

Pursuant to this probe, the Select Subcommittee has reviewed over 425,000 pages of internal documents produced by NIH, NIAID, EHA, and other relevant parties. The Select Subcommittee has also conducted 19 interviews, 13 of which were with current or former NIH or NIAID employees. This report summarizes Select Subcommittee Democrats' findings pertaining to EHA and Dr. Daszak from these proceedings.

- **EHA Did Not Create SARS-CoV-2 and Cause the COVID-19 Pandemic:** As a result of EHA's work with WIV, Select Subcommittee Republicans have accused Dr. Daszak of creating SARS-CoV-2, the virus responsible for the COVID-19 disease, and causing the pandemic.[1] Evidence provided to the Select Subcommittee does not support those accusations. The viruses studied under the grant and WIV subaward are too genetically distant from SARS-CoV-2 to have caused the pandemic.

- **Dr. Daszak and EHA May Have Misled the Federal Government About Their Work and Participated in Other Questionable Conduct:** During its investigation, the Select Subcommittee also reviewed evidence that calls EHA's professional conduct into question. As a grantee, EHA's questionable conduct spanned administrative issues, such as annual reporting requirements, and substantive scientific issues, such as representations of its work in communications with NIAID staff. Dr. Daszak also engaged in conduct outside the scope of EHA's grant that raises reasonable questions regarding his professional integrity.

While Select Subcommittee Republicans' probe into federally funded research grants has not meaningfully advanced the American public's understanding of the origins of SARS-CoV-2, the findings detailed in this report regarding EHA's professional conduct are concerning to Select Subcommittee Democrats and draw into question whether EHA should continue to receive taxpayer funds.

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[1] Select Subcommittee on the Coronavirus Pandemic, *Wenstrup, Comer, McMorris Rodgers, Griffith, Guthrie Announce Transcribed Interview with EcoHealth Alliance President Peter Daszak* (Sep. 29, 2023) (online at https://oversight.house.gov/release/wenstrup-comer-mcmorris-rodgers-griffith-guthrie-announce-transcribed-interview-with-ecohealth-alliance-president-peter-daszak/).

I. BACKGROUND

EHA is an international nonprofit based in New York City that focuses on assessing the risks of emerging infectious diseases from wildlife.[2] On May 27, 2014, NIAID awarded EHA a five-year grant titled, "Understanding the Risk of Bat Coronavirus Emergence." The grant proposed to assess the risk of coronavirus (CoV) emergence by studying the intersection of CoV wildlife reservoirs and humans and examining natural CoVs of interest.[3]

The grant has been a source of controversy due to its subaward to WIV,[4] which entered the grant as EHA's long-standing partner in collecting and sequencing natural bat CoVs. Although the grant's CoV collection work spanned several countries in Asia, WIV conducted the grant's sequencing and genetic experiments, including the creation of chimeric viruses (also known as chimeras), which combined the backbone (i.e., the structural framework of a virus, which is comprised of sugar and phosphate) of select natural SARS-like CoVs with the spike protein (i.e., the portion of the outer membrane that mediates a virus's ability to fuse to a host organism's cells) of other natural SARS-like CoVs. Within China, WIV also collected and tested bat biological samples for the presence of CoVs.

Consistent with NIH's Grants Policy Statement, NIAID required EHA to submit annual progress reports called Research Performance Progress Reports (RPPRs). NIAID staff reviewed EHA's RPPRs for EHA's compliance with the grant's terms and conditions, as well as scientific progress EHA made on the grant.

II. SELECT SUBCOMMITTEE REPUBLICANS' PROBE HAS FAILED TO SUBSTANTIATE CLAIMS THAT ECOHEALTH ALLIANCE CREATED SARS-COV-2

The Select Subcommittee has reviewed available grant documents, including annual RPPRs, and has interviewed Dr. Daszak and NIH and NIAID staff responsible for oversight of EHA's grant. Contrary to claims made by Select Subcommittee Republicans,[5] no evidence provided to the Select Subcommittee indicates that the work performed under the EHA grant, including at WIV, led to the creation of SARS-CoV-2.

According to annual RPPRs submitted by EHA to NIAID, WIV created chimeras by attaching select CoV spike proteins to the backbone of the natural CoV WIV1.[6] On October 20, 2021, NIH Principal Deputy Director Dr. Lawrence Tabak sent a letter to then-House Committee on Oversight and Reform Ranking Member James Comer, explaining that WIV1 and other

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[2] EcoHealth Alliance, *About* (online at www.ecohealthalliance.org/about) (accessed on Apr. 15, 2024).
[3] EHA Grant Application (June 6, 2013) (on file with Select Subcommittee Staff).
[4] *See, e.g., "This Shouldn't Happen": Inside the Virus-Hunting Nonprofit at the Center of the Lab-Leak Controversy,* Vanity Fair (Mar. 31, 2022) (online at www.vanityfair.com/news/2022/03/the-virus-hunting-nonprofit-at-the-center-of-the-lab-leak-controversy). EHA, not NIAID, paid WIV directly for its work.
[5] Committee on Oversight and Accountability, *COVID Origins* (online at https://oversight.house.gov/landing/covid-origins/) (accessed Apr. 22, 2024).
[6] EHA Year 2 RPPR (May 13, 2016); EHA Year 3 RPPR (Apr. 12, 2017); EHA Year 4 RPPR (Apr. 13, 2018) (on file with Select Subcommittee Staff).

viruses studied under the grant were too evolutionarily distant from SARS-CoV-2 to be its progenitor virus.[7] Dr. Tabak's letter also attached analyses of CoVs more closely related to SARS-CoV-2, including RaTG13 and BANAL-52, likewise concluding that they are too distant from SARS-CoV-2 to be the progenitor virus.[8]

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.[9] Simply put, Select Subcommittee Republicans have failed to demonstrate that any of the viruses in question could even *possibly* have been a progenitor virus to SARS-CoV-2, despite several years of taxpayer-funded efforts to do so. In fact, the Republicans' probe has failed to generate any tangible evidence substantiating the claim that work performed by EHA, or by WIV in work performed under the EHA grant, led to the creation of SARS-CoV-2.

III. SELECT SUBCOMMITTEE DEMOCRATS PRESS FOR TRANSPARENCY FROM DR. DASZAK ON ECOHEALTH ALLIANCE'S QUESTIONABLE PROFESSIONAL CONDUCT AS A RECIPIENT OF TAXPAYER DOLLARS

Although the Select Subcommittee Republicans' probe failed to generate evidence substantiating their claim that EHA sparked the COVID-19 pandemic, Select Subcommittee Democrats identified information that has drawn into question EHA's professional conduct as a grantee and recipient of federal taxpayer funding. This section summarizes Select Subcommittee Democrats' evaluation of this questionable conduct.[10]

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[7] 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).

[8] Dr. Tabak's analyses noted that neither virus had been collected pursuant to the EHA grant. RaTG13 was collected independently by WIV and bore no connection to the EHA grant or other NIAID funding, and BANAL-52 was collected in Laos by a French team and bore no connection to EHA, NIAID, WIV, or any other entity of interest in the Select Subcommittee's inquiry.

[9] It should be noted, however, that EHA acknowledges that WIV continues to withhold lab notebooks related to work performed under that grant. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023). In that sense, this analysis is incomplete and will remain so until WIV produces all related records. It should also be noted that the Office of the Director of National Intelligence's 2023 report on WIV concluded that "WIV personnel have worked with scientists associated with the People's Liberation Army on public health-related research and collaborated on biosafety and security projects." Office of the Director of National Intelligence, *(U) Potential Links Between the Wuhan Institute of Virology and the Origins of the COVID-19 Pandemic* (June 2023) (online at www.dni.gov/files/ODNI/documents/assessments/Report-on-Potential-Links-Between-the-Wuhan-Institute-of-Virology-and-the-Origins-of-COVID-19-20230623.pdf). It is therefore difficult to assess the extent to which other WIV work may have played a role in the origins of SARS-CoV-2.

[10] EHA's conduct as a grantee, and NIH's oversight of EHA, were the topic of an exhaustive report issued by the Department of Health and Human Services Office of Inspector General (HHS-OIG) in January 2023. Department of Health and Human Services, Office of the Inspector General, *The National Institutes of Health and EcoHealth Alliance Did Not Effectively Monitor Awards and Subawards, Resulting in Missed Opportunities to Oversee Research and Other Deficiencies* (Jan. 2023) (online at https://oig.hhs.gov/oas/reports/region5/52100025.pdf). This staff report overlaps with aspects of the HHS-OIG's report but does not purport or attempt to address every issue raised by the HHS-OIG.

A. EcoHealth Alliance's Failure to Submit Their Year 5 Report Raises Questions Regarding Their Truthfulness

NIH grantees are required to submit annual RPPRs summarizing their work.[11] EHA's Year 5 RPPR was due on September 31, 2019,[12] a deadline that EHA missed. On July 23, 2021, almost two years after the report was due, NIH wrote to EHA demanding its submission.[13] EHA complied and submitted the report on August 3, 2021.[14]

EHA staff have consistently maintained that they uploaded the Year 5 report several months early, in July 2019, but that when they tried to officially submit the report, they were locked out of NIH's electronic filing system.[15] They claim that they asked NIH for further information, but that NIH never responded or asked for the report, which EHA took to mean that its submission was not required.

There are several reasons to doubt EHA's version of events. To begin with, an NIH staff member testified that he believes EHA could have submitted the report on time.[16]

[11] National Institutes of Health, *NIH Grants Policy Statement* (Dec. 2022) (online at https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf).
[12] Letter from Dr. Michael Lauer, Deputy Director for Extramural Research, National Institutes of Health, to Drs. Aleksei Chmura, Chief of Staff, EcoHealth Alliance, and Peter Daszak, President, EcoHealth Alliance (July 23, 2021) (on file with Select Subcommittee Staff).
[13] *Id.*
[14] EHA Year 5 Interim RPPR (Aug. 3, 2021) (on file with Select Subcommittee Staff).
[15] *See e.g.*, Letter from Dr. Peter Daszak, President, EcoHealth Alliance, to Dr. Michael Lauer, Deputy Director for Extramural Research, National Institutes of Health (Oct. 26, 2021) (on file with Select Subcommittee Staff). *See also* Department of Health and Human Services, Office of the Inspector General, *The National Institutes of Health and EcoHealth Alliance Did Not Effectively Monitor Awards and Subawards, Resulting in Missed Opportunities to Oversee Research and Other Deficiencies* (Jan. 2023) (online at https://oig hhs.gov/oas/reports/region5/52100025.pdf).
[16] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Michael Lauer (Nov. 3, 2023).

Republican Counsel:	In your experience, have you seen an interim progress report 22 months late before?
NIH Official:	No.
Republican Counsel:	Did EcoHealth ever provide a rationale for it being 22 months late?
NIH Official:	I do remember that in their letter they said something about being locked out of our system.
Republican Counsel:	Were you able to verify that?
NIH Official:	No, we did not verify that they were locked out of our system.
Republican Counsel:	In your knowledge, could they have produced the interim progress report on time?
NIH Official:	Yes.

NIH also performed an electronic forensic investigation into EHA's claims and found no evidence that EHA were locked out of the system.[17] The Department of Health and Human Services Office of the Inspector General also found no evidence to corroborate EHA's claims.[18]

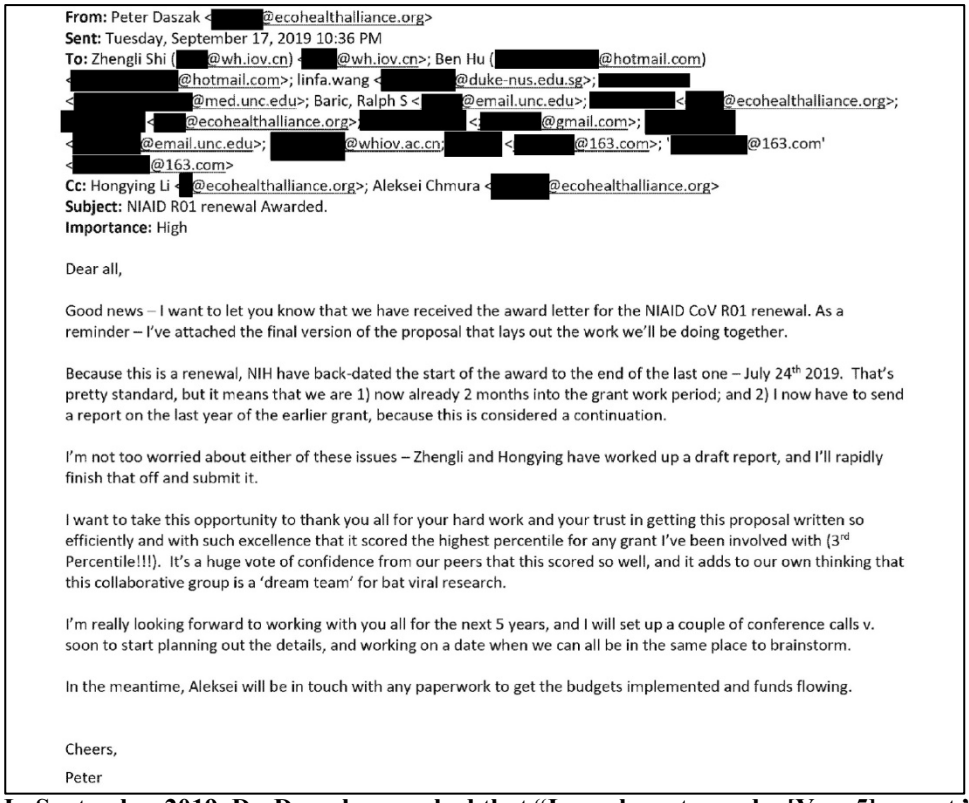
The documentary evidence available to the Select Subcommittee is also inconsistent with a system lockout.

