

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6) DTRA Ft Belvoir CT List CT DAG
Subject: CTR ETMS2 Task Tracker_18July22v1.xlsx
Date: Monday, August 22, 2022 8:52:56 AM
Attachments: CTR ETMS2 Task Tracker_18July22v1.xlsx

Sir,

Attached is the weekly task tracker for our meeting at 10am.

(b)(6)

Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

(b)(6)

NIPR

SIPR

[illegible]

STID	Task Subject/FOIA Number	FOIA Topic	FOIA Requester	FOIA POC	Task Received in CTR DAG	Original Suspense Date	Dept Suspense to CT FO	DTRA DAG Suspense	CT Completion Date	Assigned Programs	CT Dept POC	Extension Requests/Comments	Tasker Link	CT Archive Doc Link	
DTRA-220302-RJM	FOIA Case #22-C-005	Syrian Sanctions regulations Information to Provide assistance to the Government of Syria.	US Dept of Energy	(b)(6)	3/4/2022	3/14/2022	3/11/2022	3/14/2022	3/8/2022	CT-SE	(b)(6)	Closed/No reductions recommended.	(b)(6)		
DTRA-220203-ZMSD	FOIA Case Number 20-063	EcoHealth and BT Containment/ Metabiota		(b)(6)	2/3/2022	3/4/2022	3/4/2022	3/4/2022	Rolling submissions	CT-BT	(b)(6)	Approved for rolling submissions. Extension granted to 3/4			
DTRA-211019-MJU7	FOIA Case Number 22-009	All Communications EcoHealth	Empower Oversight		10/19/2021	11/2/2021	11/2/2021	11/2/2021	Rolling submissions	CT-BT		Approved for rolling submissions.			
DTRA-220311-W6G7	FOIA Case Number 22-C-007	Classification of Doc for DoD GC	DoD GC		11-Mar	4/6/2022	4/18/2022	4/18/2022		(b)(6)		3/11 requested extension to 4/18 approved			

Legend:

Green: on target

Amber: concern on completion, may need extension

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
Cc: (b)(6); DTRA CT (USA); DTRA Ft Belvoir CT List CT DAG (b)(6)
Subject: FOR REVIEW: ARC with program revisions
Date: Monday, September 14, 2020 1:48:31 PM
Attachments: 20200914 Draft FY21 CTR ARC v2_clean.docx

Dr. Pope at (b)(6)

Please find attached here the latest draft of the ARC. This includes the program revisions that (b)(6) asked for last week and the sections that were missing from the last version.

I have accepted all of the tracked edits as you asked. I cleaned out the comments (b)(6) had left for the programs that were clearly addressed. I did leave some comments from (b)(6) that still need to be addressed or that I thought you would want visibility on for this review.

Thank you,

(b)(6)

Booz | Allen | Hamilton

CTR A&AS Support Contractor

Director's Action Group Action Officer

Direct Liaison (b)(6)
CTR Mailbox

NIP (b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
Cc: (b)(6)
DTRA Ft Belvoir CT List CT DA
COOP THRT REDUCT (USA)
Subject: FOR SIGNATURE: EcoHealth Alliance Congressional RFI Response/Action Memo -- Form 1
Date: Thursday, May 14, 2020 8:49:10 AM
Attachments: [20200430 TAB B OSD004467-20-CONGRESSIONAL INCOMING.pdf](#)
[20200513 TAB C Action Memo AS Response to Congressman Guy Reschenthaler re EcoHealth Alliance.docx](#)
[20200513 DTRA 1 AS Response to Congressman Guy Reschenthaler re EcoHealth Alliance LA GC.pdf](#)
[20200514 TAB A OUSD AS Response to Rep Reschenthaler.docx](#)

Sir,

Attached is the final package for the EcoHealth Alliance tasker, to include the new format and the Action Memo as requested upstairs. GC and LA have concurred on the language, which GC coordinated with BTRP, and the package is to you for action. We will pass it back upstairs via EIS pending your concurrence and signature. CoS/EIS will send back via CATMS after DIR signs to coordinate with OSD/LA and OSD/GC before it makes its way to U/S Lord. Thank you.

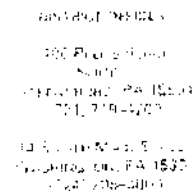
V/r,

(b)(6)

CTR Director's Action Group Lead
Cooperative Threat Reduction
Defense Threat Reduction Agency
CTR A&AS Contractor
Booz | Allen | Hamilton

(b)(6)

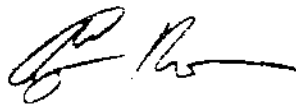
Ma
De
Mc
NI
SIF



Given the Chinese Communist Party's cover up of the global threat posed by COVID-19, it is critical we ensure taxpayer dollars are not being used to support their activities. I appreciate your commitment to our national security, our servicemembers, and their families.

Thank you for your consideration of my request.

Very Respectfully,

A handwritten signature in black ink, appearing to read 'Guy Reschenthaler', with a stylized flourish at the end.

Guy Reschenthaler
Member of Congress

DTRA Coordination and Approval Form

	TO	ACTION	SIGNATURE/DATE		TO	ACTION	SIGNATURE/DATE
1	DIR	Sign		7	OCR:		
2	DDIR	Review		8	OCR:		
3	CS	Review		9	OCR:		
4	OPR: CT	Sign		10	OCR:		
5	GC	Coordinate	(b)(6)	11	OCR:		
6	OCR: LA	Coordinate		12	OCR:		

13. SUBJECT:

CTR prepared the attached letter in response to Member of Congress on the concern of a 2017 grant awarded by the DoD to EcoHealth Alliance Inc.

14. EIS NUMBER: CS_110923_050420

15. INTERNAL SUSPENSE: 05/14/2020

16. EXTERNAL SUSPENSE: 05/12/2020

17. SUMMARY:

(U) BOTTOM LINE UP FRONT (BLUF):

U.S. Congressman Guy Reschenthaler raised concerns, in formal correspondence, regarding the history of EcoHealth Alliance Inc. (EHA) with regard to collaboration with the Wuhan Institute of Virology (WIV), which reports allege may be linked to the epicenter of the COVID-19 outbreak. EHA has been a recipient of grants provided by CT-BT. CT-BT reviewed the letter and provided the enclosed response confirming that no DTRA funds were used to support WIV or any other Chinese research facility.

(U) RECOMMENDATION: (1-2 sentences). Provide a clear, concise statement regarding staff package purpose and action required. (Signature, For Information Purpose Only, etc.)

(b)(5)

(U) EXECUTIVE SUMMARY: (1-5 bullets or short paragraphs). Provide a concise summary of the issue. It should include key elements of background information, supporting information/analysis, and main conclusion(s).

- In the letter from U.S. Congress member Guy Reschenthaler, he raised concerns regarding the history of EcoHealth Alliance Inc. with regard to collaboration with the Wuhan Institute of Virology, which reports allege may be linked to the epicenter of the COVID-19 outbreak (TAB A).
- In 2017, DoD awarded a \$6.5 million grant to EcoHealth Alliance. The description of this grant is listed as “understanding the risk of bat-borne zoonotic disease emergence in Western Asia.”
- DTRA’s response outlines the utilization of grant funds and confirms that no portion of the funds granted by the Cooperative Threat Reduction (CTR) Directorate’s Biological Threat Reduction Program (BTRP) to EcoHealth Alliance supported work at the Wuhan Institute of Virology or any other laboratory in the People’s Republic of China.

(U) CRITICAL COMMENTS / NON-CONCURS: Provide a concise summary of any rejected GO/FO/SES critical comments and rationale for rejection. Also include GO/FO/SES non-concurs or viewpoints that differ from the recommendation or main conclusion(s). "N/A" if not required.

Left Side

TABS: (Labeled A,B,C or 1,2,3 etc.)

TAB A - Draft response letter to Congressman Reschenthaler
 TAB B - Letter from Congressman Reschenthaler
 TAB C - Action Memo for U/S Lord (A&S)

Right Side

**Original Document
 Enclosures or Attachments**

18. ACTION OFFICER: (Name / Grade / Office Symbol / Phone Number)

A&AS Contractor / CTR

19. DATE PREPARED:

05/13/2020

Page 009 of 470

Withheld pursuant to exemption

(b)(5); (b)(6)

of the Freedom of Information and Privacy Act

Page 010 of 470

Withheld pursuant to exemption

(b)(5); (b)(6)

of the Freedom of Information and Privacy Act

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
To: DTRA Ft Belvoir CT List CT DAG
Cc: (b)(6); Randolph W. CIV DTRA COOP THRT REDUCT (USA)
Subject: FW: [Non-DoD Source] a little plug for DTRA and BTRP
Date: Thursday, April 23, 2020 1:19:00 PM

DAG,

Please produce a rough transcript of this podcast in the section where he mentions DTRA BTRP. It runs from approx. 32:00 to 33:30. We may want to pull a quote to use in messaging products.

<https://www.bio.org/podcast>

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message

(b)(6)
From: William B. Karesh <karesh@ecohalliance.org>
Sent: Thursday, April 23, 2020 1:02 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US); (b)(6); Robert S. Pope <rs.pope@us.af.mil>; Long, Randolph W. CIV DTRA COOP THRT REDUCT (USA) <randolph.w.long.civ@mail.mil>; Newman, Carl CIV DTRA CT (USA) <carl.i.newman.civ@mail.mil>
Subject: [Non-DoD Source] a little plug for DTRA and BTRP

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

I did a podcast this week for BIO and made a plug for your work around the 32 minute time mark.

Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> < Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> >

or: Caution-<https://www.bio.org/podcast> < Caution-<https://www.bio.org/podcast> >

Please feel free to share.

Hope you are all well,

(b)(6)

(b)(6)

Executive Vice President for Health and Policy

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

(b)(6)

--1.212.380.4463 (direct)
--1.212.380.4465 (fax)

Caution-www.ecohealthalliance.org < Caution-shaharukmishra@ecohealthalliance.org >

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation.

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA); Hann, Ronald K Jr SES DTRA RD (USA) (b)(6)
Cc: (b)(6)
Subject: Fw: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today
Date: Wednesday, May 5, 2021 8:58:34 AM

Good day all,

We received the below inquiry from the Washington Post regarding Dr. William's testimony yesterday. If I recall correctly, these questions have already been addressed in another effort...please see below excerpt:

"I need to know about DTRA funding of the NGO EcoHealth Alliance that may have gone to the Wuhan Institute of Virology."

A funding chart on the EcoHealth Alliance website shows just under \$40 million spent by DTRA and DoD and that some of the work included "UNDERSTANDING THE RISK OF BAT-BORNE ZOO NOTIC DISEASE EMERGENCE IN WESTERN ASIA" and "UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE."

Dr. Williams at the House hearing today said: "We have done a thorough look at all of our programmatic activities to ensure that at least at the Defense Threat Reduction Agency's funding to this NGO was not provided to the best of our knowledge into the Wuhan Institute of Virology."

Q: What about the funding that was done for the bat-borne zoonotic disease emergence and bat coronavirus emergence? Was that work done at the Wuhan Institute of Virology, where it is known that they conducted extensive bat coronavirus research?

Q: Is it DTRA's conclusion that none of its grant money to EcoHealth Alliance was used at the Wuhan Institute of Virology?

Will standby for further guidance...

Very respectfully,

(b)(6)

Public Affairs
COR: HDTRA121C0025 - Shield Analysis Technologies LLC.
Defense Threat Reduction Agency

(b)(6)

Detect...Deter...Defeat!

-----Original Message-----

From: Bill Gertz <bgertz@washingtontimes.com>
Sent: Tuesday, May 4, 2021 4:01 PM
To: DTRA Ft Belvoir SI List SI-PA Govt <dtra.belvoir.si.list.si-pa-govt@mail.mil>
Subject: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

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Bill Gertz

National Security Correspondent
@BillGertz direct 202-636-3274
TheGertzFile.com < Caution-<http://thegertzfile.com> >

3600 New York Ave NE | Washington DC, 20002

Begin forwarded message:

From: Bill Gertz <bgertz@washingtontimes.com < Caution-<mailto:bgertz@washingtontimes.com> > >

Subject: Comments by DTRA Acting Director Williams today

Date: May 4, 2021 at 1:23:00 PM EDT

To: dtra-pa@mail.mil < Caution-<mailto:dtra-pa@mail.mil> >

Today at a House Armed Services subcommittee hearing Mr. Williams discussed DTRA's efforts to screen its investments in EcoHealth Alliance and its work with the Wuhan Institute of Virology.

