

JUNE 12, 2020

THE ORIGINS OF THE COVID-19 GLOBAL PANDEMIC, INCLUDING THE ROLES OF THE CHINESE COMMUNIST PARTY AND THE WORLD HEALTH ORGANIZATION

HOUSE FOREIGN AFFAIRS COMMITTEE MINORITY STAFF INTERIM REPORT

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ONE HUNDRED SIXTEENTH CONGRESS



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EXECUTIVE SUMMARY

During the 2003 SARS pandemic, the Chinese Communist Party (CCP) used its stranglehold on journalists and dissidents in China to hide information and obfuscate the source of the outbreak. CCP leaders failed to inform the World Health Organization (WHO) about the virus for four months. In the wake of this malfeasance, the world demanded reforms to the International Health Regulations that govern how countries are required to handle public health emergencies. Today, it has become clear that the CCP failed to heed these lessons. The ongoing pandemic is a tragic second chapter to their mishandling of the 2003 SARS outbreak.

There are still many unanswered questions as to the origins of SARS-CoV-2, the virus that causes COVID-19, and the root of the global pandemic. Almost daily, new information comes out of China and elsewhere showing the scale of CCP efforts to hide and cover up the outbreak. This interim report is an effort to put the information that is publicly available into context, define what questions regarding the virus and the response are still outstanding, and provide recommendations on how to improve the global response moving forward. This report is focused on the early phases of the pandemic, prior to the declaration of a Public Health Emergency of International Concern on January 30, 2020. It will be updated and expanded in the weeks and months ahead, but certain facts are established.

It is beyond doubt that the CCP actively engaged in a cover-up designed to obfuscate data, hide relevant public health information, and suppress doctors and journalists who attempted to warn the world. They deliberately, and repeatedly, disregarded their obligations under the 2005 International Health Regulations (IHR). Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was ongoing weeks before it was announced. By responding in a transparent and responsible manner, the CCP could have supported the global public health response and shared information with the world about how to handle the virus. It is likely the ongoing pandemic could have been prevented had they done so, saving hundreds of thousands of lives and the world from an economic meltdown.

WHO Director-General Tedros has responded to the CCP's cover-up by praising the CCP for their "transparency." The WHO has repeatedly parroted CCP talking points while ignoring conflicting information. Director-General Tedros' full-throated defense of the CCP's response and embrace of their revisionist history, as well as the impact of his actions on the global response, is incredibly concerning. There remain many outstanding questions that require us to seriously examine the WHO's handling of COVID-19. However, it has become clear that the WHO also failed to fulfill certain duties required by the IHR.

Reflecting on what we have uncovered so far, the failures of the CCP to protect their citizens and fulfill their obligations under international law have resulted in disappeared journalists, a world seized by a public health emergency, and hundreds of thousands of dead. As such, it is incumbent upon the United States and likeminded WHO Member States to ensure the accountability and reforms necessary to prevent the CCP's malfeasance from giving rise to a third pandemic originating from China during this century.

INTERIM MINORITY STAFF REPORT ON SARS-CoV-2 AND THE COVID-19 GLOBAL PANDEMIC

I. PREFACE

The world is currently in the grips of a global pandemic known as COVID-19. As of June 10, 2020, there were more than 7.2 million confirmed cases¹ in at least 177 countries.² More than 412,100 people have reportedly died due to the disease³, which is caused by a strain of coronavirus. First identified in 1968, coronaviruses are a family of related RNA viruses known to cause illness in animals and humans.⁴ Depending on the strain, coronaviruses can cause a range of illnesses, from mild infections like the common cold to deadly diseases like Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The 2019 coronavirus disease (COVID-19) is caused by a strain of coronavirus similar to SARS-CoV, the strain that caused the 2003 SARS pandemic. This virus has been designated SARS-CoV-2.

Based on an examination of the early stages of the outbreak, efforts to conceal the spread and novel nature of the virus, failures to share accurate information as required by international law⁵, and the suppression of voices seeking to warn the world, the Chinese Communist Party (CCP) bears overwhelming responsibility for allowing a local outbreak to become a global pandemic. Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was occurring weeks before they warned the public. Research shows that the CCP could have reduced the number of cases in China by up to 95%⁶, had it fulfilled its obligations under international law and implemented a public health response at an earlier date.⁷ The World Health Organization (WHO) enabled the CCP cover-up by failing to investigate and publicize reports conflicting with the official CCP narrative, while at the same time praising the CCP's response. **In sum, the COVID-19 global pandemic could have been prevented if the CCP acted in a transparent and responsible manner.**

It is highly relevant to the analysis of these events that at various points, authorities in the People's Republic of China (PRC) have attempted to draw distinctions between various elements of the PRC government, or assigned blame to sub-national authorities. In the PRC, the CCP holds a complete monopoly on power, including the ability of civil authorities to take action or

¹ "COVID-19 Map." *Johns Hopkins Coronavirus Resource Center*, <https://coronavirus.jhu.edu/map.html>.

² The New York Times. "Coronavirus Map: Tracking the Global Outbreak." *The New York Times*, 28 Jan. 2020, www.nytimes.com/interactive/2020/world/coronavirus-maps.html.

³ COVID-19 Map.

⁴ Wege, Helmut. "Coronavirus, Infection and Immunity." *Encyclopedia of Immunology*, Elsevier, 1998, 658–661. Crossref, doi:10.1006/rwei.1999.0173.

⁵ The World Health Organization, *INTERNATIONAL HEALTH REGULATIONS (2005)*, <https://www.who.int/ihr/publications/9789241580496/en/>

⁶ Lai, Shengjie, et al. "Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China." *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

⁷ Lai, Shengjie, et al. "Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China." *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

transmit information. A poignant example of this comes from a statement made by Zhou Xianwang, who served as Mayor of Wuhan when the outbreak started. Zhou defended his role in the cover-up, stating, “As a local government official, I could disclose information only after being authorized.”⁸ Thus, findings in this document relating to the responsibilities of the PRC as a state identify the CCP as the entity that bears those responsibilities.

II. THE EARLY STAGES OF THE PANDEMIC

It is believed that sometime in early to mid-November 2019, a novel coronavirus first infected humans in Wuhan, the capital of Hubei province in the central region of the PRC. While currently unknown, the cause of this virus is believed to likely be the result of a zoonotic spillover event.⁹ According to the Office of the Director of National Intelligence, the intelligence community shares the scientific community’s consensus that the virus is natural and not genetically modified.¹⁰ This virus, later named SARS-CoV-2, causes the illness known as COVID-19 and is the root of the ongoing global pandemic. Currently, the earliest case identified by PRC authorities can be traced back to November 17, 2019.¹¹ In the following weeks, between one to five new cases were reported daily.¹² On December 16, 2019, a 65-year-old man was admitted to Wuhan Central, a local hospital, with a fever and infections in both lungs. He was treated with both antibiotics and anti-flu medication, but his condition did not improve. It would later be discovered that he worked at the Huanan Seafood Wholesale Market.¹³

According to public reports, in addition to seafood, vendors at the Huanan market sold a variety of wild animals – at one point, approximately 120 live and dead wild animals from 75 species were listed for sale.¹⁴ Among these were civets, camels,¹⁵ and potentially pangolins, all known to be capable of carrying various strains of coronavirus. Over the next several weeks, hospitals across Wuhan reported dozens of cases of the mystery illness. By December 20th, 60 people had contracted the virus, including family members in close contact with Huanan workers, but who did not have direct exposure to the market. This was an early sign of human-to-human transmission. By December 25th, medical staff at two different hospitals in Wuhan

⁸ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁹ Walsh, Bryan. “The Coronavirus Isn’t the First Pandemic Triggered by Animal Spillover.” *Axios*, 7 May 2020, www.axios.com/coronavirus-animal-human-health-spillover-bbe5d22e-5146-4858-ac89-39b6ffeaef6a.html.

¹⁰ “Intelligence Community Statement on Origins of COVID-19.” Office of the Director of National Intelligence, 30 Apr. 2020, <https://www.dni.gov/index.php/newsroom/press-releases/item/2112-intelligence-community-statement-on-origins-of-covid-19>

¹¹ Ma, Josephine. “China’s First Confirmed Covid-19 Case Traced Back to November 17.” *South China Morning Post*, 13 Mar. 2020, www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back.

¹² *Ibid.*

¹³ Page, Jeremy, et al. “How It All Started: China’s Early Coronavirus Missteps.” *The Wall Street Journal*, 6 Mar. 2020, www.wsj.com/articles/how-it-all-started-chinas-early-coronavirus-missteps-11583508932.

¹⁴ Li, Peter J. “First Sars, now the Wuhan coronavirus. Here’s why China should ban its wildlife trade forever.” *South China Morning Post*, 29 Jan. 2020, <https://www.scmp.com/comment/opinion/article/3047828/first-sars-now-wuhan-coronavirus-heres-why-china-should-ban-its>

¹⁵ Perper, Rosie. “China Banned Live Animal Sales in Wuhan, after a Food Market Selling Wolves and Civet Cats Was Linked to a Deadly Virus.” *Business Insider*, 22 Jan. 2020, www.businessinsider.com/wuhan-virus-china-bans-food-markets-selling-live-animals-wolves-2020-1.

were quarantined after contracting the virus, a second clear and early sign of human-to-human transmission.¹⁶

On December 27th, hospitals and health officials in Wuhan were notified by a local laboratory processing patient samples the disease was caused by a new strain of coronavirus that was 87% genetically similar to SARS-CoV, the virus that caused the 2003 SARS pandemic.¹⁷ During that pandemic, the most important method of transmission was human-to-human.¹⁸ When coupled with transmissions among households and amongst healthcare staff, two significant causes of new SARS cases in 2003,¹⁹ Wuhan healthcare workers had reason to be concerned.

Later that day, the Hubei Provincial Hospital of Integrated Chinese and Western Medicine provided this information to the local branch of the Chinese Center for Disease Control and Prevention (China CDC). By this point, at least 180 people were likely carrying the virus.²⁰ Three days later, Dr. Ai Fen, who ran the emergency department at Wuhan Central, received the results of a laboratory test identifying the cause of the illness as “SARS coronavirus.”²¹ Dr. Ai alerted her supervisors and reported the results to the hospital’s Department of Public Health. She then circled the positive result in pink and sent the results and a video of lung scans to a classmate from medical school.²²

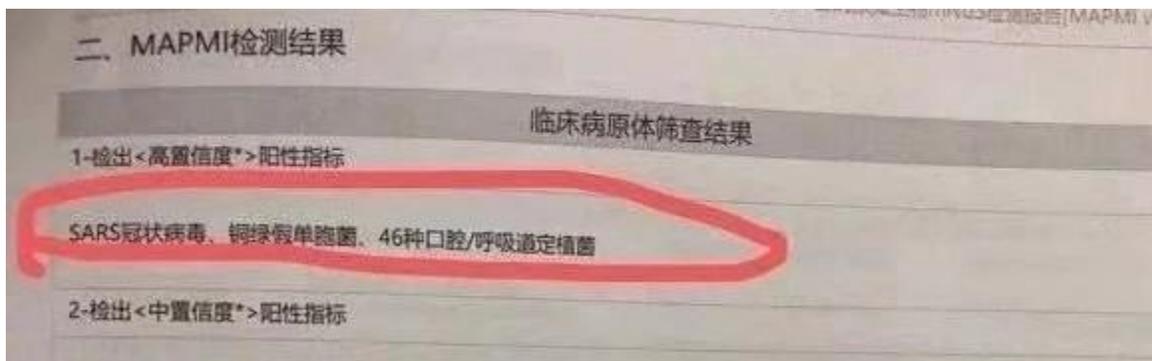


Fig. 1 – Positive Laboratory Test for “SARS Coronavirus”

¹⁶ Page.

¹⁷ Shih, Gerry, et al. “Early Missteps and State Secrecy in China Probably Allowed the Coronavirus to Spread Farther and Faster.” *The Washington Post*, 1 Feb. 2020, www.washingtonpost.com/world/2020/02/01/early-missteps-state-secrecy-china-likely-allowed-coronavirus-spread-farther-faster/.

¹⁸ Low, Donald E. “Why SARS Will Not Return: a Polemic.” *CMAJ : Canadian Medical Association Journal = Journal De L'Association Medicale Canadienne*, Canadian Medical Association, 6 Jan. 2004, www.ncbi.nlm.nih.gov/pmc/articles/PMC305318/.

¹⁹ *Ibid.*

²⁰ Ma.

²¹ “Whistleblowing Doctor Missing after Criticizing Beijing's Coronavirus Censorship: Reporters without Borders.” *RSF*, 14 Apr. 2020, www.rsf.org/en/news/whistleblowing-doctor-missing-after-criticizing-beijings-coronavirus-censorship

²² *Ibid.*

The message found its way to Dr. Li Wenliang, another doctor at Wuhan Central, who warned more than 100 of his former classmates via WeChat that “7 cases of SARS have been confirmed”²³

The next day, on December 31st, Chinese media reports of an outbreak of atypical pneumonia cases began to appear online. A machine translation of one such report was posted on the website for the Program for Monitoring Emerging Diseases (ProMED), a “U.S.-based open-access platform for early intelligence about infectious disease outbreaks.”²⁴ According to Dr. Michael Ryan, the Executive Director of the WHO’s Health Emergencies Program, this post on ProMed is how the WHO found out about the outbreak:

On 31st December information on our epidemic intelligence from open-source platform partners, PRO-MED, was received indicating a signal of a cluster of pneumonia cases in China. That was from open sources from Wuhan. On the same day we had a request from health authorities in Taiwan and the message referred to, news sources indicated at least seven atypical pneumonia cases reported in Wuhan media... That request was sent immediately, on the same day, to our country office for follow-up with Chinese authorities and on 1st January we formally requested verification of the event under the [International Health Regulations], which is a formal process beyond any informal verification which requires a response and requires an interaction from the member state.²⁵

WHO headquarters in Geneva instructed the WHO China Country Office to seek verification of these reports from the PRC’s government. **Despite public reporting to the contrary, the PRC never notified the WHO about the outbreak in Wuhan.**²⁶ PRC authorities also actively engaged in a cover-up designed to prevent the spread of information related to patients testing positive for SARS and their knowledge that the illnesses were caused by a coronavirus similar to SARS-CoV. As discussed later in the report, this was in violation of Article 6 of the International Health Regulations.

²³ Lei, Ruipeng, and Renzong Qiu. “Chinese Bioethicists: Silencing Doctor Impeded Early Control of Coronavirus.” *The Hastings Center*, 19 Mar. 2020, www.thehastingscenter.org/coronavirus-doctor-whistleblower/.

²⁴ Lawrence, Susan V. “COVID-19 and China: A Chronology of Events (December 2019-January 2020).” *Congressional Research Service*, The Library of Congress. 13 May 2020.

²⁵ Remarks by Michael Ryan, Executive Director of the WHO Health Emergencies Programme, at “COVID-19 Virtual Press Conference,” April 20, 2020, <https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-20apr2020.pdf>.

²⁶ *Ibid.*



Fig. 2 – Excerpt from Dr. Li’s message confirming seven cases of SARS

Instead, the CCP took action to prevent the news from being shared. On December 31st, the same day the WHO became aware of media reports about the outbreak, various technology services in China began to censor key words related to the outbreak. On YY, a live-streaming platform, this censorship included the phrases “unknown Wuhan pneumonia” and “Wuhan Seafood Market.” WeChat also censored criticism of the CCP, including “speculative and factual information related to the epidemic, and neutral references to Chinese government efforts to handle the outbreak that had been reported on state media.”²⁷

On the same day, in accordance with the 2005 International Health Regulations, an official from the Taiwan Centers for Disease Control (Taiwan CDC) sent an email to the WHO focal point, informing them of online reports from China concerning “at least seven atypical pneumonia cases”²⁸ in Wuhan. According to the Taiwan CDC, the phrase “atypical pneumonia” is used in China to refer to SARS.²⁹ In addition, the reference to “at least seven” is strikingly similar to Dr. Li’s WeChat message referenced above. Taiwan’s email to the WHO also noted that sick patients were being isolated for treatment, a sign of suspected human-to-human transmission. The Taiwan CDC requested the WHO share with them any relevant information. The only response from the WHO was a statement that Taiwan’s concerns were forwarded to expert colleagues but would not be posted on their internal website for the benefit of other Member States.³⁰ Taiwan’s government believed the evidence of human-to-human transmission to be so great that on the same day they contacted the WHO, the Taiwanese instituted enhanced

²⁷ Ruan, Lotus, et al. “Censored Contagion: How Information on the Coronavirus Is Managed on Chinese Social Media.” *The Citizen Lab*, 4 Mar. 2020, <https://citizenlab.ca/2020/03/censored-contagion-how-information-on-the-coronavirus-is-managed-on-chinese-social-media/>

²⁸ “The Facts Regarding Taiwan’s Email to Alert WHO to Possible Danger of COVID-19.” *Taiwan Centers for Disease Control*, 11 Apr. 2020, www.cdc.gov.tw/Category/ListContent/sOn2_m9QgxKqhZ7omgiz1A?uaid=PAD-lbwDHeN_bLa-viBOuw.