For example, on September 17, 2019, Dr. Daszak emailed his collaborators alerting them to the grant renewal[19] and explaining:

> *Because this is a renewal, NIH have back-dated the start of the award to the end of the last one—July 24th 2019. That's pretty standard, but it means that we are 1) now already 2 months into the grant work period; and* ***2) I now have to send a report on the last year of the earlier grant, because this is considered a continuation. I'm not too worried***

[17] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Michael Lauer (Nov. 3, 2023).
[18] Department of Health and Human Services, Office of the Inspector General, *The National Institutes of Health and EcoHealth Alliance Did Not Effectively Monitor Awards and Subawards, Resulting in Missed Opportunities to Oversee Research and Other Deficiencies* (Jan. 2023) (online at https://oig hhs.gov/oas/reports/region5/52100025.pdf).
[19] EHA's initial five-year grant ran from 2014-19, and on July 24, 2019, the grant was renewed for another five years. In years prior, grantees were not required to submit Year 5 reports upon renewal, and NIH instead relied on the renewal application and Year 6 report. At some point prior to 2019, possibly in 2017, NIH changed its policy and began requiring Year 5 reports to be submitted. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Michael Lauer (Nov. 3, 2023). Dr. Daszak does not dispute that he was aware that EHA were required to submit a Year 5 report.

about either of these issues—Zhengli and Hongying have worked up a draft report, and I'll rapidly finish that off and submit it.[20]



From: Peter Daszak <[redacted]@ecohealthalliance.org>
Sent: Tuesday, September 17, 2019 10:36 PM
To: Zhengli Shi ([redacted]@wh.iov.cn) <[redacted]@wh.iov.cn>; Ben Hu ([redacted]@hotmail.com) <[redacted]@hotmail.com>; linfa.wang <[redacted]@duke-nus.edu.sg>; [redacted] <[redacted]@med.unc.edu>; Baric, Ralph S <[redacted]@email.unc.edu>; [redacted] <[redacted]@ecohealthalliance.org>; [redacted] <[redacted]@ecohealthalliance.org>; [redacted] <[redacted]@gmail.com>; [redacted] <[redacted]@email.unc.edu>; [redacted]@whiov.ac.cn; [redacted] <[redacted]@163.com>; '[redacted]@163.com' <[redacted]@163.com>
Cc: Hongying Li <[redacted]@ecohealthalliance.org>; Aleksei Chmura <[redacted]@ecohealthalliance.org>
Subject: NIAID R01 renewal Awarded.
Importance: High

Dear all,

Good news – I want to let you know that we have received the award letter for the NIAID CoV R01 renewal. As a reminder – I've attached the final version of the proposal that lays out the work we'll be doing together.

Because this is a renewal, NIH have back-dated the start of the award to the end of the last one – July 24th 2019. That's pretty standard, but it means that we are 1) now already 2 months into the grant work period; and 2) I now have to send a report on the last year of the earlier grant, because this is considered a continuation.

I'm not too worried about either of these issues – Zhengli and Hongying have worked up a draft report, and I'll rapidly finish that off and submit it.

I want to take this opportunity to thank you all for your hard work and your trust in getting this proposal written so efficiently and with such excellence that it scored the highest percentile for any grant I've been involved with (3rd Percentile!!!). It's a huge vote of confidence from our peers that this scored so well, and it adds to our own thinking that this collaborative group is a 'dream team' for bat viral research.

I'm really looking forward to working with you all for the next 5 years, and I will set up a couple of conference calls v. soon to start planning out the details, and working on a date when we can all be in the same place to brainstorm.

In the meantime, Aleksei will be in touch with any paperwork to get the budgets implemented and funds flowing.

Cheers,
Peter

In September 2019, Dr. Daszak remarked that "I now have to send a [Year 5] report."

In response to questioning by Select Subcommittee Democratic staff, Dr. Daszak testified that the lockout had already occurred when he sent this email, and that the email was meant to convey that he needed to complete the report's submission.[21]

Democratic Counsel:	So, I think for us this email could, or maybe would, be read to be a little bit in tension with what we've talked about up to this point. In other words, as a reader, it seems as if as of September 17th, the year 5 report wasn't finished. There was a draft of it, you hadn't yet finished that off, and, therefore, it would seem that it had not, at this point, been uploaded. But you were aware that it had to be submitted. So I think just from our point of view, we would appreciate hearing –
Dr. Daszak:	No, it's very—very straightforward. This is me talking to all of the members of the —of the group that were working on this grant, and I'm explaining to them that

[20] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Zhengli Shi, Senior Scientist, Wuhan Institute of Virology, et al. (Sept. 17, 2019) (on file with Select Subcommittee Staff) (emphasis added).
[21] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

	we've got the renewal, it's been backdated. There are a couple of things outstanding. One is, this year 5 report never did get fully uploaded into the system and accepted by NIH. So I now have to send a report on that —I now have to send year 5 report. I'm not too worried about either of these issues. Zhengli and Hongying have worked up a draft. That was the draft that was already uploaded. It—because it wasn't fully accepted into the system, we can change it, modify it. So I'll rapidly finish that off and submit it. It never got submitted. It was locked out. We were unable to get it in.

A more natural reading would be that as of September 17, the report had been drafted but not finished, and at that time Dr. Daszak was aware of his obligation to submit the report. If true, this would be in tension with EHA's argument that the report was finished and uploaded in July, but that they ultimately came to believe that the report was not required to be submitted.

Upon further questioning by Select Subcommittee Democratic staff, Dr. Daszak was also unable to identify the time at which he came to believe that the report was not required to be submitted:[22]

Democratic Counsel:	So at what point does it turn into, you no longer think the report has to be submitted?
Dr. Daszak:	Well, it was always there in the back of my mind, we never submitted that year 5 report. I just assumed if everything's working normally, then NIH didn't require that year 5 report to be submitted. There was a lack of clarity on whether, when you get a renewal you submit a year 5 report. A year 5 report is the final report of an R01. It was unclear, now that this grant has been renewed with the same number, whether that has to be submitted or not. And we never heard back, so we just carried on with our work.
Democratic Counsel:	It was clear at this point, though, it seems like, for you?
Dr. Daszak:	It was clear that it had not gone in, yeah.
Democratic Counsel:	And that it was required to be submitted?
Dr. Daszak:	Yes. I thought so. It was at the back of my mind throughout the whole period, I'm sure I should be trying to get that report submitted, yeah.

[22] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

Democratic Counsel:	And so, there was a point, I guess, in the future from this email, where you start to say to yourself, you know, maybe I don't actually have to submit it?
Dr. Daszak:	Yeah. I just never got clarity on that, until later on, yeah, until 2021. Look, you know, as a grantee of a Federal organization, if the Federal organization writes to you and says, You need to file your year 5 report today or next week, you do it, you comply. If you contact the grant —the funding organization repeatedly and say, Look, we're trying to get this thing uploaded, it's not working, and you don't receive a response, what do you do? It's difficult. It was impossible to submit.

Dr. Daszak was also unable to explain his reference to a "back-dated" renewal in his September 17, 2019, email to collaborators. The renewal was issued on July 24, 2019,[23] and was not back-dated, and EHA was aware of its issuance at that time.[24]

Democratic Counsel:	[I] think it is not really in dispute from other documents in addition to this one that EcoHealth was made aware of the renewal.
Dr. Daszak:	Yeah. It looks that way, so correct.
Democratic Counsel:	On July 24th.
Dr. Daszak:	Yeah, yeah, it looks that way. So I anticipate a few days between getting notice of award and sending a team email to get everyone excited, but, actually, it was longer than that.
Democratic Counsel:	Well, we can hunt for it, but I think, with a pretty high degree of confidence, the notice of award was received back in July.
Dr. Daszak:	Yeah. That's probably true from what this email says. So, yeah, it took me a long time to get 'round to writing the email.
Democratic Counsel:	Okay. But the September email does seem to indicate an immediacy. We just received our renewal, but that was a month ahead of time—

[23] EHA Grant 2R01AI110964-06 Renewal (July 24, 2019) (on file with Select Subcommittee Staff).
[24] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

Dr. Daszak:	Well, it's a 5-year award. If you look at it from a 5-year perspective, that's pretty recent.
Democratic Counsel:	Do you have any recollection of—well, just first of all, just to be clear, now, so we're all on the same page, the notice of award, I think we've refreshed your recollection, may have been or likely was received back in July.
Dr. Daszak:	Right.
Democratic Counsel:	Is there any recollection, if you can recall, of that lag between receiving it and then notifying your collaborators about it—
Dr. Daszak:	Well—
Democratic Counsel:	—sort of giving the impression that it had just been received?
Dr. Daszak:	Well, I didn't write them to give them the false impression. No. No.
Democratic Counsel:	No, I didn't say false, but—
Dr. Daszak:	What I wrote them was to get them excited about the grant we've been awarded. Look, the probable reason for me taking a long time to write that email is shocking workload, horrific travel schedule, and a backlog of emails to write to people to explain what we're doing and keep them —write papers, write grants, and do all that.

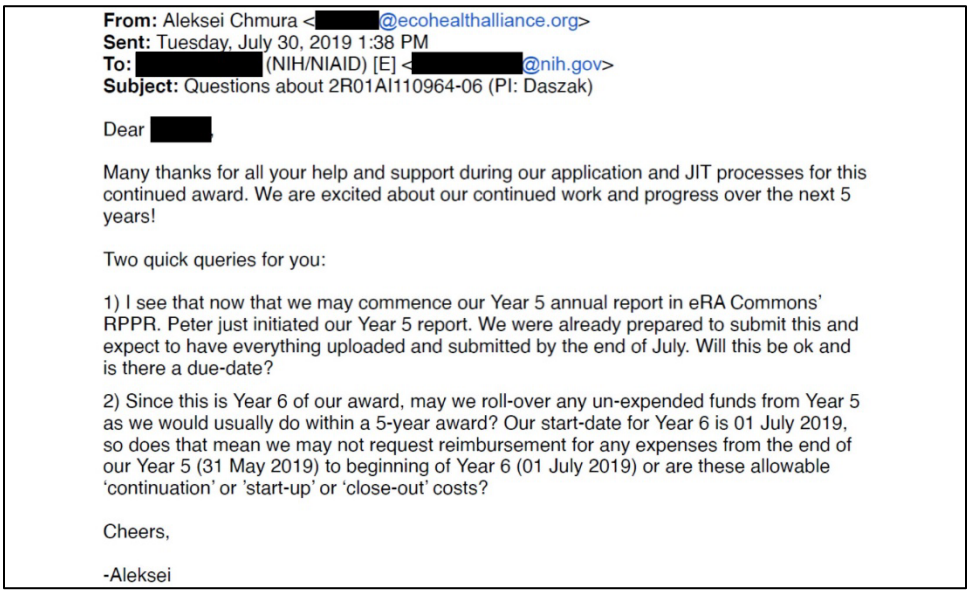
Electronic records of EHA's outreach to NIAID staff reviewed by Select Subcommittee Democratic staff are also inconsistent with EHA's version of events.

On July 30, 2019, EHA emailed a NIAID grants management officer ("grants officer"),[25] saying in part:

> *I see that now that we may commence our Year 5 annual report in eRA Commons' RPPR. Peter just initiated our Year 5 report. We were already prepared to submit this and expect to have everything uploaded and submitted by the end of July. Will this be ok and is there a due-date?*[26]

[25] NIAID staff explained that a grants management officer oversees the financial or policy-related aspects of a grant, whereas a program officer oversees a grant's scientific aspects. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of NIAID Program Officer (Nov. 13, 2023).