I'm writing a story on this and would like some additional details on when this review was done and other details about the review. Need any information today.

Bill Gertz

(b)(6)

National Security Correspondent

@BillGertz direct 202-636-3274

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: Fw: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today
Date: Wednesday, May 5, 2021 11:01:00 AM

FYSA -- DTRA CT's response to DTRA PA for the Washington Times query.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Sent: Wednesday, May 5, 2021 11:01 AM

To: (b)(6)

DI

Cc: Luthinski, Hunter F SES DTRA SITUSA (b)(6) Hann, Ronald K Jr SES DTRA RD
/LISA (b)(6)

(b)(6)

Subject: RE: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

(b)(6)

We recommend short, factual responses to the Washington Times questions, in alignment with responses to prior Congressional queries on this topic:

Q1: What about the funding that was done for the bat-borne zoonotic disease emergence and bat coronavirus emergence? Was that work done at the Wuhan Institute of Virology, where it is known that they conducted extensive bat coronavirus research?

A1: No.

Q2: Is it DTRA's conclusion that none of its grant money to EcoHealth Alliance was used at the Wuhan Institute of Virology?

A2: The grant was made by DoD's Biological Threat Reduction Program (BTRP), and we find that no portion of such grant funds were used to support work at the Wuhan Institute of Virology, or any other laboratory in the People's Republic of China (PRC).

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Wednesday, May 5, 2021 8:59 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (US

(b)(6)

Hann, Ronald K

Jr SES DTRA RD (USA)

(b)(6)

(b)(6)

Cc (b)(6)

(b)(6)

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(b)(6)

Public Affairs

COR: HDTRA121C0025 - Shield Analysis Technologies LLC.

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Detect...Deter...Defeat!

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To: dtra-pa@mail.mil < Caution-<mailto:dtra-pa@mail.mil> >

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I'm writing a story on this and would like some additional details on when this review was done and other details about the review. Need any information today.

Bill Gertz

(b)(6)

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To: (b)(6)
Subject: FW: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today
Date: Wednesday, May 5, 2021 11:27:00 AM

(b)(6)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Wednesday, May 5, 2021 11:03 AM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA); (b)(6)
Cc: Lutinski, Hunter F SES DTRA SI (USA); (b)(6); Iann, Ronald K Jr SES DTRA RD

Subject: RE: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

Many thanks Dr. Pope!

Will keep you updated on our progress.

Many thanks!

Very respectfully,

(b)(6)

Public Affairs
COR: HDTRA121C0025 - Shield Analysis Technologies LLC.
Defense Threat Reduction Agency

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Cc: Lutinski, Hunter F SES DTRA SI (USA); (b)(6); Iann, Ronald K Jr SES DTRA RD

(b)(6)

(b)(6)

Subject: RE: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

(b)(6)

(b)(5)

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(b)(6)

Cc: (b)(6)

(b)(6)

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Defense Threat Reduction Agency

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(b)(6)

National Security Correspondent
@BillGertz direct 202-636-3274
TheGertzFile.com < Caution-<http://thegertzfile.com/> >

3600 New York Ave NE | Washington DC, 20002

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From:
To:

(b)(6)

Cc:
Subject:
Date:
Attachments:

Pope, Robert S SES DTRA COOP THRT REDUCT (US (b)(6)
FW: [Non-DoD Source] More Russian Allegations
Monday, September 14, 2020 4:02:20 PM
FW Non-DoD Source More Russian Allegations (256 KB).msg

Team, forwarding this article (Attached) and my response to (b)(6) at
OSD-P.

BL - we are familiar with her (Bulgarian journalist) work. If there is anything else you guys dig up (believe (b)(6) looked into this before), please let us know. Main concern here are copies of DTRA CTR funding references, coupled with apparent copies of scope of work. But again, we reported this before and I don't see anything new here other than more details. The last page of the article appears to have attachments of DTRA documents, but I can't open them. Please look into this and let us know if there is anything we need to do.

Happy to discuss more if needed.

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Monday, September 14, 2020 3:56 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: [Non-DoD Source] More Russian Allegations

(b)(6)

thanks for forwarding. I have not read this particular article until now. But it appears to be a recycled and updated piece from about 2 years ago, with more details than before. I gave it to the right people here in DTRA to look into this from a CI perspective, as it lists copies and references DTRA documents. With that said, none of this is surprising. I believe the tone and tenor are familiar and consistent with a style of a certain foreign reporter (Dilyana Gaytandzhieva (from Bulgaria), whose name is attributed to one of the photos) and who is well known in that part of the world and publishes a lot on this topic. If you google her name, you will see what I am talking about. The GEC at State is familiar with her "work," and there is more about her we can't discuss here (b)(5)

(b)(5)

We can talk more

later on SVTC if needed. BL - no surprises. It's a constant drumbeat.

(b)(6)

-----Original Message-----

From: (b)(6)

From:

(b)(6)

Sent:

Mon, 14 Sep 2020 13:11:11 -0400

To:

(b)(6)

(b)(6)

Cc:

(b)(6)

(b)(6)

Subject:

FW: [Non-DoD Source] More Russian Allegations

Attachments:

20200907_Website reports on data leak from alleged Pentagon-funded biolab in Georgia.pdf, smime.p7s

(b)(6)

we just got wind of this from State Department. What is DTRA CTR tracking, if anything (because we had not gotten word of this until this morning).

Best

(b)(6)

From:

(b)(6)

Sent: Monday, September 14, 2020 11:14 AM

To:

(b)(6)

N C

OS

PO

Cc:

(b)(6)

(b)(6)

Subject: [Non-DoD Source] More Russian Allegations

FYI - In case you missed this.

Is DOD considering any kind of press guidance on this?

(b)(6)

From:

(b)(6)

Sent:

Mon, 14 Sep 2020 13:11:11 -0400

To:

(b)(6)

(b)(6)

Cc:

(b)(6)

(b)(6)

Subject:

FW: [Non-DoD Source] More Russian Allegations

Attachments:

20200907_Website reports on data leak from alleged Pentagon-funded biolab

in Georgia.pdf, smime.p7s

(b)(6)

we just got wind of this from State Department. What is DTRA CTR tracking, if anything (because we had not gotten word of this until this morning).

Bes

(b)(6)

From:

(b)(6)

Sent: Monday, September 14, 2020 11:14 AM

To:

(b)(6)

(b)(6)

Subject: [Non-DoD Source] More Russian Allegations

FYI - In case you missed this.

Is DOD considering any kind of press guidance on this?

(b)(6)

ATOM

Website reports on data leak from alleged Pentagon-funded biolaboratory in Georgia

07 Sep 2020 00:00:00 UTC

PRODUCT DESCRIPTION

The body of this product is a transcription of original English-language material.

CAVEATS

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Text disseminated as received without OSE editorial intervention.

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BODY

Original title: New data leak from the Pentagon biolaboratory in Georgia

[Photo caption: A diplomatic car with a registration plate of the US Embassy to Tbilisi in the car park of the Lugar Center. US scientists working at the Pentagon laboratory in Georgia drive diplomatic vehicles as they have been given diplomatic immunity (photo: Dilyana Gaytandzhieva)]

Leaked e-mails between the Lugar Center, the Pentagon biolaboratory in Tbilisi, the US Embassy to Georgia and the Georgian Ministry of Health reveal new information about the \$161 million secretive US Government biological research program in this former Soviet country.

The data allegedly originating from the Ministry of Health of Georgia has been published anonymously on Twitter and on a forum for database leaks – Raidforums. Among the documents there are internal memos, official letters and detailed information about US government projects at the Lugar Center, funding and foreign business trips.

Arms Watch volunteers have analyzed these documents and discovered very interesting facts about the Center's recent activities.

The Pentagon has planned to turn Georgia into its largest biological research center overseas, combining its military resources with the resources of the US Centers for Disease Control (CDC) in Georgia.

Furthermore, the number of US projects and grants have increased as well as the number of US scientists deployed to the Lugar Center. The Pentagon-funded facility is planned to temporarily accommodate 16 CDC specialists from Atlanta, for whom Georgia will build a separate BSL-2 laboratory, administrative building and a campus near the Lugar Center. In addition, Georgia will become a regional CDC hub for Eastern Europe and Central Asia, internal documents reveal.

[Photo caption: The Lugar Center is a \$161 million Pentagon-funded biolaboratory in Georgia's capital Tbilisi (photo: Dilyana Gaytandzhieva)]

The Lugar Center already sparked controversy about possible dual-use research in 2018 when leaked documents revealed that US diplomats in Georgia were involved in the trafficking of frozen human blood and pathogens for a secret military program.

The Lugar Center is just one of the many Pentagon biolaboratories in 25 countries across the world. They are funded by the US Defense Threat Reduction Agency (DTRA) under a \$ 2.1 billion military program – Cooperative Biological Engagement Program (CBEP), and are located in former Soviet Union countries such as Georgia (the motherland of former Soviet leader Joseph Stalin) and Ukraine, the Middle East, South East Asia and Africa.

Pentagon research on bioterrorism agents at the Lugar Center

US military scientists have been deployed to Georgia for research on bioterrorism agents at the Lugar Center, according to the new data-leak. These bio-agents have the potential to be aerosolized and used as bioweapons. Among them anthrax, tularemia, Brucella, Crimean-Congo Hemorrhagic Fever, Hantavirus, Y. pestis (causing the disease plague).

The US military biological research projects in Georgia have been funded by the Defense Threat Reduction Agency (DTRA). According to internal data, American and Georgian scientists are currently working on the following DTRA projects in the Lugar Center:

Project 1059: Zoonotic Infections with Fever and Skin Injuries in Georgia

The project includes isolation of new orthopoxviruses in humans, rodents, domestic and wild animals in Georgia, and collection of rodents (as a natural reservoir for this virus) for their further study.

Duration: 01/11/2015-31/10/2018 (extended to 2020)

Funding: \$702,343

Project 1060: Characterization of the Georgian National Center for Disease Control (NCDC) Strain Repository by New Generation Sequencing

Description: characterization and genome research on 100 strains from four endemic species: *Y. pestis* (causing the disease plague), *B. anthracis* (anthrax), *Brucella*, and *F. tularensis* (causing the disease tularemia).

Duration: 01/11/2015-31/10/2018

Funding: \$ 518,409

Project 1439: Molecular Virological Research in Georgia

Description and objectives:

Identify and characterize Hantavirus and Crimean-Congo hemorrhagic fever virus (CCHFV) strains by molecular methods;

Characterize and study genetic diversity of Crimean-Congo hemorrhagic fever virus and hantavirus strains isolated from rodents and ectoparasites;

Serological examination of febrile patients with Crimean-Congo hemorrhagic fever and hemorrhagic fever with renal syndrome;

Collection of rodents and ectoparasites (ticks, fleas);

Duration: 16/08/2017-15/08/2021

Funding: \$612,614

Project 1497: Molecular Epidemiology and Ecology of Yersinia Species in Georgia and Azerbaijan

Description: 1) Ecological research on rodents in Kerb on the Georgian-Azerbaijani border 2) Isolation of different strains of Yersinia; 3) Molecular screening of collected rodent and flea samples. 4) A comparative analysis of the genomes of Yersinia strains obtained during the fieldwork; 5) Spatial analysis of the distribution of Yersinia strains.

Duration: 01/09/2017-31/08/2018 (extended to 2022)

Funding: \$134,090.00

[Attachments of images of alleged DTRA projects in Georgia]

Project 1742: Risks of bat-borne zoonotic diseases in Western Asia

Duration: 24/10/2018-23 /10/2019

Funding: \$71,500

[Attachment of image of EcoHealth Alliance expenditures]

In 2017 the US Defense Threat Reduction Agency (DTRA) launched a \$6.5 million project on bats and coronaviruses in Western Asia (Georgia, Armenia, Azerbaijan, Turkey and Jordan) with the Lugar Center being the local laboratory for this genetic research. The duration of the program is 5 years and has been implemented by the non-profit US organisation Eco Health Alliance.