²⁹ *Ibid.*

³⁰ Chen, Frank. “WHO ‘Refused to Act’ on Taiwan’s Virus Alert.” *Asia Times*, 27 Mar. 2020, <https://asiatimes.com/2020/03/who-refused-to-act-on-taiwans-virus-alert/>

border control and quarantine measures “based on the assumption that human-to-human transmission was in fact occurring.”³¹

January 2020

The next day, January 1, 2020, CCP officials ordered the Huanan market to be closed and sanitized, destroying forensic evidence that may have provided insight into the origins of the outbreak. An official at the Hubei Provincial Health Commission ordered gene sequencing companies and labs to stop testing and to destroy patient samples. The following day, scientists at the Wuhan Institute of Virology (WIV) completed genetic mapping of SARS-CoV-2 but did not publish the data or inform the WHO.³² On January 3, the National Health Commission issued a nationwide order similar to the one put in place by Hubei Provincial Health Commission, requiring that samples of the virus be destroyed. The CCP refused to acknowledge that it issued this order until May 15, 2020.³³

The WHO did not make public its knowledge of the outbreak in Wuhan until January 4th, when it issued two tweets.³⁴ On the same day, Dr. Ho Pak-leung, the head of the University of Hong Kong’s Centre for Infection, publicly warned that human-to-human transmission was highly likely.³⁵ Dr. Ho stated that he believed it was already occurring in Wuhan, due to the rapid increase in reported cases, and warned about a potential surge of cases during the Spring Festival travel season.³⁶ The Spring Festival travel season lasts forty days; experts predicted approximately 3 billion trips in conjunction with the holiday.³⁷ On January 5th, a second lab in China, at a research institute in Shanghai, informed China’s National Health Commission that it completely mapped the genome of the virus and that it was similar to SARS-CoV.³⁸ For a second time, the CCP failed to notify the WHO that Chinese researchers had identified the virus, sequenced its genome, and that it was a coronavirus genetically similar to the virus responsible for the 2003 SARS pandemic.

Beginning January 6th, the United States Center for Disease Control and Prevention (U.S. CDC) repeatedly contacted the PRC, offering to send a team of experts to assist with their

³¹ *Ibid.*

³² Allen-Ebrahimian, Bethany. “Timeline: The Early Days of China's Coronavirus Outbreak and Cover-Up.” *Axios*, 18 Mar. 2020, www.axios.com/timeline-the-early-days-of-chinas-coronavirus-outbreak-and-cover-up-ee65211a-afb6-4641-97b8-353718a5faab.html.

³³ O'Connor, Tom. “China Acknowledges Destroying Early Coronavirus Samples, Confirming U.S. Accusation.” *Newsweek*, 15 May 2020, www.newsweek.com/china-acknowledges-destroying-early-coronavirus-samples-confirming-us-accusation-1504484.

³⁴ World Health Organization. “#China Has Reported to WHO a Cluster of #Pneumonia Cases -with No Deaths- in Wuhan, Hubei Province . Investigations Are Underway to Identify the Cause of This Illness.” *Twitter*, 4 Jan. 2020, [www.twitter.com/WHO/status/1213523866703814656](https://twitter.com/WHO/status/1213523866703814656)

³⁵ Choi, Jimmy. “Wuhan Virus Probably Is Spreading between People'.” *RTHK*, 4 Jan. 2020, <https://news.rthk.hk/rthk/en/component/k2/1500994-20200104.htm>

³⁶ Cheung, Elizabeth. “Hong Kong Activates 'Serious Response Level' for Infectious Diseases as Wuhan Pneumonia Outbreak Escalates.” *Yahoo! News*, 4 Jan. 2020, <https://sg.news.yahoo.com/hong-kong-activates-serious-response-004758495.html>

³⁷ Wong, Maggie Hiufu. “3 Billion Journeys: World's Biggest Human Migration Begins in China.” *CNN*, 10 Jan. 2020, www.cnn.com/travel/article/chunyun-2020-lunar-new-year-travel-rush-china/index.html.

³⁸ Page.

response.³⁹ The CCP refused to allow the teams to enter the PRC. On January 7th, CCP General Secretary Xi Jinping reportedly ordered officials to control the outbreak. His personal involvement in this portion of the CCP's response to the virus was not disclosed until February.⁴⁰ The same day General Secretary Xi issued his order, the *Wall Street Journal* reported the outbreak was caused by a novel coronavirus.⁴¹ Two days later, the CCP publicly acknowledged the novel coronavirus as the cause of the outbreak, but claimed "there is no evidence that the new virus is readily spread by humans, which would make it particularly dangerous, and it has not been tied to any deaths." This announcement was 13 days after Wuhan hospital officials informed CCP health authorities the virus responsible for the outbreak was a coronavirus genetically similar to SARS-CoV.

The first death related to the outbreak was reported in Chinese state media on January 11th, as travelers from across China began to depart for the annual Spring Festival travel season. As many as three billion trips were expected, including millions abroad.⁴² The same day, frustrated the CCP had not taken action in response to his January 5th warning, Shanghai Public Health Clinical Centre Professor Zhang Yongzhen published his lab's genomic sequencing data of SARS-CoV-2 on virological.org and GenBank, an open access online database maintained by the National Center for Biotechnology Information within the U.S. National Institutes of Health. Hours later, the CCP's National Health Commission announced that it would provide the WHO with the virus' genomic sequencing. The next day, on January 12th, the CCP closed the Shanghai lab for "rectification."⁴³ Meanwhile, the WIV published online the full genomic sequence of the virus it previously completed ten days prior on January 2nd and the CCP provided it to the WHO. It is likely that Professor Zhang's online publication is what forced the CCP to finally share SARS-CoV-2's genetic sequencing with the world.

On January 13th, one day after the genomic sequence was transmitted to the WHO, the first COVID-19 case outside of the PRC was reported in Thailand.⁴⁴ On January 14th, the Chief of WHO's Emerging Disease Unit stated that "it is possible there is limited human-to-human transmission...but it is very clear right now that we have no sustained human-to-human transmissions."⁴⁵ The WHO's official Twitter account published a tweet the same day stating

³⁹ Mcneil, Donald G., and Zolan Kanno-youngs. "C.D.C. and W.H.O. Offers to Help China Have Been Ignored for Weeks." *The New York Times*, 7 Feb. 2020, www.nytimes.com/2020/02/07/health/cdc-coronavirus-china.html.

⁴⁰ Page.

⁴¹ Khan, Natasha. "New Virus Discovered by Chinese Scientists Investigating Pneumonia Outbreak." *The Wall Street Journal*, 9 Jan. 2020, www.wsj.com/articles/new-virus-discovered-by-chinese-scientists-investigating-pneumonia-outbreak-11578485668?mod=article_inline.

⁴² Wong, Maggie Hiufu. "3 Billion Journeys: World's Biggest Human Migration Begins in China." *CNN*, 10 Jan. 2020, www.cnn.com/travel/article/chunyun-2020-lunar-new-year-travel-rush-china/index.html.

⁴³ Pinghui, Zhuang. "Lab That First Shared Coronavirus Sequence Closed for 'Rectification'." *South China Morning Post*, 28 Feb. 2020, www.scmp.com/news/china/society/article/3052966/chinese-laboratory-first-shared-coronavirus-genome-world-ordered.

⁴⁴ Axios.

⁴⁵ Nebehay, Stephanie. "WHO Says New China Coronavirus Could Spread, Warns Hospitals Worldwide." *Reuters*, 14 Jan. 2020, www.reuters.com/article/us-china-health-pneumonia-who/who-says-new-china-coronavirus-could-spread-warns-hospitals-worldwide-idUSKBN1ZD16J.

that “Chinese authorities have found no clear evidence of human-to-human transmission.”⁴⁶ This is despite the above-mentioned reports of healthcare workers contracting the virus from patients, a warning regarding human-to-human transmission from Taiwan, and the public announcement by Dr. Ho at the University of Hong Kong.

On the same day that the WHO downplayed the risk of human-to-human transmission, a teleconference of high-ranking CCP officials was convened, including General Secretary Xi, Premier Li Keqiang, and Vice Premier Sun Chunlan. According to internal CCP documents obtained by the *Associated Press*, Ma Xiaowei, the head of China’s National Commission of Health, informed the CCP leadership that the situation “changed significantly”⁴⁷ with the confirmation of the Thailand case. According to Ma’s memo, the CCP believed “the risk of transmission and spread [was] high”⁴⁸ due to the upcoming Spring Festival travel season. Ma assessed that “all localities must prepare for and respond to a pandemic.”⁴⁹ In response, the China CDC in Beijing triggered a significant health response. The National Health Commission sent provincial health officials a 63-page instruction manual on how to respond to the outbreak, including requiring doctors and nurses to wear personal protective equipment. The instructions were marked “internal” and “not to be publicly disclosed.”⁵⁰ This meeting, and the publication of guidelines by the National Health Commission, is confirmed by the CCP’s official timeline of events.⁵¹

Regardless, on January 17th the first new case since January 5th was announced, the day after the annual sessions of the Wuhan and Hubei provincial legislative and advisory bodies concluded. It should be noted that these political events began on January 6th, likely indicating that announcements of new cases were suspended in order to not disrupt a major CCP political meeting.⁵² The next day, on January 18th, during this undisclosed public health response period, 40,000 families attended potluck banquets across the city of Wuhan.⁵³

On January 20th, six days after he was warned about the possibility of a pandemic, General Secretary Xi finally issued a public statement encouraging a strong response. This was also the first time the National Health Commission issued a statement confirming human-to-human

⁴⁶ (WHO), World Health Organization. “Preliminary Investigations Conducted by the Chinese Authorities Have Found No Clear Evidence of Human-to-Human Transmission of the Novel #Coronavirus (2019-NCoV) Identified in #Wuhan, #China. Pic.twitter.com/Fnl5P877VG.” *Twitter*, 14 Jan. 2020, www.twitter.com/WHO/status/1217043229427761152?s=20

⁴⁷ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

⁵¹ “China Publishes Timeline on COVID-19 Information Sharing, Int’l Cooperation.” *Xinhua*, 6 Apr. 2020, www.xinhuanet.com/english/2020-04/06/c_138951662.htm.

⁵² “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁵³ The Star Online. “Wuhan Neighbourhood Sees Infections after 40,000 Families Gather for Potluck.” *The Star Online*, 6 Feb. 2020, www.thestar.com.my/news/regional/2020/02/06/wuhan-neighbourhood-sees-infections-after-40000-families-gather-for-potluck.

transmission of the virus was occurring, despite warnings from local health officials to the CCP a month prior.⁵⁴ The next day, the first case of COVID-19 in the United States was confirmed.

A delegation of WHO experts from its China and Western Pacific regional offices conducted a field mission to Wuhan on January 20th and 21st.⁵⁵ Their January 22nd report conceded there was evidence of human-to-human transmission but cautioned that more analysis was needed.⁵⁶ That same day, the Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, convened the first meeting of the WHO Emergency Committee to discuss the outbreak. After two days of discussion, the Emergency Committee was divided on whether to declare a Public Health Emergency of International Concern (PHEIC).⁵⁷ As Director-General, the decision rested with Dr. Tedros, who decided not to declare a PHEIC, stating, “This is an emergency in China, but it has not yet become a global health emergency. At this time, there is no evidence of human-to-human transmission outside China.”⁵⁸ Again, this was despite confirmed cases outside of the PRC, cases among healthcare staff within the PRC, and warnings from Taiwan and the University of Hong Kong that human-to-human transmission was occurring.

On the same day Director-General Tedros chose not to declare a PHEIC, the CCP implemented a city wide quarantine in Wuhan, halting all public transportation in and out of the city.⁵⁹ However, due to the decision being delayed, an estimated five million people had already left Wuhan in the days and weeks prior.⁶⁰ The CCP later suspended group travel abroad but allowed individuals to travel even though, according to the Nikkei Asian Review, “groups account for less than half of all Chinese tourists heading abroad.”⁶¹ The announcement came seventeen days⁶² after massive outbound traffic for the Spring Festival began.⁶³ Over the course

⁵⁴ Wang, Yanan. “Human-to-Human Transmission Confirmed in China Coronavirus.” *AP NEWS*, 20 Jan. 2020. <https://apnews.com/14d7dcffa205d9022fa9ea593bb2a8c5>

⁵⁵ “Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020.” *World Health Organization*, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

⁵⁶ “Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020.” *World Health Organization*, 22 Jan. 2020, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

⁵⁷ “Statement on the Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus 2019 (n-CoV) on 23 January 2020.” *World Health Organization*, 23 Jan. 2020, [www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](http://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

⁵⁸ “WHO Director-General's Statement on the Advice of the IHR Emergency Committee on Novel Coronavirus.” *World Health Organization*, 23 Jan. 2020, www.who.int/dg/speeches/detail/who-director-general-s-statement-on-the-advice-of-the-ihf-emergency-committee-on-novel-coronavirus.

⁵⁹ Nakazawa, Katsuji. “China's Inaction for 3 Days in January at Root of Pandemic.” *Nikkei Asian Review*, 18 Mar. 2020, <https://asia.nikkei.com/Editor-s-Picks/China-up-close/China-s-inaction-for-3-days-in-January-at-root-of-pandemic>

⁶⁰ “Where Did They Go? Millions Left Wuhan Before Quarantine.” *Voice of America*, 9 Feb. 2020, www.voanews.com/science-health/coronavirus-outbreak/where-did-they-go-millions-left-wuhan-quarantine.

⁶¹ Nakazawa.

⁶² *Ibid.*

⁶³ “China Focus: China's Mass Transit in High Gear as Spring Festival Travel Rush Starts.” *Xinhua*, 10 Jan. 2020, www.xinhuanet.com/english/2020-01/10/c_138694671.htm.

of the next several days, France,⁶⁴ Australia,⁶⁵ and Canada⁶⁶ reported their first confirmed cases of COVID-19. On January 28th, Director-General Tedros traveled to Beijing as part of a WHO mission. He once again praised the CCP's handling of the outbreak, citing the "transparency they have demonstrated, including sharing data and genetic sequence of the virus."⁶⁷ Nowhere in his comments did Director-General Tedros note that this information was only shared after it was leaked online by a Chinese researcher who was then punished as part of the CCP's cover-up.

Two days later, on January 30th, Director-General Tedros reconvened the Emergency Committee and, based on their recommendation, declared a PHEIC. At this point, there were nearly 10,000 confirmed COVID-19 cases, including 83 cases in 18 countries outside of the PRC. Three countries had already confirmed human-to-human transmission within their borders.⁶⁸ The same day, the first case of human-to-human transmission in the United States was confirmed.⁶⁹ Director-General Tedros would not declare COVID-19 a global pandemic until March 11th, 41 days later.⁷⁰

III. THE CHINESE COMMUNIST PARTY'S COVER-UP

From the early stages of the pandemic, the CCP repeatedly acted to conceal vital information about the virus. The timeline above notes several examples:

- The failure of the CCP to notify the WHO about the outbreak of a novel disease within their borders.
- The repeated failure of the CCP to notify the WHO of cases meeting the WHO definition of SARS.
- The decision not to immediately publish the WIV's completed genetic mapping of SARS-CoV-2, the virus that causes COVID-19, which would have shown its similarity to SARS-CoV and confirmed it to be a novel coronavirus.
- The shuttering of the Shanghai lab that published the SARS-CoV-2 genome online.

