U.S. House of Representatives
PERMANENT SELECT COMMITTEE ON
INTELLIGENCE

In 2020, only three weeks into a nationwide pandemic, much of America was grappling with a chilling threat to their health and their livelihood, working remotely if they could, masking up and going out if they could not, and watching the news for any insight into when the pandemic, and our isolation from our family, friends, and colleagues, would come to an end. In Congress, we were likewise adapting to working from home, hopeful that it could be a short time before we returned to the halls of Congress. Little did we know, in April 2020, that the pandemic would rage on for years, killing more than one million Americans, with hundreds still dying today.

At that time, I tasked the House Intelligence Committee to launch an investigation into how the Intelligence Community (IC) was postured to provide pandemic awareness, what role it played and what role it should play, and how it performed. I wanted answers on how the community handled the outset of the pandemic, and how we could be better prepared for the next one, which must surely come. Had any terrorist attack cost the country so many lives lost, we would have moved mountains to prepare against its repetition. We should bring a like determination to protecting against an equally deadly disease outbreak.

What our review found was that in 2020, the intelligence community was not well positioned or prepared to provide early warning and unique insights on the pandemic. One element of the intelligence community, the National Center for Medical Intelligence (NCMI), did admirable work and sounded an early alarm. But its position, sequestered away in the Defense Department, did not give it the high profile needed to command the attention of the broader intelligence community, the National Security Council or Congress. And once NCMI did get people's attention, the Intelligence Community as a whole did not pivot quickly enough to train its unique assets at this deadly problem set.

Nevertheless, by the end of January 2020, the intelligence community warnings were serious and getting more so every day, and its escalating alarms still failed to move the White House or President Trump. This report is focused on the intelligence successes and shortcomings during the pandemic, not the myriad policy failures. Nevertheless, by juxtaposing the private intelligence warnings, with the administration's public disavowal of the seriousness of the virus, the report makes clear where responsibility for our poor outcomes lie, and where it does not.

This was not our first serious pandemic of this century, and it will almost certainly not be the last. We have already experienced four deadly disease outbreaks in just two decades. But none has rocked the United States or the world like COVID, and it is our duty to look back and learn from our mistakes.

For too long, the IC has operated in what the Center for Strategic and International Studies (CSIS) has aptly called a cycle of "crisis and complacency" when it comes to cross-border threats, particularly pandemics. After each "once-in-a-generation" event, there are calls for major investments and reforms, but the attention is often fleeting. And the promised investments and reforms fail to materialize.

It is a pernicious cycle that we may be doomed to repeat, if we do not heed the warnings in this report. To President Biden and Director Haines' credit, and at the strenuous urging of this Committee, changes are being made – slowly, but surely.

It will be incumbent on Congress and the IC to make sure they continue. Only time will tell.

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At the outset, it is important to note that the first warning signs of an emerging novel disease will almost always come from public health authorities and their unclassified reporting. At that point, intelligence can be a necessary and valuable complement, providing additional context about the potential threat once health authorities have detected it. The unique capabilities of the IC can be trained to focus on gaining specific insights unavailable to the broader public, especially when a host government wishes to conceal the true extent of the danger to its own citizens or the rest of the world. But while the IC is capable of doing so, our committee found that the IC was "poorly positioned to collect uniquely valuable intelligence in support of a crisis response."

Prior to the COVID-19 pandemic, the IC's focus on and funding of health security and pandemic warning was inconsistent, despite prior warnings from multiple previous Directors of National Intelligence of the ongoing threat posed by cross-border disease events. Ultimately, the IC suffered the same flaws as the rest of government in quickly responding to the pandemic when time was most precious, during the first weeks of January. Indeed, as the report describes, in the face of "frustration and anger" directed towards one intelligence briefer, they were simply "not structured" to provide the information on the developing pandemic.

By late January and early February, however, the IC was providing clear and consistent warning about a potential pandemic – including a classified briefing to the Intelligence Committee in mid-February – well in advance of former President Trump's declaration of a national emergency on March 13, 2020. IC analysts, particularly those at NCMI "had much to be proud of in the work they did" in January after the first public reports of COVID emerged. And the former president's statements that the IC described the virus in "a very non-threatening" way "simply does not match the record of intelligence analysis published in late January and February."

Throughout the early weeks of the pandemic, "because the Intelligence Community did not pivot its clandestine collection quickly enough" it was not able to answer key questions from policymakers. The IC's reporting throughout January "was based on open source reporting, diplomatic reporting," and its own expert assessments were formed on the same basis. This was helpful, but far less than helpful than it could have been if resources were quickly trained on harder to obtain information.

The first IC activity the Committee was able to uncover was on December 31, 2019, when a NCMI analyst put a ProMED notice into its open-source tracking tool and considered whether it warranted a possible pandemic warning update. By late January, the "IC's growing level of concern reflected in its intelligence assessments was not matched by the messaging emerging from the White House." The IC issued its first formal Community-wide "tasking" to ramp up collection on January 29.

According to a witness not present at the January 28 Oval Office meeting, former Deputy National Security Advisor Matthew Pottinger was "'losing it' when talking about the disease's severity and trying to convince the President and those assembled that 'this will be a really big thing.'" Indeed, written reporting from the IC at that time assessed the threat of the virus in increasingly dire terms. On January 29, a warning about the virus appeared in an intelligence briefing to the Chairman of the Joint Chiefs of Staff, and on January 30, the CIA began to produce 'executive updates' on the virus, which are shorter intelligence products that demonstrate the CIA's taking a potential crisis seriously.

By late January, "the divergence between the Intelligence Community's late January conclusions and the former president's rhetoric is striking." The Committee believes several Presidential Daily Brief (PDB) articles about the virus had been written by this time, a conclusion reached despite the Executive Branch's refusal to provide the PDB article themselves to the Committee. Warnings on the emerging crisis had been briefed several times to the Joint Chiefs of Staff. And in early February, "one element of the IC coordinated on a PDB piece that concluded that containment of the coronavirus is not likely." The volume of IC products only increased in February, including a period where the virus was probably covered four days straight in the PDB and the IC warned of a "global crisis prior to May."

The IC's alarms to the White House and the former president were clear and unmistakable. And yet, in public messaging and in preparation for the impending impact, COVID was downplayed and steps that could have been taken to save lives were ignored.

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It is also worth noting what this report does not cover. The administration has conducted multiple reviews of the evidence as to the origins of the COVID virus, in a process that we have overseen. We do not have an independent source of intelligence that would allow us to reach a more definitive conclusion on this pivotal issue, than the ambiguous findings of the administration to date. But while we do not know whether the virus was the result of a lab accident or natural transmission, one thing is clear — a future pandemic could result from either phenomenon and we need to prepare against both, or against worse, an intentional release. We need to tighten our defenses and stay alert to all possible sources of infection and transmission.

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The Committee reached several core findings and produced a number of recommendations, some of which must remain classified. Importantly, we can share the following recommendations:

First, properly supporting the work of NCMI is an urgent intelligence need and should be a top priority" for the Intelligence Community. To this end, the Committee has consistently sought to increase and maintain resources for NCMI through the Intelligence Authorization Act (IAA).

Second, the Committee recommends the creation of a designated center in ODNI with a global health security mission. "By increasing the number of analysts writing on global health security, those analysts will help create more of a market for collection to feed their analysis – and by supporting global health security policymakers and demonstrating the value that intelligence collection will bring to them, that market will continue to deepen."

As an interim step, the Committee spearheaded an expansion of the mission of the National Counterproliferation Center in the FY 2022 IAA to explicitly include foreign biological threats in its remit, centralizing this essential IC role in the newly renamed National Counterproliferation and Biosecurity Center.

Third, "pandemics are [but] one example of national security crises that emerge from the massed actions of a multitude of people." To better understand these problems "it is incumbent on the IC to resource and empower its agencies to take chances on emerging technologies that can finally deliver reliable, big data-driven [open-source intelligence] tools." In this vein, the FY 2021 IAA included a provision directing the National Geospatial-Intelligence Agency (NGA) to partner with an outside research institution to carry out a joint, unclassified geospatial intelligence analysis of the activities of the People's Republic of China that pose risks to the national security interest of the United States, to include indications and warning of disease outbreaks with pandemic potential. This will remain a major Committee priority in the coming years.

Fourth, it is critical to optimize integration between and complementary efforts among the intelligence and public health communities. Intelligence and public health can – and should – work hand in hand during the early weeks of an outbreak to provide policymakers with the most complete picture of what they are facing.

Fifth, it is important to fundamentally shift the IC's culture when it comes to what are described as "hard" and "soft" national security threats. Those threats traditionally labeled as "soft," including potential pandemics, can be just as, or even more, deadly than traditional national security threats, and the IC and policymakers alike cannot lose sight of that reality. Health security is national security, and the IC needs to shift its cultural and human capital incentive structure accordingly.

Finally, it is critical to create and fund a sustainable demand for collection on global health security and pandemic preparedness. The "cycle of crisis and complacency" must end.

Already, Director of National Intelligence Avril Haines has made several important changes advocated by the Committee, including prioritization of global health security threats. Additionally, the IC has made numerous correlating organizational changes, but much more is necessary. It is my hope the IC will commit to making the other recommended changes and to working with Congress on those that require legislative action.

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Oversight work, particularly over the Intelligence Community, is hard work. The staff and Members who contributed to this report did so out of the limelight, and through countless hours of interviews, document reviews, and persistent requests for more information. All in search of the truth, and in the hope that the information uncovered could prevent future lives lost.

I particularly want to thank Timothy Bergreen, William Evans, Thomas Eager, Jeff Lowenstein, Kelsey Lax, Krishna Pathak, Patrick Boland, Jae Jo, and Pat Fallon for their work on this report. I also want to

thank our Minority Members and staff who participated in the interviews and document reviews that underpin this report.

Over the last six years, even as we battled over investigations of the former president, the House Intelligence Committee always continued to conduct the nonpartisan and bipartisan legislative work expected of it, and performed vital oversight of the most opaque corners of the government.

Chairman Adam B. Schiff

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Over the past two and a half years, COVID-19 has upended America and the world. As of this writing, it has killed more than a million Americans,[1] greater than the number of combat

[1] Center for Disease Control, "COVID Data Tracker," http://covid.cdc.gov/covid-data-tracker (last accessed August 10, 2022).

deaths in all U.S. wars combined.[2] Life expectancy in the United States in 2020, the first year of the pandemic, fell by more than a year and a half.[3] Nearly 6.5 million people have died worldwide.[4]

The pandemic has disrupted Americans' lives in ways large and small, tearing at the fabric of our society. In addition to the catastrophic death toll, children were kept from school, workers across the country were laid off, and grandparents were unable to visit their grandchildren.

As the United States continues stepping back from a posture of crisis, the government must begin restructuring and retooling to better prepare itself for the next novel disease event. This report serves that aim.

In April 2020, weeks after the virus began its systemic disruption of our society, the House Permanent Select Committee on Intelligence launched a review of, *first*, the Intelligence Community (IC) posture to support U.S. policymakers working on global health security and, *second*, the lessons learned from how those IC institutions performed during the COVID-19 crisis. Intelligence Committee staff conducted dozens of interviews with IC officials and the policymakers they support, read intelligence assessments, reviewed productions of documents by IC agencies, and conducted site visits at key IC facilities.

This report is the product of the Committee's efforts. To protect intelligence sources and methods, portions of the Committee's report are classified and must remain so. Nevertheless, in consultation with the IC, the Committee can share this DECLASSIFIED version with the American people. Where this report points to publically available information, unless otherwise characterized, such information is not inconsistent with IC collection and sometimes forms the bases of the IC's own analysis.

In addition to the warning provided to policymakers, there is intense interest in the question of the virus's origins, and whether the first infection occurred through transmission from an animal to a human or whether it was the product of a laboratory leak. In May 2021, President Biden ordered the IC to "redouble [its] efforts to collect and analyze information that could bring us closer to a definitive conclusion" on the origins of the virus.[5] That review concluded that the virus "was not developed as a biological weapon" but that two origin

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[2] Department of Veterans Affairs, "America's Wars," November 2020, http://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf.

[3] Rob Stein, "U.S. Life Expectancy Falls for Second Year in a Row," *NPR*, April 7, 2022; Mike Stobbe, "U.S. Life Expectancy in 2020 Saw Biggest Drop Since WWII," *Associated Press*, July 21, 2021.

[4] World Health Organization, "WHO Coronavirus (COVID-19) Dashboard," http://covid19.who.int (last accessed August 10, 2022).

[5] White House, "Statement by President Joe Biden on the Investigation into the Origins of COVID-19," May 26, 2021, http://www.whitehouse.gov/briefing-room/statements-releases/2021/05/26/statement-by-president-joe-biden-on-the-investigation-into-the-origins-of-covid-19/.

hypotheses were plausible: a laboratory associated-incident or natural exposure to an infected animal. Because the Committee does not have access to intelligence beyond that used by the IC to reach this conclusion, this report does not include an independent assessment of the virus' origins. However, the Committee conducted rigorous oversight of the IC's work as it developed that assessment.

KEY TAKEAWAYS

Three key takeaways emerge from this report.

First, the Intelligence Community's focus on health security and pandemic warning was inconsistent at best prior to COVID-19. A recent bipartisan task force at the Center for Strategic and International Studies (CSIS) bemoaned the "cycle of crisis and complacency" in the United States' approach to global health security.[6] Despite IC officials' characterization to the Committee of a broadly successful response, the Committee judges that that the IC's approach suffered from the same flaws as the rest of the government. With the emergence of the virus, the Intelligence Community faced the crisis with the resources they had, not those that were well-suited to the task.[7]

Second, taking into account existing tools and processes, Intelligence Community analytic professionals did reasonably well with what that they had available; collectors are a different story.

In particular, analysts at the Defense Intelligence Agency's (DIA) National Center for Medical Intelligence (NCMI) produced clear, comprehensible warnings based largely on publicly available information.

During the Trump administration, National Security Advisor Robert O'Brien accused the IC of fumbling warnings of COVID-19. He claimed that the National Security Council (NSC) "saw a little bit more over the horizon" than the Intelligence Community, which was, in his telling, slow to warn the President.[8] President Trump claimed that the IC in January "only spoke of the Virus [*sic*] in a very non-threatening, or matter of fact, manner."[9]

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[6] J. Stephen Morrison et al., *Ending the Cycle of Crisis and Complacency in U.S. Global Health Security: A Report of the CSIS Commission on Strengthening America's Health Security*, (Washington, DC: CSIS, 2019), http://healthsecurity.csis.org/final-report.

[7] The Committee's allusion to Secretary of Defense Rumsfeld's famous phrase is intentional. *See* Eric Schmitt, "Iraq-Bound Troops Confront Rumsfeld Over Lack of Armor," *New York Times*, December 8, 2004 ("You go to war with the army you have, not the army you might want or wish to have at a later time.").

[8] Bill Gertz, "Robert O'Brien: U.S. intelligence botched early Donald Trump coronavirus briefings," *Washington Times*, June 9, 2020.

[9] Donald Trump (@realdonaldtrump), Twitter (May 3, 2020) (online at https://www.thetrumparchive.com).

Those claims are inconsistent with intelligence that the Committee has reviewed. As described in detail below, in late January and early February – and well in advance of President Trump's declaration of a national emergency on March 13, 2020 – the IC was warning of a looming pandemic in increasingly dire assessments, available for officials who chose to see them.