The project's objectives are: 1. Capture and non-lethally sample 5,000 bats in 5-year period (2017-2022) 2. Collect 20,000 samples (i.e. oral, rectal swabs and/or feces, and blood) and screen for coronaviruses using consensus PCR at regional labs in Georgia and Jordan. According to the project presentation, Eco Health Alliance already sampled 270 bats of 9 species in three Western Asian countries: 90 individual bats in Turkey (Aug 2018), Georgia (Sept 2018), and Jordan (Oct 2018).

[Video caption: [EcoHealth Alliance and Georgian scientists sampling a bat for coronavirus research in 2018 (Facebook, Ketii Sidamonidze)]

Coincidentally, the same Pentagon contractor tasked with the US DoD bat-research program – Eco Health Alliance, USA, also collected bats and isolated coronaviruses along with Chinese scientists at the Wuhan Institute of Virology. EcoHealth Alliance received a \$3.7 million grant from the US National Institutes of Health (NIH) to collect and study coronaviruses in bats in China from 2014 to 2019.

Project 1911: Rickettsia and Coxiella infection surveillance in Georgia and Azerbaijan(US federal grant HDTRA1-19-1-0042 awarded to NCDC-Georgia)

Duration: 23/09/2019 – 22/09/2022

Funding: \$945,000

Despite the official claims of Georgia and USA that the Lugar Center is under the full control of the government of this Caucasus country internal documents show otherwise. Not only has the Pentagon funded biological research projects but it has also paid all the expenses for security and maintenance including utility bills – water, gas, electricity, and cleaning. Tasked with the operational and scientific support to the Lugar Center is USAMRU-Georgia, a special unit deployed to Georgia by the Walter Reed Army Institute of Research (WRAIR). WRAIR has paid: \$524,625 (2016-2018), \$650,000 (2017-2019) and \$1,062,400 (2017-2021) for utility bills, and a further \$158,050 (2016-2017) and \$322,000 (2018-2021) for security guards.

The Pentagon has also awarded a private US contractor, Technology Management Company (TMC) an \$8 million contract for science services to support USAMRU-Georgia in the Lugar Center (2016-2021).

[Attachments of images of alleged WRAIR projects]

WRAIR Projects at the Lugar Center

Tularemia research on soldiers

The Pentagon unit USAMRU-Georgia has conducted extensive research on tularemia involving Georgian soldiers, scientific papers reveal.

Tularemia is a rare infectious disease that typically attacks the skin, eyes, lymph nodes and lungs. Tularemia, also called rabbit fever or deer fly fever, is caused by the bacterium *Francisella tularensis*. It is categorized as a category A bioterrorism agent. Tularemia was weaponized for mass aerosol dissemination by the US Army in the past, according to a recently declassified military report.

[Attachments of images of alleged Tularemia costs]

[Photo caption: Tularemia is one of the bio-weapons that the US Army developed in the past. Source: 1981 US Army Report]

900 volunteers (soldiers and civilians) were recruited for the DTRA project GG-19 "Epidemiology and Ecology of Tularemia in Georgia" from 2014 to 2017. Blood samples were collected from those volunteers and tested for tularemia.

According to the study, 10 soldiers (2%) of the 500 soldiers tested had antibodies for *F. tularensis*. The seropositive soldiers were men, the majority of whom were between 30 and 39 years of age. Seven cases had current residences in known endemic areas (i.e. Kakheti, Samtskhe-Javakheti, Kvemo Kartli, Shida Kartli, and Tbilisi). Three were from areas without previously known *F. tularensis* transmission (i.e. Imereti).

Of the 783 residents approached to participate in this study, 35 (5.0%) volunteers had antibodies to *F. tularensis*.

While the civilian volunteers were all residents of two areas with naturally occurring foci of tularemia in Georgia, the military personnel were soldiers visiting Georgia's military hospital. The study does not provide any explanation as to why soldiers were enrolled in this project nor how exactly they contracted the disease in the army.

Project GG-19: Tularemia in Georgia

[Attachments of images of alleged GG-19 Project]

Furthermore, Georgia has asked the US Embassy for assistance for the construction of a second military hospital in the country, according to leaked correspondence between local health officials and the US Embassy to Tbilisi.

Below is Google translation in English of this correspondence:

[Attachments of alleged emails and translations]

CDC regional hub

The US Government has launched a parallel civil program in Georgia implemented by the US Centers for Disease Control (CDC). Leaked e-mails between the US Embassy to Tbilisi and Georgian health officials reveal that CDC has planned to set up a regional office for Eastern Europe and Central Asia in Georgia. The US Embassy and CDC have requested additional office space for 16

employees. Currently the CDC staff are working inside the Lugar Center.

[Attachments of alleged CDC Regional Hub emails]

CDC regional hub for Eastern Europe and Central Asia in Georgia

Interestingly, the Georgian health officials do not ask about any further information or clarification as to what this new foreign hub is going to do in their own country. Instead, Georgia's Ministry of Health has planned the construction of a new BSL-2 laboratory, conference hall and campus near the Lugar Center with a loan from the European Investment Bank, according to a letter to the finance minister of Georgia leaked on Raidforums.

[Attachments of Raid Forums screenshots]

Arms Watch could not independently verify the authenticity of this letter as we did not find it in the leaked files. We have further analyzed the ministry's internal data and discovered the following CDC projects in Georgia:

Project 1320: Antimicrobial Resistance Project

Duration: 01/09/2016 -29/09/2020

Funding: \$153,492.40

Project 1440: Introducing or Expanding the Use of Influenza Vaccine Outside the United States

Duration: 30/09/2016 – 29/09/2019

Funding: \$750,000

Project 1441: Influenza Surveillance Outside the United States

Duration: 30/09 / 16-29 / 09/21

Funding: \$250,000

Project 1446: Strengthening New Generation Sequencing Capacities for Hepatitis C Surveillance in Georgia

Duration: 01/07/2017-30 /06/2018

Funding: \$22,000

Project 1447: Samples collection under the Hepatitis C Elimination Program in Georgia – Bio-Bank

Objective: The aim of the project is to store samples collected under the Hepatitis C program for future scientific work

20,000 plasma/serum samples

6,000 serum samples from the 2015 National Seroprevalence Survey of Hepatitis C and B

1,000 blood samples from blood banks

500 blood samples from patients with terminal liver disease

Duration: 01/07/2017-30/06/2018

Project 1456: Strengthening the micronutrient deficit monitoring system in Georgia

Duration: 01/09/2017 – 31/08/2018

Funding: \$92,875

Project 1457: Genetic peculiarities of hepatitis C virus in Georgia and its role in the Georgian Hepatitis C elimination program

Objective: Evaluate morbidity and mortality associated with Hepatitis C virus

Duration: 01/09/2017-31/08/2018

Funding: \$127,125

Project 1532: Strengthening, detection, response and prevention of diarrhea outbreaks in Georgia

Duration: 30/09/2017 -29/09/2020

Funding: \$40,000

Project 1533: Strengthening Immunization and Vaccination Control System

Duration: 30/09/2017 – 29/09/2020

Funding: \$67,220.00

Project 1534: Respiratory Disease Surveillance

Duration: 30/09/2017 – 29/09/2020

Funding: \$80,000.00

Project 1535: Enterovirus surveillance Georgia

Duration: 30/09/2017 -29/ 09/2020

Funding: \$45,000

Project 1536: National Laboratory Quality Control Program in Georgia

Duration: 30/09/2017 -29 /09/2020

Funding: \$56,140

Project 1537: South Caucasus Field Epidemiology and Laboratory Training Program

Duration: 30/09/2017 -29 /09/2020

Funding: \$150,000

Project 1538: Fever of unknown etiology caused by arboviruses in the Black Sea region – clinical specimens will be shipped to the CDC Laboratory for analyses

Duration: 30/09/2017 – 29/09/2020

Funding: \$100,360

[Attachments of images of alleged CDC projects in Georgia]

In conclusion, the United States has been consistently developing its laboratory facilities in the Caucasus. Why has the US Government spent billions of dollars on such biolaboratories and projects abroad instead on the health of its own citizens?

[Images of vehicles of alleged Scientists with diplomatic immunity]

Furthermore, why have US scientists working at the Lugar Center been given diplomatic status and immunity to research deadly pathogens and insects in Georgia? Diplomatic immunity is a principle of international law by which foreign government officials are not subject to the jurisdiction of local courts and other authorities for their activities. Hence, US scientists could even perform illegal experiments in Georgia without being prosecuted as they have diplomatic immunity.

P.S. Arms Watch is currently analyzing all leaked data. Due to the large volume of information, we will publish more documents in another article soon. If you want to support Arms Watch, please go to the Donation page or Become Volunteer. Thank you!

SOURCE DESCRIPTOR

Dilyana.bg in

English --

Dilyana.bg -- Website of the independent Bulgarian investigative journalist Dilyana Gaytandzhieva; frequently publishes pro-Russian, anti-Western content; URL: <http://dilyana.bg/>

PRODUCTS ATTRIBUTES

OSC Content Type

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Processing Indicator

TRANSCRIPTION

Product ID

CEW2020091160347286

Product Type

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SYSTEM ATTRIBUTES

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Created Date

11 Sep 2020 19:03:56 UTC

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Yes

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true

Handling, Licensing & Usage Restrictions

false

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Ingested Date

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11 Sep 2020 19:04:09 UTC

Office Of Record

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Originator Version

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Owner

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ATTACHMENTS

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Attachments

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Source Date, End

07 Sep 2020 00:00:00 UTC

Source Date, Start

07 Sep 2020 00:00:00 UTC

Source Descriptor

Dilyana.bg -- Website of the independent Bulgarian investigative journalist Dilyana Gaytandzhieva; frequently publishes pro-Russian, anti-Western content; URL: <http://dilyana.bg/>

Source ID

e17e7213-a65d-4202-9410-952261a46df5

Source Language

English

Source Medium

Internet

Source Name

Dilyana.bg

Summary

Original title: New data leak from the Pentagon biolaboratory in Georgia [Photo caption: A diplomatic car with a registration plate of the US Embassy to Tbilisi in the car park of the Lugar Center. US scientists working at the Pentagon laboratory in...

Topic

BIOTECHNOLOGY AND CHEMICAL TECHNOLOGY, CYBER THREATS, FOREIGN INFLUENCE, FOREIGN INTELLIGENCE

Topic Country

Georgia, Russia

Topic Region

Eurasia

Topic Subregion

Caucasus, Russia

URGENT

No

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Wishing you a joyous season
and a happy New Year



Warmest wishes
from us all

[Signature]

[Signature]

Jamie Cooksey

[Signature]

Mindy R

[Signature]

[Signature]

Sarah Brown

[Signature]



EcoHealth
Alliance

From: (b)(6)
To: Bone, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Subject: FW: [URL Verdict: Neutral][Non-DoD Source] Feb 10-16 2022 DoD/DTRA Disinfo Clips
Date: Wednesday, February 16, 2022 5:37:45 PM
Attachments: Consfeb16f1.pdf

FYI - see (b)(6) summary below.

-----Original Message-----

From: (b)(6)
Sent: Wednesday, February 16, 2022 5:04 PM
To: (b)(6)

(b)(6)

Source: News of Russia (news-life.pro)

Date of issue: 11.02.2022 07:23

The title: USA for a long time spit on the convention on prohibition of the chemical, bacteriological weapon of mass defeat

USA for a long time spit on the convention on prohibition of the chemical, bacteriological weapon of mass defeat

Biolaboratories of USA have taken Russia and China in an environment

« Biolaboratories grow as on yeast »

I offer you to pay attention to that fact, that in the world, as on yeast. All new and new **biolaboratories** which are taking place under the control of USA grow.

And on strange concurrence - basically at the Russian and Chinese borders.

Assure, that it is the research centres where Americans help local scientists to develop new ways of struggle against dangerous diseases », - has directly specified, replying on origin Ковид-19 to newspaper "Kommersant", the secretary of Security Council of Russia Nikolay Patrushev.