⁶⁴ "France Confirms First Three Cases of Wuhan Coronavirus in Europe." *France 24*, 24 Jan. 2020,

www.france24.com/en/20200124-france-confirms-first-two-cases-of-wuhan-coronavirus-china-bordeaux-paris.

⁶⁵ "Chief Medical Officer's Update on Novel Coronavirus." *Australian Government Department of Health*, 25 Jan. 2020, www.health.gov.au/news/chief-medical-officers-update-on-novel-coronavirus-2.

⁶⁶ Vieira, Paul. "Canadian Health Authorities Report 'Presumptive' Case of Coronavirus." *The Wall Street Journal*, 26 Jan. 2020, www.wsj.com/articles/canadian-health-authorities-report-presumptive-case-of-coronavirus-11579998212.

⁶⁷ "WHO, China Leaders Discuss Next Steps in Battle against Coronavirus Outbreak." *World Health Organization*, www.who.int/news-room/detail/28-01-2020-who-china-leaders-discuss-next-steps-in-battle-against-coronavirus-outbreak.

⁶⁸ "Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-nCoV)." *World Health Organization*, 30 Jan. 2020, [www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](http://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

⁶⁹ "CDC Confirms Person-to-Person Spread of New Coronavirus in the United States." *Centers for Disease Control and Prevention*, 30 Jan. 2020, www.cdc.gov/media/releases/2020/p0130-coronavirus-spread.html.

⁷⁰ "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020." *World Health Organization*, 11 Mar. 2020, www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

- The lack of new case announcements during CCP political meetings between January 6th and January 17th.
- The suppression of reports from medical doctors providing evidence of human-to-human transmission.
- The six days of undisclosed response during January, during which General Secretary Xi and other senior CCP officials kept secret their knowledge that human-to-human transmission was occurring and that a pandemic was likely.

In addition to what has already been covered in this report, there are a multitude of additional examples of the CCP's efforts to obfuscate, hide, and suppress information. Despite repeated requests, the CCP has refused to share PRC virus samples with the international community. Of note, on January 24th, CCP officials in Beijing prevented the WIV from sharing virus samples with a biosafety lab at the University of Texas medical branch in Galveston after the WIV had already agreed to share the samples.⁷¹

CCP propagandists have also sought to sow disinformation and shift the blame away from their cover-up. As countries began to restrict travel, the CCP publicly and privately criticized them. In mid-February, the CCP revoked press credentials from Western news outlets that were actively covering the outbreak.⁷² On at least two occasions, CCP officials sent requests to State Senator Roger Roth, the president of the Wisconsin Senate, asking that the Senate pass a resolution praising the PRC's response to the pandemic.⁷³ Germany has reported that similar requests were made within their borders by Chinese diplomats.⁷⁴

CCP officials in the PRC's Foreign Ministry have also made unsubstantiated claims that the virus may have originated outside of the PRC.⁷⁵ Lijian Zhao, an official within the ministry, shared an article on Twitter that claimed that the virus was brought to the PRC by the U.S. military.⁷⁶ The article was from globalresearch.ca, a website that pushes pro-Putin propaganda and has reported ties to Russian state media.⁷⁷ His tweet was amplified by the Chinese Embassy

⁷¹ Abutaleb, Yasmeeen, et al. "The U.S. Was Beset by Denial and Dysfunction as the Coronavirus Raged." *The Washington Post*, 4 Apr. 2020, www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction/?arc404=true.

⁷² "China Expels Three Wall Street Journal Reporters." *The Wall Street Journal*, 19 Feb. 2020, www.wsj.com/articles/china-expels-three-wall-street-journal-reporters-11582100355

⁷³ Wong, Edward, and Paul Mozur. "China's 'Donation Diplomacy' Raises Tensions with U.S." *The New York Times*, 14 Apr. 2020, www.nytimes.com/2020/04/14/us/politics/coronavirus-china-trump-donation.html.

⁷⁴ "Germany Says China Sought to Encourage Positive COVID-19 Comments." *The New York Times*, 27 Apr. 2020, www.nytimes.com/reuters/2020/04/27/world/europe/27reuters-health-coronavirus-germany-china.html.

⁷⁵ "Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on March 4, 2020." *Ministry of Foreign Affairs of the People's Republic of China*, 4 Mar. 2020, www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/2511_665403/t1752172.shtml.

⁷⁶ Zhao, Lijian. "This Article Is Very Much Important to Each and Every One of Us. Please Read and Retweet It. COVID-19: Further Evidence That the Virus Originated in the US. <https://t.co/LPanIo40MR>." *Twitter*, 13 Mar. 2020, [www.twitter.com/zlj517/status/1238269193427906560](https://twitter.com/zlj517/status/1238269193427906560)

⁷⁷ Thomas, Elise, and Aspi. "Chinese Diplomats and Western Fringe Media Outlets Push the Same Coronavirus Conspiracies." *The Strategist*, 30 Mar. 2020, www.aspistrategist.org.au/chinese-diplomats-and-western-fringe-media-outlets-push-the-same-coronavirus-conspiracies/.

in South Africa.⁷⁸ In late March, CCP state media shifted their story again, publicizing a narrative that implied the virus originated in Italy.⁷⁹



Fig. 3 –Zhao Lijian tweet from March 12, 2020

Perhaps most critically, the CCP manipulated case statistics throughout the outbreak in an effort to minimize the significance of the spread of SARS-CoV-2 and the corresponding number of cases of COVID-19. From the beginning, the CCP only allowed some symptomatic cases to be reported. Prior to mid-February, the CCP only reported cases that were symptomatic, clinically diagnosed, and confirmed by laboratory tests. On February 13th, this standard was relaxed in Hubei province for those unable to get a test or still waiting on results. After this change in policy, the CCP reported 14,840 new cases in one day.⁸⁰ On March 22nd, reports emerged that classified CCP data showed that by the end of February some 43,000 asymptomatic people in China had tested positive for the virus, representing one-third of all cases.⁸¹ It was not until March 31st, after reports surfaced that CCP guidelines prevented asymptomatic cases from being included in the number of confirmed cases, that this policy was reversed.⁸²

In late March, Wuhan residents told Radio Free Asia the CCP’s official death toll of 2,500 was impossibly low. The reporting indicated the Hankou Funeral Home received a shipment of 5,000 new urns from a supplier in a single day. Seven large funeral homes in Wuhan were reportedly returning the cremated remains of approximately 500 people to their families each

⁷⁸ Chinese Embassy in South Africa. “More Evidence Suggests That the Virus Was Not Originated at the Seafood Market in Wuhan at All, Not to Mention the so Called ‘Made in China’.” *Twitter*, 16 Mar. 2020, [www.twitter.com/ChineseEmbSA/status/1239453193689587712](https://t.co/8cRrkSZB3z)

⁷⁹ Gitter, David, et al. “China Will Do Anything to Deflect Coronavirus Blame.” *Foreign Policy*, 30 Mar. 2020, www.foreignpolicy.com/2020/03/30/beijing-coronavirus-response-see-what-sticks-propaganda-blame-ccp-xi-jinping/

⁸⁰ Feng, Emily, and Scott Neuman. “A Change in How 1 Chinese Province Reports Coronavirus Adds Thousands of Cases.” *NPR*, 13 Feb. 2020, www.npr.org/sections/goatsandsoda/2020/02/13/805519117/a-change-in-how-one-chinese-province-reports-coronavirus-adds-thousands-of-cases?utm_medium=RSS&utm_campaign=globalhealth

⁸¹ Ma, Josephine, et al. “A Third of Virus Cases May Be ‘Silent Carriers’, Classified Data Suggests.” *South China Morning Post*, 23 Mar. 2020, www.scmp.com/news/china/society/article/3076323/third-coronavirus-cases-may-be-silent-carriers-classified.

⁸² Renton, Adam, and Mike Hayes. “March 31 Coronavirus News.” *CNN*, 1 Apr. 2020, www.cnn.com/world/live-news/coronavirus-pandemic-03-31-20/index.html.

day. According to one Wuhan resident, many believed the actual death toll was in excess of 40,000 by the end of March.⁸³

Disappearances of Doctors and Journalists

The CCP's cover-up was not limited to the suppression of data or case numbers but involved gross violations of human rights as well. Three citizen journalists were disappeared after publishing videos taken in Wuhan of hospitals and crematoriums. One, Li Zehua, resurfaced on April 23rd. In a video posted online, Li said that he was removed from his apartment on February 26th by CCP security agents, who detained him for 24 hours for "disrupting public order" before forcibly quarantining him in a hotel until March 14th. He was then returned to Wuhan and forced to quarantine for another 14 days.⁸⁴ According to the Committee to Protect Journalists, Li originally traveled to Wuhan to investigate the disappearance of another journalist, Chen Quishi, who the CCP had previously disappeared. Neither Chen Quishi nor Fang Bin, another journalist who was disappeared, have resurfaced.

Additionally, there are multiple, disturbing examples of the CCP harassing, detaining, and potentially disappearing Chinese doctors who attempted to warn others about the realities of the outbreak. Dr. Li, the doctor noted above who revealed on WeChat there were seven confirmed cases of SARS connected to the Huanan market, was reprimanded by hospital officials. On January 3rd, four days after he warned his fellow doctors, Dr. Li was forced by the Wuhan Public Security Bureau to sign a letter that accused him of "making false comments" that "severely disturbed the social order."⁸⁵ He was also threatened with criminal prosecution. Dr. Li was one of at least eight doctors in Wuhan harassed by the police for publicly discussing the outbreak.⁸⁶ Their punishment was broadcast on national television, intimidating other doctors and discouraging them from speaking up.⁸⁷ After Dr. Li signed the letter he returned to work, where he contracted the virus five days later. After being admitted to the emergency department of the same hospital in which he worked, Dr. Li died on February 7th.⁸⁸

Dr. Li and the other seven doctors were not the only medical professionals that were harassed by CCP officials. Dr. Ai, who shared the laboratory test confirming SARS with Dr. Li, ordered her staff to begin wearing masks on January 1st after a healthcare worker arrived in her Emergency Department from another hospital. The patient, an owner of a private clinic, became ill after treating patients with a fever. That evening, Dr. Ai was ordered to appear before the hospital's discipline board the next day, where she was blamed for "spreading rumors."⁸⁹ Despite

⁸³ "Estimates Show Wuhan Death Toll Far Higher Than Official Figure." *Radio Free Asia*, 1 Apr. 2020, www.rfa.org/english/news/china/wuhan-deaths-03272020182846.html.

⁸⁴ "Chinese Citizen Journalist Resurfaces After Going Missing in Wuhan." *The New York Times*, 23 Apr. 2020, www.nytimes.com/reuters/2020/04/23/world/asia/23reuters-health-coronavirus-china-journalist.html.

⁸⁵ "Li Wenliang: Coronavirus Kills Chinese Whistleblower Doctor." *BBC News*, 7 Feb. 2020, www.bbc.com/news/world-asia-china-51403795.

⁸⁶ "China Exonerates Doctor Reprimanded for Warning of Virus." *POLITICO*, 20 Mar. 2020, www.politico.com/news/2020/03/20/china-exonerates-doctor-reprimanded-for-warning-of-virus-138637.

⁸⁷ "China Didn't Warn Public of Likely Pandemic For 6 Key Days." *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁸⁸ *BBC News*.

⁸⁹ Page.

efforts to defend herself and explain her concerns regarding human-to-human transmission, the board accused her of causing panic and said she “damaged the stability” of Wuhan.⁹⁰ On January 11th, it was confirmed that one of Dr. Ai’s nurses had contracted the virus. After calling an emergency meeting of the hospital, her superiors directed that the nurse’s medical chart be altered to reflect a less serious diagnosis. Five days later, hospital officials reiterated their denial that human-to-human transmission of the virus was occurring.⁹¹ On March 10th, the Chinese magazine *Renwu* published an interview with Dr. Ai on her first-hand account of her treatment and the CCP’s suppression of information regarding the outbreak. Within three hours, the original report was removed by CCP censors.

Failure to Adhere to the International Health Regulations

During late 2002 and early 2003, the PRC failed to report the outbreak of a new and deadly disease within their borders. After four months, they notified the WHO that the PRC was the source of the ongoing SARS outbreak. Chinese efforts to cover up the source of the outbreak and their refusal to share information was identified as a key factor in the outbreak growing to the scale it did.⁹² All told, SARS spread to 28 countries outside of the PRC, resulting in more than 8,000 cases and 774 known deaths.⁹³

As a result, in 2005, the WHO Member States agreed to update the International Health Regulations (IHR). The IHR is a legally binding instrument that obligates all Member States of the WHO to carry out certain public health functions. Article 6 requires Member States to inform the WHO of all events occurring within their borders that may constitute a Public Health Emergency of International Concern (PHEIC). Annex 2 of the IHR is a “decision instrument” that provides countries a framework to determine if an event needs to be reported. According to the WHO Guidance for the Use of Annex 2, there are two categories of public health events that require Member State notification to the WHO:

A) all events that fulfill any two of four situational public health criteria specified below.

B) any event involving one or more cases of four specific diseases (Small pox, SARS, Human Influenza caused by a new subtype, Poliomyelitis due to wildtype poliovirus), irrespective of the context in which they occur, because they are by definition unusual or unexpected and may cause serious public health impact.⁹⁴

Under the first category, the four situational public health criteria are:

⁹⁰ *Ibid.*

⁹¹ Gong, Jingqi. “Whistleblower.” *Renwu*, 10 Mar. 2020. Retrieved: <http://archive.is/OLdHs>

⁹² Epstein, Gady A. “SARS Outbreak Exposing Flaws in China Regime.” *Baltimoresun.com*, Baltimore Sun, 23 Apr. 2003, www.baltimoresun.com/bal-te.china23apr23-story.html.

⁹³ Pasley, James. “How SARS Terrified the World in 2003, Infecting More than 8,000 People and Killing 774.” *Business Insider*, 20 Feb. 2020, www.businessinsider.com/deadly-sars-virus-history-2003-in-photos-2020-2.

⁹⁴ The World Health Organization, *WHO Guidance for the Use of Annex 2 of the INTERNATIONAL HEALTH REGULATIONS (2005)*, WHO/HSE/IHR/2010.4. https://www.who.int/ihr/revised_annex2_guidance.pdf

1. Is the public health impact of the event serious? (yes/no)
2. Is the event unusual or unexpected? (yes/no)
3. Is there any significant risk of international spread? (yes/no)
4. Is there any significant risk of international travel or trade restrictions?
(yes/no)⁹⁵

The WHO guidance provides questions and examples of circumstances to be used when determining the answer to the four criteria above. Criterion one provides several questions, including one that asks if “the event [has] the potential to have a high public health impact?” The provided examples of circumstances that contribute to a high public health impact include a “pathogen with high potential to cause an epidemic” and “cases among health staff.” Given that the virus had been identified as related to SARS-CoV and that cases were reported amongst healthcare staff in Wuhan, under the guidelines, the CCP’s answer to the above question should have been “yes” and the first criterion should have been satisfied.

Similarly, the CCP’s answer to the second criterion should have also been “yes.” The outbreak in Wuhan was unusual, in that it was caused by an unknown agent and from an unknown source, two examples provided in the WHO guidance. At this point, two criteria having been satisfied, the CCP should have notified the WHO in accordance with Annex 2. **The CCP failed to do so.**

An examination of the remaining criteria also suggests that both of the other criteria were also satisfied. The third criterion assesses whether the event poses a significant risk of international spread. The guidance asks if there is “any factor that should alert WHO to the potential for cross border movement of the agent, vehicle or host?” During the 2003 SARS pandemic, the PRC did not publicly acknowledge the outbreak before the beginning of the Spring Festival travel season. As a result, SARS quickly spread in Guangdong before appearing in Hong Kong and countries outside of the PRC.⁹⁶ Given the direct correlation between the decision to not warn the public before the Spring Festival during the 2003 outbreak and the spread of the virus, the millions of trips abroad scheduled in late January and early February 2020 alone should have given the CCP cause to answer this criterion in the affirmative.