[26] Email from Dr. Aleksei Chmura, Chief of Staff, EcoHealth Alliance, to Grants Officer, National Institute of Allergy and Infectious Diseases (July 30, 2019) (on file with Select Subcommittee Staff). Dr. Chmura copied and



From: Aleksei Chmura <[redacted]@ecohealthalliance.org>
Sent: Tuesday, July 30, 2019 1:38 PM
To: [redacted] (NIH/NIAID) [E] <[redacted]@nih.gov>
Subject: Questions about 2R01AI110964-06 (PI: Daszak)

Dear [redacted],

Many thanks for all your help and support during our application and JIT processes for this continued award. We are excited about our continued work and progress over the next 5 years!

Two quick queries for you:

1) I see that now that we may commence our Year 5 annual report in eRA Commons' RPPR. Peter just initiated our Year 5 report. We were already prepared to submit this and expect to have everything uploaded and submitted by the end of July. Will this be ok and is there a due-date?

2) Since this is Year 6 of our award, may we roll-over any un-expended funds from Year 5 as we would usually do within a 5-year award? Our start-date for Year 6 is 01 July 2019, so does that mean we may not request reimbursement for any expenses from the end of our Year 5 (31 May 2019) to beginning of Year 6 (01 July 2019) or are these allowable 'continuation' or 'start-up' or 'close-out' costs?

Cheers,

-Aleksei

In July 2019, EHA emailed a NIAID Grants Officer about submission of the Year 5 RPPR.

EHA's email lacks any mention of a system lockout. For the lockout to have occurred in July (and thus for EHA's timeline to be accurate), the attempted upload and lockout must have occurred the following day, on July 31. It is reasonable to doubt that that was the case, particularly because the Select Subcommittee lacks *any* records or communications (whether from EHA, NIAID, or NIH) that corroborate a system lockout.

Dr. Daszak claims that EHA's attempts to communicate with NIAID were all by phone.[27] That assertion is difficult to square with their previous patterns of communication. For example, EHA emailed their grants officer regarding the Year 5 report twice in the week *prior* to the supposed lockout (once on July 30, excerpted above, and also on July 24, with an identical inquiry regarding the Year 5 report).[28] Given this context, it is difficult to conceive that EHA never sent an email *regarding* the lockout if one had occurred.

In the previous year, Dr. Daszak emailed a copy of EHA's Year 4 report to EHA's grants and program officers.[29]

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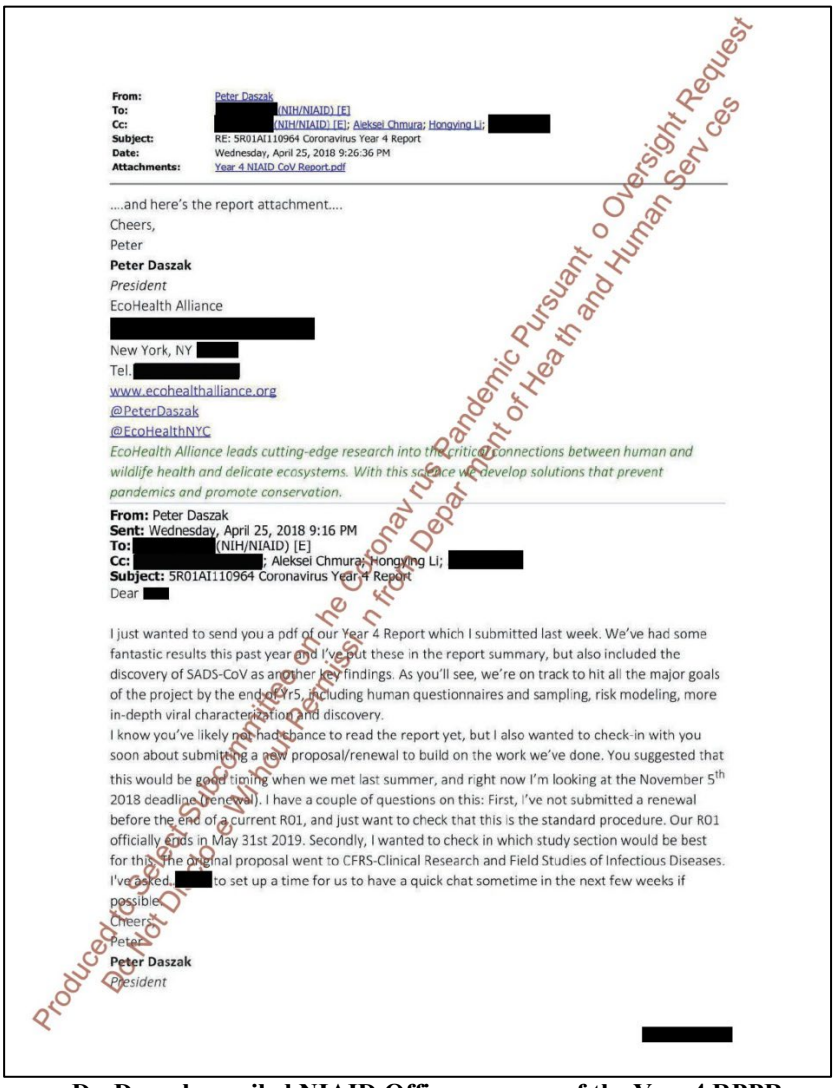
pasted the report-related portion of his July 30, 2019, email from a July 24, 2019, email he previously sent to the grants officer. Email from Aleksei Chmura, Chief of Staff, EcoHealth Alliance, to Grants and Program Officers, National Institute of Allergy and Infectious Diseases (July 24, 2019) (online at https://s3.documentcloud.org/documents/21170561/536974886-gain-of-function-communications-between-ecohealth-alliance-and-niaid.pdf#page=303). The excerpted portion is identical in the two emails, and neither email mentions a system lockout.

[27] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

[28] Email from Aleksei Chmura, Chief of Staff, EcoHealth Alliance, to Grants and Program Officers, National Institute of Allergy and Infectious Diseases (July 24, 2019) (online at https://s3.documentcloud.org/documents/21170561/536974886-gain-of-function-communications-between-ecohealth-alliance-and-niaid.pdf#page=303).

[29] Email from Peter Daszak, President, EcoHealth Alliance, to Grants and Program Officers, National Institute of Allergy and Infectious Diseases (Apr. 25, 2018) (on file with the Select Subcommittee).



From: Peter Daszak
To: [redacted] (NIH/NIAID) [E]
Cc: [redacted] (NIH/NIAID) [E]; Aleksei Chmura; Hongying Li; [redacted]
Subject: RE: 5R01AI110964 Coronavirus Year 4 Report
Date: Wednesday, April 25, 2018 9:26:36 PM
Attachments: Year 4 NIAID CoV Report.pdf

....and here's the report attachment....
Cheers,
Peter

Peter Daszak
President
EcoHealth Alliance
[redacted]
New York, NY [redacted]
Tel. [redacted]
www.ecohealthalliance.org
@PeterDaszak
@EcoHealthNYC
EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Peter Daszak
Sent: Wednesday, April 25, 2018 9:16 PM
To: [redacted] (NIH/NIAID) [E]
Cc: [redacted]; Aleksei Chmura; Hongying Li; [redacted]
Subject: 5R01AI110964 Coronavirus Year 4 Report
Dear [redacted]

I just wanted to send you a pdf of our Year 4 Report which I submitted last week. We've had some fantastic results this past year and I've put these in the report summary, but also included the discovery of SADS-CoV as another key findings. As you'll see, we're on track to hit all the major goals of the project by the end of Yr5, including human questionnaires and sampling, risk modeling, more in-depth viral characterization and discovery.
I know you've likely not had chance to read the report yet, but I also wanted to check-in with you soon about submitting a new proposal/renewal to build on the work we've done. You suggested that this would be good timing when we met last summer, and right now I'm looking at the November 5th 2018 deadline (renewal). I have a couple of questions on this: First, I've not submitted a renewal before the end of a current R01, and just want to check that this is the standard procedure. Our R01 officially ends in May 31st 2019. Secondly, I wanted to check in which study section would be best for this. The original proposal went to CFRS-Clinical Research and Field Studies of Infectious Diseases. I've cc'ed [redacted] to set up a time for us to have a quick chat sometime in the next few weeks if possible.
Cheers,
Peter

Peter Daszak
President

[redacted]

Dr. Daszak emailed NIAID Officers a copy of the Year 4 RPPR.

Given that Dr. Daszak knew he could always simply send EHA's annual reports to NIAID officers as an email attachment, and that in fact he did so several times in the past,[30] one would have expected him to do the same when faced with an insurmountable technical barrier.

In addition, NIH's forensic investigation did not identify any Help Desk tickets or other records of EHA staff calling the report submission portal's technical support line.[31] Dr. Daszak speculated that this may be because EHA never contacted the Help Desk and only contacted the grants officer.[32] But again, it is difficult to believe that EHA only called, and never emailed, the

[30] Dr. Daszak testified that he recalled "doing that a couple of times." *See* Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[31] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Michael Lauer (Nov. 3, 2023).
[32] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

same officer that they had already emailed twice regarding submission of the report prior to the lockout.

Dr. Daszak testified that the missing Year 5 report was of little significance because EHA's grant renewal application contained the results from Year 5 of the grant.[33] That view seems inaccurate. The renewal submission contains charts reflecting Year 4's chimeric lab results but does not include the chimeric results from the Year 5 report.[34] Apart from any potential SARS-CoV-2 origins-related implications, those results would have been important in enabling NIAID to oversee EHA's grant compliance effectively.

If EHA's version of events is accurate, then their failure to take any verifiable steps to inquire with NIAID or NIH regarding the status of their report submission is concerning. If EHA's account is inaccurate or misleading, that would raise serious concerns regarding EHA's professional integrity.

B. Some of EcoHealth Alliance's Scientific Arguments in Their June 8, 2016, Letter to NIAID Regarding Their Work Raise Questions

In May 2016, EHA submitted their Year 2 report,[35] which mentioned that they planned to perform chimeric work with SARS-like viruses.[36] In response, a NIAID grants officer noted that the planned work may implicate the 2014 federal pause on gain-of-function research ("the pause"), which paused federal funding for "gain-of-function research 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."[37]

NIAID asked EHA to provide their view on whether EHA's work was affected by the pause.[38] In response, EHA wrote a June 8, 2016, letter to NIAID, in which they argued that their SARS-like work was not subject to the pause for several reasons,[39] many of which could reasonably be questioned.

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[33] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[34] EHA Grant Renewal Application (Nov. 11, 2018) (on file with Select Subcommittee Staff).
[35] EHA Year 2 RPPR (May 13, 2016) (on file with Select Subcommittee Staff).
[36] EHA also noted that they planned to perform chimeric work with a full-length MERS clone. Our analysis will focus on EHA's proposed SARS-like work.
[37] 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).
[38] Letter from Grants Officer, National Institute of Allergy and Infectious Diseases, to Aleksei Chmura, Senior Coordinator of Operations, EcoHealth Alliance (May 28, 2016) (on file with Select Subcommittee Staff).
[39] Letter from Dr. Peter Daszak, President, EcoHealth Alliance, to Grants and Program Officers, National Institute of Allergy and Infectious Diseases (June 8, 2016) (on file with Select Subcommittee Staff).

i. "SARS" versus "SARS-like Viruses"

EHA first argued that the pause did not apply to SARS-like viruses, but rather only applied to SARS itself. That is a reasonable argument. The phrasing of the pause is unclear, and NIAID itself seemed uncertain as to how to approach that issue.[40]

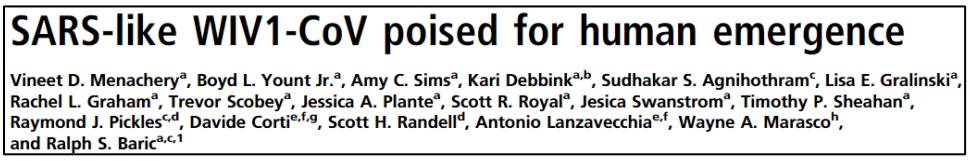
ii. Human Infectivity of WIV1

EHA next noted that the backbone with which they planned to work, WIV1, "has never been demonstrated to infect humans or cause human disease."[41]

> We believe that this work would not be considered GoF because the pause specifically targeted experiments that altered the pathogenicity or transmissibility of SARS-CoV, MERS-CoV and any influenza virus. Our molecular clone is WIV1, which is a group 2b SARS-like bat coronavirus that has never been demonstrated to infect humans or cause human disease. It is about 10% different from SARS-CoV. Thus, we feel that introducing other group 2b SARS-like bat coronavirus spike glycoproteins into WIV1 is not subject to the pause. Moreover, we are introducing progressively more distant S glycoproteins into WIV1 (The RBD of Rs7327 differs from WIV1 in several amino acid residues while RsSHC014 is even more distantly related phylogenetically), so it seems progressively less likely that any of these viruses would be more pathogenic or transmissible than the SARS-CoV. This is further supported by the fact that Prof. Ralph Baric's group (Menacherya *et al.*, 2015, Nature Medicine, 21 (12):1508-1512; Menacherya *et al.*, 2016, PNAS, 113 (11): 3048-3053) took WIV1 spike and inserted it onto a SARS-CoV backbone and showed reduced pathogenicity in mice with human ACE-2 relative to SARS-CoV (mortality rates were much lower, therefore this is *loss-of-function*). This strongly suggests that the chimeric bat spike/bat backbone viruses should not have enhanced pathogenicity in animals.