Notwithstanding warnings from *analysts* based largely on diplomatic reporting and publically available news reporting, the Intelligence Community's clandestine *collectors* took too long to pivot their exquisite collection capabilities to meet senior officials' needs to know more about the crisis. Both IC analysts and NSC staff told the Committee that valuable clandestine collection did not begin to become available until the end of January 2020. Indeed, ODNI did not issue a formal directive for enhanced community-wide collection until January 29, 2020.

Third, the Intelligence Community of 2022 has taken some steps since COVID-19 emerged to prioritize global health security and related biological threats, but it must push itself even further. Although the Community remains well positioned to use public health information available to it to warn policymakers, it is not sufficiently positioned to collect uniquely valuable intelligence in support of a crisis response. In the Committee's view, the IC must undertake fundamental changes to be better prepared for the next pandemic – one that could be far more lethal or devastating than COVID-19.

To truly claim success against an intelligence problem, the Committee – and the American people – expect more from the Intelligence Community than mere application of expertise to publicly available information and information collected by U.S. diplomats. Although pandemic warning is a hard intelligence problem, the IC's collection capabilities *can* provide genuine value *if* pandemic disease is properly prioritized as a security threat worthy of IC attention.

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The effectiveness of the Trump administration's policy response is largely beyond the scope of this report. The vast majority of the actions the administration took – or did not take – to address the emergence of COVID-19 are not intelligence questions and do not involve the Intelligence Community. This report will not cover the U.S. government's failure to quickly develop an effective test for COVID-19, its failure to create an effective task force to run the U.S. government response, nor its failure to distribute personal protective equipment to doctors and nurses on the front lines. Indeed, failures of the administration's response had a more significant role in Americans' day to day struggles with the virus than anything the IC did or did not do.

This report, rather, focuses on a core Intelligence Community mission: warning. It is the IC's role to prevent strategic surprise – to ensure that senior leaders who make decisions to protect our health and safety can see over the horizon. As a point of comparison, then, this report

places the Intelligence Community's classified warnings side by side with some statements of senior officials so that the reader can judge the effectiveness of the warnings – and whether they were getting through to our leaders.

In the judgment of the Committee, although the IC could certainly have performed better, by February 2020, the IC had amply warned the White House in time for it to act to protect the country. President Trump's public statements throughout February and March did not reflect the increasingly stark warnings coursing through intelligence channels.

DISEASE OUTBREAKS AND PANDEMICS ARE A SIGNIFICANT AND GROWING NATIONAL SECURITY THREAT

National security practitioners have known for decades that the threat of pandemic disease was significant – and growing. A recent Council on Foreign Relations Task Force Report accurately described pandemics as "inevitable, predictable, and costly," even as the precise timing, location, and nature of novel diseases remain difficult to predict.[10] That report identified no less than 20 significant reports, congressionally-created commissions, or other milestones related to pandemic preparedness from 1992 to 2019.[11]

Several long-term trends in how humans interact with each other and with the natural environment have contributed to a long-term trend of heightened disease risk.

First, changes in the distribution of the global population – and especially encroachment of human activity into animal habitats – make transmission of novel viruses between animals and humans more likely.[12] *Second*, an accelerating trend toward large, dense, rapidly growing cities – particularly in low and middle income countries – make the spread of disease easier.[13] *Third*, global trade, migration, and international travel allow diseases to spread more rapidly throughout the interconnected world.[14] *Fourth*, the rise in recent years of disinformation on social media has exacerbated already-existing vaccine hesitancy and skepticism of medical expertise.[15]

These developments all predate COVID-19. Indeed, the National Intelligence Council (NIC) cited each in the first paragraph of a January 2000 National Intelligence Estimate (NIE) on

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llection faster.

[10] Thomas Bollyky, Stewart M. Patrick, et al, *Improving Pandemic Preparedness: Lessons from COVID-19*, Council on Foreign Relations Independent Task Force Report, (Washington, D.C.: CFR, 2020), 20.

[11] *Id.* at 18.

[12] *Id.* at 20.

[13] Morrison, *Ending the Cycle of Crisis and Complacency*, x.

[14] Bollyky and Patrick, *Improving Pandemic Preparedness*, 20.

[15] *Id.* at 3. Other long-term trends less immediately relevant to COVID-19 – but deeply relevant to potential future biological threats – include the rise of antibiotic resistant pathogens and the proliferation of biotechnology capabilities that reduce the cost in time, money, and expertise needed to make a biological weapon.

the implications for the United States of the global infectious disease threat.[16] Several reappear in the NIC's most recent *Global Trends: 2040* report, which forecasts the threat environment in the coming two decades.[17]

In other words, for at least 20 years, the Intelligence Community's analysis of long-term global health trends matched the picture painted by the reports cited above. It has done so explicitly and consistently – both in public and classified contexts – by highlighting global health security threats, to include infectious and pandemic diseases, in various Intelligence Community strategies, testimonies from Directors of National Intelligence (DNI), and similar high-level documents. In sum, the Intelligence Community has long accepted that protecting U.S. citizens and interests from biological threats of all kinds is part of its mission.

The January 2000 NIE warned of the threat in plain terms: "[N]ew and reemerging infectious diseases will pose a risking global health threat and will complicate U.S. and global security over the next twenty years."[18] The NIE focused primarily on already existing diseases – and the increasing pace of novel disease identification – but also noted, in the context of influenza, "it is not a question of whether, but when, the next killer pandemic will occur."[19]

In 2006, against the backdrop of avian flu (H5N1), DNI John Negroponte's Annual Threat Assessment (ATA) delivered to Congress was unambiguous: "In the 21st century, our Intelligence Community has expanded the definition of biothreats to the US beyond weapons to naturally occurring pandemics."[20] And save for DNI Negroponte's ATA from 2007, *every* subsequent ATA issued by DNI Negroponte and his successors have cited infectious disease outbreaks or pandemics as threats the IC deemed as having implications for U.S. national security interests.

Four years to the day after DNI Negroponte's description of expanding the definition of biothreats, DNI Dennis Blair's ATA in 2010 pointed to "significant gaps" in "disease surveillance and reporting that undermine our ability to confront disease outbreaks overseas or identify contaminated products before they threaten Americans," and testified that, "[t]he policies and actions of foreign government and non-state actors to address health issues, or not

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[16] National Intelligence Council, *National Intelligence Estimate: The Global Infectious Disease Threat and Its Implications for the United States* (Maclean, VA: Central Intelligence Agency, 2000) available in *Environmental Change & Security Project Report*, Iss. 6 (Summer 2000): 33, http://www.wilsoncenter.org/sites/default/files/media/documents/publication/Report6-3.pdf.

[17] *See* National Intelligence Council, *Global Trends: 2040* (Maclean, VA: Office of the Director of National Intelligence, 2021), 19, http://www.dni.gov/index.php/gt2040-media-and-downloads (projecting increasing urbanization). *See also id.* at 2 (increased migration), 63 (tech-enabled "distort[ion]" of "truth and reality" that "destabilize[es] societies at a scale and speed that dwarfs current disinformation challenges.")

[18] NIC, *The Global Infectious Disease Threat*, 34.

[19] *Id.* at 35.

[20] John D. Negroponte, "Annual Threat Assessment of the Director of National Intelligence for the Senate Select Committee on Intelligence," February 2, 2006, retrievable at irp.fas.org/congress/2006_hr/020206negroponte.pdf

address them, also have ripple effects that impair our ability to protect American lives and livelihoods and impair Washington's foreign policy objectives."[21]

DNI James Clapper, appearing before the Senate Select Committee on Intelligence in 2013, explained that "we [the IC] now monitor shifts in human geography, climate, disease, and competition for natural resources because they fuel tensions and conflicts. Local events that might seem irrelevant are more likely to affect US national security in accelerated time frames."[22] And DNI Dan Coats, presenting the final ATA of the Trump administration in early 2019, warned that "the United States and the world will remain vulnerable to the next flu pandemic or large scale outbreak of a contagious disease that could lead to massive rates of death and disability, severely affect the world economy, strain international resources, and increase calls on the United States for support."[23]

MISSIONS OF THE INTELLIGENCE COMMUNITY: GLOBAL HEALTH AND PANDEMIC PREPAREDNESS

Compared to the executive branch's broader interagency response to the threat of pandemic disease, the Intelligence Community has a well-defined, if narrower, supporting role.

Within the executive branch, pandemic preparedness and response responsibilities are spread across numerous federal agencies, including the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Department of Homeland Security (DHS) – including Federal Emergency Management Agency (FEMA), U.S. Customs and Border Protection (CBP) – Department of Agriculture (USDA), Department of Defense (DOD), Department of State (DoS), Department of the Interior (DOI), and the U.S. Agency for International Development (USAID).

These are the agencies that are responsible for everything from monitoring the domestic and international biome for disease, making operational plans to prepare for the next pandemic, stockpiling medical supplies and personal protective equipment, monitoring border crossings for disease, protecting and monitoring the U.S. food supply, to enhancing other countries' disease surveillance capabilities, including by liaising directly with their disease detection agencies.

Within this interagency constellation, the Intelligence Community has three primary missions: 1) collect intelligence and conduct analysis in support of the U.S. government's global

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[21] Dennis C. Blair, "Annual Threat Assessment of the Director of National Intelligence for the Senate Select Committee on Intelligence," February 2, 2010, retrievable at dni.gov/files/documents/newsroom/testimonies/20100202_testimony.pdf

[22] James R. Clapper, "Worldwide Threat Assessment of the U.S. Intelligence Community," March 12, 2013, retrievable at dni.gov/files/documents/Intelligence%20Reports/2013%20ATA%20SFR%20FOR%20SSCI%2012%20MAR%202013.pdf

[23] Daniel R. Coats, "Worldwide Threat Assessment of the U.S. Intelligence Community," January 29, 2019 retrievable at dni.gov/files/ODNI/documents/2019-ATA-SFR---SSCI.pdf

[redacted]

health security policy priorities; 2) warn policymakers of an emerging disease of pandemic potential; and, 3) during the outbreak of a pandemic, analyze the effect of the pandemic on the global strategic environment.

The Intelligence Community supports policymakers – including global health security policymakers – through both intelligence collection and intelligence analysis. Collection is the process of gathering intelligence for analysis using one of several methods. [redacted] most relevant to this report are:

- [redacted]
- [redacted]

When information is collected, it is generally recorded in 'raw' intelligence reports: short, factual documents that are disseminated by intelligence collectors to intelligence analysts. All-source intelligence analysts, often experts in the topics on which they write, read those reports along with diplomatic reporting, open source reporting, and any other source of information the analysts need to fully understand the problem on which they are writing. Then, leveraging their expertise, those analysts write finished intelligence articles, which cite to the raw intelligence reports. Finished intelligence articles contain a mix of fact and assessment.

Although the intent of the system is for policymakers to receive mostly finished intelligence, as a practical matter they read both raw intelligence reports and finished intelligence articles. Throughout this report, the Committee will use 'reports' to refer to raw intelligence and 'articles' to refer to finished intelligence.

Collecting and Analyzing Intelligence in Support of Health Security Officials

Much of the United States' engagement in the global health security space is diplomatic. Health security is governed by a series of international agreements, such as the International Health Regulations (IHRs), and is managed in concert with foreign partners and institutions, including the World Health Organization (WHO). As it does on all foreign policy topics, the IC collects intelligence and writes analysis regarding infectious disease and health topics that are of interest to policymakers negotiating these international agreements and working with foreign counterparts in this space.

Similarly, the IC collects intelligence on the capabilities, plans, and intentions of foreign intelligence targets with a nexus to other nations' biological research and biological warfare capabilities. The IC gathers information and writes analysis about such foreign biological

[24] "What Is Intelligence," Office of the Director of National Intelligence, accessed January 26, 2022, http://www.dni.gov/index.php/what-we-do/what-is-intelligence.

capabilities in an effort to identify threats to national security and arm policymakers with the information necessary to mitigate those threats.

For example, the Department of State produces an annual report on countries' adherence to arms control agreements and commitments, to include determinations regarding foreign biological weapons programs. Intelligence collection feeds that annual report, which enables policymakers to 'name and shame' countries that do not live up to their obligations, raising the diplomatic costs of bioweapons proliferators.

Moreover, when a disease emerges, the IC's collection capabilities can help senior policymakers understand whether the disease is naturally occurring or human-made, and whether the disease emerged from zoonotic transmission, accidental exposure in a lab (or some other intermediary), or intentional release by a malicious actor.

Warning of Diseases with Pandemic Potential

The Intelligence Community also warns policymakers across the U.S. government of the emergence of novel diseases of pandemic potential. This mission sits alongside and complements the parallel warning mission of public health agencies, most notably the CDC. In that sense, it is useful to think of pandemic warning as having two 'tracks': an intelligence 'track' and a public health 'track'. The public health track draws on information available to the CDC and flows to senior policymakers at HHS and the NSC through CDC officials; the function and performance of that track is outside the scope of this report.

The intelligence track draws on information available to the intelligence community, including information collected through the various intelligence disciplines: human intelligence (HUMINT), [redacted] and, critically, open source intelligence (OSINT).

Notwithstanding the IC's tremendous collection capabilities, the *first* indication of a disease with pandemic potential most often comes through open source information. Both public health and intelligence professionals told the Committee that the first warning sign of a potential pandemic that they watch for is the identification of a "novel" disease – one for which humans do not have acquired immunity. Such determination is made by public health authorities who identify a disease, rule out known causes, and announce the finding to the public.[25]

[25] For example, as described in detail below, SARS-CoV-2, the virus that causes COVID-19, was first identified as a novel virus when the Wuhan municipal government issued an emergency notice on December 30 to hospitals that it had identified a cluster of pneumonia-like cases but had ruled out a set of known viruses as possible causes. The Wuhan government only announced that fact publically when the emergency notice leaked onto social media sites. *See, e.g.* Sui-Lee Wee and Vivian Wang, "China Grapples with Mystery Pneumonia-Like Illness," *New York Times*, Jan. 6, 2020.

[redacted]

As a matter of ordinary practice – and as required by the International Health Regulations[26] – public health authorities typically announce the discovery of a novel disease once it is identified. That announcement, in turn, is generally picked up and publicized by independently run open source monitoring services. The most important of these services is the Program for Monitoring Emerging Diseases (ProMED), which is run by the International Society for Infectious Diseases.[27] Since 1994, ProMED has monitored internet reports "to identify unusual health events related to emerging and re-emerging infectious diseases."[28] According to both public health officials and intelligence officials interviewed by the Committee, ProMED is routinely monitored by public health and intelligence officials tasked with warning of infectious diseases. It is the tool of first resort for identifying an unusual disease event that requires closer monitoring.

Put in intelligence terms, ProMED is an OSINT tool that provides the first indications and warning of an emerging event and allows the IC to focus other collection capabilities on a disease with pandemic potential.

Three central takeaways emerged from the Committee's investigation into the IC's pre-COVID role in pandemic warning.

First, as it is currently postured, the 'intelligence track' relies heavily on the 'public health track' for its first indications of a disease. The IC is *not* uniquely positioned to identify new diseases that public health authorities have not yet found themselves. Once a novel disease *is* identified, however, the IC can use its intelligence collection capabilities to help the United States government better understand the ground truth and circumstances – especially if the originating country attempts to conceal the existence or severity of a reported outbreak. When the IC knows where to focus its clandestine capabilities, it can reveal portions of the foreign response that that government might keep secret. The IC can also use its analytic and modeling capabilities to help policymakers better understand the disease, its trajectory, and the effects it will have on U.S. national security. But only rarely does the IC spot an unusual disease on its own before the public health community.[29]

Second, although the 'intelligence track' relies on the 'public health track' for an initial indication, **the Committee still judges that the intelligence track is both valuable and**

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[26] World Health Organization, *International Health Regulations, 3d Ed.*, Article VI (Geneva: WHO, 2005).