Finally, the fourth criterion regards significant risk to international travel and trade. WHO guidance questions include: “Have similar events in the past resulted in international restrictions? Is the source suspected or known to be a food product...that [is] imported/exported internationally? Are there requests for information by foreign officials or international media?” In the case of the early stages of the outbreak, the CCP’s answer to criterion four should have been a resounding “yes.” The 2003 SARS pandemic resulted in travel advisories and cargo quarantines. CCP officials knew that the cases were confirmed by laboratories to be SARS. The CCP knew the early outbreak was centered in or around the Huanan market, which included multiple species of animals known to carry coronaviruses that can infect humans. Local and

⁹⁵ *Ibid.*

⁹⁶ Epstein.

international media outlets were beginning to break stories about the cases of atypical pneumonia.

In sum, as early as mid-December, and no later than December 27th, the CCP had enough information to assess it was legally obligated to inform the WHO that the outbreak in Wuhan was an event “that may constitute a Public Health Emergency of International Concern.”⁹⁷ Had the CCP not been committed to covering up the outbreak, it would have answered YES to all four of the criteria and notified the WHO. **The CCP failed to do so.**

When considering the second category of public health events that Member States are legally bound to report to the WHO, the CCP’s failure to fulfill their obligation under the IHR is even more clear. The second category requires notification of:

Any event involving one or more cases of four specific diseases (Small pox, SARS, Human Influenza caused by a new subtype, Poliomyelitis due to wildtype poliovirus), irrespective of the context in which they occur, because they are by definition unusual or unexpected and may cause serious public health impact.⁹⁸

The same WHO guidance defines a notifiable case of SARS as “an individual with laboratory confirmation of infection with SARS coronavirus (SARS-CoV) who either fulfils the clinical case definition of SARS”⁹⁹ or has worked with SARS-CoV in a laboratory. The clinical case definition for SARS consists of four criteria:

1. A history of fever, or documented fever; AND
2. One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath); AND
3. Radiographic evidence of lung infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS) or autopsy findings consistent with the pathology of pneumonia or ARDS without an identifiable cause; AND
4. No alternative diagnosis can fully explain the illness.¹⁰⁰

As early as mid-December, when the 65-year-old gentleman was admitted to Wuhan Central, hospitals in the city were treating dozens of patients who satisfied this clinical definition of SARS. Several workers from the Huanan market and their family members presented with a fever, cough, lung infiltrates consistent with pneumonia, and no alternative diagnosis. On December 27th the Hubei Provincial Hospital of Integrated Chinese and Western Medicine informed the Wuhan CDC that a SARS-like novel coronavirus is responsible for the disease

⁹⁷ The World Health Organization, *WHO Guidance for the Use of Annex 2 of the INTERNATIONAL HEALTH REGULATIONS (2005)*, WHO/HSE/IHR/2010.4. https://www.who.int/ihr/revised_annex2_guidance.pdf.

⁹⁸ *Ibid.*

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

outbreak in Wuhan.¹⁰¹ According to public reporting, there were at least seven patients who received laboratory confirmation of a SARS coronavirus infection.¹⁰²

As stated in the WHO guidance, a single case of SARS, confirmed by both laboratory results and a clinical diagnosis, requires Member States to notify the WHO. By December 30th, CCP health authorities knew that at least seven patients in Wuhan met this requirement.

The next day, December 31st, WHO headquarters in Geneva directed the WHO China Country Office to seek verification of media reports concerning the ongoing outbreak. The PRC did not inform the WHO about the outbreak, their knowledge that multiple patients had been diagnosed with SARS, or that the outbreak was being caused by a novel coronavirus genetically similar to SARS-CoV. **The CCP's failure to notify the WHO about the outbreak was a violation of Article 6 of the IHR. The CCP's failure to report the SARS cases under Annex 2 was also violation of Article 6.** The CCP's failure to provide the WHO with the genetic sequence of the virus, already produced by the WIV, was likely also a violation of Article 6, which requires Member States to provide "all relevant public health information" about events that may constitute a PHEIC.

Similarity to CCP Actions during the 2003 SARS Pandemic

Given CCP malfeasance during the 2003 SARS pandemic was the basis for the 2005 reforms to the IHR, it is prudent to examine their failures in handling SARS and how they compare with the mishandling of COVID-19. During the early stages of the SARS outbreak, the PRC banned the Chinese press from reporting on the outbreak.¹⁰³ As early as January 27, 2003, classified documents in Beijing were produced discussing the outbreak.¹⁰⁴ Once it did notify the WHO, four months after the start of the outbreak, the CCP continued to provide inaccurate information about the number of SARS cases within its borders.¹⁰⁵

Similar to the early days of COVID-19, requests for access to the epicenter of the SARS outbreak were denied by the CCP. Even after the WHO was admitted, the cover-up continued; CCP officials went so far as to put SARS patients in hospital rooms and in ambulances driving around the city to hide them from the WHO.¹⁰⁶ As mentioned in this report, in early 2003 the CCP failed to warn the public about the outbreak prior to the massive travel season surrounding the Spring Festival.

¹⁰¹ Page.

¹⁰² Petersen, Eskild, et al. "Li Wenliang, a face to the frontline healthcare worker. The first doctor to notify the emergence of the SARS-CoV-2, (COVID-19), outbreak." *International Journal of Infectious Diseases*, vol. 93, 1 Apr. 2020, pg. 205-207, doi:10.1016/j.ijid.2020.02.052

¹⁰³ Rosenthal, Elisabeth, and Lawrence K. Altman. "China Raises Tally of Cases and Deaths in Mystery Illness." *The New York Times*, 27 Mar. 2003, www.nytimes.com/2003/03/27/world/china-raises-tally-of-cases-and-deaths-in-mystery-illness.html.

¹⁰⁴ Tkacik, John. "An American Response to China's SARS Failures." *The Heritage Foundation*, 25 Apr. 2003, www.heritage.org/asia/report/american-response-chinas-sars-failures.

¹⁰⁵ Rosenthal.

¹⁰⁶ Epstein, Gady A. "Chinese Admit to SARS Mistakes." *Baltimoresun.com*, Baltimore Sun, 1 Apr. 2003, www.baltimoresun.com/bal-te.sars21apr21-story.html.

It is evident that there are clear correlations between the CCP’s behavior during the 2003 SARS pandemic and the ongoing COVID-19 global pandemic. To date we have identified eight behaviors that the CCP engaged in during both their failed handling of SARS and their cover-up regarding COVID-19:

CCP Actions	SARS	COVID-19
Waited to inform the WHO?	✓	✓
Subsequently hid information from the WHO?	✓	✓
Hid their knowledge of the severity of the outbreak?	✓	✓
Disrupted press from reporting?	✓	✓
Response kept secret until after the Spring Festival travel season began?	✓	✓
Limited access of outside experts to epicenter of the outbreak?	✓	✓
Claimed the virus was under control?	✓	✓
Underreported number of cases?	✓	✓

The startling similarity in the CCP’s mishandling of the two outbreaks only adds to the evidence that the spread and impact of COVID-19 could have been prevented. The PRC had faced a similar crisis before, sought to hide it, and the world suffered for their mistake. When faced with a second, incredibly similar scenario, CCP officials doubled down on their past mistakes and COVID-19 became the second, more deadly and damaging chapter of a story that began in 2002.

Likely Impact on Global Response

As a result of intentional efforts to mislead the global community and delays in releasing factual information about the virus, the CCP cover-up greatly impacted the global response to COVID-19. Even once the response began, it was informed by WHO guidelines developed based on CCP lies and disinformation. According to John Mackenzie, a member of the WHO Executive Committee, the international response would have been different if not for the CCP’s “reprehensible”¹⁰⁷ obfuscation of the outbreak’s extent. When asked about the delay, Zuo-Feng Zhang, an epidemiologist at the University of California, Los Angeles, said:

This is tremendous. If they took action six days earlier, there would have been much fewer patients and medical facilities would have been sufficient. We might have avoided the collapse of Wuhan’s medical system¹⁰⁸

It is possible to calculate, at least partially, the impact of the CCP cover-up on the spread of the virus. A study conducted by researchers at the University of Southampton examined the

¹⁰⁷ Wong, Sue-Lin. *WHO Expert Says China Too Slow to Report Coronavirus Cases*. Financial Times, 5 Feb. 2020, www.ft.com/content/8ede7e92-4749-11ea-aeb3-955839e06441.

¹⁰⁸ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

impact of three non-pharmaceutical interventions (NPIs) – travel restrictions, containment measures, and contact restrictions (social distancing, masks, etc.) – on the spread of the virus in China. According to their research, the implementation of these NPIs prior to the January 23rd lockdown of Wuhan would have reduced the number of cases by 66% (one week earlier), 86% (two weeks earlier), or 95% (three weeks earlier).¹⁰⁹

By comparing the earlier timeline to the information in this study it is clear CCP health officials and senior leadership had the information required, at a date early enough, to reduce China’s COVID-19 cases by at least 86% compared to the estimated caseload at the end of February.¹¹⁰ There are three scenarios in which China could have implemented NPIs earlier than the January 23rd lockdown of Wuhan:

Scenario 1

After receiving the December 30th laboratory results confirming a case of SARS, Dr. Ai informed the Department of Public Health. In the first scenario, CCP health officials comply with their legal obligations under the 2005 IHR and inform the WHO of a confirmed SARS outbreak within 24 hours. The WHO provides expert advice and the National Health Commission and Wuhan officials implement similar NPIs as were successful during the 2003 SARS pandemic. In this scenario, more than 95% of the estimated cases in China at the end of February would have been prevented. Such a large reduction in caseload would have prevented the collapse of the Wuhan health system and reduced the spread of the virus. It is highly likely that this would have prevented COVID-19 from becoming a global pandemic.

Scenario 2

In the second scenario the CCP implements NPIs prior to January 9th, two weeks earlier than it did. As January progressed, caseloads were climbing. The Department of Public Health knew about the confirmed SARS cases, the National Health Commission had been informed by two separate labs that the novel coronavirus was similar to SARS-CoV, and local hospital management knew that their healthcare staff was becoming infected and wearing personal protective equipment in response. Instead of punishing those who talked about it, the CCP institutes a public response to the virus. Had the CCP instituted NPIs prior to January 9th, it would have reduced the estimated number of cases in China at the end of February by 86%. It is likely that this would have prevented COVID-19 from becoming a global pandemic.

Scenario 3

¹⁰⁹ Lai, Shengjie, et al. “Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China.” *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

¹¹⁰ *Ibid.*

The final scenario is based on the January 14th teleconference between senior CCP leadership. Instead of ordering a secret response and having the National Health Commission issue confidential response plans to provincial health officials, General Secretary Xi could have ordered the implementation of NPIs. Instead of choosing to keep the information hidden for another six days, the senior leaders warn about the forthcoming pandemic, as well as the ongoing human-to-human transmission. Had the CCP instituted NPIs in the days following the teleconference, prior to January 16th, it is estimated that at least 66% of cases in China at the end of February could have been prevented.

At a minimum, it is estimated the CCP could have prevented two-thirds of cases in China before the end of February. Such a massive reduction of cases would have enabled a more focused response and the bolstering of the Wuhan health system, as opposed to its collapse. It would have made contact tracing easier by reducing the number of cases to track. Simply put, a transparent, rules-based government that provided accurate and timely information to the international community could have prevented a global pandemic. **Instead, the CCP's lies, cover-up, and oppression of whistleblowers cost thousands of Chinese citizens and hundreds of thousands of others around the world their lives.**

IV. THE WUHAN INSTITUTE OF VIROLOGY

The Wuhan Institute of Virology (WIV) has featured prominently in many of the discussions regarding the origins of COVID-19. While the broad consensus of the scientific and intelligence communities is that the virus is natural in origin, some experts have hypothesized that SARS-CoV-2 leaked from the WIV through improperly handled material or infected staff. Others have been quick to dismiss these claims based on a low probability of such an event occurring.¹¹¹ Other experts initially identified the wildlife markets as the origination point of human infection. However, without the epidemiological data of “patient zero,” the destroyed lab samples, or the exact animal source of the virus, we may never know the origination of SARS-CoV-2. However, it is prudent to examine what is currently known about this institute, including the virus research that occurs at its 20 laboratories.

Background

The WIV was founded in 1956 as the Wuhan Microbiology Laboratory and has operated under the administration of the Chinese Academy of Sciences since 1978.¹¹² The facility currently hosts laboratories meeting a variety of different safety protocols ranging from Biosafety Level II (BSL-2), roughly equivalent to a dentist's office, to Biosafety Level IV (BSL-4), the highest level of biosafety containment. According to the U.S. Department of Health and Human Services:

Biosafety Level 4 is required for work with dangerous and exotic agents that pose a high individual risk of aerosol-transmitted laboratory infections and life-

¹¹¹ Barclay, Eliza. “Why These Scientists Still Doubt the Coronavirus Leaked from a Chinese Lab.” *Vox*, 23 Apr. 2020, www.vox.com/2020/4/23/21226484/wuhan-lab-coronavirus-china.

¹¹² “History.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/History2016/.

threatening disease that is frequently fatal, for which there are no vaccines or treatments, or a related agent with unknown risk of transmission.¹¹³

According to the WIV's website, the facility houses 17 Biosafety Level II (BSL-2) laboratories, two Biosafety Level III (BSL-3) laboratories, and one Biosafety Level IV (BSL-4) laboratory.

Currently, the Wuhan Institute of Virology hosts five scientific research groups: The Center for Molecular Virology, Center for Molecular Biology and Nanobiology, Center for Bacteria and Virus Resources and Application, Center for Virus Pathology, and Center for Emerging Infectious Diseases.¹¹⁴ The Director of the Center for Emerging Infectious Diseases is Shi Zhengli, who also runs the Emerging Viruses Group within the Center.¹¹⁵

History of the BSL-4 Lab

The WIV's BSL-4 lab was constructed as a result of an agreement between the PRC and France that was signed after the 2003 SARS pandemic.¹¹⁶ At the time, all BSL-3 labs in the PRC were controlled by the PRC's People's Liberation Army (PLA). Then-President of France, Jacques Chirac, and his Prime Minister, Jean-Pierre Raffarin, approved the project despite concerns from both the French Ministry of Defense and French intelligence services – Raffarin himself described it as “a political agreement.”¹¹⁷ The PRC was suspected of having a biological warfare program, and the military and intelligence services were worried that the dual-use technology required to build a BSL-4 lab could be used misused by the PRC government. The uneasy compromise reached within the French government was that the agreement would require joint PRC-France research to be conducted in the lab, with French researchers present.¹¹⁸

In mid-June 2004, four months before the deal was finalized, the French Directorate-General for External Security (DGSE) warned the French government that the PRC was planning to develop a total of five BSL-4 labs, including two managed by the military. This ran counter to the PRC's public claims that it was only seeking to build one such lab. Despite repeated concerns from the French Ministry of Defense and intelligence services, French leadership continued to move forward with the deal. Prime Minister Raffarin authorized the exportation of four mobile BSL-3 labs to the PRC, a decision that was poorly received by the French military.¹¹⁹

¹¹³ United States, Department of Health and Human Services. *Biosafety in Microbiological and Biomedical Laboratories, 5th Edition*. Dec. 2009. <https://www.cdc.gov/labs/pdf/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.PDF>

¹¹⁴ “Research Groups.” *Wuhan Institute of Virology*. <http://english.whiov.cas.cn/Research2016/Group2016/>

¹¹⁵ “Center for Emerging Infectious Disease.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/Research2016/Group2016/201411/t20141114_130855.html

¹¹⁶ “About WIV.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Brief_Introduction2016/.

¹¹⁷ Izambard, Antoine. “L'histoire Secrète Du Laboratoire P4 De Wuhan Vendu Par La France à La Chine.” *Challenges*, 30 Apr. 2020, www.challenges.fr/entreprise/sante-et-pharmacie/revelations-l-histoire-secrete-du-laboratoire-p4-de-wuhan-vendu-par-la-france-a-la-chine_707425.

¹¹⁸ *Ibid.*

¹¹⁹ *Ibid.*

The project did not progress well. According to one French diplomat, “our trust in the Chinese waned during this cooperation.”¹²⁰ There were disagreements between the French architecture firm hired to design the facility and the local Chinese construction company. The company hired to certify the building quit without warning over liability concerns. After an attempt by the PRC to use an unapproved construction company in 2014,¹²¹ the lab eventually opened in 2015.¹²² Repairs were required the very next year due to the use of bleach in the containment showers by personnel at the WIV, delaying the formal opening of the lab until 2017.