EHA argued that WIV1 "has never been demonstrated to infect humans[.]" (highlight added).

However, an article cited later in EHA's own letter[42] was titled "SARS-like WIV1-CoV poised for human emergence."[43] That article concluded that the paper's "results indicate the WIV1-coronavirus (CoV) cluster has the ability to directly infect and may undergo limited transmission in human populations."



SARS-like WIV1-CoV poised for human emergence

Vineet D. Menachery[a], Boyd L. Yount Jr.[a], Amy C. Sims[a], Kari Debbink[a,b], Sudhakar S. Agnihothram[c], Lisa E. Gralinski[a], Rachel L. Graham[a], Trevor Scobey[a], Jessica A. Plante[a], Scott R. Royal[a], Jesica Swanstrom[a], Timothy P. Sheahan[a], Raymond J. Pickles[c,d], Davide Corti[e,f,g], Scott H. Randell[d], Antonio Lanzavecchia[e,f], Wayne A. Marasco[h], and Ralph S. Baric[a,c,1]

Later in their letter, EHA cited a paper titled "WIV1-CoV poised for human emergence."

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[40] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of NIAID Program Officer (Nov. 13, 2023).

[41] The relevance of this point is not entirely clear given that the pause related to work involving all mammals, not just humans. It is possible that Dr. Daszak was making this point in support of his first argument regarding SARS-like viruses not being covered by the pause, i.e., he may have been saying that because WIV1 had not been demonstrated to infect humans (unlike SARS, which is a confirmed human pathogen), that WIV1 should therefore not have been viewed as included within the term "SARS" as that term was used in the pause. Regardless of why the point was made, it lacked important context for the reasons described herein.

[42] Dr. Daszak's citation of the paper later in his letter was for a different proposition unrelated to the question of whether WIV1 capable of infecting humans.

[43] Vineet D. Menachery et al., *SARS-like WIV1-CoV Poised for Human Emergence*, Proceedings of the National Academy of Sciences of the United States of America (Mar. 14, 2016) (online at https://pubmed.ncbi nlm nih.gov/26976607/).

In response to questioning by Select Subcommittee Democratic staff, Dr. Daszak argued that those excerpts of the paper were overstated, that the paper merely showed WIV1's capability to infect human cells—but not necessarily humans—and that his argument to NIAID was therefore accurate.[44]

Democratic Counsel:	Okay. So from a big picture, the distinction, if I'm hearing correctly, is, the paper might show that WIV1 has the ability to directly infect and undergo limited transmission in humans—
Dr. Daszak:	No. The paper—
Democratic Counsel:	Sorry. That's a quote from the paper.
Dr. Daszak:	But that's an opinion written by the authors. But what the data really showed, that it can infect human cells in the lab and mice with human ACE-2 receptors.
Democratic Counsel:	Got it. That's a proxy for infecting humans, right?
Dr. Daszak:	It's an animal model. It is not a human.
Democratic Counsel:	Humanized cells?
Dr. Daszak:	These are mice.
Democratic Counsel:	With human ACE-2?
Dr. Daszak:	With a human receptor in them.
Democratic Counsel:	Right.
Dr. Daszak:	But they're still mice.
Democratic Counsel:	What's the purpose of using the human receptor?
Dr. Daszak:	It's an animal model.
Democratic Counsel:	To test?
Dr. Daszak:	To test the potential for it to infect people.

Select Subcommittee Democrats acknowledge the distinctions between human cells in a lab, human receptors in a mouse, and humans. However, the paper's authors, which included some of the world's leading CoV researchers, concluded that WIV1 was likely capable of infecting humans. That conclusion, if true, would have added critical context to Dr. Daszak's assertion that human infection had never been shown to occur, and it is surprising that Dr. Daszak did not address that context in his letter to NIAID.

[44] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

iii. SARS-like Viruses Likely Less Pathogenic/Transmissible Than SARS

Because WIV1 is about 10% distant from SARS and the spike proteins EHA planned to insert were even more distant from SARS, EHA's third argument was that "it seems progressively less likely that any of these viruses would be more pathogenic or transmissible than the SARS-CoV."[45] Dr. Daszak testified to the Select Subcommittee that this assertion was based on the idea that while SARS was a known human pathogen, EHA had found several viruses that were 95-97% similar to SARS but not able to infect humans—leading EHA to hypothesize that SARS-like viruses are less able to infect humans as they become more distant from SARS.[46]

Select Subcommittee Democrats question EHA's narrow focus on the likelihood of human infectivity in the context of the pause, which prohibited an increase in pathogenicity or transmissibility in any mammal—not just humans. In addition, Select Subcommittee Democrats acknowledge that EHA's logic could also reasonably be questioned—if SARS-like viruses that were 95-97% similar to SARS could not infect humans, but WIV1, which was 90% similar to SARS, seemed as if it *could* infect humans, it is reasonable to conclude that human infectivity in SARS-like viruses may not bear a linear relationship to SARS itself.[47]

iv. Previous Experiments Showed a Loss of Function, Not a Gain-of-Function

Finally, Dr. Daszak argued that existing papers showed that University of North Carolina at Chapel Hill (UNC) CoV researcher Dr. Ralph Baric put a WIV1 spike on a SARS backbone and showed reduced pathogenicity in mice with the human ACE-2 receptor, as compared to SARS, and that the planned SARS-like chimera "should not have enhanced pathogenicity in animals."

Select Subcommittee Democrats perceive this argument as potentially misleading for several reasons. First, neither paper cited by Dr. Daszak appears to show an infection of mice expressing human ACE-2 with a WIV1 chimera.[48] Second, EHA planned to attach other SARS-like spikes to a WIV1 backbone. In other words, the WIV1 spike is the only part of WIV1 that would not be relevant for EHA's planned experiments. Third, one of the papers Dr. Daszak cited examined the pathogenicity of an SHC014 spike, which was one of the spikes EHA *did plan* to use in their experiments, on a mouse-adapted SARS backbone. That experiment would seem directly relevant to EHA's gain-of-function analysis, and it is odd that Dr. Daszak did not

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[45] Letter from Dr. Peter Daszak, President, EcoHealth Alliance, to Grants and Program Officers, National Institute of Allergy and Infectious Diseases (June 8, 2016) (on file with Select Subcommittee Staff).
[46] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[47] This ended up being the case—SARS-CoV-2 is only 80% similar to SARS. In addition, the entire SARS-like family had only been discovered less than fifteen years prior to EHA's exchange with NIAID, and it would have been reasonable to consider the possibility that researchers had not tested enough SARS-like viruses to draw any conclusions regarding patterns in human infectivity.
[48] One of the papers showed infection of wild-type mice with a WIV1 chimera, and infection of mice expressing human ACE-2 with full-length WIV1. Vineet D. Menachery et al., *SARS-like WIV1-CoV Poised for Human Emergence*, Proceedings of the National Academy of Sciences of the United States of America (Mar. 14, 2016) (online at https://pubmed ncbi.nlm.nih.gov/26976607/).

mention it to NIAID. Dr. Daszak's testimony in response to Select Subcommittee Democratic staff questioning was not clear on this point:[49]

Democratic Counsel:	Okay. Just sort of a threshold, it would feel as if the experiments involving SHC014 would be more relevant to the question of what the SHC014 spike is or is not going to do as opposed to the WIV1 spike. I know your argument pointed to the WIV1 spike. I'm just wondering just that as a basic matter, why.
Dr. Daszak:	I don't think that it's a significant material difference between those two viruses really.
Democratic Counsel:	They're two different viruses?
Dr. Daszak:	Well, they're different spike proteins. The bat viruses we were going to work with, yeah. I don't think it's -- you know, our point was that if WIV1 has been shown to infect human cells, that's the argument we're going to talk about for this purpose of whether or not this is gain-of-function.
Democratic Counsel:	Okay. But the work with the SHC014 spike, I'm just wondering, that seems directly on point to the question of what that spike is going to do in the future experiments?
Dr. Daszak:	Yeah.
Democratic Counsel:	Okay.
Dr. Daszak:	Yeah, yeah.
Democratic Counsel:	Just didn't mention it. I didn't know if there was a reason for that.
Dr. Daszak:	No, there's no specific reason. I mean, look, we already put three paragraphs of explanation.

The experiment in question showed that although the SHC014 chimera exhibited reduced pathogenicity as compared to full-length mouse-adapted SARS, it showed *increased* pathogenicity as compared to a wild-type (naturally occurring) SARS spike on the same mouse-adapted SARS backbone. The experiment therefore suggested that SHC014, one of the viruses EHA planned to experiment with, may have been more pathogenic than naturally occurring

[49] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

SARS, which would seem to have merited discussion in Dr. Daszak's written submission to NIAID.[50]

Indeed, in a public interview he gave the prior year, Dr. Daszak described that same paper as moving SHC014 "from a candidate, emerging pathogen to a clear and present danger."[51]

> But Baric and others say the research did have benefits. The study findings "move this virus from a candidate emerging pathogen to a clear and present danger", says Peter Daszak, who co-authored the 2013 paper. Daszak is president of the EcoHealth Alliance, an international network of scientists, headquartered in New York City, that samples viruses from animals and people in emerging-diseases hotspots across the globe.

Dr. Daszak described SHC014 as "a clear and present danger" (highlight added).

With that context, knowing that he was acutely aware of the SHC014 experiments, it is difficult to understand why Dr. Daszak ignored them in his communication to NIAID.

Ultimately, NIAID eventually deemed EHA's work not subject to the pause, largely on the view that mouse-adapted SARS was the appropriate comparator, rather than naturally occurring SARS, and that the planned experiments were therefore unlikely to increase pathogenicity and/or transmissibility in mammals via the respiratory route.[52]

C. EcoHealth Alliance Did Not Adequately Monitor Virus Growth in WIV's Experiments, and Their Arguments that Virus Growth Did Not Exceed Administrative Thresholds Are Questionable

While deeming EHA's work not subject to the pause, NIAID simultaneously instituted a special grant term and condition whereby if any chimera showed more than 1 log of virus growth above the growth shown by the full-length version of its parental backbone strain, EHA would immediately stop all experiments and inform NIAID grants and program officers of these unanticipated outcomes (the "1 log rule").[53]

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[50] The paper's authors themselves noted that "[o]n the basis of these findings, scientific review panels may deem similar studies building chimeric viruses based on circulating strains too risky to pursue, as increased pathogenicity in mammalian models cannot be excluded." Vineet D Menachery et al., *A SARS-like Cluster of Circulating Bat Coronaviruses Shows Potential for Human Emergence*, Nature Medicine (Nov. 9, 2015) (online at www.nature.com/articles/nm.3985). It should also be noted, however, that those experiments were in wild-type mice, while Dr. Daszak planned to work with mice expressing a human ACE-2 receptor.

[51] Declan Butler, *Engineered Bat Virus Stirs Debate Over Risky Research*, Nature (Nov. 12, 2015) (online at www nature.com/articles/nature.2015.18787).

[52] A NIAID staff member testified that they viewed mouse-adapted SARS as the appropriate comparator virus, rather than naturally occurring SARS, because naturally occurring SARS does not cause disease in mice. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of NIAID Program Officer (Nov. 13, 2023). Under that view, NIAID's conclusion regarding EHA's work appears to be correct.

[53] See e.g., EHA Grant 5R01AI110964-03 Revised Notice of Award (Nov. 30, 2019) (on file with Select Subcommittee Staff).

Per the letter dated July 7, 2016 to Mr. Aleksei Chmura at EcoHealth Alliance, should any of the MERS-like or SARS-like chimeras generated under this grant show evidence of enhanced virus growth greater than 1 log over the parental backbone strain you must stop all experiments with these viruses and provide the NIAID Program Officer and Grants Management Specialist, and Wuhan Institute of Virology Institutional Biosafety Committee with the relevant data and information related to these unanticipated outcomes.