[27] "About ProMed," ProMED, accessed August 5, 2021, http://promedmail.org/about-promed/.

[28] *Id.*

[29] The Committee is aware of one possible example where the Intelligence Community may have provided the initial warning of a disease – and even then, it was through OSINT. At a site visit with Committee staff, NCMI claimed that NCMI's Infections Disease Division was the first to warn the U.S. government of the outbreak of Ebola in West Africa. According to NCMI officials, the warning for Ebola came from the translation of a French language newspaper in Guinea in December 2013. NCMI deployed an analyst to support the Defense Attaché before U.S. forces deployed. The Committee has not independently verified the claim that NCMI warned of the West African outbreak before other U.S. Government entities.

necessary. By monitoring open source for indications of a novel disease, officers working within the intelligence agencies responsible for clandestine collection will learn of a novel disease faster than they would without such monitoring. This enables a quicker pivot of the Intelligence Community's unique clandestine collection apparatus. Moreover, the Intelligence Community is closely tied to the National Security Council policymaking process, regularly feeding information to the NSC staff at every level: Director, Senior Director, and above. Monitoring and responding to potential emerging crises is a natural NSC function; NSC policymaking will be helped if those responsible for warning its staff are themselves watching closely for the first indications of a novel disease.

Moreover, the professional culture of intelligence analysts may make them particularly valuable to policymakers. Because so much intelligence analysis involves the application of expertise to fragmentary or inconsistent information, intelligence analysts are accustomed to rendering forward-looking estimative judgments that help policymakers prepare for future threats that may or may not materialize. For example, intelligence analysts at NCMI, analyzing the same fragmentary evidence being examined by the World Health Organization warned policymakers on January 24 that there was a "roughly even chance" of a global pandemic in the next four months: WHO eventually declared the existence of a global pandemic on March 11.

Third, key intelligence functions require further sustained investment to improve the IC's ability to warn of pandemics independent of information generated on the public health track.

Some of that investment involves the focus of traditional intelligence tools [redacted] on targets that have information that would serve U.S. health security policymakers. As noted above, because the target set is vast, the Intelligence Community will need to carefully prioritize its exquisite collection resources on the [redacted]

In sum, the most important investment that the Intelligence Community can make to improve its ability to warn of pandemic disease – whether the result of zoonotic transmission, a lab accident, or a biological attack – is to improve the IC's ability to glean insights from masses of open source data.

The IC's Intelligence Advanced Research Projects Activity (IARPA), housed within the Office of the Director of National Intelligence (ODNI), is the central community node for making bets on emerging research and technologies that may ultimately enhance existing IC capabilities or meet evolving intelligence priorities. For nearly 15 years, IARPA, and its predecessor – the Intelligence Technology Innovation Center (ITIC) – have developed and touted programs that offered the enticing potential to tip intelligence officials of anomalous events or groundswells overseas, to include tracking diseases.

[redacted]

For example, Committee interviews pointed to a project [redacted] ITIC in the mid-2000s called ARGUS – "a monitoring program that provides early warning on the spread of diseases and epidemics," according to a congressional notification received in September 2006. ARGUS surveyed the open internet, looking for notable spikes or changes in disease-related keywords to indicate a possible outbreak, and contemporaneous IC documentation praised its utility in providing early warning for avian flu. However, by late 2007, an IC-sponsored review of ARGUS found a "lack of validation for the methodology" used. In the face of funding shortfalls and bureaucratic hurdles, ARGUS never delivered on its initial promise of a robust OSINT-based disease detection tool.

Previous attempts to use big data to generate public health insights have not been successful. Most notably in the public sphere, Google Flu Trends, an effort to use internet searches to estimate the prevalence of seasonal flu, failed to accurately describe the peak of the 2013 flu season.[30] That said, in the Committee's judgment, prior struggles are not a reason to abandon these aspirations, especially with consistent improvements in technological capabilities and big data analytics. When allocating resources, IC leaders should continue to place smart bets on capabilities that derive useful intelligence information from masses of open source data.

This is a proper function of the IC because the analytic approach has applications well beyond the global health security context. Many key intelligence questions – the probability of imminent state failure, the likelihood of refugee flows, the political stresses that will result from climate change – cannot be answered by stolen secrets alone. The IC's ability to prevent strategic surprise, whether from the next Arab Spring or the next COVID-19, depends on building better open source capabilities.

Informing Policymakers About the Effects of Disease on Geopolitics

As the National Intelligence Council has written, the COVID-19 pandemic "has shaken long-held assumptions about resilience and adaptation and created new uncertainties about the economy, governance, geopolitics, and technology."[31] A fundamental IC mission is to analyze and contextualize the impacts of a disease on a foreign country's stability, governance, military readiness, its government's plans and intentions, and a host of other factors of interest to policymakers outside of global health security. In this respect, disease is similar to any other disruptive force in world politics. Policymakers want to peer over the horizon and understand tomorrow's threats and changes today. Forecasting how disease will shape that world in times of both high and low biological threat remains a core, self-declared role of the Intelligence Community.

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[30] David Lazer and Ryan Kennedy, "What We Can Learn from the Epic Failure of Google Flu Trends," *Wired*, Oct. 1, 2015. *See also* Jeremy Ginsbert et al., "Detecting Influenza Epidemics Using Search Engine Query Data," *Nature* 457 (2009): 1012-1014.

[31] National Intelligence Council, *Global Trends: 2040*, 11.

How Different Institutions Contribute to the IC Mission

Much of the IC's work remains classified and can only be described very generally – the varying levels of detail in the thumbnail sketches below do not reflect the full reach or impact of each agency described.

National Security Council

Although not part of the Intelligence Community, National Security Council's role is essential in understanding the Intelligence Community's work. The NSC's focus on global health security issues has waxed and waned over time across multiple administrations. The NSC has not even consistently had a directorate focused on pandemic preparedness led by a Senior Director[32] – a version of the current Directorate for Global Health Security and Biodefense was established in 1998; disbanded in 2001 under the Bush administration; recreated after the 9/11 attacks; abolished at the start of the Obama administration; reconstituted in the face of the 2014 Ebola outbreak in West Africa; and eliminated again by the Trump administration in 2018.[33]

According to former NSC officials interviewed by the Committee, the National Security Council serves three principal functions in the context of biothreats:

- *Preparedness*. By coordinating the interagency, the NSC identifies opportunities to build architecture within the U.S. government and in the rest of the world to spot disease threats.
- *Monitoring*. The NSC creates a demand signal for indications and warnings of a pandemic from both the IC and the public health community.
- *Outbreak Response*. In the words of one former official, the NSC pandemic office can "knit together" numerous flows of information from all sources, including the IC, to develop a common operating picture as officials respond to the outbreak of a disease with pandemic potential. The NSC can serve to coordinate and de-conflict the U.S. response efforts, identify capabilities, especially in agencies like the Department of Defense, that do not ordinarily participate in public health.

For the Intelligence Community, the monitoring function of the NSC is crucial: it creates a market for the IC's collection and analysis during the pre-crisis steady state. The Intelligence Community is a flexible, requirements-driven collective of agencies. It responds to changes in needs of policymakers. When global health topics are an explicit priority of the President's staff

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[32] In the typical organization of the National Security Council, a Senior Director is a staff member who reports directly to the Deputy National Security Advisor or National Security Advisor. Such staff are, at most, two levels of hierarchy removed from the President; some staff are empowered to bring a topic to the President immediately under their own initiative. That said, the precise organization of the NSC varies from administration to administration.

[33] Kenneth W. Bernard, "The White House Signals that Bioterrorism and Disease Don't Matter – Again," *Washington Post*, May 22, 2018.

at the White House, the IC will maintain or surge support to that priority – making the Community more likely to spot, collect on, and understand emerging disease events faster.

National Center for Medical Intelligence

The National Center for Medical Intelligence is an element of the Defense Intelligence Agency (DIA) that leads DIA's efforts to collect and analyze intelligence relevant to medical issues. NCMI's mission is to "provide defense-focused intelligence analysis on health and medical issues related to foreign militaries and operating environments."[34] In creating NCMI, the Department of Defense sought to establish a single center to serve as the "indispensable source of defense medical intelligence."[35]

NCMI is a low-profile IC organization staffed by dedicated professionals who demonstrate impressive impact. Its longtime customers in the Department of Defense speak highly of its production. In general, NCMI writes analysis but does not itself collect intelligence. It tasks other parts of the IC to engage in collection on its behalf. Open source collection is an exception to that general principle, because NCMI *does* collect and analyze open source information.

The Committee judges that, of all the finished intelligence on the outbreak and spread of COVID-19, **NCMI's warnings were the clearest and most useful**, particularly for an audience of generalist policymakers.

However, NCMI's lack of prominence in the IC, its comparatively isolated location at Ft. Detrick, MD, deep budget cuts in 2014, and its focus on a traditional defense customer base have hindered its ability to serve as a true, visible center of excellence on medical intelligence within the IC and in support of national policymakers. Indeed, one NSC official who spoke to the Committee said that they "did not follow" NCMI's key pandemic warning work.[36] One former senior NSC official who briefed the Committee (and had prior experience managing the outbreak of Ebola in West Africa) appeared not to have heard of NCMI at all.

Properly supporting NCMI is an urgent intelligence need and should be a top priority of the Director of the DIA and the DNI. Ending the cycles of crisis and complacency in global health security requires devoting resources and the attention of senior IC officials to the parts of the community needed to protect the country from an emerging health security crisis. NCMI is at the forefront of those efforts; that it performed as well as it did with the capabilities and resources given to it is a testament to the dedication of its people. IC senior leadership and the Congress must ensure that NCMI has the support that it needs to improve its performance to get ready for the next pandemic.

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[34] NCMI placemat at 1.

[35] DODI 6240.01 at 4.a.

[36] Quotations from briefing calls and site visits that appear throughout the report were recorded in staff notes.

[redacted]

NCMI's placement within the Defense Intelligence Enterprise is largely an artifact of the history of medical intelligence. Ultimately, because of its geographic isolation, its niche mission, and its pre-existing defense focus, the Committee doubts that NCMI will be able to serve as a truly 'national' center. For this reason, and as described further in the findings and recommendations section, the Committee recommends the creation of a designated center in ODNI with a global health security mission.

Office of the Director of National Intelligence

ODNI works on the global health security mission in several ways. *First*, the Director of National Intelligence "serves as the head of the Intelligence Community" – including its work on global health security and pandemic preparedness – and "establish[es] objectives, priorities, and guidance for the Intelligence Community to ensure timely and effective collection, processing, analysis, and dissemination … of national intelligence," including intelligence related to the subject of this report.[37] Most importantly, ODNI oversees the process that establishes the National Intelligence Priorities Framework (NIPF), which sets priorities for collection and analysis of the entire IC.[38] Among other intelligence topics, the NIPF includes an entry for "Infectious Disease and Health" [redacted]

Second, ODNI oversees the National Intelligence Management Council (NIMC). The National Intelligence Managers (NIMs) of the NIMC "provide a single voice to policymakers to orient and guide collection and analytic activities" – in essence, to oversee and attempt to coordinate collection and drive analysis among the various different IC elements.[39] In an emerging crisis, a NIM can issue a Collection Emphasis Memorandum (CEM) directing that additional collection resources be focused on an emerging problem. As described further below, the January 29, 2020 CEM directing further collection on issues related to COVID-19 was issued by the NIM for East Asia.

Third, ODNI houses the National Counterproliferation and Biosecurity Center (NCBC), which is statutorily mandated to "prevent and halt the proliferation of weapons of mass destruction" and to "lead integration and mission management of all intelligence activities pertaining to biosecurity and foreign biological threats."[40] During the earliest stages of the pandemic, NCBC (while it was still known as the "National Counterproliferation Center," or "NCPC") worked closely with the NIM for East Asia in the IC mission response to COVID-19. Naturally emerging disease outbreaks were not formally, let alone statutorily, part of then-

[37] Intelligence Reform and Terrorist Prevention Act, 50 U.S.C. §§ 3023(b)(1), 3024(f)(1)(A)(i).

[38] Office of the Director of National Intelligence, *National Intelligence Priorities Framework*, Intelligence Community Directive 204 (Vienna, VA: 2021), http://fas.org/irp/dni/icd/icd-204.pdf.

[39] "Intelligence Integration – Who We Are," Office of the Director of National Intelligence, last accessed Aug. 9, 2021, http://www.dni.gov/index.php/who-we-are/organizations/ddii/ddii-who-we-are/.

[40] 50 U.S.C. § 3057.

NCPC's remit, but it nonetheless maintained important expertise in biological weapons that lent itself to the broader spectrum of biological threats, whether natural or human-caused.[41]

Fourth, ODNI oversees the NIC, which is comprised of the IC's principal subject matter analysts and provides Community-coordinated strategic analysis on regional and functional issues. Past NIC analyses have featured strategic warning about the impact that pandemics and disease outbreaks might have on U.S. interests and in their originating countries and regions. During the pandemic, the NIC authored of a number of IC-coordinated analyses about the anticipated impact of COVID-19 on global affairs.

Fifth, ODNI houses IARPA, which makes high-risk, high-payoff investments in emerging research and technologies. As referenced early, prior IARPA programs have included attempts to use publicly available information to tip and cue intelligence officers about rapidly emerging seminal events, including the early spread of infectious diseases.

Finally, ODNI manages the production and dissemination of the President's Daily Brief (PDB) – the premier daily summary of the most important and sensitive intelligence reporting and analysis for the intelligence community's ultimate customer. References to COVID-19 as an item that appeared in President Trump's PDB are addressed more fully in other sections of this report.

Central Intelligence Agency

The Central Intelligence Agency (CIA)'s work intersects the Intelligence Community's global public health mission in three ways. *First*, CIA writes all-source analysis on issues relevant to global health security policymakers. CIA's remit includes both analysis of trends in global health security [redacted] as well as a mission to warn policymakers when a novel disease with pandemic potential is identified. *Second*, as the National Human Intelligence (HUMINT) Mission Manager, CIA collects human intelligence on all topics, including global health security. *Third*, the Director of the CIA (DCIA) has been designated by the DNI as the Intelligence Community's functional manager for OSINT. In that role, the DCIA is tasked with "coordinat[ing], deconflict[ing], and evaluat[ing] open source activities across the IC."[42] As a practical matter, this mission is achieved through management of CIA's Open Source Enterprise, resident within CIA's Directorate of Digital Innovation (DDI).

The CIA is one of the leading analytic organizations in the Intelligence Community; in the Committee's judgment, analysts in CIA's Office of Global Issues, [redacted]

[41] Arising out of oversight for this report, in the FY 2021 Intelligence Authorization Act, Congress re-scoped the mission of NCBC to more explicitly take biological threats into account. Implementation of the Committee's changes have been slow. Nevertheless, the Committee remains committed to institutionalizing and centralizing key responsibilities it had already assumed on behalf of the IC in this space.