The issues extend beyond the construction of the BSL-4 lab itself. In 2016, the PRC requested dozens of the containment suits required to work in the lab. The French Dual-Use Commission, tasked with considering exports of sensitive equipment, rejected their request. According to French reporting, the request was “well above the needs of the Wuhan [lab].”¹²³ This continued to fuel concerns within the French Ministry of Defense that the PRC was seeking to engage in military research or open a second BSL-4 lab for military means. Despite the agreement that the BSL-4 lab would be a site of joint research, and an announcement at the 2017 inauguration by then Prime Minister Bernard Cazeneuve of 5 million euros in funding for that research, to date there has only been one French scientist assigned to the lab. His tour ends this year.¹²⁴

Finally, it is important to note the direct influence of the CCP within the WIV. The Director General of the institute is Wang Yanyi,¹²⁵ who joined the China Zhi Gong Party of the CCP in 2010. In 2018, the same year she became the Director General of the WIV, she was elected the Deputy Director of the Wuhan Municipal Party Committee.¹²⁶ Until early 2020, the BSL-4 lab was managed by Yuan Zhiming.¹²⁷ Yuan is the President of the Chinese Communist Party Committee within the Wuhan Branch of the Chinese Academy of Sciences, to which the WIV belongs.¹²⁸ Local CCP leaders not only run the WIV itself, but also directly managed the BSL-4 lab.¹²⁹ According to a French diplomat, Yuan’s performance and management was subpar – the lab has been underutilized and the most talented scientists have left. After the SARS-CoV-2 outbreak began, Yuan was replaced on January 31, 2020.¹³⁰ In a possible fulfillment of the

¹²⁰ *Ibid.*

¹²¹ *Ibid.*

¹²² “About WIV.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Brief_Introduction2016/.

¹²³ *Ibid.*

¹²⁴ Izambard.

¹²⁵ “Directors.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Directors2016/.

¹²⁶ “Wang Yanyi, Deputy Director of Wuhan Virus Institute, Was Elected to the Deputy Director of the Wuhan Municipal Party Committee.” *武汉病毒所副所长王延轶当选致公党武汉市副主任委员*, 13 Oct. 2018, www.whiov.ac.cn/xwdt_105286/zhxw/201810/t20181023_5148932.html.

¹²⁷ Izambard.

¹²⁸ “Directors.” *Wuhan Branch, Chinese Academy of Sciences*, <http://english.whb.cas.cn/au/ds/>.

¹²⁹ Izambard.

¹³⁰ *Ibid.*

concerns raised by the French defense and intelligence services almost two decades prior, he was succeeded by Major General Chen Wei, the PRC's top biowarfare expert.¹³¹

Shi Zhengli (“Bat-Woman”) and Gain-of-Function Research

The lead expert for emerging infectious diseases is Shi Zhengli. Nicknamed “bat woman” by her professional colleagues, Shi has spent more than 16 years researching bats and coronaviruses. This work often involves visiting caves throughout the PRC to collect blood, saliva samples, fecal swaps, urine, and fecal pellets from wild bats in order to identify and catalogue wild coronaviruses.¹³² As of 2017, more than 300 unique bat coronavirus sequences had been collected.¹³³ Shi has published extensively on coronaviruses and their ability to infect humans, including a 2005 paper that proved “bats are natural reservoirs of SARS-like coronaviruses.”¹³⁴

In recent months, particular attention has been given to a 2015 paper entitled “A SARS-like cluster of circulating bat coronavirus shows potential for human emergence.”¹³⁵ Shi and her colleagues, along with researchers from the University of North Carolina at Chapel Hill, Harvard Medical School, the Institute of Microbiology in Switzerland, and the U.S. National Center for Toxicological Research, conducted gain-of-function research with SHC014-CoV, a wild coronavirus.¹³⁶ Gain-of-function research is research that has “the potential to enhance the pathogenicity or transmissibility of potential pandemic pathogens.”¹³⁷

During the 2015 research project, Shi and her colleagues used a SARS-CoV reverse genetics system to create a chimeric (hybrid) virus by inserting the spike protein from SHC014 into a mouse-adapted SARS-CoV backbone.¹³⁸ (Spike proteins are the major surface structures that enable coronaviruses to bind to receptors on human cells.¹³⁹) This new virus was then shown to bind to a specific receptor (ACE2) in humans, replicate “efficiently”¹⁴⁰ in primary human airways cells, and withstand antibodies and vaccines. Researchers concluded that the work “suggests a potential risk of SARS-CoV re-emergence from viruses currently circulating in bat

¹³¹ Huang, Yanzhong. “U.S.-Chinese Distrust Is Inviting Dangerous Coronavirus Conspiracy Theories.” *Foreign Affairs*, 20 Apr. 2020, www.foreignaffairs.com/articles/united-states/2020-03-05/us-chinese-distrust-inviting-dangerous-coronavirus-conspiracy.

¹³² Qiu, Jane. *How China's 'Bat Woman' Hunted Down Viruses from SARS to the New Coronavirus*. June 2020, www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus1/.

¹³³ Cyranoski, David. “Bat Cave Solves Mystery of Deadly SARS Virus - and Suggests New Outbreak Could Occur.” *Nature News*, 1 Dec. 2017, www.nature.com/articles/d41586-017-07766-9.

¹³⁴ Li, Wendong et al. “Bats are Natural Reservoirs of SARS-like Coronaviruses.” *Science* vol. 310, 5748 (2005): 676-679. doi:10.1126/science.1118391

¹³⁵ Menachery, Vineet D et al. “A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence.” *Nature medicine* vol. 21,12 (2015): 1508-13. doi:10.1038/nm.3985

¹³⁶ *Ibid.*

¹³⁷ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

¹³⁸ Menachery.

¹³⁹ Saplakoglu, Yasemin. “Researchers Map Structure of Coronavirus ‘Spike’ Protein.” *Scientific American*, 21 Feb. 2020, www.scientificamerican.com/article/researchers-map-structure-of-coronavirus-spike-protein/.

¹⁴⁰ Menachery

populations.”¹⁴¹ It is important to note that genetic structure of this manufactured virus differs from SARS-CoV-2 by more than 5,000 nucleotides.¹⁴² For context, the entire genetic sequence of SARS-CoV-2 is approximately 30,000 nucleotides.¹⁴³

This research was partially funded by grants from the U.S. federal government. Specifically, funding for this research came from the National Institute of Allergy & Infectious Disease and the National Institute of Aging within the U.S. National Institutes of Health (NIH) as well as the U.S. Agency for International Development (USAID). The USAID funding was awarded to EcoHealth Alliance, who provided the funding to the WIV.¹⁴⁴ EcoHealth Alliance is a New York based global health nonprofit focused on the emergence of new diseases¹⁴⁵ and was a USAID partner for the PREDICT project, which sought to identify “new emerging infectious disease that could become a threat to human life.”¹⁴⁶

U.S. funding for all gain-of-function research, both within the United States and abroad, was paused in October 2014 due to safety concerns not related to the WIV.¹⁴⁷ The bulk of the research for the 2015 paper had already been completed and the NIH allowed the researchers to move forward.¹⁴⁸ After the NIH developed more advanced and safety-conscious policies related to gain-of-function research, new guidance was released in January 2017 and the paused lifted.¹⁴⁹ However, on April 19, 2020, the Deputy Director for Extramural Research at the NIH informed EcoHealth Alliance that the NIH was “pursuing suspension of Wuhan Institute of Virology from participation in federal programs.”¹⁵⁰ Five days later, the project was terminated entirely. Due to the ongoing investigation, the NIH has not yet released additional details.¹⁵¹

Safety Issues and Historical Precedent

Questions of safety at the WIV have persisted for some time and come in the broader context of a history of lab accidents in the PRC. Between April 22nd and April 29th, 2004, the PRC reported nine new cases of SARS linked to an accident at a government lab in Beijing. Two of those cases were graduate students conducting research at the PRC’s National Institute of

¹⁴¹ *Ibid.*

¹⁴² Liu, Shan-Lu et al. “No credible evidence supporting claims of the laboratory engineering of SARS-CoV-2.” *Emerging microbes & infections* vol. 9,1 505-507. 26 Feb. 2020, doi:10.1080/22221751.2020.1733440

¹⁴³ Sah, Ranjit, et al. “Complete Genome Sequence of a 2019 Novel Coronavirus (SARS-CoV-2) Strain Isolated in Nepal.” *Microbiology Resource Announcements*, American Society for Microbiology, 12 Mar. 2020, mra.asm.org/content/9/11/e00169-20.

¹⁴⁴ *Ibid.*

¹⁴⁵ “About.” *EcoHealth Alliance*, www.ecohealthalliance.org/about.

¹⁴⁶ “PREDICT.” *EcoHealth Alliance*, www.ecohealthalliance.org/program/predict.

¹⁴⁷ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

¹⁴⁸ Menachery

¹⁴⁹ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

¹⁵⁰ Geraghty, Jim. “NIH: We Can't Release Our Papers about the Wuhan Institute of Virology Because of a Pending Investigation.” *National Review*, 1 June 2020, www.nationalreview.com/corner/nih-we-cant-release-our-papers-about-the-wuhan-institute-of-virology-because-of-a-pending-investigation/.

¹⁵¹ *Ibid.*

Virology Laboratory (NIVL).¹⁵² According to the WHO, the NIVL was conducting research using both live and inactivated samples of SARS-CoV, the virus that causes SARS in humans.¹⁵³ The graduate students, a 26-year-old postgraduate student and a 31-year-old post-doctoral student, were infected in two separate incidents, two weeks apart.¹⁵⁴ As a result of the graduate students becoming infected, seven other additional cases of SARS in China and one fatality were confirmed.¹⁵⁵

In addition, at least two State Department cables from early 2018 reportedly raised the issue of safety concerns at the WIV. According to public reporting, the official cables came from State Department personnel at Embassy Beijing and Consulate General Wuhan and focused on issues related to safety and management weaknesses at the WIV. Scientists at the WIV themselves noted “a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory.”¹⁵⁶ According to Shi, she was very worried that a similar incident could have happened at the WIV and that her lab could have been the origin of the COVID-19 pandemic. In an interview, Shi recounted how she reexamined several years of her own lab’s records to check for mishandling of material and improper disposal. She also compared the coronavirus samples in her collection to samples of SARS-CoV-2, the virus that causes COVID-19. Shi later stated she was relieved after completing this review and failing finding a match – “That really took a load off my mind. I had not slept a wink for days.”¹⁵⁷

While this is not evidence that the ongoing pandemic is the result of a release, accidental or deliberate, from the lab, or what the staffing status was at the time of the outbreak of COVID-19 in late 2019, it is important to consider these concerns in light of the PRC’s history with lab accidents. However, given that the CCP has refused to share samples from the WIV and other sites in the PRC, it is impossible for the international community to verify the results of Shi’s review.

Lack of Clarity

Ultimately, no conclusion has been reached as to what role, if any, the WIV played in the origins of the COVID-19 pandemic. Francis Collins, the Director of the National Institutes of Health, has publicly stated that he has “no way of knowing” if the outbreak originated at the WIV.¹⁵⁸

¹⁵² “SARS Update—May 19, 2004.” *Centers for Disease Control and Prevention*, 19 May 2004, www.cdc.gov/sars/media/2004-05-19.html.

¹⁵³ “China’s Latest SARS Outbreak Has Been Contained, but Biosafety Concerns Remain – Update 7.” *World Health Organization*, 18 May 2004, www.who.int/csr/don/2004_05_18a/en/.

¹⁵⁴ Walgate, Robert. “SARS Escaped Beijing Lab Twice.” *Genome Biology*, BioMed Central, 27 Apr. 2004, <https://genomebiology.biomedcentral.com/articles/10.1186/gb-spotlight-20040427-03>.

¹⁵⁵ “SARS Update—May 19, 2004.” *Centers for Disease Control and Prevention*, 19 May 2004, www.cdc.gov/sars/media/2004-05-19.html.

¹⁵⁶ Rogin, Josh. “Opinion | State Department Cables Warned of Safety Issues at Wuhan Lab Studying Bat Coronaviruses.” *The Washington Post*, 14 Apr. 2020, www.washingtonpost.com/opinions/2020/04/14/state-department-cables-warned-safety-issues-wuhan-lab-studying-bat-coronaviruses/.

¹⁵⁷ Qiu.

¹⁵⁸ Brennan, Zachary. “NIH Director: ‘No Way of Knowing’ If Coronavirus Escaped from Wuhan Lab.” *POLITICO*, 27 May 2020, www.politico.com/news/2020/05/27/nih-director-wuhan-coronavirus-collins-285681.

However, there are a series of outstanding issues with the WIV and its BSL-4 lab that compound the ongoing debate:

- The CCP’s refusal to allow the WIV to share samples of the virus, as discussed elsewhere in this report;
- The history of gain-of-function research on coronaviruses at the facility;
- The two leaks of SARS-CoV from the NIVL during the 2003 SARS pandemic;
- Shi’s self-described anxiety that her lab may have been the source of the outbreak;
- The CCP’s refusal to share samples from the WIV or allow access to international investigators;
- Concerns from the French government regarding the secretive relationship between the lab and the PRC’s military;
- The PRC’s military takeover of the BSL-4 lab; and
- The general lack of transparency and CCP cover-up of the origins of the COVID-19 global pandemic.

Until the CCP agrees to cooperate with the WHO, other countries, and the international scientific community, it will be impossible to gather the concrete evidence needed to prove, or disprove, this theory. The CCP’s decision to require labs other than the WIV to destroy their samples, as discussed earlier in the report, further obfuscates the issue. As a direct result of the CCP cover-up during the early stages of the pandemic, it is certain that this debate will continue.

V. WORLD HEALTH ORGANIZATION MISSTEPS

In addition to the obligations imparted on Member States, the IHR requires certain actions and behaviors of the WHO. Among other obligations, the WHO is tasked with conducting global public health surveillance and assessment of significant public health events, disseminating public health information to Member States, and determining whether a particular event notified by a Member State under the IHR constitutes a PHEIC. In each of these obligations, the WHO failed to fulfill its mandate.

Assessment of Significant Public Health Events and Dissemination of Public Health Information to Member States

Nothing in the IHR requires the WHO to rely solely on information provided by the Member State in whose territory a public health event is occurring. Instead, Article 9 of the IHR requires the WHO evaluate reports from sources other than notifications or consultations conducted under the IHR process for their potential global health impact. The WHO’s website hosts a “frequently asked questions” section about the 2005 IHR that refers to “WHO’s mandate to seek verification

of unofficial reports of events with potential international implications.”¹⁵⁹ Article 9 requires that the WHO assess these reports “according to established epidemiological principles,”¹⁶⁰ before communicating the information to the Member State in whose territory the event is reportedly occurring. Additionally, the Article stipulates the “WHO shall make the information received available to the State Parties.”¹⁶¹ Due to Taiwan’s exclusion from the WHO, its notification of SARS-like cases in the PRC, on the surface, appears to be the exact type of “unofficial” report that Article 9 was designed to address. As such, the WHO was obligated to examine Taiwan’s email notification on the basis of epidemiological principles, not political ones, and pass the information to all WHO Member States. **The WHO failed to do so.**

It also appears that the WHO failed to investigate the widely reported warnings issued by Dr. Ho of the University of Hong Kong’s (UHK) Centre of Infection on January 4th. Dr. Ho stated that based on the uptick in cases, it was highly likely that human-to-human transmission was already occurring. He also warned about a potential surge of cases during the Spring Festival travel season.¹⁶² Dr. Ho’s warning was significant because UHK’s School of Public Health has been a designated WHO Collaborating Centre for Infectious Disease Epidemiology and Control (WHO CC) since 2014. Among other areas of research, the WHO CC focuses on “emergency response to outbreaks of novel pathogens.”¹⁶³ As a member of the Li Ka Shing Faculty of Medicine at UHK, Dr. Ho is a member of the WHO CC.¹⁶⁴ Dr. Ho is well acquainted with coronaviruses and SARS, having published extensively on the diagnosis and treatment of SARS, as well as SARS-related hospital infection control and admission strategies.¹⁶⁵ In 2005, he and two others authored a chapter on infection control for a clinical guide to SARS.¹⁶⁶ Under Article 9, the WHO is mandated to investigate unofficial reports and warnings like those from Dr. Ho. Had the WHO done so, the world would have been warned about the high likelihood of human-to-human transmission sixteen days prior to the CCP confirming what Dr. Ho already knew. **In failing to investigate his warnings, the WHO violated Article 9 and ignored a member of their designated group of infectious disease control experts.**

Article 10 of the IHR requires the WHO to request verification of these unofficial reports from the Member State in which the events are reportedly occurring. There is no public evidence the WHO did so with regards to reports concerning human-to-human transmission. Article 10 also stipulates that should a Member State not accept the WHO’s offer of collaboration (which it is required to extend), the “WHO may, when justified by the magnitude of the public health risk,

¹⁵⁹ “Frequently Asked Questions about the International Health Regulations (2005).” *World Health Organization*, 18 Aug. 2009, www.who.int/ihr/about/faq/en/.