Thus, as he said, « authorities of those countries where these objects are placed, have no real concept that occurs in their walls.

Certainly, we and our Chinese partners have questions.

To us speak, that at our borders function peace sanepidstantsii, but they for some reason remind the Fort - Detrik in Maryland where Americans work as decades in the field of military **biology** » more, - secretary Sovbeza has told.

Also has emphasized, that « it is necessary to pay attention that in adjoining areas flashes of diseases are fixed, uncharacteristic for these regions.

Answering directly on a question, whether develop there USA the **biological** weapon, Patrushev has declared, that « there are weighty bases to assume, that it so ».

Materials on a theme of the American military **biolaboratories** in Georgia and on Ukraine (about one such in item. SHelkostantsija near Kharkov it was mentioned especially frequently) met in MASS-MEDIA and earlier, however generally were property only special services.

But the richest invoice from known Bulgarian zhurnalistki Diljany Gajtandzhievoj has appeared, at last.

Here not only Georgia and Ukraine, and not only « mosquitoes yes flies »...

What here « konspirologija and the paranoia » is a journalistic investigation pulls as a minimum on large international scandal, only hardly interested persons will give those to burst.

So we read, yet have not removed

The army of USA makes fatal viruses, bacteria and toxins in infringement of the Convention of the United Nations which forbids manufacture **of the biological** weapon.

To such conclusion brings D.Gajtandzhiev's investigation.

In the documents of the Pentagon promulgated by her(it) shocking facts about for a long time conducted military program **of biological** experiments with United States and worldwide are opened. The military scientists registered on a diplomatic field, test is artificial the created viruses in laboratories of the Pentagon in 25 countries.

Hundred thousand people regularly and purposefully are exposed infitsirovaniyu dangerous patogenami.

The American **biolaboratories** are financed by Military agency DTRA, the program with the budget in 2,1 billion - CBEP, working in the countries of the former USSR (Georgia and Ukraine), Near East, Southeast Asia and Africa.

Heads of military programs **DTRA** - the private(individual) companies.

They are not accountable directly to the Congress of USA and can bypass the law in connection with absence of direct supervision.

The civil personnel of them has diplomatic immunity though his(its) representatives are not diplomats.

Thus, the private(individual) companies work on behalf of the government of USA under diplomatic covering without the direct control on the part of accepting state.

By the way, this practice is frequently used CIA for covering secret agents.

The first on scales and the importance a zone **of the biological** weapon- Georgia. Centre Lugar is in 17 kms from base of the Air Forces of USA Vaziani in suburb of Tbilisi.

The military program is carried out **by biologists** of Military-medical group of USA in Georgia (USAMRU-G) and private(individual) contractors under the federal contract with **DTRA**. **The**

biological laboratory with a high degree of **bioprotection** is accessible only to the citizens of USA having access to a classified information.

They as it was already marked, have the diplomatic immunity given by him(it) within the framework of the Intergovernmental agreement with Georgia about defensive cooperation (2002).

According to the information of the Federal register of USA, in centre Lugara **biological** agents (the Siberian ulcer, tuljaremii) are studied, virus diseases (for example, gemorragicheskoy a fever of Congo) and **the biological** material « for the future experiments » turns out.

Here three private(individual) American companies - CH2M Hill, Battelle and Metabiota work.

They carry out the federal projects connected to **biological** researches, spent by a network of CIA and other government agencies.

CH2M Hill the contract with **DTA** on 341.5 million is made within the framework of the program of the Pentagon for **biological** laboratories in Georgia, Uganda, Tanzania, Iraq, the countries of Southeast Asia.

By the way, almost half of this sum (161,1 million) zakontraktovano for Centre Lugara.

Battelle in turn - the contract subcontractor for the sum 59 million.

The company has wide experience of work with **biological** agents as she(it) already worked above the arms Programme with a view of execution(performance) of 11 contracts with army of USA in recent times (1952-1996).

The company develops extremely toxic chemical and pathogenic **bioactive** substances with a view of supply of the broad audience of government agencies of USA.

Battelle 2 billion works under programs of the state purchases for the sum and borrows(occupies) 23 place in the list of 100 most "advanced" American contractors.

Within last decade Battel' operates laboratory of **biology** (National Biosafety Center - NBACC) in the Fort - Detrike, staff(state) Maryland, under the contract with Department of national safety (DHS).

The company carries out two ten years' federal contracts on 344,4 million (2006-2016) and 19,9 million (2015-2026).

According to documents, **the biological** laboratory carries out genetic engineering of pathogens and an estimation of their potential as agents of **the bioterrorism**, new nonconventional ways of infection with such agents, erosive tests for primates

The biolaboratories of the Pentagon maintained by American company Metabiota Inc., operated and in an epicentre of epidemic Ebola in the Western Africa.

Besides they have received 18,4 million under program **DTRA** in Georgia and Ukraine for scientific and technical consulting services.

In the official roller placed in a network internet, the company offers the following services: researches on a place of **biological** threats, opening pathogen, the epidemic answer and clinical tests.

Experts in the conclusion from July, 17, 2014 have accused Metabiota Inc. in kultivirovanii malignant blood cells of laboratory in Sierra Leone and the wrong diagnosis put to healthy patients to which the diagnosis was put as the patient gemarrogicheskoy a fever (the company has officially rejected these accusations).

Military biologists of USA prepare and entomologicheskiju for war (type of biological war in which for distribution of infectious diseases insects are used).

Documents from the program in Georgia show, that the Pentagon consistently carries out such tests of insects.

In 2014 Centre Lugar have equipped with a special factory on large-scale cultivation of insects and began project Sand Fly from Georgia and on Caucasus.

In 2014-2015 sandy flies of kinds flebotominov were investigated within the framework of other project « Activity on supervision of a sharp fever ».

And it is no casual in 2015 of Tbilisi was attacked by biting flies. They live in the closed premises(rooms), basically in baths, within one year, that it is not typical of this type of flies (usually their season of duplication in the south rather short - since June till September). Victims assert(approve), that flies have divorced in their baths, and they bit people during bathing

From the beginning of realization of this project the same insects, as in Georgia, attacked the next Russian Dagestan.

According to local residents, they caused skin vysypanija in places of stings, lived in the water drain and appeared in baths. Flebotominovye flies transfer dangerous parasites to the saliva and at kusanii transfer them in blood of the person.

Illness which these flies cause, the big interest has on the spot caused the Pentagon.

In 2003 during campaign in Iraq the American soldiers were attacked and severely bit sand flies therefore caught leishmaniasis.

Illness is distributed in Iraq and Afghanistan.

If her(it) is duly to not treat, the sharp form of illness is fatal.

Criminal researches in area entomologii were long since conducted by the Pentagon.

In the report of the American **biologists** with the eloquent name « Arthropods of the medical importance in Asia and the European part of the USSR » (1967), lists(transfers) all local insects, in detail characterizes their inhabitancy and illnesses which they transfer. Stings of the flies living in collectors, also are mentioned in this document.

In due time field tests with tropical kinds of fleas *Xenopsylla cheopis* were carried out(spent) janki for an estimation of suitability of these insects in **biological** war.

Was artificial it is deduced(removed) neither much nor few(not enough,poorly) 1 million mosquitoes of kind Big Buzz *C. Aegypti*.

Then third of this quantity(amount) is placed in an ammunition and issued from the plane, or scattered by the ground.

According to the expert, mosquitoes safely experienced dispersion and greedy drank blood at people after a landing.

Significant part of the report on this operation till now not rassekrechena.

And it, most likely, means, that criminal operation still proceeds.

Aedes Aegypti are carriers of such dangerous diseases, as a tropical fever, chikungun'ja and tsika (a virus which causes genetic developmental anomalies at newborn).

Operation Bellweather is not completed also: the American command on chemical researches (division on **the biological** weapon) carries out tests of tests of mosquitoes for estimation of quantity(amount) of stings and factors which influence productivity of stings.

Military experiments with tropical mosquitoes and kleshchami, are asserted(approved) by experts, will still be carried out(spent) in Georgia.

The separate widespread kinds of mosquitoes and fleas (before prepared within the framework of the Program of the military **biological** weapon) are studied and going(gather) for researches and tests in Centre Lugara.

The mosquito of kind *Aedes albopictus* is the carrier of a yellow fever and a sharp tropical fever.

According to the European centre under the control and preventive maintenance of diseases, it(he) is found out in the next Russia (in Krasnodar territory), and Northern Turkey (on border with Georgia).

In Georgia 34 persons were intentionally infected gemorragicheskoy with a fever of Congo.

This fever is caused by an infection of the virus bearing(carrying) a tic.

Flash of disease was marked. Three zabolevshih have died.

At the same time **biologists** of the Pentagon study a virus in Georgia, developed **DTRA** within the framework of the program « Epidemiologiya the feverish diseases caused by viruses denge and others arbovirusami ».

The project assumes testing patients with symptoms of a fever and gathering kleshchej for the laboratory analysis as possible(probable) carriers gemorragicheskoy fevers of Congo.

Well-known, that bats are source Ebola, a middle East respiratory syndrome (MERS) and other lethal diseases.

However how these viruses reach people while up to the end it is not investigated.

In **DTRA** a number(line) of projects on studying patogenov military value in organisms of bats is carried out within the framework of the Joint program **of biological** cooperation (CBEP).

Transferable(tolerable) they shtamm MERS-CoV consider a virus which is distributed directly among people or "jumps" on camels, and then on people.

MERS-CoV Is one of the viruses genetically modified in United States and investigated in the Pentagon. Researches are directed on increase infektsionnosti and potentialities patogenov.

Let's notice, that such criminal experiments of double purpose(assignment) are lawful in United States

Also tuljaremija, known under the name « the fever of rabbits », was classified as the agent **of bioterrorism** and in the recent past was steadfastly studied by military **biologists** of USA.

Interest of the Pentagon to this illness and its(her) conveyors - kleshcham and to rodents - lasts and to this day.

DTRA will carry out(spend) a number(line) of experiments with tuljaremiy and other extremely dangerous pathogenic projects, besides, in Georgia.

Ukraine has no right of the control above the American military biolaboratories in the territory.

Under the agreement of the Ministry of Defence of USA and Ministry of Health of Ukraine, signed in 2005, the government of Ukraine « **has no right publicly to open the confidential information** » under the American program.

Meanwhile the Pentagon has an easy approach to the state secrets of Ukraine.

In a number of agreements between USA and Ukraine creation of scientific and Technical centre (UNITTS) appears the first.

This international organization is financed due to the American government and the diplomatic status is given to it(her).

For last 20 years the centre invested in this project \$ 285 million.

One of **biolaboratories** of the Pentagon is located in Kharkov where in January, 2016 20 Ukrainian soldier were lost from a pork flu of all for two days, and 200 more were hospitalized in a heavy condition.

The government of Ukraine has found not obligatory to inform their subsequent death.

By March of the same year 364 more persons on Ukraine have died of a flu (81,3 % of cases).

Lethal outcomes were caused A (H1N1) pdm09 - shtammom, caused pandemiju a pork flu in 2009.

In January, 2018 in Nikolaev it is hospitalized 37 person. The local police investigated « infection with a virus immunodefitsita the person and other not selective diseases ».

Three years back more than 100 person in the other Ukrainian city have caught a cholera.

It is supposed, that both epidemics were caused by the polluted potable water.

60 person with a hepatites And are hospitalized in Zaporozhye in the summer 2017. The reason of infection, under official reports of the Ukrainian physicians, has remained obscure.

In the Odessa area of 19 children - lodgers of children's home - are hospitalized because of an infectious disease in June, 2017.

29 cases of a hepatitis And are registered in Kharkov in November of the same year. The virus was allocated in the polluted potable water.

In 2011 on Ukraine it was infected with a cholera 33 persons. Epidemic has repeated in 2014 when at more than 800 Ukrainians this dangerous disease was diagnosed.

And in 2015 in Nikolaev it is registered more than 100 new cases of a cholera

By the way, by attention of the public has passed that fact, that new and extremely dangerous strain cholera (Vibrio cholera) with the same genetic structure, as in Ukraine, has struck Moscow in 2014.

The carried out (spent) genetic testing has confirmed, that isolated strain in the Russian capital was same, as the activator of epidemic in the next Ukraine.