[42] Congressional Notification, 'Designation of D/CIA as Open Source Functional Manager', 9 August 2012.

are among the best at the Agency. Nevertheless, unlike NCMI, CIA's warnings of pandemic disease were not contextualized as well as they should have been for generalist policymakers. For example,

That is unfortunate, because CIA's analysts are much more deeply integrated with key institutions like the NSC, the PDB staff, and the NIC.

National Security Agency

The National Security Agency (NSA) contributes to the Intelligence Community's security mission by collecting and analyzing signals intelligence on security topics.

The signals intelligence reports that NSA prepares are provided directly to policymakers They are also provided to all-source IC analysts, NSA reviews its existing collection for responsive information to address the original query.

[redacted]

National Geospatial Intelligence Agency

The National Geospatial Intelligence Agency's (NGA) health security work largely consists of providing mapping and other geospatial analytic services after the outbreak of a disease. In particular, NGA's Research Directorate creatively uses information available to it – including open source information – to prepare analysis about how people travel, activity that can assist with modeling the spread of disease. By providing these tools – and maps presenting information that uses the tools – to all-source IC analysts, NGA enriches the analysts' finished intelligence that is presented to policymakers.

Geospatial intelligence, if used effectively, can serve as an early indicator of a potential disease requiring further intelligence collection and inquiry in bilateral public health channels. For example, NGA's use of artificial intelligence and machine learning to identify images of interest to NGA analysts could be trained to flag for analysts when the parking lot at a hospital is unusually full. The fact of a full parking lot, in and of itself, is not an indicator of a novel disease; parking lots can be full for many different reasons. An unusually full parking lot (or a city full of them) could, however, provide a prompt to public health officials to make inquiries of their counterparts in diplomatic channels or prompt the Intelligence Community to begin pivoting clandestine collection to attempt to identify a looming disease threat.

THE IC'S PERFORMANCE DURING THE COVID OUTBREAK

Through its review, the Committee endeavored to understand both how the Intelligence Community was postured institutionally to support pandemic preparedness and global health security policymakers before the outbreak of COVID-19 and how the IC's institutions performed during the early months of that crisis.

The Committee chose to focus on the months of November 2019 to March 2020, because it is during the early months of a pandemic that the Intelligence Community can have the greatest impact, largely through efforts to warn policymakers and inform their decision-making and early crisis response.

[redacted]

The Committee found that the Intelligence Community issued warnings starting in the third week of January 2020, with those warnings growing increasingly dire throughout February and March. The IC has succeeded in its warning mission when it gives policymakers notice of a threat far enough in advance that they have time to act. The Intelligence Community's finished analysis certainly cleared that bar.[43]

Former President Trump's claim that the Intelligence Community "spoke of the Virus [*sic*] in a very non-threatening, or matter of fact, manner" simply does not match the record of intelligence analysis published in late January and February – weeks before President Trump's rhetoric matched the severity of the situation.

The record of Intelligence Community's support to the National Security Council's response, however, is far more mixed. Behind the scenes, NSC officials – and some senior officials – were pushing the Intelligence Community for more detailed information about ground truth in Wuhan, Chinese government obfuscation, the origins of the virus, and other questions. Because the Intelligence Community did not pivot its clandestine collection quickly enough, it could not answer those questions.

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Autumn 2019: Unknown Origins

The circumstances under which SARS-CoV-2 first entered the human population – a jump that likely occurred in the fall of 2019 – are currently unknown. As of this writing, the conclusions of the Intelligence Community are unchanged from the declassified IC assessment released August 27, 2021 and updated in a report issued on October 29. A plurality of IC elements assess with low-confidence that zoonotic transmission – an infection caused by "natural exposure to an animal" infected with the virus or a close relative – was most the most likely vector for transmission.[44] One IC element assesses with medium confidence that a lab leak is most likely.[45] Three other elements judge that the evidence remains insufficient to make a call one way or the other.[46]

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[43] In setting this criterion for success, the Committee does so against the background of the realities of executive branch decision-making. Every policymaking agency brings its agenda into the NSC and interagency discussions. The role of intelligence is to provide a neutral, objective picture of the threats facing the country – to sit at the table and "[keep] the game honest," in the words of former DCIA Richard Helms. Even if the Intelligence Community says exactly the same things as a policymaking agency, by validating the assessments of subjective observers, it is still serving its function by lending the credibility of its objective assessments to policymakers advocating for action.

[44] National Intelligence Council, *Key Takeaways on COVID-19 Origins*, 1.

[45] *Id.*

[46] *Id.* Since the declassification of ODNI's Updated Assessment on COVID-19 origins on October 29, 2021, one IC element has published a classified assessment noting that [redacted]

[redacted]

During the final weeks of the previous administration, the State Department revealed publicly that "the U.S. government has reason to believe that several researchers inside the [Wuhan Institute of Virology] became sick in autumn 2019, before the first identified case of the outbreak, with symptoms consistent with both COVID-19 and common seasonal illnesses."[47] This revelation has been used to strengthen the case for a laboratory origin. Former Secretary of State Pompeo pointed to the report as a key piece of evidence when he concluded that "every stick of evidence" points to a laboratory origin.[48] A report by this Committee's minority pointed to this information as "significant circumstantial evidence" that "raises serious concerns" the virus "may have been" a lab leak.[49]

These statements are technically true. They are also deeply misleading. The U.S. government does not know what caused these illnesses among WIV researchers, nor does it know whether these illnesses were, in fact, COVID-19. Ultimately, when IC professionals conducted their careful analysis of the origins of COVID-19, they concluded that the information about the sick researchers was "not diagnostic" – it did not strengthen either the lab leak theory or the natural origin theory.

Late December: First Indications of a Novel Virus

On December 24, 2019, doctors at Wuhan Central Hospital sampled the lungs of a patient with pneumonia.[50] They sent the results to Vision Medicals in Guangzhou for analysis.[51]

[redacted] The assessment was not coordinated with the rest of the community; the Committee is not aware of it changing the overall consensus judgment of the IC on the origins of COVID-19.

The publication of this assessment – and the continuing work done within the IC on COVID origins – is evidence of a healthy culture of objective analysis following the facts where they lead.

Nothing about either origin theory should change Americans' assessment of the botched U.S. government response in the early months of the pandemic. Whether the virus came from a lab or natural transmission, the U.S. policy response to a small scale exposure to a novel virus in Wuhan during the fall of 2019 is exactly the same regardless of whether that small scale exposure occurred in a laboratory or through natural contact.

[47] "Fact Sheet: Activity at the Wuhan Institute of Virology," Department of State, 2021, https://2017-2021.state.gov/fact-sheet-activity-at-the-wuhan-institute-of-virology/index.html.

[48] "Pompeo: China 'must be held accountable' for 'reckless' Wuhan lab leak & 'cover-up'," June 29, 2021, Sinclair Broadcast Group, video, 1:10

[49] "In Focus: COVID-19 and the Wuhan Institute of Virology," House Intelligence Committee Republicans, 2021, https://www.republicans-intelligence.house.gov/uploadedfiles/covid-19_and_the_wuhan_institute_of_virology_19_may_2021.pdf.

[50] Susan V. Lawrence, *COVID-19 and China: A Chronology of Events (December 2019 – January 2020)*, CRS Report No. R46354, (Washington, DC: Congressional Research Service, 2020), 14, https://crsreports.congress.gov/product/pdf/r/r46354. The CRS report cites *Caixin Global* for this portion of its narrative. Caixin is a Chinese and English language publication based in Beijing known for investigative journalism and financial reporting. Despite its reputation for investigative journalism, its activities and published articles are subject to State censorship laws and influence from China's Central Government; the Committee credits its accounts with appropriate caution.

[51] *Id.*

According to an account given to *Caixin* media, on December 27, Dr. Zhao Su, Wuhan Central Hospital's head of respiratory diseases received a call from the lab: "They just called us and said it was a new coronavirus."[52] That same day, doctors at the Hubei Provincial Hospital of Integrated Chinese and Western Medicine alerted the Center for Disease Control for Jianghan District – one of Wuhan's 13 districts.[53] By December 29, the Wuhan Municipal Center for Disease Control had tasked a team of experts to investigate the reports.[54]

On December 30, information about a mysterious 'SARS-like' illness were circulating on Chinese social media, largely through networks of doctors in Wuhan.[55] An EAC is a meeting convened at an embassy or consulate to "assist[] the ambassador in planning and preparing for crises, including possible evacuation."[57] At the time of the EAC, the Wuhan health authorities had not yet notified the public of the threat.

At 3:10 p.m. Chinese Standard Time on December 30, the Wuhan Municipal Health Commission issued an "urgent notice" to Wuhan medical facilities; the message leaked onto social media within 12 minutes of its issuance.[60] That notice was "widely distributed" throughout Chinese social media. On the morning of December 31 – still the evening of

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[52] *Id.*

[53] *Id.*

[54] *Id.*

[55] *Id.*

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[57] Jess T. Ford, *State Department: Evacuation Planning and Preparations for Overseas Posts Can Be Improved*, GAO -08-23 (Washington, DC: Government Accountability Office, 2008), 20.

[58] 19 Wuhan 112 (31/DEC/2019).

[59]

[60] Lawrence, *COVID-19 and China*, 15-16.

[redacted]

December 30 in the U.S. – a China Business News reporter called the Wuhan Municipal Health Commission hotline and confirmed the validity of the notice.[61]

About 15 hours later – around 8:30 p.m. EST – Marjorie Pollack, a Brooklyn epidemiologist and deputy editor of ProMED was contacted by "a frequent and reliable" Chinese-speaking contributor, according to an account she gave to *Wired* magazine.[62] Pollack pinged ProMED's network of readers and contributors; within a few hours, they found the Chinese reporter's confirmation of the authenticity of the notice.[63] At 11:59 p.m. on December 30, Pollack published the ProMED notice to the ProMED list-serv and on the internet.[64]

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[61] "Undiagnosed Pneumonia – China (Hubei): Request for Information," ProMED, December 30, 2019, https://promedmail.org/promed-post/?id=20191230.6864153; "Wuhan Unexplained Pneumonia Has Been Isolated and Test Results Will Be Announced as Soon as Possible," *Sina Finance*, December 31, 2019 (10:16 CST), https://bit.ly/3Dd0Q3s (machine translation).

[62] Maryn McKenna, "How ProMED Crowdsourced the Arrival of COVID-19 and SARS," *Wired*, March 23, 2020, https://www.wired.com/story/how-promed-crowdsourced-the-arrival-of-COVID-19-and-SARS/.

[63] *Id.*

[64] *Id. See also* ProMED, "Undiagnosed Pneumonia."

ISID ProMED

Published Date: 2019-12-30 23:59:00
Subject: PRO/AH/EDR> Undiagnosed pneumonia - China (HU): RFI
Archive Number: 20191230.6864153

UNDIAGNOSED PNEUMONIA - CHINA (HUBEI): REQUEST FOR INFORMATION
****

A ProMED-mail post
http://www.promedmail.org
ProMED-mail is a program of the
International Society for Infectious Diseases
http://www.isid.org

[1]
Date: 30 Dec 2019
Source: Finance Sina [machine translation]
https://finance.sina.cn/2019-12-31/detail-iihnzahk1074832.d.html?from=wap

Wuhan unexplained pneumonia has been isolated test results will be announced [as soon as available]

On the evening of [30 Dec 2019], an "urgent notice on the treatment of pneumonia of unknown cause" was issued, which was widely distributed on the Internet by the red-headed document of the Medical Administration and Medical Administration of Wuhan Municipal Health Committee.

On the morning of [31 Dec 2019], China Business News reporter called the official hotline of Wuhan Municipal Health and Health Committee 12320 and learned that the content of the document is true.

Fig. 1: 30 December ProMED Notice

The next day, December 31, Mark, an analyst at the National Center for Medical Intelligence reviewed the ProMED notice.[65] Mark was [redacted] NCMI analysts responsible for monitoring open source information for what NCMI terms "diseases of operational significance." When NCMI analysts become aware of an unusual health event in open source media, they upload that information to a database called Horizon. That database – a simple, text based tool – disseminates the report on the disease, along with their commentary, to NCMI's primary day-to-day customers: the Intelligence Directorates (J-2s) at the eleven combatant commands spread around the globe. J-2 officers in those commands regularly read Horizon for both its information and the expert commentary provided by NCMI analysts, to determine whether a disease in their area of operations merits a briefing to the Combatant Commander or a change in force protection posture.

[65] Mark is a pseudonym.

[redacted]

At 2:06 p.m., Mark entered the ProMED notice into Horizon. This was the first indication within the Intelligence Community of the disease that would soon be named COVID-19. Mark designated the disease 'situational awareness'. In the comment box accompanying the entry, Mark wrote 'possible pandemic warning update.'

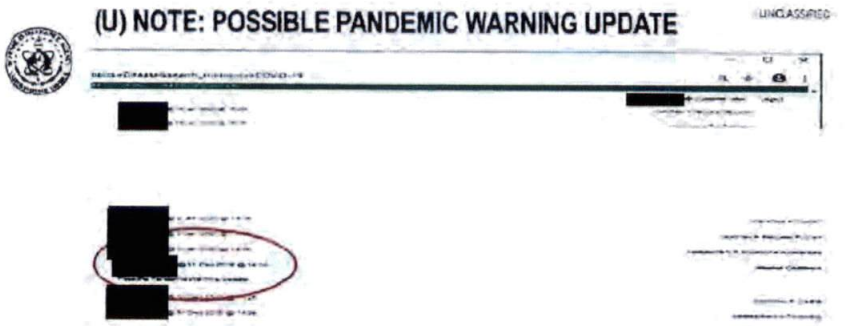

Fig. 2A and 2B: Sections of Horizon Printout from COVID-19 Entry (Provided by DIA)[66]

Mark's comment was significant. Along with the Joint Staff's Intelligence Directorate (J-2), NCMI was responsible for managing the Defense Intelligence Enterprise's pandemic warning problem. In 2013, DoD issued DoD Directive 3115.16, which establishes the Defense Warning Network (DWN). The DWN provides "warning of threats, foreign capabilities, and intent in an accurate and timely manner." As a recent DoD Inspector General report put it, establishing an enduring warning problem "focus[es] attention, collection and analysis on a specific threat and monitor[s] the threat closely for a potentially indefinite period."[67]

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[66] For ease of reading, the Committee has included only screenshots from the relevant portion of DIA's slide.

[67] DOD Directive 3115.16; Department of Defense Inspector General, *Evaluation of U.S. European Command's Warning Intelligence Capabilities*, DOD IG 2020-055, (Alexandria, VA: DOD, 2020), 2, http://www.media.defense.gov/2020/Feb/05/2002244004/-1/-1/1/DODIG-2020-055_REDACTED508.pdf.

[redacted]

[redacted]

[redacted]

Fig. 3: [redacted]

The WATCHCON has four levels associated with it: Level 4 (Environment for Crisis); Level 3 (Potential Crisis); Level 2 (Probable Crisis); and Level 1 (Imminent Crisis).[69] [redacted]

[redacted]

Put another way, as early as the afternoon of December 31, Mark had already flagged the emerging disease event as an event that warranted close scrutiny, [redacted]

[68] DOD IG 2020-055.

[69] NCMI Request for Information, Question 16(c), [redacted], 1 April 2020.

[redacted]

Staff at the White House were also alarmed by the ProMED entry. One NSC official told the Committee that he first learned of the unexplained pneumonia on New Year's Eve, when he received a call from the Director of the Office of Global Affairs at HHS. The Director had learned of the ProMED entry; the Director told the NSC official that the CDC was tracking a pneumonia and that they were "on top of it".