The 1 log rule as it appears in EHA's Year 3 Notice of Award.

Dr. Daszak testified that EHA informed WIV about the 1 log rule and that his understanding was that WIV would alert EHA about any unexpected virus growth that may implicate the 1 log rule.[54] Dr. Daszak also testified that EHA reviewed WIV's experiments with the intent to independently monitor WIV's compliance with the 1 log rule.[55]

Select Subcommittee Democrats' evaluation of available evidence indicates that EHA did not adequately monitor WIV's compliance (and thus, its own compliance) with the 1 log rule. Moreover, virus growth presented in EHA's Year 4 and Year 5 RPPRs arguably show enhanced virus growth greater than 1 log, notwithstanding EHA's arguments to the contrary.

i. YEAR 3 RPPR Was Incomplete

EHA submitted their Year 3 RPPR to NIAID in April 2017. Figure 11(B) of EHA's Year 3 RPPR shows the growth of WIV's chimeras.[56] However, the figure does not show the growth of full-length WIV1, the parental backbone strain in the context of the 1 log rule. EHA therefore lacked the ability to compare the chimeras' growth against that of the parental backbone strain, precluding EHA from monitoring WIV's (and thus its own) compliance with the 1 log rule.

The Year 3 omission of WIV1's growth is made more glaring by the fact that WIV researchers published the full-length WIV1 measurement in a 2017 *PLOS Pathogens* paper.[57] Aside from the addition of WIV1's growth, Figure 11(B) appears in the paper in virtually identical form to the Year 3 report.

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[54] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[55] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[56] EHA Year 3 RPPR (April 12, 2017) (on file with Select Subcommittee Staff).
[57] Ben Hu et al., *Discovery of a Rich Gene Pool of Bat SARS-Related Coronaviruses Provides New Insights Into the Origin of SARS Coronavirus,* PLoS Pathogens (Nov. 13, 2017) (online at https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1006698). Dr. Daszak suggested in his testimony that the WIV1 data may not have existed at the time the Year 3 report was submitted. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023). The journal received the paper in February 2017, before EHA submitted their Year 3 RPPR, which suggests that the data existed when the Year 3 report was submitted. In any event, it would be concerning if Dr. Daszak's suggestion is true and the data did not exist at the time the report was submitted, because the WIV1 growth would have had to then be the product of a subsequent experiment performed under different conditions, which would call into question the accuracy of any comparison between the full-length WIV1 and the various chimeras.

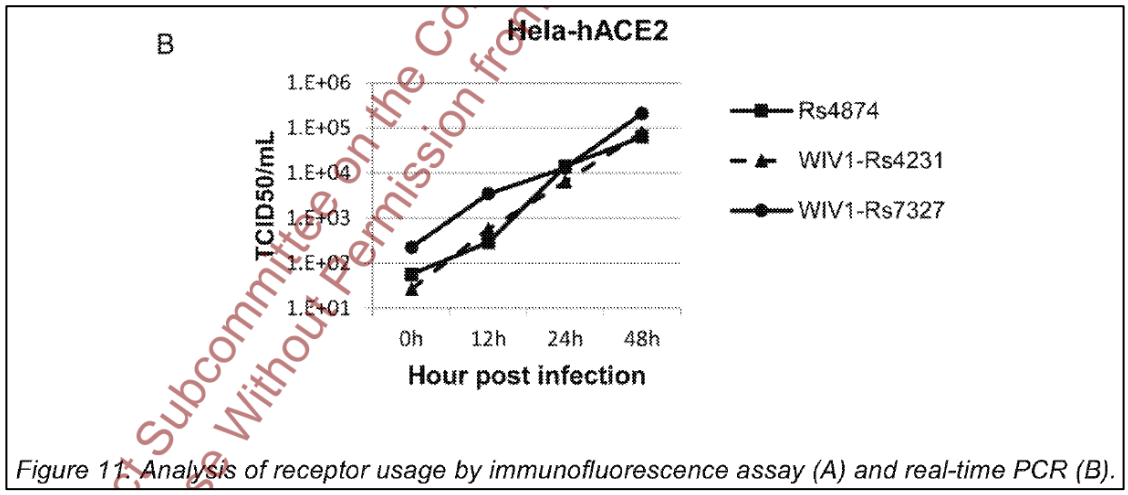

Figure 11. Analysis of receptor usage by immunofluorescence assay (A) and real-time PCR (B).

Figure 11(B) in EHA's 2017 Year 3 RPPR, submitted in April 2017.

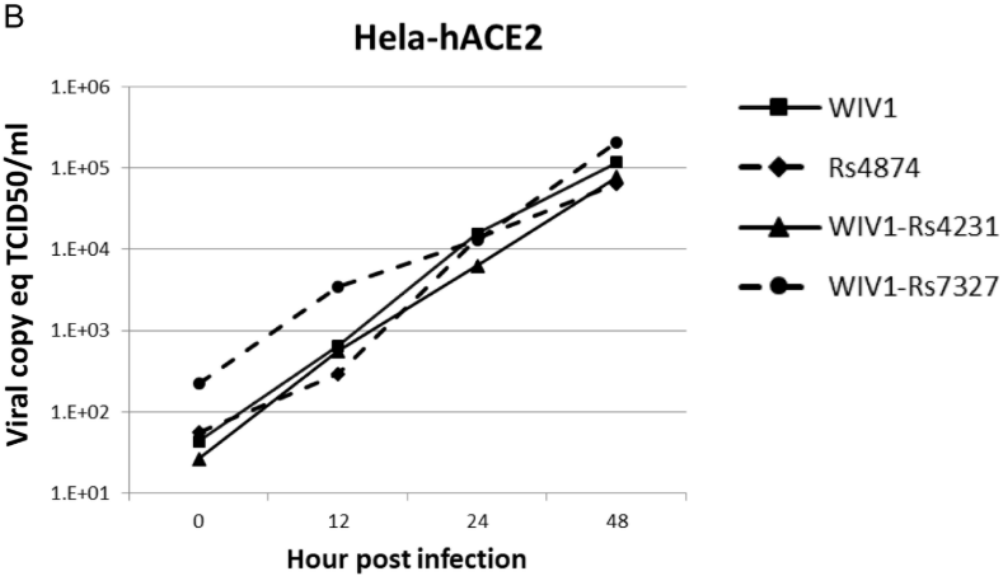

Fig 8. Analysis of receptor usage by immunofluorescence assay (A) and real-time PCR (B). Virus infectivity of Rs4874, WIV1-Rs4231S and WIV1-Rs7327S was determined in HeLa cells with and without the expression of human ACE2. ACE2 expression was detected with goat anti-human ACE2 antibody followed by fluorescein isothiocyanate (FITC)-conjugated donkey anti-goat IgG. Virus replication was detected with rabbit antibody against the SARSr-CoV Rp3 nucleocapsid protein followed by cyanine 3 (Cy3)-conjugated mouse anti-rabbit IgG. Nuclei were stained with DAPI (49,6-diamidino-2-phenylindole).The columns (from left to right) show staining of nuclei (blue), ACE2 expression (green), virus replication (red) and the merged triple-stained images, respectively.

Figure 8(B) in a *Plos Pathogens* paper, received in February 2017.

Although the *PLOS Pathogens* paper showed that the Year 3 chimeras did not have enhanced growth greater than 1 log over WIV1, the incomplete Year 3 report reflects EHA's apparent perfunctory regard for adhering to NIAID's grant terms and conditions. Dr. Daszak argued that WIV1's omission from the report and inclusion in a "coincidental" scientific paper

was not unusual.[58] If true, that is even more concerning, as it would suggest that it is common for grantees to be unaware of whether they are in compliance with their own grant terms and conditions.

ii. Years 4 and 5 RPPRS

Figures 35(B) and 13(B) in EHA's Years 4 and 5 RPPRs, respectively, both appear to show enhanced virus growth greater than 1 log.

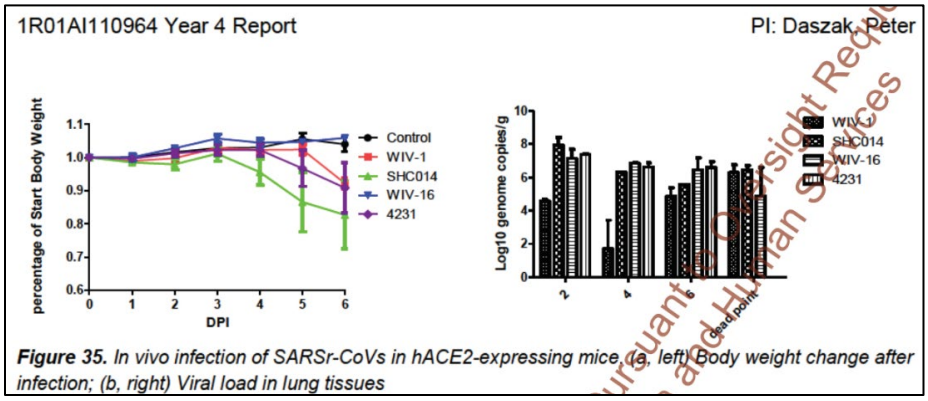

Figure 35. *In vivo infection of SARSr-CoVs in hACE2-expressing mice. (a, left) Body weight change after infection; (b, right) Viral load in lung tissues*

Figure 35 in EHA's Year 4 RPPR showing *in vivo* infection of chimeras and WIV1 in mice with human ACE-2 receptors. Figure 35(B) shows viral load (virus growth) in lung tissues.

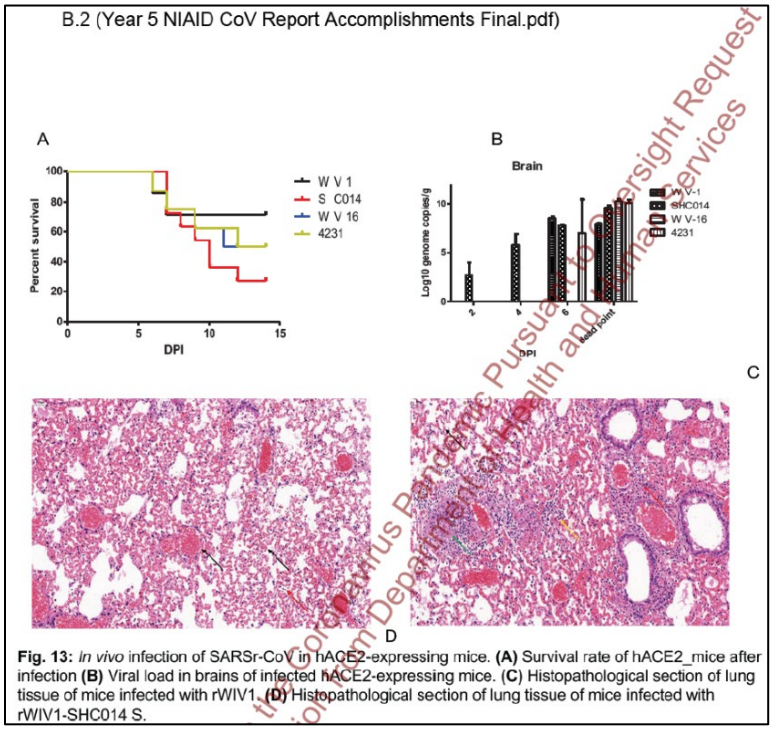

Fig. 13: *in vivo* infection of SARSr-CoV in hACE2-expressing mice. **(A)** Survival rate of hACE2_mice after infection **(B)** Viral load in brains of infected hACE2-expressing mice. **(C)** Histopathological section of lung tissue of mice infected with rWIV1. **(D)** Histopathological section of lung tissue of mice infected with rWIV1-SHC014 S.

Figure 13 in EHA's Year 4 RPPR showing *in vivo* infection of chimeras and WIV1 in mice with human ACE-2 receptors. Figure 13(B) shows viral load (virus growth) in brain tissues.

[58] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

Dr. Daszak has argued that neither figure should be viewed as triggering the 1 log rule's obligations for several reasons: 1) the method by which WIV measured virus growth was imprecise, 2) the growth differences between the chimeras and parental backbone strain were transient (i.e., they had dissipated by the end of the experiment), and 3) the sample size was so small as to lack statistical significance.[59]

Dr. Daszak has also argued that both figures represent the same experiment, and that even if the Year 4 results are viewed as having triggered the 1 log rule (thus triggering his obligation to stop the experiment and immediately notify NIAID), EHA complied with that requirement by submitting the Year 4 report and by not performing additional similar experiments.[60]

Dr. Daszak's testimony to the Select Subcommittee was consistent with these positions, and there is reason to question each of these arguments.

a. Imprecision of Method by Which WIV Measured Virus Growth

Dr. Daszak argued that WIV reported viral measurements in viral genome copies rather than viral titers, and that genome copies would provide only a "rough measure" of virus growth by including, for example, dead virus material.[61]

However, the grant term and condition did not specify a particular method of measuring virus growth, and genome copies is the method WIV provided to EHA, and that EHA provided to NIAID. Genome copies therefore appears to be the method by which EHA's compliance with the 1 log rule was to be measured. Even accepting that genome copies are imprecise, as Dr. Daszak testified, it is difficult to understand why he did not then insist on receiving titer measurements from WIV.[62] Dr. Daszak's argument also raises a policy concern: under his view, it would be possible for future grantees to evade accountability for compliance with similar grant conditions simply by using unreliable measurement methods.