By the way, one of the American companies working in Ukraine - Southern scientific research institute (JUNII) - will carry out (spend) the researches connected to a cholera, and also a flu and Zika - to illnesses of " military value » in representation of the Pentagon.

On Ukraine two more American **biological** companies - Black and Veatch and Metabiota. Black operate and Veatch has signed the contract with **DTRA** for the sum 198,7 million for creation and equipment of **biologists** on Ukraine (two five years' contracts in 2008 and 2012 on a total sum 128,5 million), and also in Armenia, Azerbaijan, Vietnam, Germany, Cameroon, Thailand and Ethiopia.

Metabiota Inc., in turn, has received 18,4 million under program DTRA in Georgia and on Ukraine.

The company has received some more 3,1 million (2012-2015) for work in Sierra Leone - one of the countries most subject to virus infection Ebola.

However JUNII stayotsja the basic subcontractor for the Ukrainian program since 2008, is the subcontractor for military researches of the Siberian ulcer since 2001.

The basic contractor of the Pentagon company Advanced Biosystems. By the way, within 10 years (2006-2016) Southern scientific research institute has paid \$ 1,28 million for lobbying of the interests in the Congress, the Department of state and the Ministry of Defence of USA.

On Ukraine in 2016 it is registered 115 cases of a botulism, 12 from which were fatal.

The next year Ministry of Health of Ukraine has confirmed 90 new cases of the disease, eight of which - death from a poisoning botulotoksinom, one of the most poisonous **biological** toxins.

Botulism - the rare and extremely dangerous disease caused by toxin, allocated from bacterium *Clostridium botulinum*.

One gramme of this toxin is killed up to one million by person.

Poisoning with him(it) causes a paralysis of muscles, respiratory insufficiency and, finally, death if urgent medical aid is not accessible immediately.

Ways of distribution - through an aerosol or the polluted food and water

According to the report of the Pentagon, botulinichesky toxin, and also the Siberian ulcer, brutsellez, tuljaremija are checked up as the biological weapon of army of USA...

Despite of official end of the bioprogram in 1969, documents of military USA prove, that the same dangerous experiments proceed and to this day.

The American army makes **bioactive** substances on special military object in division Dugvej in staff(state) Utah, for 2012.

This range submits to command on tests and an estimation of the Ministry of Defence of USA.

Responsibly(crucially) for manufacture of bioactive substances separate division with the loud name « the Department of sciences about life ».

According to the report of militarians, scientific this division make and test an aerosol with **biological** agents in special test establishment - Lothar Saloman Life Sciences Test Facility (LSTF).

Test laboratory Life Sciences creates and concentrates bacteria in so-called fermentere in capacity up to 1500 litres.

The following laboratory carries out drying and crushing of a ready **biological** material.

After that with **bioactive** substances aerosol tests in special chambers will be carried out(spent).

Documents testify, that the army of USA makes, contains and checks an aerosol of the most killing toxin known till now - botulinicheskogo nejrotoksina.

In 2014 the ministry of army has bought 100 mg botulinicheskogo toxin for check on range Dugway.

According to army documents, means of a **biological** attack can be mounted on the automobile or to carry on a back as a backpack, with an opportunity of installation of the pump for the greater efficiency of distribution.

These spreis will be sprayed by dozens from 50 up to 500 ml of a **bioaerosol** one minute from 12-liter containers

In the past the army of USA carried out(spent) field tests of the bacteriological weapon, with 1949 for 1968 was executed such 27 tests, and a part - in public places.

DTRA - the agency managing the military program in Centre Lugara in Georgia, is suspected of the incident which has happened in the Chechen Republic on spring 2017.

Vigilant local residents have informed about drone, spraying a white powder along the Russian border with Georgia.

By the way, the boundary police of Georgia for some reason and has not commented on this incident

In 2020 of the Pentagon has invested 65 million in genic engineering. Genetically modified viruses are present at fabrics of genetically modified insects.

The agency on military researches (DARPA) has concluded contracts about family the companies specializing on insektitsidakh, within the framework of the program « Safe genes ».

Genetic changes are made with new technology CRISPR-Cas9.

Besides genic engineering at insects and viruses, the Pentagon will carry out(spend) illegal experiments with change of a genetic code at people. DARPA tries to insert new 47, an artificial chromosome into a cell(cage) of the person.

This chromosome will bear(carry) new genes which begin to be used for genetic updating the person.

By the way, in the period with 2008 for 2014 of USA invested \$ 820 million in synthetic **biology**.

The basic part of these investments goes from the budget of the Ministry of Defence.

The majority of researches is total are secret.

To tell the truth, the report of the Air Forces of USA « **Biotechnology**: genetically developed patogeny » gives some representation about some scientific works of military scientists. They have studied five groups genetically modified patogenov which can be used as **the biological** weapon. This "double" **biological** weapon (the fatal combination consists of two viruses), comprise illnesses which change the owner (animals the latent viruses, t "jump" on people, for example, virus Ebola), and. n. Design diseases.

Design illnesses are developed for an attack on the certain ethnic group or genotypes of people and should be used as the ethnic **biological** weapon.

Thus, the ethnic **biological** weapon (**the biogenetic** weapon) is a weapon which attacks mainly certain ethnic groups or genotypes.

Though official development of such weapon never publicly proved to be true, documents prove, that janki collect **biological** materials from strictly certain ethnic groups, namely, Russian and kitajtsev.

Military - air forces of USA specially collect Russian samples RNK and sinusovoj fabrics, the information about which is published in Gosreestre the state purchases.

Besides Russians, according to the information, from all of the same Register goszakupok, United States collect a **biological** material from healthy and ill a cancer in China.

According to this information, the American National institute of a cancer has collected a **biological** material from 300 kitajtsev from provinces Lin'sjan', TSzenchzhou and Chengdu.

The Chinese **biological** material including a saliva and cancer fabrics, gathers and investigated on a number(line) of the American federal projects.

In the Federal register of USA the data on the following purchases of samples of the Chinese **biomaterial** are published:

Samples genotipirovanija DNK, blocks of a fabric of a cancer dairy zhelezy, samples of a saliva of 50 families, a genotype 50 SNP for DNK-SAMPLES, genotypes from 3000 cases of a cancer of a stomach and 3000 control tests.

In summary we shall remind, that in the chapter eight Roman statutes of the International criminal court biological experiments are unequivocally defined(determined) as war crimes.

However United States, alas, are not participants of this international contract and consequently can not be done responsible for war crimes
And it is a pity.

Alexander Vladimirovich Pronin - the colonel, the military journalist

[http: // www.stoletie.ru/tekusch...](http://www.stoletie.ru/tekusch...)

Probably it is not casual one of items(points) of the joint statement in Peking on opening of Olympic winter games, heads of China and Russia, there is an item(a point) concerning the chemical weapon and biolaboratories of a pentagon..

[https: // cont.ws / 1639105/21997...](https://cont.ws/1639105/21997...) **The Rate is determined, reference points, and problems(tasks) are put to the purpose**

Maeovich A.P. a member of the union of journalists of the Russian Federation.

TweetSee new TweetsConversationRemnants RetweetedDr. Andrew Huff@AGHuff

DTRA and DoD funding to EcoHealth Alliance.

Rumor is that the DoD has been lying to Congress about funding EHA.7:03 PM · Feb 14, 2022·Twitter Web App

澎湃

Is it Mei's turn to be troubled? Poland compromises with Russia, Ukrainian president 'warns' NATO

澎湃

2022-05-16 17:35

Is it Mei's turn to be troubled? Poland compromises with Russia, Ukrainian president 'warns' NATO

2022-05-16 17:35

澎湃

The fourth batch of weapons supplied by the United States to Ukraine has arrived in Kiev and will soon be delivered to Ukrainian soldiers. In addition, British Prime Minister Johnson said that the United Kingdom will increase troops in Eastern Europe, and if Russia 'invades' Ukraine, the United Kingdom will provide protection for European allies.

The fourth batch of weapons supplied by the United States to Ukraine has arrived in Kiev and will soon be delivered to Ukrainian soldiers. In addition, British Prime Minister Johnson said that the United Kingdom will increase troops in Eastern Europe, and if Russia 'invades' Ukraine, the United Kingdom will provide protection for European allies.

On the other hand, Ukraine has also deployed a large number of heavy weapons, including anti-tank missiles and artillery in eastern Ukraine. In Donetsk and other places, Ukrainian soldiers also briefly exchanged fire with pro-Russian armed forces. On the surface, the conflict between Russia and Ukraine is raging, and the future may be ignited at any time, but the actual situation is not the case.

The first thing, Poland took the initiative to compromise with Russia. CNN revealed that Poland has reached an agreement with Russia. Next, Russia can inspect the air defense facilities 'deployed by the United States' in Poland, and Poland can also go to Kaliningrad to inspect the missile facilities of the Russian army.



This request was made by Russia, but Poland agreed, which was somewhat unexpected.

You must know that the specific deployment of the U.S. air defense missiles is a secret of the U.S. military and is generally not easily revealed. Moreover, Poland has always been anti-Russian, and it is usually unlikely to 'sacrifice' Russia.

The request was made by Russia, but Poland agreed, which was somewhat unexpected.

The request was made by Russia, but Poland agreed, which was somewhat unexpected.

Moscow has always believed that the United States is trying to deploy offensive weapons in countries such as Poland. Putin has repeatedly said that if the United States is observed, the Russian military may deploy missiles in Europe.

From a geographical point of view, Kaliningrad is right on the doorstep of Poland. Between Poland and Latvia, if the Russian army launches an attack from the land area, it will be an instant thing to strike Poland.

Poland is very clear that, judging from the current situation, if Putin intends to show his sword, Ukraine will bear the brunt, followed by Poland and Lithuania. Russia will not easily fall out with France and Germany, nor will it be possible to directly conflict with the US military. Once the battle starts, Poland may be hurt.

澎湃

Hot news day

1. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

2. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

3. New confirmed cases in Suzhou

4. Night landing, 20,000 people gathered in the airport

5. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

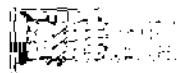
6. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

7. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

8. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

9. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.

10. The United States has announced that it will provide Ukraine with more weapons, including anti-aircraft missiles.



The map shows the location of Poland and its neighbors.



The map shows the location of Poland and its neighbors.

The map shows the location of Poland and its neighbors.

The map shows the location of Poland and its neighbors.

CONTACT US

Is it the turn of beauty to worry about? Poland compromised with Russia, and the Ukrainian president "warned" NATO



Under such circumstances, it was undoubtedly a wise move for Poland to show weakness, and it also sent a heavy signal that Poland did not trust the United States very much.

At the same time, Poland also showed its weakness to Russia.

The second thing, Ukrainian President Volodymyr Zelenskyy warned "NATO". Compared with Poland, Ukraine, which is located on the Russian border, is obviously more disturbed.

Zelenskyy said on January 26 that the United States had exaggerated the possibility of "Russia's imminent invasion of Ukraine", and Kiev suspected that the United States had ulterior motives.

Zelenskyy publicly stated at the press conference that he hoped that Western countries would not create panic, and blindly preaching that "the Russian army is about to invade" will only make Ukraine's economy worse. As the president of Ukraine, he knows the actual situation better than anyone.



While "warning" NATO, Zelenskyy did not forget to emphasize another thing, that is, he is not undermining Russia. Ukraine appreciates the various support provided by the United States, but the activities of the Russian military on the Ukrainian border are possible complications.

NATO's continued standing of Russia's behavior has made Ukraine very dissatisfied. Ukraine believes that the Russian military's activities on the border are normal and understandable, but Western countries continue to add fuel to the fire, saying that the Russian military is preparing to "invade" Ukraine. If not, this is causing trouble for Ukraine?

In addition, many of the weapons provided by the United States to Ukraine are actually "old-fashioned" used equipment, and some are even weapons left by the JS military more than 20 years ago, which makes Ukraine feel "deceived".

Zelenskyy has repeatedly called on Putin for peace talks, but he has not been answered by Russia. Once the conflict reaches a critical point, the situation is likely to escalate rapidly. It is not difficult to see from Zelenskyy's "warning" to NATO that Ukraine obviously does not want to fall out with Russia.