On December 31, the AP published a short story that included much of the information in the ProMED notice. The AP reported that "Chinese experts" were looking into "an outbreak of respiratory illness" and that "unverified information online" claimed that it was an outbreak of SARS.[70] This is the first Western press story regarding the outbreak that the Committee has identified.

Early January: the Beginnings of a Response at the NSC and in the IC

On January 1, CDC issued a Situational Report on the virus titled "China Pneumonia of Unknown Etiology Situational Report."[71] That report summarized what was known about the virus, including that there was "no obvious transmission among people to date," that "no hospital staff who have been infected," and that there were no cases outside Wuhan.[72]

On January 2, Susan, another analyst at NCMI responsible for helping maintain the pandemic warning problem, updated the Horizon entry for this unknown, unnamed anomaly from "following" to "situational awareness."[73] Because the Horizon database was accessible directly to NCMI's 'customers' at the combatant commands, the intelligence directorates at those commands would have known that NCMI was beginning to follow the emerging disease event more closely, even if there was not yet concrete cause for concern. In the updated post, Susan noted that no deaths had been reported in the 27 cases of "atypical pneumonia" – and that no human-to-human transmission had been detected.

The human-to-human transmission point is critical. Public health experts consulted by the Committee and the IC's analysts both told the Committee that they look for two key indicators that an anomalous disease incident may be particularly concerning: whether the virus is novel – meaning that it has not previously spread in humans and therefore humans will have no pre-existing immunity – and whether there is efficient human-to-human transmission. A novel virus with efficient human-to-human transmission is of serious concern and will be a candidate for becoming a regional epidemic or a global pandemic.

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[70] Associated Press, "China Investigates Respiratory Illness Outbreak Sickening 27," *Associated Press*, December 31, 2020, http://www.apnews.com/article/asia-pacific-health-china-wuhan-epidemics-00c78d1974410d96fe031f67edbd86ec.

[71] Bob Woodward, *Rage*, (New York: Simon and Schuster, 2020), 213 and photo insert.

[72] *Id.*

[73] Susan is a pseudonym.

[redacted]

According to the ABC News reporting, the next day, on January 3, a "detailed explanation" of the novel virus appeared in President Trump's Presidential Daily Brief.[74] Although the Committee's investigation cannot rule out the possibility that the novel virus was *mentioned* during a PDB briefing, for several reasons, the Committee assesses that a "detailed explanation" is unlikely.

First, individuals at the working level in the federal government did not themselves have a "detailed understanding" of the virus at this point. NCMI analysts and the NSC did not describe such an understanding to the Committee; [redacted] told the Committee that they were generally aware of the ProMED article but [redacted] on the disease until significantly later in January. The odds are not high that a detailed explanation of the disease would be included in a PDB when working level officials were only beginning to track the disease.

Second, although NCMI was tracking the disease in its Horizon database, the Committee is unaware of any formal finished intelligence production on the virus until the middle of January 2020. Although the Committee did not receive the PDB despite repeated requests, versions of many articles that are written in the PDB appear in the classified platforms to which the Committee has access. The lack of finished intelligence articles prior to mid-January is telling.

Third, as described further below, the Committee does have some insight into PDB production on the virus in January 2020. As part of the ordinary process of preparing the PDB, draft articles are sent to every element of the Intelligence Community for 'coordination' – a review to ensure that the element agrees with the judgments made by another element and that it is not aware of any inaccuracy in the piece. Staff at one element consulted their contemporary notes and provided the Committee with dates and titles of PDB articles that went around for coordination.[75] As part of the usual PDB process, those articles would typically have run in the PDB a day or so after coordination. So far as the Committee is aware, no article was circulated for coordination in early January.

That said, the Committee cannot rule out the possibility that the novel virus was raised with President Trump on January 3. The briefer or an NSC staff member at a PDB briefing with President Trump may have raised news reporting on the virus with him, without it being included in the written brief. Moreover, former PDB staff have described 'walk-ons,' whereby a PDB briefer would present information of interest – usually, but not always, finished intelligence – even though that information was not in the pre-determined list of articles to be briefed in the PDB.[76]

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[74] Margolin, "Intelligence Report Warned." Later versions of the article characterize the PDB appearance as "early January."

[75] Staff at a different IC element corroborated much of the information below regarding the PDB from memory.

[76] ODNI staff told the Committee that [redacted]

Unfortunately, despite repeated requests, the Executive Branch under both President Trump and President Biden has declined the Committee's request to provide dates and titles of PDB items relating to COVID-19.

On January 3, according to the *Washington Post*, the head of China's CDC George Gao spoke with Director Redfield to inform him of the situation in Wuhan.[77] Redfield told HHS Secretary Alex Azar, who instructed his Chief of Staff to inform the National Security Council. An NSC official who spoke with the Committee received a readout of that call shortly after it took place. That official told the Committee that that Gao said that he just returned from Wuhan and things were "bad, much worse than in the press" and that the disease was a "novel coronavirus." Gao was "clearly stressed out" and was "trying to get more information." He told Redfield to send a formal offer of assistance. On January 6, Gao called Redfield again; the NSC official again received a readout. This time, Gao had broken down crying because things were so bad on the ground. Gao said the health infrastructure was inundated and there was no preexisting immunity.

The sequence of events during the first week of January illustrates the two track nature of pandemic warning. Alarming information was circulating throughout the U.S. government throughout the week. Most of it, however, came from public health sources – the Wuhan Municipal Health Commission as picked up by ProMED or the China CDC as relayed through cooperative international public health channels.

At this point, relevant elements of the Intelligence Community were aware of the virus, but only because they were following the same sources as public health experts. the IC had not yet had the time – or the level of concern – necessary to bring clandestine collection capabilities to bear.

[77] Glenn Kessler, "Did Trump Offer Experts to China to Help with the Coronavirus?," *Washington Post*, April 3, 2020, http://www.washingtonpost.com/politics/2020/04/03/how-much-pressure-did-trump-put0china-access-cocnerning-coronavirus/.

[78]

According to NSC officials interviewed by the Committee, the NSC began to ramp up its crisis response based on information in the public health track, even in advance of IC warnings on the disease.

According to one official, once NSC officials saw the ProMED article and received the readout from the Gao calls, the NSC began convening meetings to make "everyone in the interagency aware of the situation" and "develop a common operating picture." The official recalled that there were quick turnaround times to schedule Policy Coordinating Committees (PCCs) and recalled an ethos that "this has [the] potential to be really, really bad" and that the administration "needed to be on top of it." There were also NSC meetings at "high levels" – likely Deputies Committees meetings and Principals Committee meetings – relatively quickly. Another NSC official recalled that, by mid-January, the NSC had already convened a daily rhythm of meetings: a morning call, a PCC in the mid-morning, and "very frequently" a Deputies Committee (DC) meeting in the afternoon.

In a cable dated January 7 Embassy Beijing documented the growing outbreak.[79] The cable reported that China's response was "marked by increased transparency compared" to SARS and other previous epidemics, even though "health contacts have indicated they have been instructed not to discuss

[79]

the outbreak."[80] However, "a lack of epidemiologic data" made it difficult to assess the risk to the U.S. or global health.[81]

According to the Embassy, patients "began showing symptoms between December 12 and 29" but there is "no confirmed human-to-human transmission of the disease" and no cases among healthcare workers.[82] The cable also provided on-the-scene observational reporting of the status of healthcare facilities and the lack of screening at transportation facilities in Wuhan: at Wuhan's "main infectious disease treatment facility" consulate staff observed a "special reception desk" for patients experiencing pneumonia symptoms and masked healthcare staff but "otherwise the hospital appeared to be operating normally."[83] That cable was copied to both the NSC and the CIA.[84]

According to one NSC official, the IC was not tracking the disease at all in early January. The NSC's priorities in early January were to get "ground truth" about "what was going on in Wuhan." The NSC was especially interested in what the Chinese Communist Party (CCP) was telling the world and what they might be hiding, whether there was human-to-human transmission, protecting U.S. diplomats in Wuhan, and activating the homeland defense apparatus.

Another NSC official told the Committee that although the official "loves the IC" they "weren't giving us anything on" COVID in the early weeks of the outbreak. That official was aware of occasional "frustration and anger" directed at an IC briefer by that briefer's principal, to the point when the official "felt bad" for the briefer. As the briefer told the NSC official: "we're just not structured" to provide information on an emerging pandemic. At this point, according to the official, the NSC was asking questions on where the virus came from, whether it was manmade, and "what it was" – meaning what its basic properties were. In contrast, the NSC official described the CDC's daily unclassified report as "very useful."

The Committee assesses that it is an overstatement to say that the IC was not tracking the disease at all in early January. IC officials were aware of the emerging reports of the disease, and assessing open source reports against the background of their analytic expertise. That said, based on the information needs articulated to the Committee by NSC officials and health security policymakers – both current and former – the Committee shares the judgment that clandestine collection provided limited value during January.

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[80] 20 BEIJING 74 (07/JAN/20) at ¶¶ 1, 9.

[81] *Id.* at ¶ 1.

[82] *Id.* at ¶ 3.

[83] *Id.* at ¶¶ 10-12.

[84] *Id.*

Press Reporting on November and December Intelligence

According to NBC News, sometime in late November, communications intercepts and overhead images indicating a public health crisis in Wuhan were distributed to some U.S. federal public health officials in the form of a "situation report" from an unspecified agency.[85] ABC News reported that the report came from NCMI.[86] According to ABC News, the alleged report "concluded it could be a cataclysmic event." DIA, the Pentagon's Joint Staff, and the White House were briefed multiple times.[87] According to NBC News, formal assessments of the novel virus were written in December and "that material and other information, including some from news and social media reports, ultimately found its way into President Trump's intelligence briefing book in January."[88]

NCMI's Director and the Vice Chairman of the Joint Chiefs of Staff denied the report on the record. Col. R. Shane Day, NCMI's director, released a statement that the media reporting "about the existence/release of a National Center for Medical Intelligence (NCMI) Coronavirus-related product/assessment in November of 2019 is incorrect."[89] Vice Chairman of the Joint Chiefs of Staff Gen. John Hyten told NBC news that "We went back and looked at everything in November and December" and "the first indication we have were the reports out of China in late December that were in the public forum. And the first intel reports I saw were in January."[90]

Despite extensive efforts and direct questioning, the Committee has not been able to corroborate the NBC News and ABC News reporting.

The Committee has conducted an extensive investigation to identify the moment when the Intelligence Community first learned of COVID-19. Staff met with numerous working level officials at NCMI, CIA, NSA, ODNI, among other IC agencies; Staff also interviewed former NSC officials. The Committee has also reviewed all finished intelligence that is available to it as a routine matter and requested indexes of finished production from the IC to ensure that the Committee has reviewed all finished intelligence.

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[85] Ken Dilanian, Robert Windrem, and Courtney Kube, "U.S. Spy Agencies Collected Raw Intelligence Hinting at Public Health Crisis in Wuhan, China, in November," *NBC News*, April 9, 2020, https://www.nbcnews.com/politics/national-security/u-s-spy-agencies-collected-raw-intel-hinting-public-health-n1180646/.

[86] Josh Margolin and James Gordon Meek, "Intelligence Report Warned of Coronavirus Crisis as Early as November: Sources," *ABC News*, https://abcnews.go.com/Politics/intelligence-report-warned-coronavirus-crisis-early-november-sources/story?id=70031273.

[87] *Id.*

[88] Dilanian, "U.S. Spy Agencies."

[89] *Id.*

[90] *Id.*

[redacted]

Every official interviewed by the Committee – from working level analysts at NCMI to an official with relevant knowledge at the NSC – said that their first indication of a novel virus came with the publication of the ProMED notice published at 11:59 p.m. on December 30, 2019 that reported the announcement of a novel virus by the Wuhan Municipal Health Committee.

In sum, the first warnings of COVID-19 came from the non-IC based public health track – in this case disease surveillance conducted by local public health authorities in Wuhan.

Mid-January to Late January: Growing Sense of Concern, the IC Issues Its First Warning

[redacted] Crucially, both public health officials and NCMI analysts told the Committee that cases among healthcare workers is an early warning sign of human-to-human transmission.

On January 14, the WHO publicly acknowledged the first case of the novel coronavirus outside of China – in Thailand – but claimed "there is no clear evidence of human-to-human transmission."[93] [redacted]

NCMI analysts told the Committee that the evidence available to them at this point in January did not support a more aggressive warning, because there was no sign of human-to-human transmission. The analysts were hoping for more clandestine collection at this point, which was not forthcoming until later in January. Nevertheless, the next day, [redacted] "emerging threat."

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[91] 20 BEIJING 122 (13/JAN/20) at ¶ 5.

[92] *Id.*

[93] World Health Organization, Twitter (Jan. 14, 2020) (online at https://twitter.com/who/status/1217043229427761152?lang=en); World Health Organization, "Novel Coronavirus – Thailand (ex-China)," *Disease Outbreak News*, January 14, 2020, http://www.who.int/emergencies/disease-outbreak-news/item/2020-DON234.

[94] 20 BEIJING 122 (13/JAN/20) at ¶ 8.

[redacted]

Based on open source reporting, information in the 'public health track' appeared to be largely similar, but more concerning than what NCMI included in its first piece of finished intelligence. A non-public January 15 CDC situational report said that "some limited human-to-human transmission may have occurred. … The possibility of limited human-to-human transmission cannot be ruled out, but the risk of sustained human-to-human transmission is low."[95] If true, this information was not reflected in IC reporting on the topic – raising the question of whether that information was reliable and whether it was circulated appropriately throughout the federal government.

Meanwhile, other elements of the Intelligence Community were taking notice of the disease and [redacted] In mid-January, according to ODNI officials interviewed by the Committee, the National Intelligence Manager for Western Hemisphere and Transnational (NIM-WHT) began coordinating with the NIM for East Asia to draft a Collection Emphasis Memorandum – an IC collection mechanism directing the IC to focus on certain priorities to meet customer demands – about the coronavirus. The CEM took approximately two weeks to finalize and was ultimately issued on January 29.

On January 16, NCMI added a comment to Horizon noting for the first time that "human-to-human transmission is possible" but that "the lack of cases in healthcare suggests transmission is inefficient and not sustained."

That same day, Embassy Beijing released a cable that changed significantly the description of the PRC's cooperation in countering the outbreak. The cable opened: "the PRC's limited sharing of comprehensive epidemiological data, including information about the suspected source of the novel coronavirus and results of surveillance continues to hinder" assessments of the risk the virus posed.[96] Embassy personnel "continue to press PRC health counterparts for detailed epidemiologic data."[97] Meanwhile, "clustered cases" – including one case of transmission from a husband, who worked at the market, to his wife – caused PRC health officials to "acknowledge the possibility of limited human to human transmission" in a January 15 Q&A posted to the Wuhan municipal health commission website.[98]

On January 20, the Chinese government confirmed publicly for the first time that SARS-CoV-2 could spread from human-to-human to contact. [redacted]

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[95] Woodward, *Rage*, 220.

[96] 20 BEIJING 142 (16/JAN/20) at ¶ 1.

[97] *Id.*

[98] *Id.* at ¶ 3.

The next day, briefing slides for the Secretary of Defense and the Chairman of the Joint Chiefs of Staff include an item noting [redacted].[99]

Fig. 4: [redacted]

[redacted] This is consistent with the experience of the National Security Council staffer who reported that the IC's clandestine collection was not useful during these early weeks.