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[59] Letter from Dr. Peter Daszak, President, EcoHealth Alliance, to Dr. Michael Lauer, Deputy Director for Extramural Research, National Institutes of Health (Oct. 26, 2021) (on file with Select Subcommittee Staff).
[60] There is tension between Dr. Daszak's first set of arguments (that neither report triggered the 1 log rule) and his second argument (that the Year 4 report perhaps *did* trigger the 1 log rule). When pressed, Dr. Daszak maintained that he does not view the Year 4 report as triggering the 1 log rule. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023). Although this report will not seriously evaluate his argument that submission of the Year 4 report constituted "immediate notification" of its results, NIAID staff viewed 1-2 business days as "immediate" for these purposes, and Select Subcommittee Democrats would generally agree. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of NIAID Program Officer (Nov. 13, 2023). Select Subcommittee Democrats are not aware of a credible assertion that EHA submitted the Year 4 report within 1-2 days of the experiment occurring.
[61] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[62] Dr. Daszak's testimony was unclear on this point. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

b. Transient Growth Differences Between Chimera and Parental Backbone Strain

With respect to transient growth, the Year 4 and Year 5 figures both measure virus growth in two-day intervals over an 8-day period. The Year 4 report plainly shows differential growth greater than 1 log on days 2, 4, and 6.[63] Dr. Daszak testified that those differences did not trigger the 1 log rule because they had evened out by day 8.[64] NIAID staff agreed with that view.[65]

Dr. Ralph Baric, who first proposed the 1 log rule in the context of his own grant,[66] testified that had he been the grantee in this case, he would have been alarmed by the excess virus growth, particularly when compared to the excess weight loss in mice infected by the chimeras, and that he would have immediately stopped the experiment and notified NIH.[67]

Select Subcommittee Democrats consider Dr. Baric's view more compelling, as the special grant term and condition did not include a "transient"-related caveat to the 1 log rule, and it is difficult to argue that virus growth in excess of 1 log that exists for three-quarters of an experiment can simply be brushed aside as transient, especially in the context of the excess weight loss presented in the accompanying figure.[68]

c. Statistical Significance of Sample Size

Dr. Daszak also argued that the sample size of infected mice was not large enough to generate a statistically significant result. However, the Select Subcommittee heard testimony that three animal subjects in each group is statistically significant,[69] and the Year 5 experiment (which Dr. Daszak claims is the same experiment as Year 4, as explained below) appeared to involve at least seven mice per group.[70]

The grant term and condition also does not mention statistical significance, which raises another policy concern: under Dr. Daszak's view, future grantees would be incentivized to design similarly sized experiments and evade compliance accountability by simply pointing to the size of the experiments. If an experiment is proposed with a sample size that both the grantee and

[63] EHA Year 4 RPPR (Apr. 13, 2018) (on file with Select Subcommittee Staff). The transiency argument is less relevant in the context of the Year 5 report, which appears to show virus growth greater than 1 log on the final day of the experiment, and at the minimum shows greater growth in the chimeras than in the backbone on that day. EHA Year 5 RPPR (Aug. 3, 2021) (on file with Select Subcommittee Staff).
[64] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[65] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of NIAID Program Officer (Nov. 13, 2023).
[66] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024). Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[67] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).
[68] The Year 5 report appears to show virus growth in excess of 1 log on the final day of the experiment. EHA Year 5 RPPR (Aug. 3, 2021) (on file with Select Subcommittee Staff).
[69] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).
[70] EHA Year 5 RPPR (Aug. 3, 2021) (on file with Select Subcommittee Staff) ("14 days post infection, 5 out of 7 mice infected with WIV1 remained alive (71.4%), while only 2 of 8 mice infected with rWIV1-SHC014 S survived (25%). The survival rate of mice infected with rWIV1-WIV16S and rWIV1-4231S were 50%.").

regulator agree is too small to achieve statistical significance, then that fact should be agreed upon before the experiment occurs, particularly if the grant is subject to a special term and condition like the one that existed here.

d. Single or Separate Experiments in Years 4 and 5 RPPRs

Also at issue is the question of whether Figures 35 and 13 resulted from a single experiment or separate experiments. Dr. Daszak argued that both Figures derive from the same experiment initiated and completed in Year 4, and that WIV produced Year 5's Figure 13 from that experiment's pathology results.[71] By contrast, an NIH staff member testified that he and his colleagues were "not convinced" of Dr. Daszak's argument.[72] The evidence presented to the Select Subcommittee favors NIH's view. First, the Year 5 report, in its preface to Figure 13, states that "[i]n Year 5, we continued with in vivo infection experiments."[73]

Specific Aim 3: Testing Predictions of CoV Inter-Species Transmission

3.1 *In vivo* infection of Human ACE2 (hACE2) expressing mice with SARSr-CoV S protein variants

In Year 5, we continued with *in vivo* infection experiments of diverse bat SARSr-CoVs on transgenic mice expressing human ACE2. Mice were infected with 4 strains of SARSr-CoVs with different S protein, including the full-length recombinant virus of SARSr-CoV WIV1 and three chimeric viruses with the backbone of WIV1 and S proteins of SHC014, WIV16 and Rs4231, respectively. Pathogenicity of the 4 SARSr-CoVs was evaluated by recording the survival rate of challenged mice in a 2-week course. All of the 4 SARSr-CoVs caused lethal infection in hACE2 transgenic mice, but the mortality rate vary among 4 groups of infected mice **(Fig. 13a)**. 14 days post infection, 5 out of 7 mice infected with WIV1 remained alive (71.4%), while only 2 of 8 mice infected with rWIV1-SHC014 S survived (25%). The survival rate of mice infected with rWIV1-WIV16S and rWIV1-4231S were 50%. Viral replication was confirmed by quantitative PCR in spleen, lung, intestine and brain of infected mice. In brain, rWIV1, rWIV1-WIV16S and rWIV1-4231S cannot be detected 2 days or 4 days post infection. However, rWIV1-SHC014 was detected at all time points and showed an increasing viral titer after infection. The viral load reached more than 10^9 genome copies/g at the dead point **(Fig. 13b)**. We also conducted histopathological section examination in infected mice. Tissue lesion and lymphocytes infiltration can be observed in lung, which is more significant in mice infected with rWIV1-SHC014 S **(Fig. 13d)** than those infected with rWIV1 **(Fig. 13c)**. These results suggest that the pathogenicity of SHC014 is higher than other tested bat SARSr-CoVs in transgenic mice that express hACE2.

EHA's Year 5 RPPR states, "we continued with *in vivo* infection experiments" (highlight added).

The above language was written before the pandemic and seems to indicate that the Year 5 report shows new experiments.

At his transcribed interview, Dr. Baric also brought attention to the different timespans between the weight loss experiments and judged that there were "almost certainly" two experiments.[74] Indeed, Figures 35(A) and 13(A) show different timespans.

[71] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[72] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Michael Lauer (Nov. 2, 2023).
[73] EHA Year 5 RPPR (Aug. 3, 2021) (on file with Select Subcommittee Staff).
[74] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).

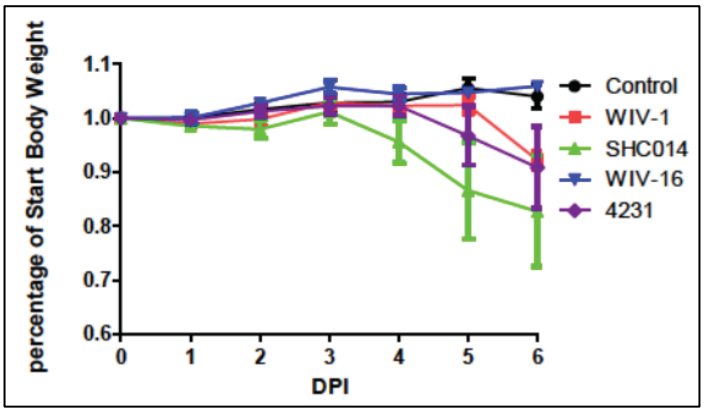

Figure 35(A) in EHA's Year 4 RPPR shows 6-day weight loss in mice with human ACE-2 receptors.

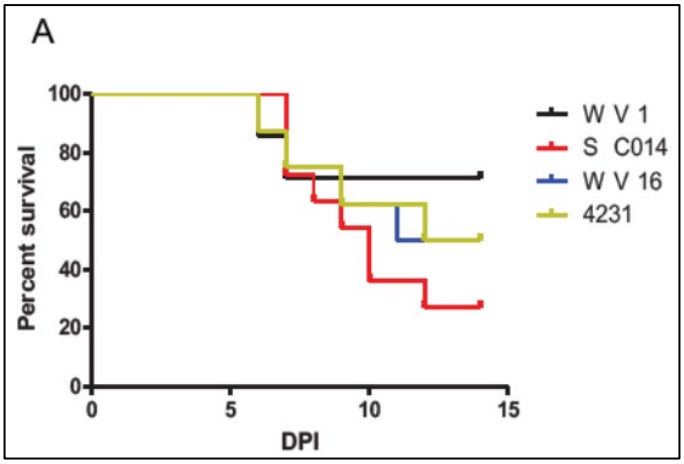

Figure 13(A) in EHA's Year 5 RPPR shows 14-day weight loss in mice with human ACE-2 receptors.

In response to questioning by Select Subcommittee Democratic staff, Dr. Daszak testified that his sole source for his assertion regarding there only being a single experiment is a verbal assurance given to him by WIV, which occurred after the pandemic and after the immense scrutiny placed on the EHA grant.[75]

[75] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).

Democratic Counsel:	So well, if you don't mind, just because the narrower question was, did you recall that sentence as written, was written that way by the folks at the Wuhan Institute?
Dr. Daszak:	I believe that's right, yeah.
Democratic Counsel:	Okay.
Dr. Daszak:	Yeah.
Democratic Counsel:	And so—
Dr. Daszak:	And I did follow up and ask them later on about these experiments. They told me that the only experiments were—was that experiment, and that what they meant by this was work on pathology.
Democratic Counsel:	And that—
Dr. Daszak:	I mean, I specifically asked it because we'd been getting a lot of questions. Yeah.
Democratic Counsel:	And that leads nicely into my next question, which is, I guess, how do you or your colleagues at EcoHealth know that it was the same experiment? What's the source for that?
Dr. Daszak:	The Wuhan Institute of Virology.
Democratic Counsel:	Conversations with them?
Dr. Daszak:	And asking them that, was this the same experiment? Yes, it was the same experiment. And it looks that way in the figures, it looks that way in the data, and they told us that that was the case.
Democratic Counsel:	If you recall asking them that specific question, would that have been after SARS-CoV-2 came out, after the pandemic and the sort of 2021 and beyond timeframe, or is that in more like 2018 and 2019?
Dr. Daszak:	I had really no reason to ask them prior to the pandemic—
Democratic Counsel:	That makes sense.
Dr. Daszak:	—any more details about this work that we'd done and dusted and submitted to NIH and had received glowing reports and had got a renewed grant on. It was only when this became a source of all sorts of hypotheses and

	theories that I then needed to double-check the information, and that was what I was told.
Democratic Counsel:	Okay. So to sort of summarize the story as it relates to the same experiment or different experiment situation, at the time that you put the year 5 report together, which would have been 2019, middle of 2019—
Dr. Daszak:	Yeah.
Democratic Counsel:	—your colleagues at the Wuhan Institute of Virology sent you, presumably, a draft report which included this sentence, which says, year 5 we continued with experiments?
Dr. Daszak:	Yeah.
Democratic Counsel:	Then the year 5 report ultimately was not submitted for various reasons that we've discussed. And then post-pandemic, there is a tension or controversy, whatever the right word is, and you then asked the colleagues back at the Wuhan Institute, was this the same or a different experiment. And at that point they say it was the same experiment. Is that—I mean, I'm just trying to sum it up.
Dr. Daszak:	And I asked it in a way that wasn't a leading question like that as well.