¹⁶⁰ 2005 IHR.

¹⁶¹ *Ibid.*

¹⁶² Choi, Jimmy. “Wuhan Virus Probably Is Spreading between People’.” *RTHK*, 4 Jan. 2020, <https://news.rthk.hk/rthk/en/component/k2/1500994-20200104.htm>

¹⁶³ “WHO Collaborating Centre for Infectious Disease Epidemiology and Control.” *School of Public Health*, <https://sph.hku.hk/en/about-us/divisioncentreunit/who-collaborating-centre-for-infectious-disease-epidemiology-and-control>

¹⁶⁴ *Ibid.*

¹⁶⁵ PL Ho .” *ORCID*, <http://orcid.org/0000-0002-8811-1308>

¹⁶⁶ Peiris, Malik, et. a. *Severe Acute Respiratory Syndrome: A Clinical Guide*. Malden, Mass: Blackwell Pub, 2005. Print.

share with other States Parties the information available to it.”¹⁶⁷ Under the IHR, the WHO was fully empowered to not only demand the CCP respond to allegations made by the Taiwan CDC and UHK WHO CC regarding human-to-human transmission, but also to share those warnings with the other WHO Member States if China refused to cooperate. **The WHO failed to do so.**

Article 11 mandates that the WHO transmit to all Member States, “as soon as possible,”¹⁶⁸ public health information it receives under Articles 5 – 10 that is necessary for Member States to respond to the public health risk. This includes unofficial reports under Article 9. The WHO did not transmit Taiwan’s report of evidence of human-to-human transmission to its Member States, violating its obligations under Article 11. Likewise, there is no public record of the WHO transmitting to Member States Dr. Ho’s comments that human-to-human transmission was likely already occurring in Wuhan.

Determining Whether A Particular Event Constitutes A PHEIC

Article 12 of the IHR provides the framework to be used by the WHO Director-General when considering the declaration of a PHEIC. Namely, it requires that the Director-General consider:

- (a) Information provided by the State Party;
- (b) The decision instrument contained in Annex 2;
- (c) The advice of the Emergency Committee;
- (d) Scientific principles as well as the available scientific evidence and other relevant information; and
- (e) An assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.¹⁶⁹

It has been clearly established that the CCP suppressed and failed to transmit critical scientific evidence to the WHO that could have better informed Director-General Tedros’ decision making when evaluating the need to declare a PHEIC. However, a review of the information available to Director-General Tedros on January 23rd, when he opted not to declare a PHEIC, shows that he failed to follow the framework in Article 12. The following information was either sent to the WHO or publicly reported prior to January 23rd:

- The possibility of human-to-human transmission (Taiwan and the University of Hong Kong)
- Evidence of limited human-to-human transmission, as reported by the WHO delegation to Wuhan.
- The confirmation by the CCP’s National Health Commission (NHC) that human-to-human transmission was occurring.
- The confirmation of cases among healthcare workers by the NHC.¹⁷⁰
- The identification of a novel coronavirus as the cause of COVID-19.

¹⁶⁷ 2005 IHR.

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ Schnirring, Lisa. “New Coronavirus Infects Health Workers, Spreads to Korea.” *CIDRAP*, 20 Jan. 2020, www.cidrap.umn.edu/news-perspective/2020/01/new-coronavirus-infected-health-workers-spreads-korea.

- The full genetic sequence of SARS-CoV-2, showing an 87% similarity to the virus responsible for the 2003 SARS pandemic.
- Ongoing mass international travel of people in China related to the Spring Festival.
- The confirmation of COVID-19 cases in Thailand, Hong Kong, Japan, South Korea, Taiwan, and the United States.

Applying the decision instrument in Annex 2, as directed in Article 12, should have resulted in a determination that the outbreak was a potential PHEIC. The available scientific evidence and relevant information regarding human-to-human transmission, along with the similarity of SARS-CoV-2 to the virus that caused the 2003 SARS outbreak, suggested a response similar to that in 2003 would be necessary. An assessment of the risk of international spread should have included, by necessity, the millions of international trips that the CCP allowed to depart from the PRC in mid-January, as well as the cases already confirmed in multiple countries outside of the PRC. In light of the media reports already available to him concerning the CCP's withholding of the fact that the virus was a coronavirus genetically similar to SARS, the Director-General should have acted appropriately.

By January 23rd, when the WHO's Emergency Committee was split on declaring a PHEIC, Director-General Tedros either knew, or should have known, that the outbreak centered in Wuhan was caused by a novel coronavirus genetically similar to the virus responsible for the 2003 SARS pandemic, that human-to-human transmission was occurring, that healthcare workers were being infected, and that at least four WHO Member States, in addition to Hong Kong and Taiwan, were reporting cases. When compared to the framework provided by Article 12, it is clear the preponderance of information available to Director-General Tedros, combined with approximately half of the members of the Emergency Committee recommending the declaration of a PHEIC, should have resulted in the Director-General declaring a Public Health Emergency of International Concern. Instead, Director-General Tedros declined to declare a PHEIC, traveled to Beijing five days later, and praised the CCP's handling of the outbreak and the "transparency" with which they shared information with the WHO and other countries. Only after his return from the PRC did the Director-General declare a PHEIC, seven days after he previously declined to do so.

The decision of Director-General Tedros, and the divide amongst the Emergency Committee, appears to be of a political nature, not scientific. The chair of the Emergency Committee explained the lack of a recommendation supporting a PHEIC declaration was in part due to the perception of such a declaration by the people in the PRC responding to the outbreak.¹⁷¹ It appears self-evident that this is a reference to the CCP, not doctors or patients in Wuhan. A similar political decision repeatedly delayed the declaration of a PHEIC in 2019 during the response to the Ebola outbreak in the Democratic Republic of the Congo.¹⁷²

¹⁷¹ Pillinger, Mara. "Analysis | The WHO Held off on Declaring the Wuhan Coronavirus a Global Health Emergency. Here's Why." *The Washington Post*, 26 Jan. 2020, www.washingtonpost.com/politics/2020/01/26/who-held-off-declaring-wuhan-coronavirus-global-health-emergency-heres-why/.

¹⁷² *Ibid.*

Deference to the CCP's Cover-up

From the early stages of the outbreak, the WHO, under Director-General Tedros' leadership, parroted and upheld as inviolable truth, statements from the CCP. An examination of their public statements, including the praise heaped on the CCP's handling of the pandemic, reveal a disturbing willingness to ignore science and alternative credible sources. While we do not know everything that happened at the WHO, we do know that Director-General Tedros actively engaged in an effort to defend the CCP's leadership from criticism, negatively impacting the world's understanding of the virus and hampering the global response effort.

The WHO has repeatedly published incomplete information that has been exploited by the CCP to further their propaganda and disinformation efforts. The December 31st, 2019 entry in the WHO's official timeline of the COVID-19 pandemic reads: "Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province."¹⁷³ The press release issued by the WHO on January 5, 2020 states that "the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China."¹⁷⁴ Conveniently, it leaves out the fact that the WHO China Country Office was "informed" by the WHO headquarters in Geneva – not PRC health authorities.

These were not isolated incidents in the early days of the pandemic. Neither document has been updated to reflect what we know now is true – the PRC did not notify the WHO about the outbreak. Director-General Tedros continues to make public comments that defend the CCP's handling of the outbreak and allude to the CCP as the source that notified the WHO. During an April 20, 2020 press conference, Dr. Ryan and Director-General Tedros were asked about Taiwan's email notification. Dr. Ryan, as quoted earlier in this report, reveals that the WHO learned about the outbreak not from PRC authorities, but from a post on a U.S.-based website. When the moderator called on another reporter, Director-General Tedros interjected:

Can I? I think Mike answered it very well but it[sic] just wanted to summarise. In its email on 31st December one thing that has to be clear is the first email was not from Taiwan. Many other countries already were asking for clarification. The first report came from Wuhan, from China itself.... **So the report first came from China - that's fact number one** [emphasis added] - from Wuhan itself.¹⁷⁵

While it is technically true that the first reports of the virus originated in Wuhan, WHO headquarters staff initially discovered these reports on a U.S.-based early warning website. Director-General Tedros' comments seem to suggest that Wuhan or the PRC informed the WHO of the outbreak, which is untrue. These comments are not an isolated incident, and when

¹⁷³ "WHO Timeline - COVID-19." *World Health Organization*, www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19.

¹⁷⁴ "Pneumonia of Unknown Cause – China." *World Health Organization*, World Health Organization, 5 Jan. 2020, www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/.

¹⁷⁵ Remarks by Dr. Tedros Adhanom Ghebreyesus, Director-General of the WHO, at "COVID-19 Virtual Press Conference," April 20, 2020, <https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-20apr2020.pdf>.

combined with the examples above, they illustrate an ongoing effort by WHO's leadership to use language that is technically not false but misleading to outside audiences.

The CCP has exploited this lack of transparency to push their propaganda, disinformation, and revisionist history. One example, published by the China Daily, asserts that the CCP "reported [the outbreak] in a timely fashion to the World Health Organization."¹⁷⁶ Multiple news sources have repeated this claim:

"The first cases were reported to the World Health Organization on December 31..."¹⁷⁷ (CNN, published January 23, 2020).

Dec. 31: China tells the World Health Organization's China office about the cases of an unknown illness.¹⁷⁸ (Axios, published March 18, 2020)

December 31, 2019 - Chinese Health officials inform the WHO about a cluster of 41 patients with a mysterious pneumonia.¹⁷⁹ (Business Insider, published May 22, 2020).

On December 31, 2019, Chinese authorities contacted the Beijing office of the World Health Organization and informed them about an outbreak of pneumonia of unknown origin observed in late December.¹⁸⁰ (In-Depth News, published May 25, 2020)

On December 31 last year, China alerted the WHO to several cases of unusual pneumonia in Wuhan, a city of 11 million people.¹⁸¹ (Al Jazeera, published June 2, 2020)

Several of these articles cite various WHO publications as proof. A lack of transparency in the information the WHO has made public, combined with Director-General Tedros' public comments praising the CCP, has led to multiple news sources inaccurately stating as fact that the PRC notified the WHO about the outbreak. The WHO has been complicit in the spread and normalization of CCP propaganda and disinformation.

There was public reporting, credible warnings from outside sources, and reports from WHO teams on the ground that differed from the CCP's talking points. According to outside experts,

¹⁷⁶ "Experts Say It's Groundless to Hold China Accountable for COVID-19." *China Daily*, www.chinadaily.com.cn/a/202006/04/WS5ed832f8a310a8b24115ab5a.html.

¹⁷⁷ Cohen, Elizabeth. "CDC Advisers Concerned about Lack of Basic Information about New Wuhan Coronavirus." *CNN*, 23 Jan. 2020, www.cnn.com/2020/01/23/health/wuhan-coronavirus-cdc-advisers/index.html.

¹⁷⁸ Allen-Ebrahimian

¹⁷⁹ Holly Secon, Aylin Woodward. "A Comprehensive Timeline of the New Coronavirus Pandemic, from China's First Case to the Present." *Business Insider*, 22 May 2020, www.businessinsider.com/coronavirus-pandemic-timeline-history-major-events-2020-3.

¹⁸⁰ "COVID-19: How the U.S. Ignored the Chinese and WHO Warnings." *InDepthNews*, 25 May 2020, www.indepthnews.net/index.php/opinion/3566-covid-19-how-the-u-s-ignored-the-chinese-and-who-warnings.

¹⁸¹ "Timeline: How the New Coronavirus Spread." *Al Jazeera*, 2 June 2020, www.aljazeera.com/news/2020/01/timeline-china-coronavirus-spread-200126061554884.html.

the WHO's public statements were "heavily influenced by the Chinese Communist Party."¹⁸² By repeating as truth statements that were misleading, if not lies, the WHO negatively impacted the global response. Lawrence Gostin, a professor of global health at Georgetown University who consults with the WHO, stated that he and other global health experts were "deceived"¹⁸³ by the statements made by the CCP and WHO.¹⁸⁴

Unfortunately, it is clear that Director-General Tedros was not prepared for this pandemic and did not base his decisions on the available scientific evidence. A further investigation into the full extent of the CCP's influence at the WHO and the WHO's tragic handling is fully warranted, but also fully challenged by the lack of information from the WHO and CCP. A key example of this surrounds the confirmation that SARS-CoV-2 was spreading by human-to-human transmission. On January 13th, a news release by the WHO regarding the confirmation of a COVID-19 case in Thailand, read in part, "there has been no suggestion of human-to-human transmission."¹⁸⁵ On January 14th, the WHO issued a "disease outbreak news" release that stated, "based on the available information, there is no clear evidence of human-to-human transmission."¹⁸⁶ On January 21st, China's National Health Commission finally conceded that human-to-human transmission was occurring. The next day, the WHO published a report from its China field office that confirmed that human-to-human transmission was occurring.¹⁸⁷

Despite repeated claims by the WHO before January 22nd that there was no "suggestion" or evidence of human-to human transmission, on April 13th, WHO's COVID-19 Technical Lead, Dr. Maria Van Kerkhove, said:

Right from the start, from the first notification we received on the 31st of December, given that this was a cluster of pneumonia — I'm a MERS specialist, so my background is in coronaviruses and influenza — so immediately thought, given that this is a respiratory pathogen, that of course there may be human-to-human transmission.¹⁸⁸

It is hard to reconcile the WHO's own Technical Lead saying that on December 31st she knew that "of course" human-to-human transmission could be occurring with the WHO's January 13th statement that "there has been no suggestion of human-to-human

¹⁸² Feldwisch-Drentrup, Hinnerk. "How WHO Became China's Coronavirus Accomplice." *Foreign Policy*, 2 Apr. 2020, <https://foreignpolicy.com/2020/04/02/china-coronavirus-who-health-soft-power/>

¹⁸³ Rauhala, Emily. "Chinese Officials Note Serious Problems in Coronavirus Response. The World Health Organization Keeps Praising Them." *The Washington Post*, 9 Feb. 2020, www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html.

¹⁸⁴ *Ibid.*

¹⁸⁵ "Thailand Responding to the Novel Coronavirus." *World Health Organization*, 13 Jan. 2020, www.who.int/thailand/news/detail/13-01-2020-thailand-responding-to-the-novel-coronavirus.

¹⁸⁶ "Novel Coronavirus – Thailand (Ex-China)." *World Health Organization*, 16 Jan. 2020, www.who.int/csr/don/14-january-2020-novel-coronavirus-thailand-ex-china/en/.

¹⁸⁷ "Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020." *World Health Organization*, 22 Jan. 2020, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

¹⁸⁸ "Live from WHO Headquarters - coronavirus - COVID-19 daily press briefing 13 April 2020." *YouTube*, uploaded by the World Health Organization, 13 Apr. 2020, <https://www.youtube.com/watch?v=NCy-qvcDDI4>

transmission.” **Either the WHO willfully ignored their experts, or they deferred to CCP pressure.**

This deference continued after the declaration of a PHEIC. After the United States instituted travel restrictions on January 31st, Director-General Tedros said travel restrictions “unnecessarily interfere with international travel and trade.”¹⁸⁹ This is despite the millions of Chinese citizens traveling abroad for the Spring Festival¹⁹⁰ and Director-General Tedros’ repeated praise of the CCP’s response to COVID-19, which included travel restrictions, both internationally and domestically. As China continued to report small numbers of new cases, the WHO delayed declaring COVID-19 a pandemic until March 11th, despite the virus spreading globally weeks before.¹⁹¹ It was only after 114 countries reported a total of more than 120,000 cases that the WHO finally acknowledged the scale of the outbreak and declared it a pandemic.¹⁹²

Those who seek to defend the WHO’s handling of the response argue that had the WHO been more aggressive in seeking transparency from the CCP, it would have exacerbated efforts to hide information and impeded the global response.¹⁹³ The CCP’s abject failures to abide by its international obligations do not excuse the failures of the WHO leadership to fulfil the organization’s mandate to investigate and respond to global health emergencies. The answer is not to excuse a weakened WHO, but to hold a guilty CCP accountable.