Nevertheless, the IC's growing level of concern reflected in its intelligence assessments was not matched by the messaging emerging from the White House. On January 22, the very day [redacted] President Trump told CNBC that "we have" the virus "totally under control. It's one person coming in from China, and we have it under control. It's going to be just fine."[101] A day later, the Chinese government locked down Wuhan, prohibiting transportation in or out of the city.

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[99] The Committee notes that the J2's assessment is, to some degree, at variance [redacted]

[100] [redacted]

[101] Matthew J. Belvedere, "Trump says he trusts China's Xi on Coronavirus and the U.S. has it 'Totally Under Control'," *CNBC*, www.cnbc.com/2020/01/22/trump-on-coronavirus-from-china-we-have-it-totally-under-control.htm.

[redacted]

On January 23, according to Bloomberg News, the President received a PDB briefing on the virus.[102] In an interview, National Security Advisor O'Brien corroborated the claim, telling the Washington Times that the IC first briefed Trump about the virus on January 23, but that the brief downplayed the seriousness.[103] President Trump himself has acknowledged the that PDB briefing at a Fox News town hall on May 3, 2020:

> LESLIE COFFIELD: President Trump, it's been widely reported that the threat of the Coronavirus was included in your daily intelligence briefings for weeks prior to the first confirmed case in the U.S Can you please explain to us why you did not act sooner, to prepare this country for this pandemic?
>
> [...]
>
> DONALD TRUMP: [...] On January 23, I was told that there could be a virus coming in, but it was of no real import. In other words, it wasn't, 'Oh, we got to do something. We got to do something.' It was a brief conversation, and it was only on January 23.[104]

Officials at one Intelligence Community element told the Committee that, on or about January 23, they coordinated on a draft article that was intended for the PDB. At the time of coordination, the title of the article was [redacted][105] Officials at a second element confirmed that a PDB article ran around that time. According to officials at that second element, [redacted] began drafting an article on the outbreak "around January 13"; it was initially intended to run as a generally available article but was upgraded to a PDB when the first cases of the virus were reported outside of China.

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[102] Jordan Fabian, "Trump Had Two Intelligence Briefings on Coronavirus in Late January, White House Official Says," *Bloomberg News*, May 4, 2020, https://www.inquirer.com/health/coronavirus/trump-coronavirus-covid-19-intel-briefing-january-white-house-20200504.html; Rev Transcripts, "Donald Trump Virtual Town Hall Transcript May 3," May 3, 2020, http://www.rev.com/blog/transcripts/donald-trump-virtual-town-hall-transcript-may-3/.

[103] Gertz, "U.S. Intelligence Botched Early Donald Trump Coronavirus Briefings."

[104] Rev Transcripts, "Donald Trump Virtual Town Hall Transcript May 3".

[105] PDB articles are ordinarily drafted by one IC element, then sent to the other elements of the community for coordination shortly before they are published to the PDB's limited audience of intelligence consumers. Those articles can be changed during the coordination process by the intelligence community elements, or after coordination by the PDB staff. It is possible, therefore, that the article that ran in the PDB – the article to which President Trump referred publicly – contained a different title.

[redacted]

On January 23, the State Department ordered that the staff of the consulate in Wuhan and their families evacuate China – an "ordered departure."[106] Those people and some U.S. citizens in Wuhan departed China on an aircraft chartered by the State Department five days later.[107]

The following day, on January 24, [redacted] Committee staff are unable to determine whether this is a version of the article that ran the day before in the PDB. The article relied entirely on diplomatic and open source reporting, which is consistent with the experience of the NSC staffer.

On January 24, NCMI published in the Defense Intelligence Digest a piece of finished [redacted] NCMI assessed that the virus had "**a roughly even chance of becoming a global pandemic during the next four months**." NCMI noted that the disease did not yet meet DIA's criteria for a pandemic because DIA did not yet have evidence of "sustained human-to-human transmission."

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[106] Reuters Staff, "U.S. to Evacuate Its Citizens from Wuhan, China – WSJ," *Reuters*, January 25, 2020, https://www.reuters.com/article/us-china-health-usa-u-s-to-evacuate-its-citizens-from-wuhan-china-wsj-idUSKBN1Zo0FM. Under an ordered departure "certain post staff and family members are ordered to depart" the U.S. embassy or consulate; this stands in contrast to an authorized departure wherein "certain post staff and all family members can voluntarily choose to depart post" by requesting permission. GAO, *Embassy Evacuations: State Department Should Take Steps to Improve Emergency Preparedness*, GAO-17-714 (Washington, DC: Government Accountability Office, 2017), 9, http://www.gao.gov/assets/gao-17-714.pdf.

[107] *See* 20 BEIJING 206 (26/JAN/20) at ¶ 1.

[108] PDB articles are available only to a select audience of very senior policymakers. Most finished intelligence articles are available to a wide range of cleared U.S. government officials. [redacted]

DEFENSE
INTELLIGENCE
DIGEST

24 January 2020

Since mid-December, a novel coronavirus has emerged in China which has a roughly even chance of becoming a global pandemic during the next 4 months.

Fig. 5: Excerpt from 24 January NCMI Warning

This assessment represented a rapid turnaround from the initial assessment two weeks before. Human-to-human transmission of a novel disease is a key factor assessed by public health professionals – and intelligence analysts who work on the pandemic warning problem – to determine whether a disease of concern has the potential to become a pandemic. If a disease cannot be passed from human to human, the chances of a disease becoming a pandemic are significantly lower.

That same day, January 24, President Trump tweeted "China has been working very hard to contain the Coronavirus. The United States greatly appreciates their efforts and transparency. It will all work out well. In particular, on behalf of the American People, I want to thank President Xi."[109] Three days later, President Trump tweeted that the U.S. was "in very close communication with China concerning the virus."[110]

On January 26, shortly before the departure of U.S. diplomats from Wuhan, a member of the team in Wuhan visited a fever clinic in Wuhan. Outside the clinic, the official "noticed

[109] Donald Trump (@realdonaldtrump), Twitter (Jan. 24, 2020) (online at https://www.thetrumparchive.com).

[110] Donald Trump (@realdonaldtrump), Twitter (Jan. 27, 2020) (online at https://www.thetrumparchive.com).

[redacted]

people begging and crying for treatment."[111] A clinic nurse said that "the clinic is turning away people and that people are wandering from one hospital or clinic to another."[112] Mask and goggle supplies were "running low."[113] [redacted]

According to an NSC official, on January 28, there was a meeting in the Situation Room regarding a decision to block travel for individuals from Hubei province, which the U.S. government "had not done that for health reasons, ever." According to the participant, CDC Director Redfield and NIAID Director Fauci, based on the information they were getting in health channels, told the gathering that the virus was not going to be contained and that the U.S. government needed to "buy time" before it arrived on U.S. shores.[115]

Also on January 28, according to open source reporting, President Trump received a PDB briefing in the Oval Office.[116] One NSC witness who was not present at the meeting heard that the Oval Office meeting was "contentious". Deputy National Security Advisor Pottinger was, according to this witness, "losing it" when talking about the disease's severity and trying to convince the President and those assembled that "this will be a really big thing." Acting White House Chief of Staff Mick Mulvaney had trouble for "a couple of days" getting a meeting scheduled with President Trump on the travel restrictions, which contributed to Pottinger's concern.

The IC's written reporting at the time also reflected growing concern about the virus. On January 24, NCMI had assessed that that there was a "roughly even" chance of a global pandemic. The day after the PDB briefing, [redacted]

National Security Advisor O'Brien shared his recollections of the January briefings in an on-the-record interview with the *Washington Times*.[117] O'Brien claimed that the IC downplayed the danger of the virus in January 23 and January 28 briefings. After January 28, according to the

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[111] 20 BEIJING 206 (26/JAN/20) at ¶ 3.

[112] *Id.*

[113] *Id.*

[114] 20 BEIJING 214 (27/JAN/20) at ¶ 4.

[115] Woodward's book places the final decision to levy travel restrictions on China on January 31 at an Oval Office meeting. Woodward, *Rage*, 233.

[116] Gertz, "U.S. Intelligence Botched Early Donald Trump Coronavirus Briefings,"; Bob Woodward, *Rage*, (New York: Simon and Schuster, 2020), xiii.

[117] Bill Gertz, "Robert O'Brien: U.S. Intelligence Botched Early Donald Trump Coronavirus Briefings," *Washington Times*, June 9, 2020, https://wwww.washingtontimes.com/news/2020/jun/9/robert-obrien-us-intelligence-botched-early-donald/.

Washington Times, "O'Brien said he 'elevated the issue' for the president, who immediately grasped the magnitude of" the emerging pandemic.[118] "Within two days of the president being told by the NSC that COVID-19 constituted a serious national security risk, on the 30th, he had made the decision to ban travel from China."[119]

Even if O'Brien's timeline of IC briefings is accurate – and it is consistent with the dates of finished production available to the Committee – they reveal a deeply flawed policy process that would only get worse over the weeks to come.

O'Brien's subordinates were concerned enough about the emerging virus *three weeks prior* that they convened a regular rhythm of NSC crisis response meetings based on open source and public-health information. Alerting President Trump to the threat only at the end of January is evidence of either a policy process that did not function well or an individual at the top who did not create the conditions where vital national security information could reach him.

Although the specific details of preparation and pandemic response are beyond the scope of this report, public health authorities consulted by the Committee emphasize the importance of sharing with the public what is known about the disease to maintain credibility. As the CSIS task force – writing before the COVID-19 pandemic – put it: the "sharp decline in public trust in science [and] public health authorities" can lead to "unforeseen 'digital wildfires'" at moments of crisis that "derail responses."[120] One NSC official involved in the response told the Committee that it is critical to maintain credibility with the public because the government needed the public to believe that the "response was in their best interest" so that they would "follow the guidance" that public health authorities were given.

The disconnect between the White House messaging on the growing crisis, and what the IC was saying behind the scenes was a significant failure – one that only grew over time as the IC's analysts began to warn of the threat of the virus in increasingly dire terms. That failure to effectively inform the public in the early days contributed to a loss of credibility that only grew over time.

On January 29,

[118] Gertz, "U.S. Intelligence Botched Early Donald Trump Coronavirus Briefings."

[119] *Id.*

[120] Morrison, *Ending the Cycle of Crisis and Complacency*, xi.

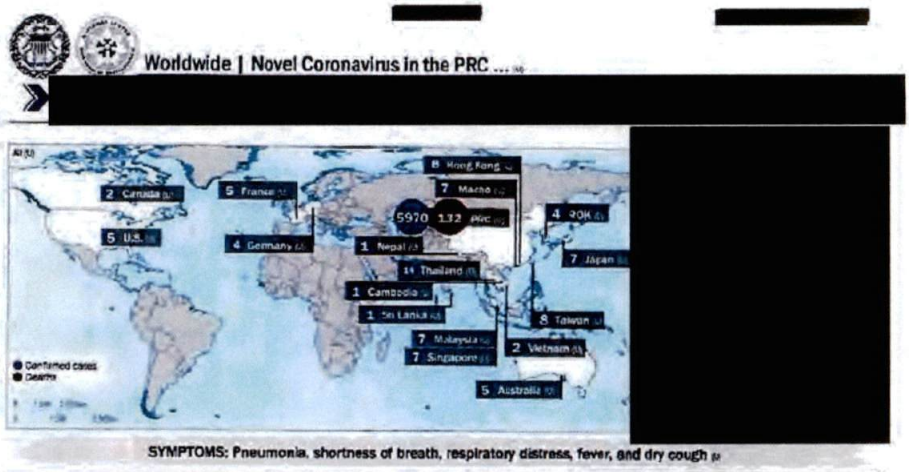
That growing evidence of human-to-human transmission made a WHO declaration of a Public Health Emergency of International Concern more likely.

At this point – in mid to late January – one NSC official recalls asking Customs and Border Protection (CBP) how many people travel to the U.S. from China. Upon learning the answer, they told themselves there is "no way" the virus "is not coming here, especially after the [Chinese] holidays."

Fig. 5:

Further warning of the virus appeared in the January 29 intelligence briefing to the Chairman of the Joint Chiefs of Staff.

[redacted]



SYMPTOMS: Pneumonia, shortness of breath, respiratory distress, fever, and dry cough

[redacted]

KEY TERMINOLOGY

Human-to-human transmission: Human outbreaks occuring and spreading rapidly due to infection with a pandemic-capable/ potential pathogen which has acquired the ability to be efficiently transmitted among humans

Sustained transmission: New cases occur among people who are not primary or secondary contacts of the original or imported case

Pandemic: High potential for rapid contiguous and global intercontinental spread within period of weeks to months at least 10 percent of population affected in each region where the pathogen is introduced; multiple waves of transmission are possible

Fig. 6: [redacted]

This week saw dissemination by the Intelligence Community of the first valuable piece of clandestine collection on the virus. To this point, the IC's analysis – which was becoming increasingly dire in tone – was based on open source reporting, diplomatic reporting, and context provided by the IC's expert analysts at NCMI, CIA, and other IC elements. Indeed, NCMI's

analysts told the Committee that they were frustrated at the lack of clandestine collection to inform their analysis throughout January. As is evident from the intelligence production quoted above, intelligence analysis of open source and diplomatic reporting can be valuable – especially for generalist senior policymakers whose attention must be spread over the entirety of the U.S. government's foreign policy.

However, the lack of clandestine collection was a reflection of the Intelligence Community's overall lack of preparedness to face an emerging pandemic. Ideally, within a week or two of the emergence of a disease all potential methods of gathering information – [redacted] would be generating valuable information to inform both intelligence analysts and senior policymakers about the nature of the emerging threat. That was not the case for COVID-19.

Indeed, the first significant dissemination of intelligence this late in the development of the crisis demonstrates how the IC was underserving *expert* policymakers and analysts. Such policymakers benefit most from clandestine collection on topics that are most of interest to them – topics that they have the expertise to understand without analysts serving as intermediary interpreters or providers of expertise and context.

On January 29, ODNI also issued its Collection Emphasis Memorandum. The CEM named COVID-19 the "top intelligence concern in East Asia" for the next month. The [redacted]

Also on January 29, one element of the Intelligence Community coordinated on an article for the PDB [redacted] (It is possible that this piece of finished intelligence available to the Committee is a 'PDB conversion' whereby a PDB article was reworked to be made available beyond the PDB's very limited audience.) Although the article available to the Committee does not contain further explicit warnings about the likely spread and severity of COVID-19, the presence of another article in the PDB indicates the degree to which the IC was warning the White House of the impending crisis.

The next day, January 30, the CIA began preparing daily 'Executive Updates' on the spread of the virus. An Executive Update is a shorter intelligence product that CIA uses to provide faster updates on breaking news or crises; to produce faster updates, [redacted]. Beginning daily production of Executive Updates is an indication that CIA's analytic cadre takes

[redacted]

a potential crisis seriously and believes that policymakers will benefit from a steady drumbeat of analysis as they address the situation. According to CIA officials, [redacted]

On this same day, one element of the Intelligence Community coordinated on a graphic [redacted][121] According to staff of this element, the graphic ran in the PDB.[122] On this same day, according to the Washington Post, HHS Secretary Azar spoke with President Trump, warning him that the virus could develop into a pandemic and that China was not being transparent. President Trump told Azar that he was being "alarmist," according to the *Post*.[123]

Also on January 30, WHO Director-General Tedros Ghebreyesus declared coronavirus is a Public Health Emergency of International Concern (PHEIC). The International Health Regulations – the international treaty that empowers the WHO's global disease surveillance work – define a PHEIC as "an extraordinary event" that "constitute a public health risk to other States" and "potentially require a coordinated international response."[124]

[redacted]

[121] Because the executive branch has declined to produce PDB articles, the Committee does not know what the graphic said.