On the basis of the Year 5 report's description of "continued" experiments, the differences in Figures 35(A) and 13(A), and the scant evidence for there being a single experiment, it appears more likely that the two reports show two different experiments.

D. EcoHealth Alliance May Have Provided Incomplete or Misleading Information About the Bat Samples Available for the Unsuspended EHA Grant

In April 2023, NIAID reinstated the EHA grant while barring EHA from providing any grant funds to WIV.[76] Two senior NIAID officials involved in that decision testified that part of the logic in unsuspending the grant was preserving access to existing sequences generated through prior work.[77] Moreover, they were of the understanding that EHA possessed the bat

[76] Government Accountability Office, *NIH Could Take Additional Actions to Manage Risks Involving Foreign Subrecipients*, (June 14, 2023) (GAO- 23-106119) (online at www.gao.gov/assets/gao-23-106119.pdf). HHS later barred WIV from receiving funds altogether for a period of ten years. *See* Letter from Suspension and Debarment Official, Health and Human Services, to Dr. Yanyi Wang, Wuhan Institute of Virology (Sept. 19, 2023) (online at https://oversight house.gov/wp-content/uploads/2023/09/Debartment.pdf).
[77] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Emily Erbelding (Nov. 28, 2023); Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Hugh Auchincloss (Dec. 20, 2023).

samples previously collected under the EHA grant, including the samples jointly collected with WIV.[78]

A NIAID official testified that Dr. Daszak had directly informed her that EHA had access to the samples.[79]

NIAID Official:	So when I had a conversation with Dr. Daszak about reinstating the grant and how—what they would do, what they would propose to do in order to begin activities again funded through that grant, I asked him, Do you have access to the samples? And he said yes.

However, during his transcribed interview, Dr. Daszak told the Select Subcommittee that EHA does not actually possess any of the aforementioned samples. Rather, WIV remains in control over all jointly collected bat samples, EHA has no access to them, and EHA relies on WIV to sequence the samples and send the sequences to EHA via email.[80]

The same NIAID official testified that had she been informed that WIV retained custody of the samples, NIAID may have reconsidered its reinstatement of the grant.[81]

Republican Counsel:	I have one quick follow-up question, and then I'm going to ask some more about EcoHealth and their various efforts. If Dr. Daszak had told you that samples were still in the custody and control of the Wuhan Institute of Virology, would that have changed your calculus in reinstating the grant?
NIAID Official:	I think it depends on—we would have said those samples, we can't assume that they're going to be used. It would have depended upon what other samples he did have access to or he did have in other locations that were accessible.
Republican Counsel:	So it would have at least prompted some follow-up questions or more information?
NIAID Official:	Yes.

[78] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Emily Erbelding (Dec. 20, 2023); Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Hugh Auchincloss (Nov. 28, 2023).
[79] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Emily Erbelding (Nov. 28, 2023).
[80] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[81] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Emily Erbelding (Nov. 28, 2023).

Select Subcommittee Democrats note that relying on WIV for sequences is not the same thing as having physical samples, and that there is nothing preventing WIV from simply withholding certain sequences of particular interest or manipulating sequence data for unknown purposes.

The extent to which the gap in understanding between NIAID and EHA regarding the location of samples is attributable to omissions or misrepresentations by EHA to federal regulators raises serious questions about EHA's credibility as a continued recipient of taxpayer funding.

IV. SELECT SUBCOMMITTEE DEMOCRATS PRESS DR. DASZAK TO EXPLAIN OTHER QUESTIONABLE PROFESSIONAL CONDUCT BEYOND ECOHEALTH ALLIANCE'S CONDUCT AS A FEDERAL GRANTEE

A. Dr. Daszak Organized the February 2020 Lancet Statement and Should Have Declared a Competing Interest

On February 19, 2020, *The Lancet* published a statement signed by an international group of scientists who condemned "conspiracy theories suggesting that COVID-19 does not have a natural origin" ("Lancet Statement").[82] The Lancet Statement has since drawn scrutiny for its swift condemnation of lab-based origin theories and for the failure of its author, Dr. Daszak, to declare a competing interest.

As an initial matter, Select Subcommittee Democrats believe that Dr. Daszak should have declared a competing interest, which he did not. Moreover, Select Subcommittee Democrats' evaluation of available evidence suggests that Dr. Daszak organized the Lancet Statement and took certain steps to obscure the extent of his involvement.

Internal documents reveal that Dr. Daszak sent an initial draft of the Lancet Statement to a small group of associates for their signatures.[83] Although one recipient questioned the breadth of the draft's condemnation and suggested it be limited to a bioengineering theory, Dr. Daszak insisted that it be broad.[84] Two of the initial recipients (who were also collaborators with WIV on the renewed EHA grant) ultimately decided not to sign out of concerns that their signatures would undercut the Lancet Statement's appearance of independence, which Dr. Daszak acknowledged.[85]

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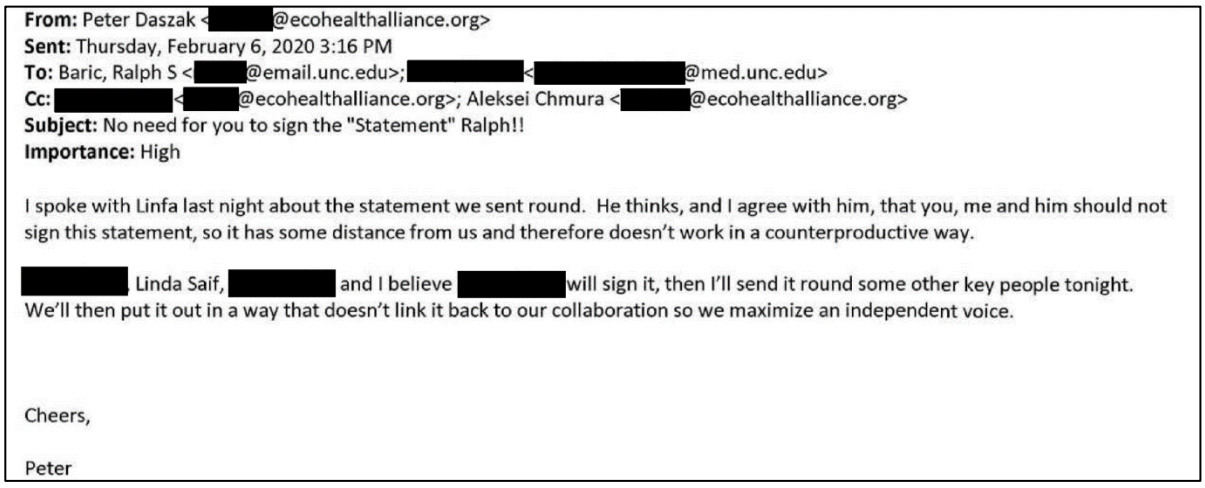
[82] Charles Calisher et al., *Statement in Support of Scientists, Public Health Professionals, and Medical Professionals of China Combatting COVID-19*, The Lancet (Feb. 19, 2020) (online at www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30418-9/fulltext).

[83] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Dr. Ralph Baric, The University of North Carolina at Chapel Hill, et al. (Feb. 6, 2020) (on file with Select Subcommittee Staff).

[84] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Linda Saif, Professor, The Ohio State University, et al. (Feb. 6. 2020) (on file with Select Subcommittee Staff).

[85] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Linda Saif, Professor, The Ohio State University (Feb. 10, 2020) (on file with Select Subcommittee Staff).

At one point, Dr. Daszak agreed that he, too, should not sign the Statement, and offered that he would release it "in a way that doesn't link it back to our collaboration."[86]



From: Peter Daszak <[redacted]@ecohealthalliance.org>
Sent: Thursday, February 6, 2020 3:16 PM
To: Baric, Ralph S <[redacted]@email.unc.edu>; [redacted] <[redacted]@med.unc.edu>
Cc: [redacted] <[redacted]@ecohealthalliance.org>; Aleksei Chmura <[redacted]@ecohealthalliance.org>
Subject: No need for you to sign the "Statement" Ralph!!
Importance: High

I spoke with Linfa last night about the statement we sent round. He thinks, and I agree with him, that you, me and him should not sign this statement, so it has some distance from us and therefore doesn't work in a counterproductive way.

[redacted], Linda Saif, [redacted] and I believe [redacted] will sign it, then I'll send it round some other key people tonight. We'll then put it out in a way that doesn't link it back to our collaboration so we maximize an independent voice.

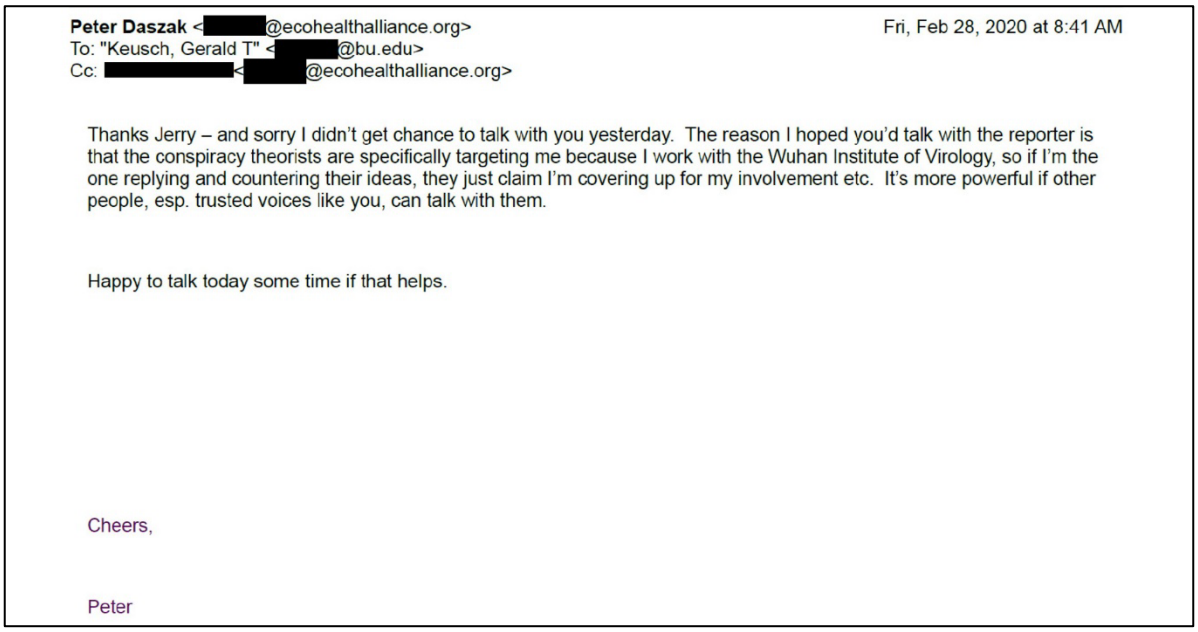
Cheers,

Peter

Dr. Daszak agreed that he and two other WIV collaborators should not sign the Lancet Statement, and that he will conceal their links to the Lancet Statement.

Dr. Daszak requested that *The Lancet* feature the eventual 27 signatories as "authors" in alphabetical order and not designate him as the corresponding author.[87] In addition, rather than providing his email address, Dr. Daszak created a "COVID19statement" Google Mail address for reader correspondence.[88] And on at least one occasion, Dr. Daszak directed a "co-author" to take a press inquiry he had received, advising that he would like to avoid the sense that "I'm covering up for my involvement" with WIV.[89]

[86] Email from Dr. Ralph Baric to Dr. Peter Daszak, President, EcoHealth Alliance, et al. (Feb. 6. 2020) (online at https://usrtk.org/wp-content/uploads/2021/02/Baric_Daszak_email.pdf).
[87] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Senior Editor at The Lancet (Feb. 17, 2020) (on file with Select Subcommittee Staff).
[88] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Senior Editor at The Lancet (Feb. 18, 2020) (on file with Select Subcommittee Staff).
[89] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Dr. Gerald Keusch, Professor, Boston University Schools of Medicine and Public Health (Feb. 28, 2020) (on file with Select Subcommittee Staff).



Peter Daszak <[redacted]@ecohealthalliance.org> Fri, Feb 28, 2020 at 8:41 AM
To: "Keusch, Gerald T" <[redacted]@bu.edu>
Cc: [redacted]<[redacted]@ecohealthalliance.org>

Thanks Jerry – and sorry I didn't get chance to talk with you yesterday. The reason I hoped you'd talk with the reporter is that the conspiracy theorists are specifically targeting me because I work with the Wuhan Institute of Virology, so if I'm the one replying and countering their ideas, they just claim I'm covering up for my involvement etc. It's more powerful if other people, esp. trusted voices like you, can talk with them.

Happy to talk today some time if that helps.