Is it the turn of beauty to worry about? Poland compromised with Russia, and the Ukrainian president "warned" NATO

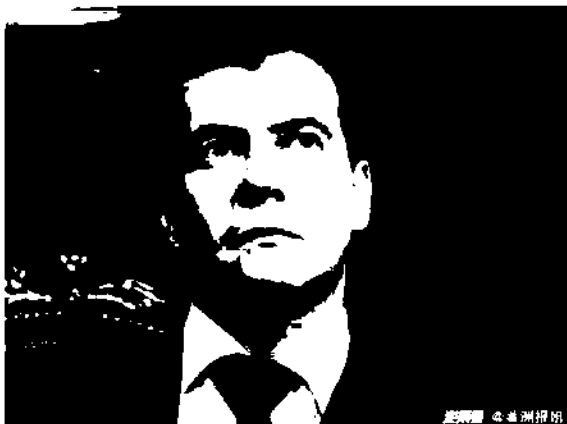
Page 3 of 4



The third thing, Medvedev exposed the true face of the United States. Medvedev said that the United States has built many biological laboratories in Russia's neighbors. Although Russia does not know what the United States is doing, these unknown laboratories are likely to be the source of the virus. The virus leaked out of the laboratory.

Medvedev believes that many institutions can produce pathogens, which is a safety issue and must pay attention to "how to manage these pathogens."

Medvedev's condemnation of the United States, can not help but think of another thing, that is, Fort Detrick laboratory. Over the years, there have been many force scenes of "the sudden death" and accidental disappearance of U.S. soldiers at Fort Detrick base. The U.S. military chose to pretend to be dead and "mute to the mouths" of the families of the victims and the American public.



Medvedev said that the United States has built many biological laboratories in Russia's neighbors.

In Ukraine, there is also a biological laboratory controlled by the U.S. military. Russia has repeatedly expressed concern about this, and has also called on the United States to let the world take a look, but the response was mostly silent.

Medvedev said that the United States has built many biological laboratories in Russia's neighbors.

In a nutshell, it is the same sentence, many acts of injustice will lead to self-destruction. American politicians continue to provoke conflicts, and while helping American arms dealers, intelligence agencies and chaebols. In the snow, they are bound to attract the disgust of all countries in the world. Even the American people walked to the floor of the White House a few days ago and called on the United States to dissolve NATO and stop provocation.

If American politicians do not repent, they will pay the corresponding price in the future, and the American people will not condone their reckless actions.

Have a snack, America.

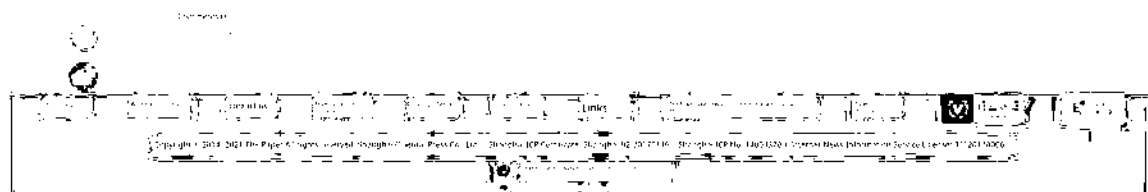
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Medvedev said that the United States has built many biological laboratories in Russia's neighbors.

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Is it the turn of beauty to worry about? Poland compromised with Russia, and the Ukrainian president "warned" NATO

Page 4 of 4



(b)(6)

Subject: [URL Verdict: Neutral][Non-DoD Source] Feb 10-16 2022 DoD/DTRA
Disinfo Clips

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

All,

Apologies for not getting a clips earlier this week. Was delayed due to a family tragedy. But lots to digest. First, around a week ago, a storyline appeared that DoD/DTRA was going to facilitate a smallpox attack in Ukraine in March. The narrative made the rounds in the online publications but did not seem to spread into the more "legitimate" Russian press or even social media. However, I did find it on over 15 sites.

Additionally, a very snazzy video was released in Bulgaria promoting the conspiracy theory that the US will conduct human experimentation on Bulgarian soldiers. It provides a considerable amount of background material on earlier US military human experimentation as further support for the arguments. Link below:

Caution-https://www.youtube.com/watch?v=Kr1_YIESHIE <
Caution-https://www.youtube.com/watch?v=Kr1_YIESHIE >

Polygraph did a fact check on Russian and Chinese chemical and biological charges contained in the bilateral Beijing Joint Statement.

Caution-<https://www.polygraph.info/a/fact-check-xi-putin/31693558.html> <
Caution-<https://www.polygraph.info/a/fact-check-xi-putin/31693558.html> >

Additionally, from Feb 14, thru today, a tweet has been showing up on Twitter from Chinese and prob Russian source (b)(5) that DoD lied to Congress about funding to ECO-Health Alliance.

OK-take care,

(b)(6)



Gilyana Abushinova

Public Health Analyst

! The US Embassy removed information from the site about the opening of a biological laboratory in Ukraine:

the Agency for the Reduction of the Military Threat of the US Department of Defense (DTRA) in October 2021 published an additional agreement on the website of us public procurement on "combating especially dangerous pathogens." The document concerns the final stage of work on the launch of two biological laboratories - in Kiev and Odessa. It deals with the equipment, training of personnel and commissioning of facilities. The cost of the work is \$ 3.6 million, however, a number of figures in the document are hidden for reasons of secrecy. It is also reported about the more than 90 percent readiness of laboratories and a seven-month delay in the completion of the project (we highlighted in red) - from the date of signing the document (July 2021) to the end of February 2022.

сайта информацию об открытии биологической лаборатории на Украине

Агентство по сокращению военной угрозы Минобороны США (DTRA) в октябре 2021 года опубликовало на сайте американских госзакупок дополнительное соглашение о «борьбе с особо опасными патогенами». Документ касается завершающего этапа работ по запуску двух биолaborаторий – в Киеве и Одессе. В нем идет речь об оснащении, тренинге персонала и вводе объектов в эксплуатацию. Стоимость работ составляет 3,6 млн долларов, причем ряд цифр в документе скрыт из соображений секретности. Также сообщается о более чем 90-процентной



DEFENSE THREAT REDUCTION AGENCY
8725 JOHN J. KINGMAN ROAD, Bldg 6201, Fort
Belvoir, VA 22060-6201

JUSTIFICATION FOR AN EXCEPTION TO THE INFORMATIONAL AVAILABILITY

1. Nature and Description of Action

As part of the Department of Defense's (DoD) efforts to reduce the military threat posed by biological weapons, the Defense Threat Reduction Agency (DTRA) is conducting a project to develop and test a new type of biological weapon. The project is titled "Development of a New Type of Biological Weapon" and is being conducted by the DTRA's Biological Threat Reduction Program (BTRP). The project is being conducted in cooperation with the United States Army Medical Research and Development Command (USAMRIID) and the United States Air Force Medical Research and Development Command (USAFMRDC).

The project is being conducted in two phases. The first phase is the development of a new type of biological weapon. The second phase is the testing of the new type of biological weapon. The project is being conducted in cooperation with the United States Army Medical Research and Development Command (USAMRIID) and the United States Air Force Medical Research and Development Command (USAFMRDC).

2. Description of the Supply Sources Requested

The project is being conducted in two phases. The first phase is the development of a new type of biological weapon. The second phase is the testing of the new type of biological weapon. The project is being conducted in cooperation with the United States Army Medical Research and Development Command (USAMRIID) and the United States Air Force Medical Research and Development Command (USAFMRDC).

influenza (avian flu) that is not transmitted between humans. However, NIH projects aim to make avian influenza viruses capable of transmitting between mammals and to assess their pandemic potential as a possible threat to humans. Gain of function (GoF) studies improve a pathogen's ability to cause disease by increasing its virulence and transmissibility. These dangerous experiments have not ended even though COVID-19 has been suspected to be the result of such NIH-funded GoF research at the Wuhan Institute of Virology. Instead of ending all GoF research since the beginning of the pandemic, the NIH and its sub-agency – the National Institute of Allergy and Infectious Diseases (NIAID), continued their financial support for the following GoF studies: Transmissibility of avian influenza viruses in mammals (NIAID support ended in August 2021); Centres of Excellence for Influenza Research and Surveillance (CEIRS) (NIAID support ended in March 2021). The third: Mimicking the evolution to define the mechanisms of aerial transmission of H7N9 viruses, began on September 2, 2021 and continues. H5N1, a highly pathogenic avian influenza virus, is not transmitted between mammals. Researchers aim to make the virus capable of being transmitted in order to assess its pandemic potential. According to the project description, "no sustained human-to-human transmission has yet been reported. Several attempts in the past to select transmissible H5 viruses (which are not usually transmitted between mammals) have not been successful." That's why the researchers "plan to smuggle non-transmissible viruses from different gene pools into ferrets (an established model of influenza virus transmission) to select transmissible mutants." Selected mutations will be characterized for their biological effects and the potential for transmission of H5N1 in mammals. According to the description provided for project 1R21AI144135-01: "Viruses of the Asian H7N9 lineage of avian influenza (VIA)... have not spread to humans; however, there is a strong potential for these viruses to evolve to be transmitted by air and cause a pandemic... Viruses carrying H7N9 HA and NA on the skeleton of the A/PR8 vaccine will be generated. Mutations will be introduced into the HA and NA gene segments... we will evaluate the replication kinetics of recombinant H7N9-A/PR8 viruses for their growth in primary epithelial cells of the human respiratory tract. Primary human cells will include nasal, tracheal, bronchial and small airway epithelial cells. The researchers want to make the virus capable of being transmitted by air in order to assess the pandemic potential of H7N9 viruses. These latest NIH-funded experiments are only a small part of many controversial laboratory studies approved by the agency. One of them was the risky research on the bat coronavirus in China, which is under investigation in the United States for a possible link to the COVID-19 pandemic. Despite repeated denials by NIAID Director Dr. Antony Fauci, including before Congress, the NIH finally acknowledged last year that the United States had funded the GoF's research into bat coronaviruses in Wuhan, from where the pandemic began and spread around the world. The \$3.7 million grant went to the U.S. nonprofit EcoHealth Alliance. In a letter to the U.S. House of Representatives, the NIH states that EcoHealth Alliance violated the terms and conditions of the NIH AI110964 grant and did not report all of its activities in China. According to the NIH letter, a "limited experiment" was conducted to test whether "advanced proteins from naturally occurring bat coronaviruses circulating in China were able to bind to the human ACE2 receptor in a mouse model." It's much more important than Dr. Fauci – it involves the entire U.S. government: U.S. Congressman Following the release of a House Intelligence Committee report stating that "significant circumstantial evidence" supports the hypothesis of a laboratory leak, Rep. Mike Gallagher urged members of Congress and members of the media to take a closer look at the additional U.S. funding flows that sent money from taxpayers to EcoHealth Alliance. According to the congressman, "If you start doing basic research, it quickly becomes clear that it's much more important than Dr. Fauci — it involves the entire U.S. government." EcoHealth Alliance has received a total of \$112.1 million in funding from the U.S. government since 2003, according to information obtained from the U.S. Federal Contract Registry. Among its main sponsors are the NIH via NIAID and the Pentagon via the Defense Threat Reduction Agency (DTRA). The objectives of the projects are the discovery and assessment of viruses with pandemic potential mainly in Africa and Asia. Coronavirus research in a controversial Pentagon biolab in Georgia EcoHealth Alliance has implemented a number of military biological research programs for the Pentagon. In 2017, the U.S. Defense Threat Reduction Agency (DTRA) commissioned EcoHealth Alliance with a \$6.5 million project to collect and isolate coronaviruses from 5,000 bats in West Asia. The duration of the program is 5 years (2017-2022) with the Lugar Center, the Pentagon's biolaboratory in the Republic of Georgia, being the local laboratory for this genetic research. The objectives of the project are: 1. Capture and sample 5,000 bats non-lethally; 2. Collect 20,000 samples (i.e. oral and rectal swabs and/or feces and blood) and screen for CoV using consensual PCR in regional laboratories in Georgia and Jordan. According to the project presentation, Eco Health Alliance has already sampled 270 bats of 9 species in three West Asian countries: 90 individual bats in Turkey (August 2018), Georgia (September 2018) and Jordan (October 2018). The Lugar Center, which is the partner laboratory for this research, is a \$180 million Pentagon biolaboratory located in Tbilisi, the capital of Georgia. It was operated by a special unit of the US Army - USAMRU-G, whose personnel were given diplomatic immunity to search for viruses without being diplomatic. The Lugar Center has become famous in recent years for its controversial activities, laboratory incidents and scandals surrounding U.S. drug giant Gilead's hepatitis C program in Georgia, which resulted in the deaths of at least 248 patients. The cause of death in the majority of cases was listed as unknown, according to internal documents. There is no public information about the results of the research done by the EcoHealth Alliance at the Pentagon's Lugar Center, nor about the viruses that have been discovered and the genome experiments that have been carried out. \$5,000 for a black market bat The South Ossetia State Security Committee has raised public awareness of the EcoHealth Alliance bat research project in neighboring Georgia after a Georgian national Khvicha Mgebrishvili was arrested on July 3, 2020 near the village of Adzisar in the Tskhinvali region of South Ossetia for violating the state border. During interrogation by the KGB South Ossetian border agents,