[122] Staff of a second element knew that the graphic was briefed to the President as part of a briefer request but could not recall whether the graphic was specifically prepared for the PDB.

[123] Aaron Blake, "Two Months in the Dark: the Increasingly Damning Timeline of Trump's Coronavirus Response," *Washington Post*, April 21, 2020, https://www.washingtonpost.com/politics/2020/04/07/timeline-trumps-coronavirus-response-is-increasingly-damning.

[124] World Health Organization, *International Health Regulations, 3d Ed.*, Article I.

[redacted]

[redacted]

Fig. 7: [redacted]

That same day, President Trump restricted air travel from China – the step contemplated at the January 28 NSC meeting. Specifically, President Trump suspended entry of aliens "who were physically present within the People's Republic of China" at any time within 14 days of their entry to the United States. The executive order contained a list of eleven exemptions, including for spouses, parents, siblings, children of U.S. citizens or lawful permanent residents.[125] Secretary Azar also declared a public health emergency in the United States, which, according to NPR, "enable[d] the government to take temporary measures to contain the spread of the virus."[126]

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By the end of January, despite the difficulties in getting clandestine collection, Intelligence Community analysts had sounded the alarm. Items on the coronavirus had probably appeared several times in the PDB and had been briefed multiple times to the Chairman of the Joint Chiefs of Staff. The IC's analysts – particularly those at NCMI – had much to be proud of in the work that they did.

The IC's collectors, however, were less of a success story. According to the reports of analysts and expert policymakers – and a review of the classification markings on finished intelligence products published in January – there is little indication that the Intelligence Community's exquisite collection capabilities were generating information that was valuable to policymakers. That said, notwithstanding the slow pivot in the face of the emerging threat, by January 29 ODNI had directed that collectors should prioritize topics related to the virus.

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[125] White House, *Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus*, January 31, 2020, https://trumpwhitehouse.archives.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-persons-pose-risk-transmitting-2019-novel-coronavirus/.

[126] Allison Aubrey, "Trump Declares Coronavirus a Public Health Emergency and Restricts Travel from China," *NPR*, January 31, 2020, https://npr.org/sections/health-shots-2020/01/31/801686524/trump-deckares-coronavirus-a-public-health-emergency-and-restricts-travel-from-c.

[redacted]

Judging the adequacy of the policy response is largely beyond the scope of this report. Nevertheless, the divergence between the Intelligence Community's late January conclusions and President Trump's rhetoric is striking. It is likely that several PDB articles had been written on the virus. Warnings on the emerging crisis had been briefed several times to the Joint Chiefs of Staff. [redacted] Yet on January 30, at a speech in Michigan, President Trump told the audience:

> We think we have it very well under control. We have very little problem in this country at this moment – five – and those people are all recuperating successfully. But we're working very closely with China and other countries, and we think it's going to have a very good ending for us … that I can assure you.[127]

The sixth case of the virus in the U.S. was confirmed hours before the President's speech.[128]

February: An Increasing Drumbeat of Warning

Throughout the month of February, the IC's warnings on the novel coronavirus deepened. Topics related to the virus probably began appearing more frequently in the PDB, judging from the frequency of draft PDB articles on the virus sent out to the community for coordination, according to employees of one IC element.

[redacted]

The PDB then probably ran [redacted]

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[127] Caitlin Oprysko, "Trump: Coronavirus Will Have 'a Very Good Ending For Us'," *Politico*, January 30, 2020, *https://www.politico.com/news/2020/01/30/trump-close-cooperation-china-coronavirus-109701*.

[128] *Id.*

[129] The Committee cannot say for certain that the pieces ran because the Committee was only provided with the date the piece was sent out for coordination among the IC elements. Based on the Committee's knowledge of PDB practices, it is likely that the piece ran about a day after it was coordinated, but the Committee cannot be certain of that fact. Nor is it certain that a piece appeared in the PDB merely because it was coordinated. The executive branch's decision to withhold the dates and titles of PDB articles has, unfortunately, obstructed the Committee's efforts to more precisely describe the flow of intelligence to President Trump.

The Committee does not have access to the text of these articles, but, from the subject matter, the Committee assesses that the PDB staff had pivoted from 'warning' of the emerging virus – the IC had already provided that tactical warning – to assessing what the virus would mean for the world as it continued to spread.

The next day, one element of the IC coordinated on a PDB piece that concluded that containment of the coronavirus is not likely.

By early February, one NSC official with knowledge of the COVID Task Force's work recalled discussion that the messaging about the virus needed to switch to 'the virus is here and it is time to begin preparing.' Before that time the Task Force had not wanted "to create complete panic." To that official it was important that the messaging shift to maintain the public trust and help increase compliance with the measures that were going to be necessary to keep Americans safe. "If you erode public trust," that official told the Committee, "you have a massive crisis." Maintaining credibility is needed to "get people to follow the guidance."

On February 10, the Committee members and staff were briefed on the growing crisis by analysts at CIA and the State Department's Intelligence and Research (INR) branch. Robert Kadlec, HHS Assistant Secretary for Preparedness and Response (ASPR), also briefed. The analysts' discussion with the Committee contained elements of the story told above, but, from the Committee transcript of the event, also emphasized the IC's uncertainty about key points.

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[130]

[131] From classification markings, it appears that this assessment drew on the analyst's expertise on China and not clandestine collection.

[132] Transcript, *Coronavirus Update*, Feb. 10, 2020, at 39.

[redacted]

Dr. Kadlec noted that the Wuhan hospital system "is literally collapsing" and interviews with physicians who were practicing there revealed "efforts by the government to basically clamp down on information that can be shared" with U.S. officials. Moreover, 1.9 million travelers came in from China since the start of the outbreak "and we didn't start screening until basically late January." In response to a question about what was likely to happen to the United States, INR "reiterate[d]" that officials did not "know enough about the virus to really understand how transmissible it might be and what might happen even here in the U.S."

INR reported that the "true number of cases in China is unknown" and globally, the number of cases is unknown. (As Dr. Kadlec put it, "we don't know the denominator.") That inhibited the ability to determine the 'case fatality rate,' the number of individuals who are killed by the virus.[133] The briefers did not [redacted] nor did they warn of a "global crisis."

The Committee appreciates that analysts will be cautious when briefing Congress on an uncertain and evolving situation. As one participant in the 'Red Dawn' emails – a string of emails between several public health officials sharing information and analysis published by the New York times in April 2020 – put it, analysts assessing an emerging disease must try "not … to overreact and damage credibility."[134] At the same time, the briefing to the Committee undersold the 'analytic line' particularly by failing to brief the assessments of NCMI.

The day after the briefing, on February 11, [redacted]

Two days later, on February 13, [redacted]

[133] According to a graph pushed in the New York Times in July 2021, SARS-CoV-2 spreads faster than the seasonal flu and is more lethal. The 'original' version of the virus – before the Delta variant – had a fatality rate between .1 and 1% and an average 2-4 people infected; the corresponding numbers for seasonal flu are .1% fatality rate and a little more than 1 person infected. Apoorva Mandavilli, "C.D.C. Internal Report Calls Delta Variant as Contagious as Chickenpox," *New York Times*, July 30, 2021, https://www.nytimes.com/2021/07/30/health/covid-cdc-delta-masks.html.

[134] Lipton, "The Red Dawn Emails," Attachment at p. 4.

[redacted]

On February 14, according to open source reporting, HHS and the National Security Council produced a memorandum titled "US Government Response to the 2019 Novel Corona Virus," outlining community mitigation measures, including "significantly limiting public gatherings and cancellation of almost all sporting events, performances, and public and private meetings that cannot be convened by phone," "school closures," and "widespread 'stay at home' directives."[135]

Sometime in late February, according to an NSC official, the COVID Task Force discussed the need to shift messaging. The official recalled the Task Force wanted to tell the American people that the virus was "more severe than the flu" and help prepare the American people to think about "what it means for your household." There was a need, the official recalled "to communicate that it was serious." Although there were a "mix of opinions" on how stark to be, by this stage, the Task Force consensus was to be "more direct."

Following a tabletop exercise with senior public officials – including Drs. Fauci, Redfield, and Kadlec – on February 21, the decision was made on February 24 to present the HHS/NSC strategy to President Trump as soon as he returned from a trip to India.[136]

As the *New York Times* put it, the "final days of February, perhaps more than any other moment during his tenure in the White House, illustrated Mr. Trump's inability or unwillingness to absorb warnings coming at him."[137]

As President Trump boarded Air Force One for the flight home, Dr. Nancy Messonnier, the director of the National Center for Immunization and Respiratory Diseases gave a clear, direct warning about what was coming for the country: "We expect we will see community spread in this country."[138] There would be "school closures and dismissals" and "closing schools and using internet-based teleschooling".[139] Americans would face "voluntary home quarantine" of the sick.[140] The situation "might seem overwhelming" because the "disruption to everyday life

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[135] Eric Lipton, David E. Sanger, Maggie Haberman, Michael D. Shear, Mark Mazzetti and Julian E. Barnes, "He Could Have Seen What Was Coming: Behind Trump's Failure on the Virus," *New York Times*, April 11, 2020, https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html.

[136] Lipton et al., "He Could Have Seen What Was Coming."

[137] *Id.*

[138] *Id.*; CDC, "Transcript for the CDC Telebriefing Update on COVID-19," February 26, 2020, https://www.cdc.gov/media/releases/2020/t0225-cdc-telebrifing-covid-19.html.

[139] *Id.*

[140] *Id.*

may be severe." In talking to her own children that morning, Dr. Messonnier told them that, "we, as a family, need to be preparing for significant disruption of our lives."[141]

The stock market fell precipitously – 3.4%, the worst drop since February of 2018.[142] President Trump was "furious," according to the New York Times.[143] The meeting with Dr. Kadlec regarding the HHS/NSC strategy was canceled, replaced by a presidential announcement that the White House response would be run by Vice President Pence.[144] One NSC official believed that the need to "control messaging" after Dr. Messonnier's call led to the leadership change in the COVID Task Force to put Vice President Pence in charge. As that official recalled it, the "intent was for messaging to pay more attention to politics."

But Dr. Messonnier's warning was not the only warning the White House received on COVID-19 on February 25.

[141] *Id.*

[142] Lipton et al., "He Could Have Seen What Was Coming."

[143] *Id.*

[144] *Id.*

[redacted]

Fig. 8: [redacted]

By this point, the die had been cast – COVID-19 had come to the United States. It would soon disrupt our national life and kill thousands of Americans. It was only a question of how bad the crisis was going to be – and whether the government would take steps to prepare Americans for what they were about to face.

On March 11, [redacted] WHO declared COVID-19 a pandemic.

Two days after that, on March 13, President Trump declared a national emergency.

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The pattern of warning in February described above has not previously been reported. It provides crucial missing context to the public discussion surrounding the Intelligence Community's warning performance. Previous reporting focused intently on the Intelligence Community's analytic line in the late January PDB briefings. Although there was ample, actionable warning in the Intelligence Community's analysis by late January, the Intelligence Community significantly dialed up the volume in February. The coronavirus was probably covered four days straight in the PDB and the IC warned of a "global crisis prior to May."

Notwithstanding flaws in the Intelligence Community's support to policymakers, which this report has documented, it simply is not correct to claim that the Intelligence Community spoke in a "non-threatening or matter of fact manner." For six weeks, the President's message –

that the virus was not a significant threat – was flatly inconsistent with what the Intelligence Community was reporting.

The Committee is cognizant – as one NSC witness emphasized – that in public communications, there must be a balance between effective warning and preventing panic. Nevertheless, comparing President Trump's statements with the Intelligence Community's analysis paints a picture of an executive branch that was informed, but failed to warn the American people. That disconnect cost the administration crucial credibility in March when the disease was out of control.

That NSC witness told the Committee of the contrast between a highly active rhythm of NSC and COVID Task Force meetings and President Trump's public rhetoric. The Committee cannot help but agree with their conclusion:

> When there is a disconnect between what the White House hears around the conference room table and what is messaged [to the American public] by more political officials, that is where we failed. …
>
> The President was creating a narrative in the public eye. When he knew better. … And the way he was treating the virus publicly undermined the response.

FINDINGS

The Committee's work throughout this project has revealed three core findings about the strategic direction of the Intelligence Community, some of which likely apply outside the Intelligence Community as well.

Like the Rest of the Federal Government, the Intelligence Community Suffered from Cycles of Crisis and Complacency in Global Health Security … and May Do So Again

The Intelligence Community has suffered from the same cycles of crisis and complacency as the rest of the national security community regarding global health security and pandemic preparedness.

Successive administrations of both parties have devoted sporadic attention to pandemic preparedness and global health security. They have established, abolished, and re-established the NSC Global Health directorate. They have expanded and cut the National Center for Medical Intelligence. They have written strategies extolling the virtue of a focus on biosecurity, but not followed through to adequately resource the institutions of the Intelligence Community or meet the stated objectives. The documentary record of strategies unexecuted and promises unfulfilled is deeply concerning – and worth recounting.

A survey of unclassified and classified intelligence strategies reveals how the IC as an enterprise intended to respond to the warnings that the IC was consistently issuing in its Annual Threat Assessments – and fill identified gaps in its health security work. Chief among these are

the Community's quadrennial National Intelligence Strategy (NIS), which provide the DNI-level guidance for Intelligence Community planning. An NIS characterizes the national security threat landscape and elaborates on the short- and long-term priorities for the Intelligence Community, in direct support of the president's overall National Security Strategy (NSS).

Since 2009, each quadrennial NIS has cited infectious disease outbreaks as part of the "strategic environment" for which the Intelligence Community must prepare. For example, the 2009 NIS explicitly included "pandemic disease" among "the issues and trends that will shape the future security environment" and presciently observed that such issues "will test the Intelligence Community's ability to provide strategic warning and avoid surprise."[145]

Also noteworthy is the existence of a specialized, classified NIS for Countering Biological Threats (NIS-cBT), originally issued in classified form in August 2007, which accurately defined biological threats as consisting of both 1) offensive biological weapons and agents and 2) "naturally occurring outbreaks that may pose a threat to our nation or its interests." The strategy reinforced the obligation for analysts to "strengthen relationships with the USG and

Critically, the NIS-cBT articulated that requisite adjustments to IC collection and analysis requirements and processes "must have buy-in, commitment, authorities, and assumed accountabilities of the senior-most IC managers and USG officials" to sufficiently address the spectrum of biological threats faced by the United States. To do so,

An updated, classified NIS-cBT was issued in 2011 and was premised on the same "biothreat landscape" described in 2007. The 2011 update claimed "significant progress" in its efforts to "improve intelligence collection and analysis in support of U.S. government objectives to counter biological threats." It also spotlighted lingering shortcomings from the original 2007 NIS-cBT, The strategy outlined numerous specific, reinvigorated initiatives to close self-identified gaps. Of most relevance to the Committee's review, these included:

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[145] Office of the Director of National Intelligence, "The National Intelligence Strategy of the United States of America," August 2009, dni.gov/files/documents/2009-NIS/2009_NIS.pdf

[redacted]

- [redacted]
- [redacted]
- [redacted]
- "innovative, multi-year initiatives to recruit new federal employees.. [redacted] and
- "reduc[ing] attrition in the bio-intelligence workforce… regardless of decision makers' current focus."