Cheers,

Peter

Dr. Daszak emailed a Lancet Statement co-signatory and requested that he speak to a reporter in his place.

The Lancet later requested that Dr. Daszak submit a re-evaluation of his competing interest disclosures, which it ultimately attached as an addendum to the Lancet Statement.[90] Dr. Daszak's re-evaluation noted EHA's prior CoV work in China but did not explicitly acknowledge WIV as its partner in that work or declare a competing interest.[91]

To the extent that Dr. Daszak's original disclosures failed to note EHA's prior CoV work in China, Select Subcommittee Democrats view that conduct as a failure to meet a reasonable expectation of disclosure and transparency. Dr. Daszak's failure to name WIV as EHA's partner in his updated disclosures is equally concerning. It is inarguable that Dr. Daszak's organization stood to benefit from relaxed public scrutiny of lab-based origin theories, as EHA relied in part on its partnership with WIV for funding. Dr. Daszak privately acknowledged that the involvement of WIV collaborators would appear improper, and he had competing or conflicting interests in the Lancet Statement and other origins-related work. Dr. Daszak's failure to declare a competing interest, coupled with his efforts to disperse apparent authorship among the co-signatories, deprived the public of important context when reading the Lancet Statement.

B. Dr. Daszak Appears to Have Considered Misleading the Federal Government About the Project DEFUSE Proposal

In 2018, EHA submitted a grant application titled Project DEFUSE to the Defense Advanced Research Projects Agency (DARPA). The application proposed SARS-like CoV experiments similar to those performed at WIV under the EHA grant and involved collaboration

[90] Editors of the Lancet, *Addendum: Competing Interests and the Origins of SARS-CoV-2*, The Lancet (June 21, 2021) (online at www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901377-5).
[91] It is not clear whether Dr. Daszak's initial competing interest disclosures mentioned his prior CoV work in China or collaboration with WIV—the addendum states that Dr. Daszak "expanded on" his initial disclosures.

with WIV and UNC. That application, which DARPA rejected, has been controversial for two primary reasons.

i. Furin Cleavage Site

First, the application proposed introducing furin cleavage sites (FCS), which are found in some viruses and other pathogens,[92] including SARS-CoV-2, into natural SARS-like CoVs.

The FCS aspect of the proposal and the eventual attributes of SARS-COV-2 are similar enough to raise a reasonable question as to whether they are linked. Select Subcommittee Democratic staff examined this issue and learned that while FCS have not been observed in other SARS-like CoVs, they are found in many other viruses within the Betacoronavirus genus.[93]

Democratic Counsel:	We've had heard others say that SARS-CoV-2 is the only virus in its subgenus with a furin cleavage site, although if you go one level above, there are other viruses with the furin cleavage in the genus. The DEFUSE proposal included inserting a furin cleavage site at the S1/S2 juncture. So just a discrete question about that. Are S1/S2 furin cleavage sites found in other coronaviruses in nature?
Dr. Baric:	They're found in many betacoronaviruses and some alphacoronaviruses, yes.

Another witness explained that the FCS in SARS-CoV-2 is suboptimal and therefore unlikely to have been designed de novo by scientists.[94] At the same time, that fact has little bearing on work involving naturally occurring viruses, and one witness testified that it would not be uncommon for a lab to perform some of the work outlined in a grant application prior to the grant being awarded.[95]

Ultimately, the DEFUSE proposal tasked UNC with performing the FCS work,[96] and Dr. Daszak's testimony was consistent with that.[97] Select Subcommittee Democratic staff examined the extent to which there might be evidence that WIV performed similar work by other means:[98]

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[92] Many viruses rely on a host-produced enzyme to cleave their viral glycoprotein and mediate viral entry into host cells. Furin is one such enzyme and has been shown to cleave the viral glycoproteins of some viruses within the coronavirus family. For an overview of furin cleavage sites, *see* Elisabeth Braun and Danuel Sauter, *Furin-Mediate Protein Processing in Infectious Diseases and Cancer*, Clinical and Translational Immunology (Aug. 5, 2019) (online at www ncbi.nlm.nih.gov/pmc/articles/PMC6682551/).
[93] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).
[94] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Kristian Andersen (June 16, 2023).
[95] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).
[96] Project DEFUSE Application (on file with Select Subcommittee Staff).
[97] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023).
[98] Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024).

Democratic Counsel:	And as far as you know, the research that was outlined in this proposal has not been conducted through funding of other means?
Dr. Baric:	Certainly not by my group. I don't know what China did, and I don't know what their grant funding was subsequent to this grant. So there was no evidence that they were doing this kind of work. Well, there was evidence that they were building chimeras using WIV1 as a backbone, so they were doing some discovery work about the functions of spike genes of zoonotic strains that they discovered later on, but I don't know if they did any of the engineering or anything.

Unfortunately, it is difficult to draw any firm conclusions on this issue given that the Select Subcommittee lacks evidence indicating that WIV planned to perform or did perform FCS work on SARS-like CoVs. There is, however, no evidence related to this unfunded proposal that substantiates the claim that federally funded research somehow sparked the COVID-19 pandemic.

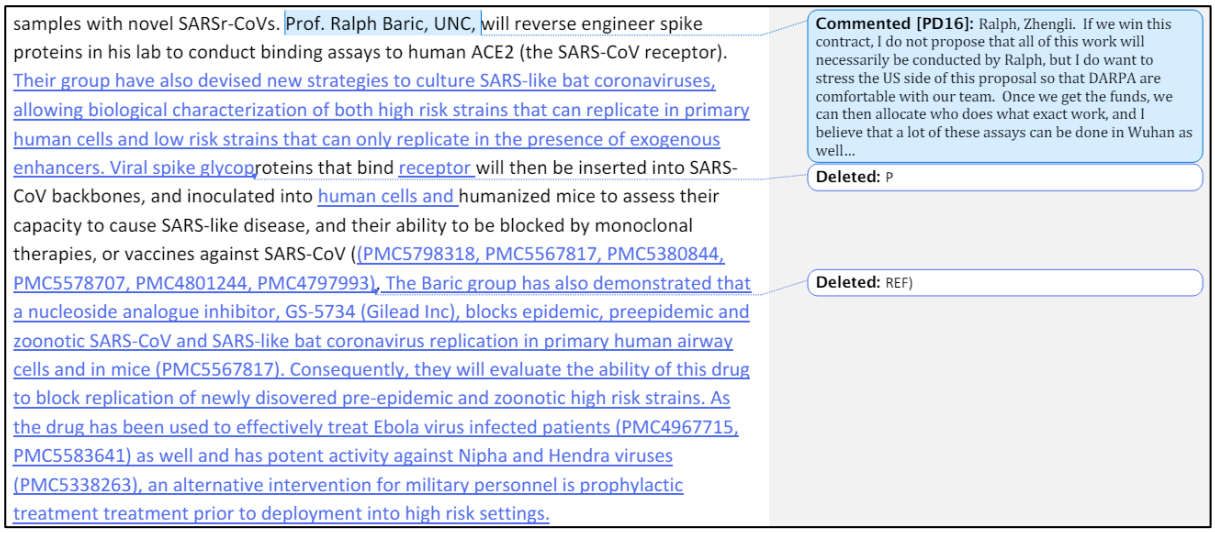
ii. Dr. Daszak's Private Remark Regarding WIV's Planned Work Under Project DEFUSE

The DEFUSE application also stated that "The UNC team will reverse-engineer spike proteins to conduct binding assays to human ACE2."[99] A Freedom of Information Act request recently unearthed a draft of the application in which Dr. Daszak privately highlighted that sentence and wrote:

> *Ralph, Zhengli. If we win this contract, I do not propose that all of this work will necessarily be conducted by Ralph, but I do want to stress the US side of this proposal so that DARPA are comfortable with our team. Once we get the funds, we can then allocate who does what exact work, and I believe that a lot of these assays can be done in Wuhan as well…*[100]

[99] Project DEFUSE Application (on file with Select Subcommittee Staff).

[100] Email from Dr. Peter Daszak, President, EcoHealth Alliance, to Dr. Ralph Baric, Professor, The University of North Carolina at Chapel Hill, et al. (online at https://usrtk.org/wp-content/uploads/2023/12/2021-006245-Combined-Records_Redacted-1-235.pdf#page=122).



Dr. Daszak noted on a DEFUSE proposal draft that he will emphasize the US-based work to DARPA but believes WIV can perform assays under the grant.

Select Subcommittee Republicans have seized on that remark, alleging:

> *Dr. Daszak told the Committees that EcoHealth intended to conduct dangerous gain-of-function research on bat coronaviruses at a University of North Carolina lab if its proposal—known widely as DEFUSE—was approved by the Defense Advanced Research Projects Agency (DARPA). A recently released Freedom of Information Act document production directly contradicts this statement and suggests that EcoHealth intended to mislead DARPA and conduct the risky research at the WIV instead.*[101]

Select Subcommittee Democrats do not believe it is clear that these allegations are wholly substantiated. The final application references "binding assays" to be conducted "at WIV to prevent delays and unnecessary dissemination of viral cultures[.]"[102] Although it is not easy to discern which aspects of the proposal are being referenced throughout the document, that sentence clearly indicates that WIV planned to conduct binding assays under the proposal, which is consistent with Dr. Daszak's private remark.[103]

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[101] Select Subcommittee on the Coronavirus Pandemic, *Press Release: EcoHealth Alliance President Peter Daszak to Appear for Public Hearing* (Apr. 4, 2024) (online at https://oversight.house.gov/release/ecohealth-alliance-president-peter-daszak-to-appear-for-public-hearing/).

[102] Project DEFUSE Application (on file with Select Subcommittee Staff).

[103] Republicans have raised a separate issue: another comment bubble in the same draft of the DEFUSE proposal showed Dr. Ralph Baric noting that "[i]n the US, these recombinant SARS CoV are studied under BSL3, not BSL2 . . . In China, might be growing these viruses under BSL-2. US researchers will likely freak out." Dr. Daszak testified that he ensured that WIV used "the same biosafety levels that were used in the U.S. and were directed by the CDC and the [Biosafety in Microbiological and Biomedical Laboratories] handbook." Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Peter Daszak (Nov. 14, 2023). Dr. Baric testified that U.S. regulations do not require any specific BSL level for this type of work. Select Subcommittee on the Coronavirus Pandemic, Transcribed Interview of Dr. Ralph Baric (Jan. 22, 2024). In that sense, Dr. Daszak's remark is not inaccurate. However, to the extent that Dr. Daszak represented to the Select Subcommittee that he ensured that WIV used the same biosafety levels that were typically used in the U.S., Dr. Daszak's remark can reasonably be

It is not clear whether the remark reveals a discrepancy or falsehood in the final application. The remark does, however, appear to suggest that Dr. Daszak intended to mislead DARPA at the time the comment was made, which Select Subcommittee Democrats find concerning in and of itself.

V. CONCLUSION

At the cost of meaningfully advancing our understanding of COVID-19's origins, Select Subcommittee Republicans have levied extreme allegations of creating SARS-CoV-2 and sparking the pandemic against Dr. Daszak and EHA. Evidence reviewed by the Select Subcommittee does not substantiate these accusations.

However, internal documents and testimony provided to the Select Subcommittee over the past fourteen months do suggest that Dr. Daszak and EHA engaged in conduct that raises reasonable questions about their professional integrity and their continued working relationship with the federal government as recipients of taxpayer funds.

interpreted as false or misleading—he had clearly been informed by Dr. Baric in private that BSL3 levels were the norm in the U.S., and he was clearly aware that WIV planned to use BSL2 for the same work.

Correction to May 2024 Select Subcommittee Democratic Staff Report

Date: September 24, 2024

The May 2024 Select Subcommittee Democratic Staff Report misstated that certain figures in EcoHealth Alliance's (EHA's) Year 4 and 5 Research Performance Progress Reports (RPPRs) both described weight loss of infected mice. Although Figure 35(A) in EHA's Year 4 RPPR described weight loss, Figure 13(A) in EHA's Year 5 RPPR described survival rate. The final paragraph on page 23 of the Staff Report should read "At his transcribed interview, Dr. Baric also brought attention to the different timespans between certain figures in the Year 4 and 5 reports and judged that there were 'almost certainly' two experiments." The legend of Figure 13(A) on page 24 of the Staff Report should read "Figure 13(A) in EHA's Year 5 RPPR shows 14-day percent survival of mice with human ACE-2 receptors."

This correction does not change the overall analysis articulated in the Select Subcommittee Democratic Staff Report: "On the basis of the Year 5 report's description of "continued" experiments, the differences in Figures 35(A) and 13(A), and the scant evidence for there being a single experiment, it appears more likely that the two reports show two different experiments."