VI. OUTSTANDING QUESTIONS REGARDING SARS-CoV-2 AND COVID-19

Despite the large amount of information suppressed by the CCP that has now become public, there remains a litany of questions to be answered, not only by the CCP, but by the WHO as well.

Questions for the CCP

The CCP has refused to allow outside experts to visit the Wuhan Institute of Virology and has refused to allow the WIV to send virus samples to the WHO or its Member States. Outstanding questions regarding the CCP’s handling out of the outbreak include:

- Why did the CCP not notify the WHO of the outbreak in Wuhan as required by Article 6 of the IHR?

¹⁸⁹ Nebehay, Stephanie. “WHO Chief Says Widespread Travel Bans Not Needed to Beat China Virus.” *Reuters*, 3 Feb. 2020, www.reuters.com/article/us-china-health-who/who-chief-says-widespread-travel-bans-not-needed-to-beat-china-virus-idUSKBN1ZX1H3.

¹⁹⁰ “China Will Rack Up Three Billion Trips During World’s Biggest Human Migration.” *Bloomberg*, 20 Jan. 2020, www.bloomberg.com/news/articles/2020-01-20/china-readies-for-world-s-biggest-human-migration-quicktake.

¹⁹¹ Feldwisch-Drentrup, Hinnerk. “How WHO Became China’s Coronavirus Accomplice.” *Foreign Policy*, 2 Apr. 2020, <https://foreignpolicy.com/2020/04/02/china-coronavirus-who-health-soft-power/>

¹⁹² Siemaszko, Corky. “Coronavirus Outbreak Labeled a Pandemic by World Health Organization.” *NBC News*, 11 Mar. 2020, www.nbcnews.com/health/health-news/coronavirus-outbreak-labeled-pandemic-world-health-organization-n1155741

¹⁹³ Rauhala, Emily. “Chinese Officials Note Serious Problems in Coronavirus Response. The World Health Organization Keeps Praising Them.” *The Washington Post*, 9 Feb. 2020, www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html.

- Why did the CCP's not notify the WHO that Chinese researchers had identified the virus as a coronavirus genetically similar to SARS-CoV?
- Why did the CCP delay, by 13 days, the announcement that it had identified the virus responsible for the outbreak and that it was a novel coronavirus genetically similar to SARS-CoV?
- Why did the CCP delay releasing the genetic sequence of the virus by ten days?
- Why did the CCP require laboratories and research sites across China to destroy their samples of the virus?
- Has the CCP identified patient zero?
- Were samples gathered from the Huanan market prior to it being sanitized?
- If so, why were those samples not shared with the WHO and the international community?
- Why has the CCP refused to share primary isolates of SARS-CoV-2 with the WHO and the international community?
- Why did the CCP intervene and prohibit the WIV from transferring samples to the lab at the University of Texas medical branch in Galveston?
- Was gain-of-function research being conducted on wild coronavirus strains at the WIV immediately prior to the outbreak?
- Why did the CCP impose restrictions on the publication of academic research on the origins of SARS-CoV-2?
- What is the current status of Chen Quishi and Fang Bin, the missing journalists?

Questions for the WHO

Similarly, there are multiple outstanding questions for Director-General Tedros and the WHO:

- When did the WHO first learn that the outbreak in Wuhan was caused by a coronavirus similar to the virus that caused the 2003 SARS pandemic?
- When did the WHO first confirm that human-to-human transmission was occurring?
- Did the WHO seek verification of Taiwan's reports of SARS cases and ongoing human-to-human transmission in accordance with Article 9? If not, why not?
- If so, did the Government of the People's Republic of China (PRC) comply?
- If the PRC did not comply, why did the WHO not transmit that information to Member States in accordance with Article 10?
- Why did the WHO not transmit the information provided by Taiwan to WHO Member States in accordance with Article 11?
- Has the WHO received similar emails from Taiwan in the past? If so, how were they handled?
- Did the WHO investigate the warnings, in accordance with Article 9, from Dr. Ho, a member of the WHO Collaborating Centre for Infection Disease Epidemiology and Control at the University of Hong Kong, regarding the high likelihood that human-to-human transmission was already occurring? If not, why not?
- If so, did the Government of the PRC comply?

- Does the WHO consider viral isolates and genetic sequencing data “public health information” under Article 6?
- Has the WHO requested live virus samples from the PRC? If so, has the PRC provided said samples?
- When did the WHO become aware of reports that the PRC was suppressing public health information in violation of Articles 6 and 7?
- After becoming aware, did Director-General Tedros request an explanation from the CCP?
- Who were the “select team members” of the WHO-China Joint Mission who were allowed access to Wuhan?
- What actions has the WHO taken in response to the PRC’s violations of the 2005 IHR?
- Has the WHO ever taken action against a State Party in response to violations of the IHR?
- What new information was available to Director-General Tedros on January 31st, when he declared a PHEIC, that was not publicly reported on January 23rd?
- Was the WHO told, or made to feel, that the WHO’s access to data, information, and access to potential sites in Wuhan, China was contingent on cooperating with the CCP’s narrative of events?

Each of these questions represent information that we need to better understand the source and cause of the COVID-19 global pandemic. It is our hope that in the coming weeks and months, the world will learn the answers to these questions. As such, on May 8, 2020, we transmitted the above questions to the WHO. To date, we have not received a response. Future versions of this report will include any responses we receive.

VII. RECOMMENDATIONS

The full impact of the COVID-19 global pandemic will not be known for years to come. In the coming months we will struggle with questions regarding strains on our healthcare systems, peak caseloads, subsequent waves of new infections, and the impact of secondary and tertiary effects on the domestic and global economies in addition to our national security. However, there are steps that can be taken now. Given the current status of the COVID-19 pandemic, it seems likely that the global response will continue for the foreseeable future. As such, it is important the international community take steps to restore legitimacy to the WHO so the rest of the response will not be tainted by their prior missteps and so we are best prepared for the next dangerous outbreak.

Each action the United States takes in the international community must be aimed at supporting accountability, transparency, and reforms to the systems and processes that enabled the CCP’s cover-up and the WHO’s failures. To this end, we provide three recommendations: new leadership at the WHO, that the United States engage in an international investigation with likeminded WHO Member States regarding the early stages of COVID-19, and concrete reforms to the International Health Regulations.

New Leadership at WHO

It is clear Director-General Tedros seriously erred in his handling of the COVID-19 pandemic. Coupled with a concerning history of covering up outbreaks of cholera in his home country of Ethiopia and repeated delays in declaring a PHEIC in response to the Kivu Ebola epidemic, we believe there is an established pattern of poor decision making and political deference that has weakened the ability of the WHO to fulfill its mandate. We do not expect, nor require, the head of the WHO to be perfect. However, Director-General Tedros has repeatedly defended his decisions, responded to Taiwan's criticism by accusing their government of supporting racists,¹⁹⁴ and praised the CCP's deplorable actions in response to the outbreak.

Defenders of Director-General Tedros argue that it would have been counterproductive to push back against the CCP. They argue that "diplomatic flatter is the price of ensuring Chinese cooperation."¹⁹⁵ Others say that the Director-General "cannot afford to antagonize the notoriously touchy Chinese government."¹⁹⁶ These statements rest on the claim that if Director-General Tedros been more aggressive in questioning the claims coming from the CCP, then the CCP would have shared less information or delayed WHO access to the country.

However, such defenses ring hollow when the world has seen the impact of an independent Director-General of the WHO. In April 2003, two months after the CCP finally reported the outbreak of SARS to the WHO, and in the midst of the WHO response, then-Director-General Gro Harlem Brundtland publicly commented on the CCP's mishandling of the outbreak. Director-General Brundtland criticized the failure of the CCP to report the outbreak and their lack of coordination with the international community.¹⁹⁷ Under her leadership the WHO declared a travel guidance for the first time in 55 years in order to stem the spread of SARS.¹⁹⁸ Almost prophetically, Director-General Brundtland stated:

When I say that it would have been better, it means that I'm saying as the director general of the World Health Organisation: next time something strange and new comes anywhere in the world let us come in as quickly as possible.¹⁹⁹

Tragically, the CCP failed to heed her guidance. Director-General Brundtland's handling of the 2003 SARS pandemic is a case study for the importance of a Director-General who speaks truth to power and publicly challenges Member States when they fail to uphold their obligations to the international community. Instead, Director-General Tedros has

¹⁹⁴ "Coronavirus: WHO Chief and Taiwan in Row over 'Racist' Comments." *BBC News*, 9 Apr. 2020, www.bbc.com/news/world-asia-52230833.

¹⁹⁵ Borger, Julian. "Caught in a Superpower Struggle: the inside Story of the WHO's Response to Coronavirus." *The Guardian*, 18 Apr. 2020, www.theguardian.com/world/2020/apr/18/caught-in-a-superpower-struggle-the-inside-story-of-the-whos-response-to-coronavirus.

¹⁹⁶ Griffiths, James. "WHO's Relationship with China under Scrutiny Due to Coronavirus Crisis." *CNN*, 17 Feb. 2020, www.cnn.com/2020/02/14/asia/coronavirus-who-china-intl-hnk/index.html.

¹⁹⁷ "Health | China under Fire for Virus Spread." *BBC News*, 6 Apr. 2003, www.news.bbc.co.uk/2/hi/health/2922993.stm

¹⁹⁸ Collins, Michael. "The WHO and China: Dereliction of Duty." *Council on Foreign Relations*, 27 Feb. 2020, www.cfr.org/blog/who-and-china-dereliction-duty.

¹⁹⁹ "Health | China under Fire for Virus Spread." *BBC News*, 6 Apr. 2003, www.news.bbc.co.uk/2/hi/health/2922993.stm

chosen to defend and heap praise on a Member State who has continuously fed the WHO lies and misinformation.

As such, we have lost faith in the ability of Director-General Tedros to lead the WHO. Having presided over two flawed PHEIC responses and prevented Taiwan from engaging with the WHO, it is clear that Director-General Tedros prioritizes matters other than the on-the-ground impact of COVID-19. The WHO's constitution requires it to provide "appropriate technical assistance,"²⁰⁰ not political coverage for mistakes and cover-ups carried out by Member States. As Director-General, the responsibility of declaring a PHEIC, and indeed, the impact of choosing not to declare one, rests on his shoulders. In order to restore the faith of WHO Member States and return the WHO to its mandate of providing accurate, technical advice, **Director-General Tedros should accept responsibility for his detrimental impact on the COVID-19 response and resign.** The health of the world cannot afford incompetence and poor management.

International Investigation

The United States should engage with likeminded WHO Member States and Taiwan on an international investigation of the CCP's cover-up of the early stages of the pandemic and the WHO's failure to fulfill its obligations under the IHR. Such an investigation should seek to establish a definitive account of the origins of SARS-CoV-2, its appearance in humans, efforts by the CCP to conceal relevant scientific and health information about the outbreak, the effect of the CCP's cover-up on the actions of the WHO, the impact of the WHO's parroting of CCP propaganda, and the influence of the CCP's cover-up on the global response.

Fortunately, we are not alone in this proposal. The Governments of Australia, Japan, New Zealand, Sweden, and Taiwan, in addition to the European Commission, have publicly expressed their support for an independent investigation of the pandemic. **While the WHO failed to abide by the IHR, uphold its mandate, and fulfil its obligations to Member States, we do not believe the withdrawal of the United States or the establishment of a competing international organization is the correct path forward.** Instead, we believe the results of this investigation should inform our final recommendation – reform of the International Health Regulations and the WHO.

IHR Reforms

In the wake of the 2003 SARS pandemic, the United States was involved in efforts to reform the International Health Regulations. Negotiations amongst WHO Member States resulted in the 2005 IHR, which entered into effect in 2007. While the 2005 IHR included several important reforms, the COVID-19 pandemic has revealed additional flaws and the need to refine previous reforms. We recommend the President and Secretary of State use the voice, vote, and influence of the United States to seek additional IHR reforms, including around the information Member States are required to provide, WHO's obligations to investigate unofficial reports concerning health events and notify Member States, and the process for declaring a PHEIC.

²⁰⁰ "Constitution." *World Health Organization*, www.who.int/about/who-we-are/constitution.

Article 6 of the IHR requires Member States to provide certain relevant public health information to the WHO, including “laboratory results,”²⁰¹ among other things. As discussed earlier in the report, the PRC failed to transmit the SARS-CoV-2 genetic sequencing data to the WHO for 10 days, and to date has not provided viral isolates or other biological samples to the WHO. Article 6 should be amended to include, by reference, genetic sequencing data and biological samples in the list of public health information Member States are required to provide to the WHO. This will ensure that Member States cannot exploit perceived loopholes to hide or suppress vital public health information.

Under Article 9 of the IHR, the WHO has a “mandate”²⁰² to investigate and seek verification of unofficial reports concerning health events with “potential international implication.”²⁰³ In several instances discussed in this report, it appears that the WHO failed to do so. The United States Government should consider how to improve and clarify WHO’s responsibilities to investigate reports from non-Member States under Article 9. One possible option would be requiring WHO to disclose the results of their investigations once complete. Alternatively, the IHR could be modified to empower Member States to refer third party or unofficial reports of activity within a different Member State to the WHO for investigation.

Article 11 of the IHR regulates how the WHO provides information to Member States. While the IHR mandates Member States provide certain information with 24- or 48-hours, Article 10 only requires the WHO to provide information “as soon as possible.”²⁰⁴ After the Wuhan Municipal Health Commission notified the WHO of the outbreak, it took the WHO four days to publicly report the notification on social media and five days to issue a technical publication to the scientific and public health communities. The IHR should be modified to require the WHO to inform Member States of all reports and notifications received from a Member State within 48 hours.

Finally, Article 12 concerns the determination of a Public Health Emergency of International Concern. While Section 4 of the Article provides a list of items for the Director-General to consider, there is no requirement that the Director-General heed the advice of the Emergency Committee or provide justification of his decision to declare, or not declare, a PHEIC. We believe that the breakdown of the PHEIC process during the Kivu Ebola epidemic and the current COVID-19 pandemic illustrates the need to reform and formalize this process. PHEIC decisions should be made based on scientific information and global health best practices, not any other considerations. To this end, we recommend reforms around the structure and authority of the Emergency Committee, as well as the processes in Article 12, that would achieve this goal.

²⁰¹ 2005 IHR.

²⁰² “Frequently Asked Questions about the International Health Regulations (2005).” *World Health Organization*, 18 Aug. 2009, www.who.int/ihr/about/faq/en/.

²⁰³ *Ibid.*

²⁰⁴ 2005 IHR.

VIII. CONCLUSION

There are still many unanswered questions as to the origins of SARS-CoV-2 and the cause of the COVID-19 global pandemic. Almost every day, new information leaks out of the PRC showing the scale of CCP efforts to hide and cover up the outbreak. Director-General Tedros' full-throated defense of the CCP's response and embrace of their revisionist history remains incredibly concerning. Reflecting on what we have uncovered so far, the failures of the CCP to protect their citizens and fulfill their obligations under international law have resulted in disappeared journalists, a world seized by a public health emergency, and hundreds of thousands of dead.

Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was ongoing weeks before it was announced. Research shows the CCP could have reduced the number of cases in China by up to 95%, had it fulfilled its obligations under international law and responded to the outbreak in a manner consistent with best practices. It is highly likely the ongoing pandemic could have been prevented. As such, it is incumbent upon the United States and likeminded WHO Member States to ensure the accountability and reforms necessary to prevent the CCP's malfeasance from giving rise to a third pandemic during the 21st century.

IX. APPENDIX

Timeline of Key Events in the Chinese Communist Party's Cover-up

December 2019 – January 2020: CCP leaders know about coronavirus, but take aggressive steps to hide it from the public, including detaining doctors who warned about the virus and censoring media on the virus.