The 2007 NIS-cBT also referenced intent to create an implementation plan "that assigns primary and supporting roles to each strategic objective will be drafted and continuously refined over time"; the 2011 NIS likewise mentioned an implementation plan to be "promulgated to facilitate the commitment of personnel and resources." As far as the Committee is aware, these implementation plans were never drafted.

In tandem with other enhancements and lines of effort, the NIS-cBT in 2011 pledged to accomplish the above no later than 2015. Those objectives were unmet when the IC faced SARS-CoV-2 in January 2020. They remain unmet today.

The most recent strategy focused on biological threats – in a sense, the successor to the NIS-cBT issued in 2007 and 2011 – was a December 2016 Intelligence Strategy for Countering Biological Weapons. As the title suggests, this strategy focused exclusively on the posture and threats emanating from state and non-state actors. Although the threat of *intentional* biological attack against America is substantial and serious, the IC appears to have turned its strategic focus away from also preparing itself for the emergence of a novel disease of pandemic potential – including COVID-19, which delivered a national tragedy in its own right.

What is notable, however, is that despite its frame of countering biological weapons, this document still recognized areas for improvement with direct applicability to global health security and infectious disease threats, including:

- "developing advanced bioinformatics capabilities for analysis & attribution;
- "increasing technical language capabilities; and
- "improving mechanisms for information sharing with IC and non-IC agencies."

[redacted]

Also disheartening to the Committee was the 2016 Intelligence Strategy's conclusion that "current IC staffing levels are insufficient to cover existing mission areas," and a resulting need for "increasing the number of integrated IC targeting, collection, and analysis teams."

The same is true today. The strategic direction described above has long been in place – what is missing is the follow-through.

This paper trail of promises to focus on biological threats and failures to follow through was entirely consistent with the Committee's interviews with individuals deeply involved in national security efforts to address biologic threats. One former senior NSC official told the Committee that, in the universe of national security the "steady drumbeat of viral threats" did not "qualify as a hard national security issue for tough guys." Another former senior NSC official said that there is "no incentive in the IC" to collect or analyze biological threats; "if you want to go in a dark hole" in the intelligence business "decide to be a biochem threat person. Nobody wants to talk to you and you will not get [your analyses] into the PDB." One former IC official with a PhD in a relevant subject area "got out of working any bio stuff" at his agency because there was "not enough work in bio" to get promoted; instead he took a job running paramilitary operations. He has since left government service.

As Andrew Weber – former Assistant Secretary of Defense for Nuclear, Chemical, and Biological programs – put it, "the first step is for the intelligence agencies and Defense Department to accept that" analyzing and countering pandemics "is part of their core national security mission. Right now, they are ambivalent."[146]

Collectors Pivoted Too Slowly but Analysts' Warnings Were Clear

The IC began tracking a novel virus on December 30, 2019. At 11:59 PM Eastern Standard Time, ProMED published an entry warning that the Wuhan Municipal Health Committee announced a "pneumonia of unknown cause" that was identified in Wuhan. This same post alerted the IC, the NSC, and, so far as the NSC staff interviewed by the Committee were aware, the public health community as well.

However, even if the first indication that something was wrong appeared in 'public health channels', like ProMED, the IC still had a role to play in the developing crisis: to quickly pivot both its collection and analysis to keep policymakers informed of the emerging threat, in particular any obfuscation by the Chinese government, as it addressed the crisis domestically. Collection pivoted slowly. As described above, both IC analysts and NSC staff reported that [redacted] ODNI did not issue a formal directive for additional collection until January 29, 2020. IC

[146] Michael R. Gordon and Warren P. Strobel, "Coronavirus Pandemic Stands to Force Changes in U.S. Spy Services," *Wall Street Journal*, Nov. 22, 2020, www.wsj.com/articles/coronavirus-pandemic-stands-to-force-changes-in-u-s-spy-services-11606041000/.

[redacted]

analysis of the novel virus began earlier [redacted]

Nevertheless, by the end of January, the IC's analysts [redacted] were warning of the threat that COVID-19 posed, as is thoroughly documented above. Although the IC should make improvements to pivot even faster in the face of the next disease event, accountability for the six-week gap between the end of January and the declaration of a national emergency on March 13, 2020 does not belong with the Intelligence Community.

The Intelligence Community of 2022 Has Not Made Necessary, Fundamental Changes

At her confirmation hearing, Director of National Intelligence Avril Haines pledged to "address[] the long-term challenge of future biological crises" including by "positioning us to detect future outbreaks before they become pandemics." In keeping with this commitment, the IC has taken some notable actions to elevate global health security and pandemic preparedness – though the Committee judges that the Community must push itself even further. To date, the Biden Administration has:

- Re-established the pandemic office at the National Security Council;
- Appointed an epidemiologist to serve as the Director for Global Health Security at the NIC;
- Appointed a National Intelligence Manager for Climate and Global Issues to the NIMC;
- Appointed a veteran senior official with relevant experience as a Senior Advisor to the DNI for Global Health; and
- Reinvigorated certain capabilities to conduct analysis on global health issues, including allocating investments for biotechnology topics.

These changes, although a start, do not signal a sustained, long-term investment. Indeed, the Fiscal Year 2022 budget submitted to Congress by the Intelligence Community cut funds for the National Center for Medical Intelligence – a worrying sign. Foot dragging on implementing the changes legislated by Congress to refocus the mission of the former NCPC are even more concerning.

In several ways, the Intelligence Community has not enacted fundamental changes necessary to improving its ability to support health security policymakers facing a novel disease.

First, the Intelligence Community remains insufficiently responsive to [redacted] the CDC and other health security agencies. Whichever track generates the first indication of a novel disease with pandemic potential, intelligence and public health can – and should – work hand in hand during the early weeks of an outbreak to attempt to provide policymakers with the most complete possible picture of what they are facing. The government's pandemic response capabilities cannot be activated overnight; early warning is important so that the

[redacted]

government can begin to prepare for a potential crisis. Intelligence should pivot quickly to try to generate information that public health agencies cannot learn on their own – particularly when facing a country that is more interested in avoiding panic (or blame) than it is in arresting a growing public health emergency.

Simply put, public health entities and the IC, not often natural collaborators, must better complement each other's discrete, invaluable missions. The public health community will appropriately have the lead on pandemic preparedness, with intelligence playing a supporting role. Optimized integration between the two communities is vital.

Second, the Intelligence Community has systematically [redacted]

Pandemics are one example national security crises that emerge from the massed actions of a multitude of people, and not exclusively the actions of governments. Like mass political unrest, famine, refugee flows, and disease, such threats share a common thread as an intelligence problem. The information that drives actionable warning for U.S. policymakers cannot be [redacted]

The vast proliferation of data, however, raises the possibility that, for the first time in human history, these mass events can be spotted early, before they break into the open. In 2008, Google launched "Google Flu Trends," which attempted to use the incidence of Google searches to "nowcast" incidence of the flu.[147] The effort failed. But, as one medical and public health researcher told the Committee, capabilities like Google Flu Trends could well follow "a normal technological pathway. Someone will launch it, it doesn't quite work well enough, it goes to beta, and then clever people work out how to use it and it becomes incredibly valuable." It is incumbent on the IC to resource and empower its agencies to take chances on emerging technologies that can finally deliver reliable, big data-driven OSINT tools.

Indications in search engine metrics – or other large datasets – of an unusual event in Wuhan, if available to IC analysts and the National Security Council in real time, *could* have allowed for national security policymakers to gather additional information that might have led to an earlier identification of the disease, for example. The National Security Council could have tasked CDC or the State Department to make inquiries with the Chinese government, in the perhaps vain hope that assistance with early identification of a disease would have put cooperation on a stronger footing from the start. Conversely, earlier indications of something unusual – along with the IC focusing clandestine collection on the problem earlier – *might* have provided policymakers with information that the White House and President could have used to accelerate the policy response in January.

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[147] David Lazer and Ryan Kennedy, "What We Can Learn from the Epic Failure of Google Flu Trends," *Wired*, Oct. 1, 2015, http://www.wired.com/2015/10/can-learn-epic-failure-google-flu-trends.

[redacted]

Such a system would certainly improve disease detection capability – even if it would not guarantee success. If the disease begins with a small scale exposure, as COVID-19 apparently did, search engine data may not provide enough of an initial signal to cause the tipping and cueing on both the intelligence and public health fronts.

This capability, moreover, is applicable to a wide range of 'hard' and 'soft' threats of which the IC must warn. It also serves an intelligence function: gathering insights about the world from vast quantities of data. Just because prior public- and private-sector efforts to create this capability proved unsuccessful in the public health space before does not mean that the efforts should be abandoned.

Third, the Intelligence Community has [redacted] In the first weeks of the *next* novel disease with pandemic potential, the Intelligence Community's collectors must be producing exquisite intelligence [redacted] shortly after the novel disease is identified.

Fourth, the Intelligence Community has not recognized that health security is national security – and has not made organizational changes to make that realization manifest.

The Intelligence Community has a culture and human capital incentive structure that focuses disproportionately on well known 'hard threats' – like adversary plans and intentions or the threats from foreign militaries – at the expense of so-called 'soft threats' like those arising out of pandemic disease, climate change, or mass migration. Within these institutions, biosecurity and transnational threats (other than counterterrorism) were rarely seen as central to the enterprise, the path to promotion, or a route to senior leadership. Senior Intelligence Community officials have consistently failed to set a culture at their agencies that prioritize 'soft' issues commensurate with the actual threat those issues pose to U.S. national security and economic well-being.

Significant changes in IC culture, its human capital management, and its resource prioritization are necessary to focus on *all* the threats that we face.

CONCLUSION: WHERE WE STAND NOW AND WHAT NEEDS TO BE DONE

COVID-19 has been devastating. But, of greater concern to the Committee, COVID-19 may not be the most consequential pandemic we face in the coming years. As the Council on

[redacted]

Foreign Relations has noted: "as harmful as this coronavirus has been, a novel influenza could be even worse."[148] The Committee is deeply concerned, however, that the Intelligence Community has not taken steps to improve on its pre-pandemic posture that has it ready to apply its expertise to publicly available information, but not able to use its capabilities to generate exquisite insights using any of its potentially applicable collection disciplines: [redacted]

Moreover, the focus on the 'origins' debate in the United States is in many ways unhelpful to preparing the world for the next disease event. Wherever *this* pandemic came from, the *next* pandemic could come from a lab accident or natural transmission. It is undisputed that COVID-19 has tragically killed more than a million Americans, and millions more around the globe. It is undisputed by reasonable people that the pandemic emerged in China, whether through natural transmission or a laboratory accident.[149] Surely the magnitude of the disaster makes clear that China – and other countries around the world – must make major changes to reduce the likelihood of future zoonotic transmission *and* tighten lab safety standards.

As has been described above, the IC's [redacted]

That said, the Intelligence Community's slow pivot of its collection capabilities is evidence that the IC's global health security apparatus was underdeveloped heading in to the COVID-19 crisis. In the pre-COVID 'steady state' there was not a sufficient demand signal among health security policymakers and analysts to draw the collection bandwidth to these [redacted]

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[148] Bollyky and Patrick, *Improving Pandemic Preparedness*, 2.

[149] The Committee is aware of absurd disinformation propagated by the Chinese Government that the United States created SARS-CoV-2. *See* Erika Kinetz, "Anatomy of a Conspiracy: With COVID, China Took a Leading Role," *Associated Press*, February 15, 2021, https://apnews.com/article/pandemics-beijing-only-on-ap-epidemics-media-122b73e134b780919cc1808f3f6f16e8.

[150] As described in the recommendations, the Committee recommends the creation of a Global Health Security Center at ODNI to address these questions. By increasing the number of analysts writing on global health security, those analysts will help create more of a market for collection to feed their analysis – and, by supporting global health security policymakers and demonstrating the value that intelligence collection will bring to them, that market will continue to deepen. Similarly, by creating a division to work on the unique collection problems associated with global health security, the Global Health Security Center will be able to put the IC in a position to use open source more effectively and pivot clandestine collection faster.

The IC must improve its performance in analyzing vast volumes of data – much of it commercially or publically available – to spot unusual trends in health activity indicative of a disease that is either undetected by or concealed by local public health authorities. Developing this ability to 'tip and cue' further inquiry, whether conducted in cooperative channels by public health authorities or via clandestine collection, would materially improve the United States Government's ability to identify diseases earlier.

If we do not act to improve the Intelligence Community's ability to harness widely available information to try to identify emerging diseases with pandemic potential, we will remain reliant on under-funded global public health infrastructure.[151] If we do not create a persistent, sustainable demand signal for collection on global health security and pandemic preparedness, we will remain blind to emerging disease threats. If we do not improve the Intelligence Community's ability to rapidly pivot collection in the face of an emerging disease, future policymakers will not be able to cut through other countries' obfuscation and deliver ground truth to inform our crisis response. If we do not create a culture in the Intelligence Community where health security is national security, we will not overcome the cycles of crisis and complacency.

The Committee has attached to this report recommendations arising out of this study. We are still unprepared. The time to act on them is now.

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In September 2020, Lieutenant General Robert Ashley, Director of the Defense Intelligence Agency, spoke at a gathering of the Intelligence and National Security Alliance. DIA "did what we were supposed to," Ashley said. In "the coming months and years" the story "will get unpacked in probably a much more public way."[152]

This review has aimed to tell that story, as best as the Committee is able.

The Committee faced certain hindrances. The Office of the Director of National Intelligence – across the Trump and Biden administrations – declined to share even the names and titles of PDB articles regarding COVID, leaving the Committee to work with the incomplete

[151] Similarly, although it is outside the jurisdiction of this Committee and the scope of this report, if we do not improve the global public health infrastructure on which the 'public health track' depends, we will remain underprepared to spot the next pandemic and underprepared to respond. Funding the Global Health Security Agenda is utterly vital – and arguably the single most important policy step that could be taken to improve pandemic preparedness.

[152] Patrick Tucker, "Defense Intel Head: We 'Did What We Were Supposed To' With COVID Warning," *Defense One*, September 16, 2020, https://www.defenseone.com/technology/2020/09/defense-intel-head-we-did-what-we-were-supposed-covid-warning/168538/.

record described above.[153] That said, the Committee salutes and appreciates the many IC elements, experts, and individuals who were willing to share what they knew.

In the judgment of the Committee, General Ashley's claim is true, but incomplete.

The IC's analysts provided ample warning to policymakers, including, probably, in the PDB. But those assessments were on the basis of public reporting, diplomatic reporting, and other information that was likely also flowing through what the Committee has called the 'public health track' for warning. The IC's most significant added value – its ability to steal secrets and describe ground truth in the face of dissembling and deception – under-supported its customers during the early months of this crisis.

The government probably could not have prevented the arrival of COVID-19 in the United States. But it could have been better prepared had it been warned earlier – and had the previous administration fully heeded the warnings that did come in late January and throughout February 2020.

The Intelligence Community's support came up short in places because the community fell into the same cycles of crisis and complacency that bedeviled the entire global health security enterprise. It falls to every relevant institution – Congress, the Executive Branch, the private sector, civil society, the international community – to break those cycles.

We must be better prepared when the next pandemic hits.

[153] The Intelligence Community was given the opportunity to identify factual errors or judgments that they assessed were unjustified by the facts. Should additional information come to light, the Committee will supplement this report.