he explained that he was interested in a bat colony in the villages of Artseu and Grom in the Tskhinvali region. According to Mgebrishvili, he intended to capture the so-called "bat cocoons" and sell them in Georgia for \$5,000 each. These species are listed in the Red Book and their hunting is punishable by prison in South Ossetia. Local authorities accused neighboring Georgia of suspicious activity, stating that "the Lugar Center for Public Health Research has shown increased interest in the Bat population of South Ossetia since 2012." As always, the Lugar Center and the U.S. Embassy in Tbilisi have denied all allegations of fake news and conspiracy theory. In response to all the scandals surrounding the Lugar Center and the growing distrust of Georgians, the U.S. Embassy in Tbilisi launched a propaganda campaign to educate the local population with animated films on Georgian social media and TV channels. All information about the Lugar Center, with the exception of the government's official account, has been labeled "fake news," "disinformation," and "conspiracy theories." The Lugar Center was given by Western media as an example in the fight against the novel coronavirus, even though COVID-ravaged Georgia ranks seventh globally among countries with the highest number of deaths per million this month. I am a freelance journalist and I do not work for governments or corporations. If you'd like to support my work, visit the Donate or Become a Volunteer page. Thank you! If you would like to follow me on Telegram, please subscribe to the Arms Watch Telegram channel using the link: https://t.me/arms_watch

Page 2

•

To whom in Russia

Forwarded from Politjoystic (Marat Bashirov)

That is, in addition to the nuclear threat from Zelensky, we were also preparing bio-extermination.

...

<https://t.me/obrazbuduschego2/8352>

Telegram

About the future

The military special operation of the Russian Federation in Ukraine coincided with the planned launch of US military biological laboratories in Kiev and Odessa, The Octagon found out. Perhaps this launch was the deadline for the Kremlin. Russian President Vladimir Putin back in 2017-2018...

t.me/komunarussia/3619

56 · Feb 26 at 05:58



Olga Budina

«.. We are talking about cooperation between the Ministry of Health of Ukraine and the US Department of Defense (Pentagon). An institution like DTRA has quite specific military tasks – testing the latest American developments on a specific gene pool – people, animals and plants. This refers to the creation of biological agents - bacteria and viruses. It is clear that this is the activity of US military virologists, they work in the gray zone. The Americans do not conduct such dangerous experiments on their territory, but [they do it] where they have good positions, where the government is corrupt and controlled by them. And this document only confirms all this...»

https://octagon.media/vojna/specoperaciya_rf_sovpala_s_zapuskom_voennykh_laboratorij_ssha_na_ukraine.htm

octagon.media

The special operation of the Russian Federation coincided with the launch of US military laboratories in Ukraine



The military special operation of the Russian Federation in Ukraine coincided with the planned launch of US military biological laboratories in Kiev and Odessa, The Octagon found out. Perhaps this launch was the deadline for the Kremlin.

https://octagon.media/vojna/specoperaciya_rf_sovpala_s_zapuskom_voennykh_laboratorij_ssha_na_ukraine.htm

https://octagon.media/vojna/specoperaciya_rf_sovpala_s_zapuskom_voennykh_laboratorij_ssha_na_ukraine.htm

Elena Sabelnikova in [Royal Cross Movement \(Chat\)](#)

Forwarded from [Natalia](#)

The military special operation of the Russian Federation in Ukraine coincided with the planned launch of US military biological laboratories in Kiev and Odessa, The Octagon found out.

Perhaps this launch was the deadline for the Kremlin.

Back in 2017-2018, Russian President Vladimir Putin pointed to the danger of developing

biological weapons near the borders of the Russian Federation, and also publicly worried about the "purposeful and professional" collection of Russian biomaterials by foreigners. Then the press actively discussed the possibility of creating genetic weapons. Genetic technologies in general are a sensitive and relevant topic for the president. And these new U.S.-Ukrainian high-tech laboratories specialize in modern biological weapons.

The Agency for the Reduction of the Military Threat of the US Department of Defense (DTRA) in October 2021 published on the website of the US public procurement an additional agreement on "combating especially dangerous pathogens." The document concerns the final stage of work on the launch of two biological laboratories - in Kiev and Odessa. It deals with the equipment, training of personnel and commissioning of facilities. The cost of the work is \$ 3.6 million, however, a number of figures in the document are hidden for reasons of secrecy. It is also reported about the more than 90 percent readiness of laboratories and a seven-month delay in the completion of the project (we highlighted in red) - from the date of signing the document (July 2021) to the end of February 2022.

The labs were built in accordance with the Cooperative Threat Reduction Program. This Pentagon program started in 1991 and is aimed against Russia and the countries of the former USSR. The creation of laboratories was funded within the framework of one of five subprograms - biological (Biological Threat Reduction Program). Active cooperation between Ukraine and the United States in these areas began after the first Maidan Nezalezhnosti, in 2005.

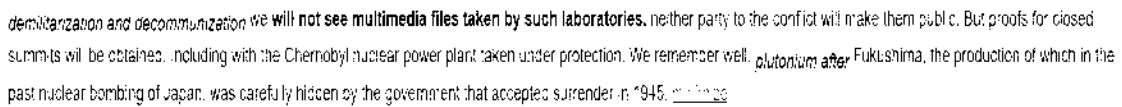
Two new laboratories are being created on the basis of the Kyiv State Research Institute for Laboratory Diagnostics and Veterinary and Sanitary Expertise and the Odessa Division of the State Service of Ukraine for Food Safety and Consumer Protection. In Odessa, the main part of the Ukrainian collection of endemic strains of pathogens of dangerous diseases is stored. The buildings of new biological laboratories in Kyiv and Odessa were built in 2019, but were not put into operation. The founder of the project is considered to be the former head of the Ukrainian Ministry of Health Ulyana Suprun (a US citizen, so she worked in the status of an acting one), who received the nickname "Doctor Death".

Work under the contract is carried out by an experienced contractor of the US government - the Jacobs group, more precisely, its division CH2M Hill. The need for an additional agreement is justified by additional costs and delay due to the COVID-19 pandemic. The notice makes it clear that this project is important and urgent for the U.S. government: further potential delays are called unacceptable, and "DTRA demands to urgently complete and hand over both laboratories in order to ensure the active and safe implementation of the DTRA mission."

"Both facilities belong to the Government of Ukraine and are under its protection, but neither of them currently performs active biological work, since DTRA asked the Ukrainian authorities not to start work until the completion of acceptance and final work," the procurement materials say. It also talks about the risk that Ukrainian virologists may begin to operate and modify laboratories without the knowledge of DTRA.

The Americans fear that from Kiev and Odessa there may be "theft or damage to equipment." And, indeed, some excesses have already arisen. In the summer of 2021, an employee of the above-mentioned Kiev Research Institute took out a sample of a dangerous virus (Newcastle bird

time/tsarkrest_chat/83034



... ..

From: Pope, Robert S. SES, DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: FW: 24-27 Jan Clips
Date: Friday, January 28, 2022 8:32:00 AM
Attachments: [27cons.pdf](#)

(b)(6)

Happy Friday. FYSA, RT has disseminated some disinformation on one of your programs. See the report starting on pg 16 in the attachment.

Best regards,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Date: Thursday, January 27, 2022 at 19:25:29
To: (b)(6)

(b)(6)

Page 083 of 470

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

Page 064 of 470

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

(b)(6)

Subject: [Non-DoD Source] 24-27 Jan Clips

All,

Attached is the latest compilation of clips. Of note, our Bulgarian friend DG's "reporting" is being amplified across all Russian media platforms-highlighting alleged human experimentation-and other attention grabbing charges across a wide-array of facilities with historical ties to CTR and the broader U.S. military. Also, at the front of the package is a release picked up in Chinese social media from the US Embassy in Beijing contradicting Russian disinfo about Ukraine-it would be great to see something similar on the lab narratives---

Last, not surprisingly, there is increased attention on Ukraine. There is a comment in one of the Russian articles about the laboratories being opened under Kuchma, and closed during the reign of Russia's client...interesting...

Stay safe,

(b)(6)

w data on the work of US **biological laboratories** in Ukraine have become known

Source: [NEWS.ru](https://www.news.ru)

Release date: 27.01.2022

06:40 Title: New data on the work of US biolaboratories in Ukraine have become known

New data on the work of US biological laboratories in Ukraine have become known

Journalist Gaytandzhieva published new data on the work of US biological **laboratories** in Ukraine

Photo: [vvubrno.cz](https://www.vvubrno.cz)

Bulgarian investigative journalist Dilyana Gaitandzhieva has published new data on the work of US **biological laboratories** in Ukraine, Georgia and other countries. These stations were founded under Kuchma, closed under Yanukovych, and after the Maidan they worked again, the journalist writes on her website dilyana.bg.

According to the investigation, on the basis of American biological **laboratories**, various viruses are tested on Ukrainian and American soldiers. The existence of these stations has already been previously recognized in the United States. The publication indicates that the Pentagon conducted **bio-experiments** on 4400 Ukrainian and 1000 Georgian soldiers. In parallel with US plans to expand its presence in Eastern Europe to "protect its allies from Russia", internal documents show what this "protection" really is.

The project with the participation of the Ukrainian military started in 2017, the money was allocated by the American Agency for the Reduction of the Military Threat(DTRA). According to the publication, "blood samples will be taken from 4400 healthy servicemen in Lviv, Odessa, Kharkiv and Kiev. Of this number, 4,000 samples will be tested for antibodies to hantaviruses and 400 to Crimean-Congo haemorrhagic fever (CCHF) virus."

As a confirmation, Gaytandzhieva published documents in Ukrainian. At the same time, it is not indicated what other procedures are planned to be performed in **biological laboratories**.

Earlier, a researcher at Wuhan University, a major Chinese historian Wu Enyuan, called on experts of the World Health Organization to study the work of the main US military **biological** laboratory in Fort Detrick for the possible appearance of the SARS-CoV-2 coronavirus from there.

US COVID-19 just the forerunner of america's ideal biological weapon, or is it already one?

Source: Arguments.ru (news.argumenti.ru)

Release Date:

1/27/2022 Title: IS COVID-19 just the forerunner of the perfect American biological weapon, or is it already one?

IS COVID-19 just the forerunner of america's ideal biological weapon, or is it already one?

Alexander Sharkovsky, Special Correspondent

Photo: Social Media

Dr. Peter Dashak, involved in the creation of the SARS-CoV-2 virus, is accused of being a CIA agent. This is reported by NaturalNews.com. The Organization EcoHealth Alliance in which Dr. Dashak is president is nothing more than a "cover" for the work of the branch of the Central Intelligence Agency of the United States. The fact that Covid19 does not affect everyone equally indicates its special targeting of certain markers in human DNA. For modern genetic engineering, it is quite possible to embody this effect. Of course, this virus is in itself a biological weapon, perhaps intermediate, insufficiently perfect. It will be followed by the creation of an ideal bioweapon that strikes inexorably and point-by-point.