Dec. 30, 2019: Doctors in Wuhan report positive tests for “SARS Coronavirus” to Wuhan health officials. Under WHO regulations, China is required to report these results within 24 hours. China fails to inform the WHO about the outbreak.

Dec 31, 2019: WHO officials in Geneva become aware of media reports regarding an outbreak in Wuhan and directs the WHO China Country Office to investigate. Taiwan informs WHO about human-to-human transmission, but data is not published on WHO's data exchange platform.

Jan 1, 2020: Hubei Provincial Health Commission official orders gene sequencing companies and labs who had already determined the novel virus was similar to SARS to stop testing and to destroy existing samples.

Jan 2, 2020: The Wuhan Institute of Virology (WIV) completes gene sequencing of the virus, but the CCP does not share the sequence or inform the WHO.

Jan 3, 2020: China's National Health Commission ordered institutions not to publish any information related to the “unknown disease” and ordered labs to transfer samples to CCP controlled national institutions or destroy them.

Mid-Late January: Despite knowing about the virus, CCP allowed massive travel within China and abroad during the Spring Festival (3 billion estimated trips over 40 days), and Wuhan held a celebratory potluck with more than 40,000 families eating from 14,000 dishes

Jan 11-12, 2020: After a researcher in Shanghai leaks the gene sequence online, the CCP transmits the WIV's gene sequencing information to the WHO that was completed 10 days earlier. The Shanghai lab where the researcher works is ordered to close.

Jan 14, 2020: Wuhan health authorities claim no human to human transmission from coronavirus. This assessment was tweeted by WHO the same day. According to classified documents obtained by the Associated Press, Xi Jinping is warned by top Chinese health official that a pandemic is occurring.

Jan 22, 2020: WHO mission to China admits some evidence of human-to-human transmission.

Jan 23, 2020: After the Emergency Committee is divided on whether to declare a Public Health Emergency of International Concern (PHEIC), Director-General Tedros decides not to. This delay contributed to a regional epidemic turning into a pandemic

Jan 23, 2020: The CCP institutes a city-wide lockdown of Wuhan. However, before the lockdown goes into effect, an estimated 5 million people leave the city.

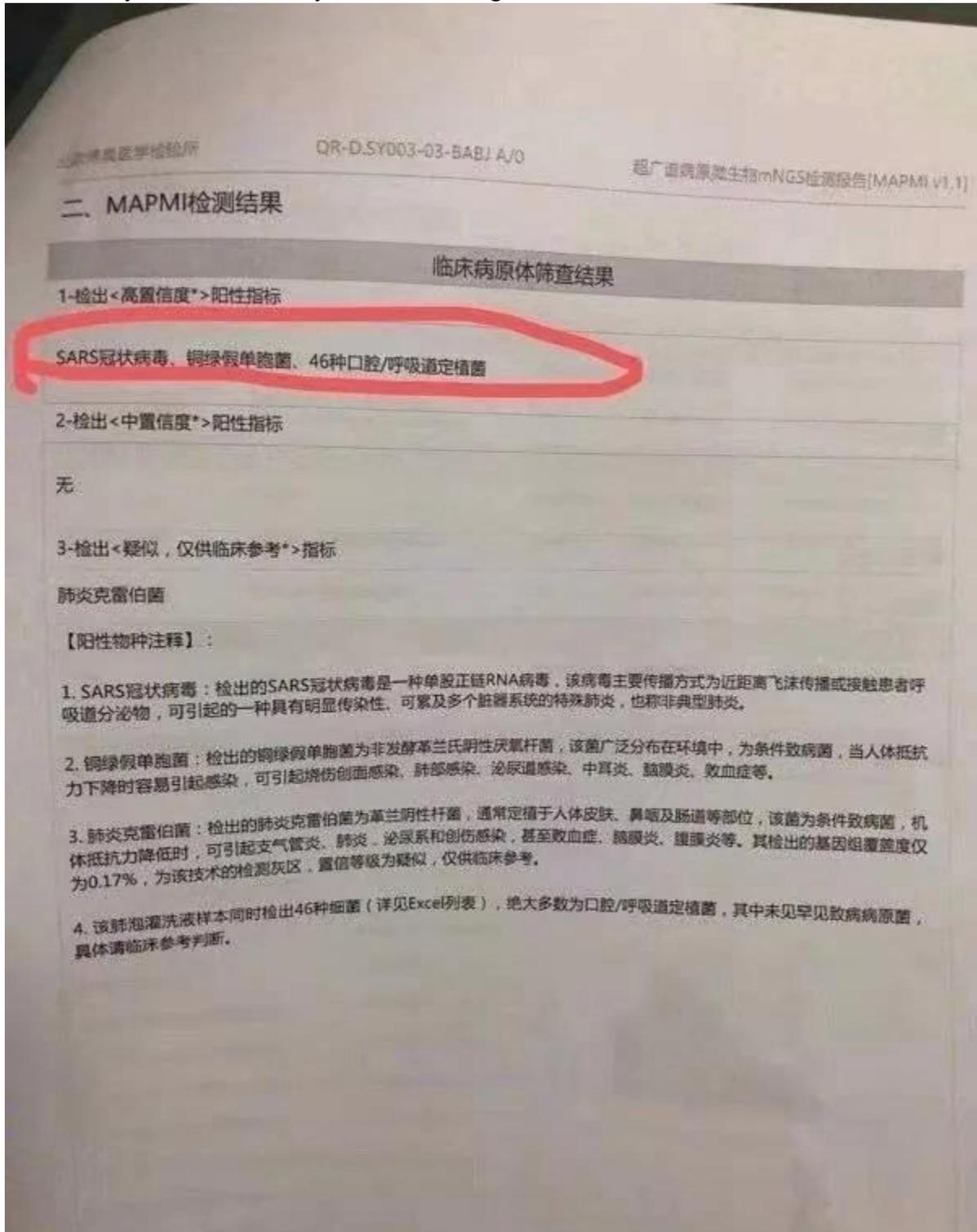
Jan 29, 2020: Tedros praises the CCP's response to the virus, saying their transparency was "very impressive, and beyond words" and that the CCP was "actually setting a new standard for outbreak response."

Jan 30, 2020: One week after declining to do so, Tedros declares a Public Health Emergency of International Concern.

Feb 16, 2020: WHO and PRC officials begin a nine-day "WHO-China Joint Mission on Coronavirus Disease 2019" and travel to China to examine the outbreak and origin of COVID-19. Many team members, including at least one American, were not allowed to visit Wuhan on the trip.

March 11, 2020: The WHO officially declares the COVID-19 outbreak a pandemic after 114 countries had already reported 118,000 cases including more than 1,000 in the United States.

Laboratory Results shared by Dr. Ai Denoting a Positive Test for “SARS coronavirus”



Screenshot of Dr. Li's Messages Regarding Positive SARS Tests



武汉市公安局 武昌分局 中南路街派出所

训 诫 书

武公(中)字(2020)第[]号

被训诫人 李文亮 性别 男 出身年月 1970年11月

身份证号各类及号码 210101197011010001

现住址(户籍所在地) 武汉市武昌区民主路648号1栋2单元23楼2305室

工作单位 武汉市中心医院

违法行为(时间、地点、参与人、人数、反映何问题、后果等)

2019年12月30日在微信群“武汉大学临床04级”发表有关华南水果海鲜市场确诊7例SARS的不属实的言论。

现在依法对你在互联网上发表不属实的言论的违法问题提出警示和训诫。你的行为严重扰乱了社会秩序。你的行为已超出了法律所允许的范围,违反了《中华人民共和国治安管理处罚法》的有关规定,是一种违法行为!

公安机关希望你积极配合工作,听从民警的规劝,至此中止违法行为。你能做到吗?

答: 能

我们希望你冷静下来好好反思,并郑重告诫你:如果你固执己见,不思悔改,继续进行违法活动,你将会受到法律的制裁!你明白了吗?

答: 明白

被训诫人: 李文亮

训诫人: 胡松涛 徐金松

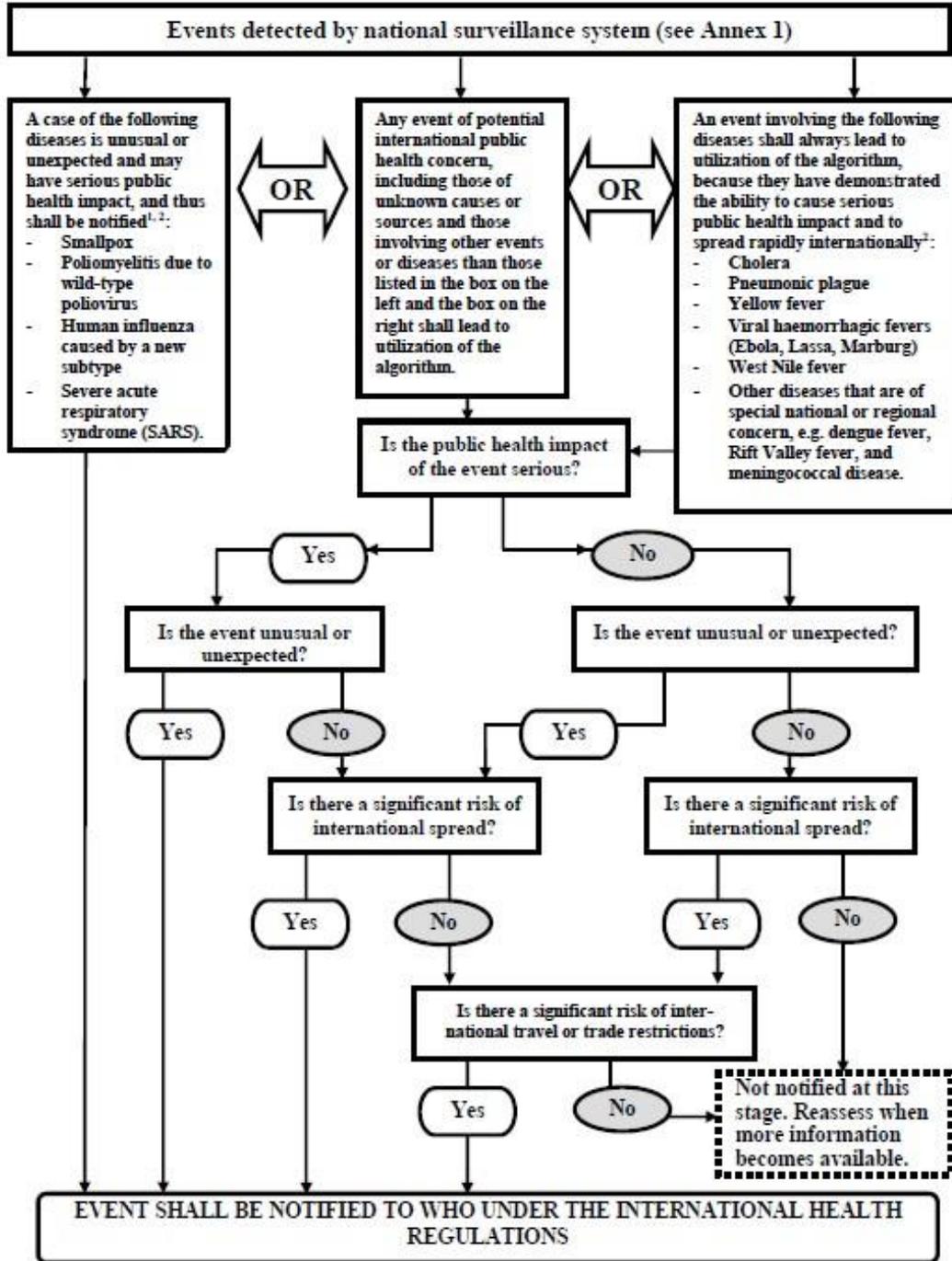
2020年1月3日

工作单位:



Annex 2 of the 2005 International Health Regulations

ANNEX 2
DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION
OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY
OF INTERNATIONAL CONCERN



¹ As per WHO case definitions.

² The disease list shall be used only for the purposes of these Regulations.

Letter to World Health Organization Director-General Tedros on Outstanding Questions

ELIOT L. ENGEL, NEW YORK
CHAIRMAN

JASON STEINBAUM
STAFF DIRECTOR



MICHAEL T. McCAUL, TEXAS
RANKING REPUBLICAN MEMBER

BRENDAN P. SHIELDS
REPUBLICAN STAFF DIRECTOR

One Hundred Sixteenth Congress
U.S. House of Representatives
Committee on Foreign Affairs
2170 Rayburn House Office Building
Washington, DC 20515
www.foreignaffairs.house.gov

May 8, 2020

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva

Dear Director-General Tedros:

I am writing in supplement of my March 23, 2020 letter regarding the COVID-19 pandemic. Over the course of the last few months, it has become increasingly clear that the Chinese Communist Party (CCP) failed to uphold its commitments under the 2005 International Health Regulations (2005 IHR), which were instituted in response to the China's mishandling of the 2003 SARS outbreak. Article 6 of the 2005 IHR requires all Member States to report any SARS cases, as defined in WHO Guidance for the Use of Annex 2, within 24 hours. Instead of abiding by these rules, the CCP arrested doctors who shared positive test results for SARS coronavirus, and ordered laboratories to stop testing and destroy samples. In addition, Articles 6 and 7 require Member States to provide the WHO with "timely, accurate, and sufficiently detailed public health information." The CCP's well documented suppression of relevant information, including the genomic sequence of SARS-CoV-2, is a clear violation of these requirements.

Under the 2005 IHR, the WHO is also required to fulfil certain obligations to Member States, particularly in accordance with Articles 9, 10, and 11. Based on information publicly available, it appears the WHO failed to carry out its mandate in relation to investigating unofficial reports of public health events, seeking verifications of such unofficial reports, and disseminating unofficial reports to Member States, including the U.S. Unfortunately, the public record leaves many unanswered questions about when the CCP provided certain information to the WHO and what, if any, activities the WHO engaged in under Articles 9, 10, and 11.

To that end, I respectfully request you provide answers to the following questions:

- When did the WHO first learn that the outbreak in Wuhan was caused by a coronavirus similar to the virus that caused the 2003 SARS pandemic?
- When did the WHO first confirm that human-to-human transmission was occurring?

- Did the WHO seek verification of Taiwan’s reports of SARS cases and ongoing human-to-human transmission in accordance with Article 9? If not, why not?
- If so, did the Government of the People’s Republic of China (PRC) comply?
- If the PRC did not comply, why did the WHO not transmit that information to Member States in accordance with Article 10?
- Why did the WHO not transmit the information provided by Taiwan to WHO Member States in accordance with Article 11?
- Has the WHO received similar emails from Taiwan in the past? If so, how were they handled?
- Did the WHO investigate the warnings, in accordance with Article 9, from Dr. Ho, a member of the WHO Collaborating Centre for Infection Disease Epidemiology and Control at the University of Hong Kong, regarding the high likelihood that human-to-human transmission was already occurring? If not, why not?
- If so, did the Government of the PRC comply?
- Does the WHO consider viral isolates and genetic sequencing data “public health information” under Article 6?
- Has the WHO requested live virus samples from the PRC? If so, has the PRC provided said samples?
- When did the WHO become aware of reports that the PRC was suppressing public health information in violation of Articles 6 and 7?
- After becoming aware, did Director-General Tedros request an explanation from the CCP?
- Who were the “select team members” of the WHO-China Joint Mission who were allowed access to Wuhan?
- What actions has the WHO taken in response to the PRC’s violations of the 2005 IHR?
- Has the WHO ever taken action against a State Party in response to violations of the IHR?
- What new information was available to Director-General Tedros on January 31st, when he declared a PHEIC, that was not publicly reported on January 23rd?
- Was the WHO told, or made to feel, that the WHO’s access to data, information, and access to potential sites in Wuhan, China was contingent on cooperating with the CCP’s narrative of events?

The WHO conducts incredibly important work, often in some of the most challenging places in the world. However, I believe it is important to clear-eyed about the lack of dissemination of key information that was available at the start of this pandemic. The 2005 IHR were implemented in response to failures of the CCP in responding to the 2003 SARS pandemic. It appears that for a second time the status quo has failed to prevent a public health disaster. It is only by establishing an accurate understanding of why actions were, or were not, taken, and the reasoning behind those decisions, that we can prevent similar shortcomings in the future. I look forward to your response.

Sincerely,

Michael T. McCaul
Republican Ranking Member