Dr. Andrew Huff, vice president of the EcoHealth Alliance (EHA), claims that the president of the firm, Dr. Peter Dashak, who organized funding for the SARS-CoV-2 study at China's Wuhan Institute of Virology, admitted that he works for the Central Intelligence Agency (CIA) and that the company is a "cover" for the CIA. According to a report detailed on Substack by independent journalist Kanekoa, Huff received a doctorate in environmental health with a specialization in emerging diseases before he became deputy vice president and then president of the EcoHealth Alliance. While working at the firm, he says he was tasked with finding "new methods of bio-observation," data analysis and imaging to identify new diseases. In fact, this organization could be engaged in the development of bioweapons.

WORK OF THE CIA

The EcoHealth Alliance, which Dashak leads, receives funding from a number of U.S. government agencies, including the National Institutes of Health and the National Institute of Allergy and Infectious Diseases, the latter headed by Joe Biden's chief medical adviser, Dr. Anthony Fauci. The EcoHealth Alliance, Kanekoa notes, collaborated with Dr. Ralph Barik of the University of North Carolina, as well as Dr. Shi Zhengli of the Wuhan Institute of Virology, to conduct studies on the functions of bat-borne viruses found in China before the COVID-19 pandemic began. Dashak led the screening of "thousands of bat samples for novel coronaviruses," which also included "screening of people who work with live animals." He himself said that, in his opinion, the EcoHealth Alliance is actually a "shell organization of the CIA", which was used to collect intelligence by the US government. However, according to Kanekoa, the EcoHealth Alliance was engaged in collecting viral samples and intelligence on foreign laboratory facilities.

Photo : Dr Dashak

The organization could hardly exist without external funding, it was common to lay off employees with the ebb and flow of federal or "private" appropriations. Peter did or said whatever he wanted to get money for this or that project.

At a 2016 forum on "emerging infectious diseases and the next pandemic," EcoHealth Alliance President Peter Dashak told colleagues: "We found coronaviruses in bats, a number of them, some of them looked very similar to SARS. So we sequenced a spike protein: a protein that attaches to cells. Then we... Well, I didn't do that job, but my colleagues in China did the work. You create pseudoparticles, you insert spike proteins from these viruses, see if they bind to human cells. At every step of this study, you're getting closer and closer to the fact that the virus can actually become pathogenic in humans. You end up with a small number of viruses that really look like killers." As a result, he received more than \$ 118 million. in the form of grants and contracts from federal agencies, including \$53 million from USAID, \$42 million from the Department of Defense, and \$15 million from HHS.

EHA and USAID

According to an investigation by independent journalist Sam Hussein and The Intercept, much of the money generated by the EcoHealth Alliance was not directed toward human health, but rather to research on viruses used in biological warfare, bioterrorism and other dangerous uses of deadly pathogens.

The EcoHealth Alliance has received a significant portion of its funding from the U.S. Agency for International Development (USAID), a subsidiary of the State Department that serves as a frequent front for the Central Intelligence Agency (CIA). The second largest source of funding was the Defense Threat Reduction Agency (DTRA), which is a branch of the Department of Defense (DOD), and which officially states that it is tasked with "countering and deterring weapons of mass destruction and improvised threat networks."

The U.S. Agency for International Development (USAID) has a long history of working as a contractor for various CIA covert operations. The annual budget of this organization is more than \$ 27 billion. It operates in more than 100 countries around the world. Almost all of its employees are CIA agents. They conduct various secret actions abroad of the United States, in various directions, including: the overthrow of unwanted governments, the development of protest movements and the creation of networks of agents of influence, the introduction of the necessary religious organizations into the social body of certain countries, and so on. An important part of their work is biological weapons. In 2013, WikiLeaks outlined a U.S. strategy to undermine the Venezuelan government through USAID by "infiltrating Chávez's political base," "dividing Chavismus," and "isolating Chávez internationally." In 2014, the Associated Press reported that USAID had contracted a project to develop a competitor to Twitter to foment an uprising in Cuba.

Photo : Dr Barik

From 2009 to 2019, USAID collaborated with the EcoHealth Alliance on the PREDICT program, which identified more than 1,200 new viruses, including more than 160 strains of coronavirus. It involved approximately 5,000 specialists in more than 60 research laboratories scattered around the world. By

the way, Dr. Huff suggested, "... I wouldn't be surprised if the CIA/IC community orchestrated the COVID cover-up by acting as an intermediary between Fauci, Collins, Dashak, Baric, and many others. At best, it was the biggest criminal conspiracy in U.S. history by bureaucrats or political appointees." It turns out that Peter Dashak's firm, funded by USAID, the Department of Defense and other US government agencies, in partnership with Dr. Ralph Baric from the University of North Carolina and Dr. Shi Zhengli from the Wuhan Institute of Virology, conducted research on the manipulation of coronaviruses carried by bats for a long time since the Wuhan University Biolab was connected to this project.

COVID SOZDLAN

IN THE UNITED STATES In addition, it became known that Barich created a "chimeric" coronavirus in 2015. There is a well-documented scientific paper detailing how Dr. Barich and Dr. Zhengli went on to collaborate on research to enhance the disease-causing functions of this microorganism together to create what became a potential precursor to the SARS-CoV-2 virus. The publication NaturalNews.com indicates that Anthony Fauci, Francis Collins and Peter Dashak were largely interested in hiding the laboratory origin of the coronavirus. By the way, during the investigation of the origin of this infection from edited emails published by FOIA, it turned out that Fauci, Collins and Dashak were closely associated with the creation of two articles that rejected hypotheses of laboratory origin as a "conspiracy theory". In April 2020, Dashak opposed the public release of research sequences for Covid-19-related viruses that were collected in China as part of the U.S. Agency for International Development's (USAID) PREDICT program. He motivated his proposal by saying that this wide publicity would attract "unwanted attention" to the above-mentioned "PREDICT and USAID" programs.

Photo: USAID

And yet, the study, conducted by scientists from the University of Zurich, was published on Tuesday, January 25 in the journal Nature Communications. In 2020, they analyzed data from 500 patients, some of whom experienced "long Covid" — whose symptoms didn't go away after weeks or even months. The main difference between such patients was that their immune system reacted differently to SARS-CoV-2. The study showed that their immunoglobulins IgM and IgG3 were reduced in comparison with patients who managed to overcome the infection relatively quickly. In the case of the normal course of the disease, the number of these immunoglobulins increased significantly. Scientists say that, given this factor, as well as the age and medical history of the patient, in particular, asthma in the past, they can predict the likelihood of developing "long COVID" with an accuracy of 75%. The U.S. Centers for Disease Control and Prevention (CDC) estimates that about a third of hospitalized patients may experience long-term coronavirus symptoms (lasting more than a month). It is worth paying attention to the fact that some people suffer from Covid easily or, in general, asymptotically, others get a disease that is current with moderate severity, others suffer it severely, and for someone it is a death sentence. And the reasons for this are still not clear. All the assumption that the virus does not affect the young, but kills only the elderly has been refuted by practice. In the end, it turned out that people become victims of infection regardless of age and the presence of chronic diseases.

IDEAL BIOLOGICAL WEAPONS

However, a reasonable explanation for this effect has been found. It is believed that the virus is programmed to infect people with certain markers in the DNA. Therefore, until now, scientists have not been able to establish the cause of the observed segmentation of the affected.

As a reminder, the problem with the use of biological weapons is that they hit everyone indiscriminately, both their own and others, and that's why the challenge is to make pathogens work selectively. So that only enemies die and get sick. Of course, this problem can be solved with the help of vaccination (not only all the personnel of their Armed Forces, but also the entire nation), but at the same time the suddenness of use is lost, and this is undesirable in military affairs. In addition, there is a very likely danger that mass preventive vaccination will cause unwanted protests in its society and the secrecy of the upcoming bio-war will be revealed. Ideally, specially modified viruses will only infect the enemy, without any additional protective actions.

Once again, the diversity of the defeat of people by the Coronavirus indicates that it is focused on certain markers in human DNA. In any case, we have the right to make such an assumption. But, apparently, work on such a weapon is not yet finished. By the way, it became known three or four years ago, when it turned out that specialists from the United States collect human biomaterial in Russia and other former Soviet republics. In fairness, it is worth pointing out that it is collected all over the world.

Otherwise, Covid19 looks like a near-perfect biological weapon, and it has an optimal incubation period, which contributes to its widespread adoption. Further, with the modification of SARS-CoV-2, the nationwide coverage of the pandemic of this virus can significantly weaken the defense capability of the attacked country.

In addition, it is noted that multiple vaccination against this virus leads to human immunodeficiency syndrome. The more injections, the immunity - weaker. In the future, there is a danger that people will die even from a mild cold. This is the expansion of the damaging properties of this bioweapon. Further, forced quarantine measures drive the economy of the victim state into crisis. For the same reason, discontent with the restrictive actions of the political leadership grows over time within society, which leads to a powerful anti-government uprising, and can end in a coup d'état, of course, not without outside help. Such a strategy will allow you to destroy any, even the strongest enemy, without resorting to conducting bloody wars with an unpredictable result, as well as avoiding the unleashing of a nuclear conflict.

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Stay tuned. Add us to your sources and subscribe to our social networks. The United States is caught on **bio-experiments** on the soldiers of Ukraine and Georgia

Source:

Pravda.ru Release date: 1/26/2022 10:22

AM Title: U.S. caught on bio-experiments on soldiers in Ukraine and Georgia

The United States is caught on bio-experiments on the soldiers of Ukraine and Georgia

Investigation: U.S. conducts bio-experiments on Ukraine and Georgia

Even before any war, Ukraine endangers its people, and all for the sake of used Javelins and decommissioned Mi-17s. The Americans began **biological** experiments in Ukraine and Georgia.

Independent observers are increasingly writing and talking about this, and there is growing evidence that the Pentagon is actively promoting the Defense Threat Reduction Agency's(DTRA) **biological** cooperation program.

It includes research on the local population:

1. **biological** agents,
2. deadly viruses,
3. antibiotic-resistant bacteria.

As professional journalist **Dilyana Gaytandzhieva** writes in her scandalous investigation, the **DTRA** project states that blood samples will be taken from **4400 healthy servicemen in Lviv, Kharkiv, Odessa and Kiev**.

Then 4,000 of them will be tested for the presence of antibodies to hantaviruses, and 400 - for the presence of antibodies to the Congo-Crimean hemorrhagic fever virus.

At the same time, the wording is separately highlighted that the results of the blood test will not be provided to the study **participants**. At the same time, there is no information about what other procedures will be performed.

There is a mention that "serious incidents, including fatalities, should be reported within 24 hours. All deaths of research subjects that are suspected of or related to research procedures should be brought to the attention of **the bioethics** committees in the U.S. and Ukraine."

In Georgia, such tests were taken **from thousands of recruits** at a military hospital in Gori. The resulting blood samples have been tested for the presence of antibodies against 14 pathogens and will be studied further at the Lugar Center, located in Tbilisi. This institution is financed, of course, by the Pentagon.

The GG-21 project is led by scientists from a special unit of the US Army codenamed USAMRU-G. The work is carried out under the guise of diplomatic immunity.

Foreign experts are engaged in the study of bacteria, viruses and toxins and use the paragraphs of special bilateral agreements as a basis for this.

Thus, the participants of the **DTRA** project cannot be held accountable, even if their activities caused death or injury to the local population.

Tellingly, the USAMRU-G Group plans to expand its activities:

- in Georgia,
- in Ukraine,
- in Bulgaria,
- Romania
- Poland
- Latvia
- any other places in the future.

The next usAMRU-G project planned, involving **biological** tests on soldiers, will start in the spring at the Bulgarian military hospital in Sofia.

The public project "Poddubny" recalled that back in 2018, Dilyana Gaytandzhieva released a large investigative film about the activities of the Lugar Center in Tbilisi. Its data was subsequently **confirmed by the report of the former Minister of State Security of Georgia Igor Giorgadze.**

The Lugar Center is only a small element of the vast U.S. **military biological** program. Active activities are deployed on the territory of neighboring states with Russia. Reconstruction of laboratory buildings continues in the territories

- Ukraine
- Azerbaijan
- and Uzbekistan.

By the way, the scandal with the collection of **biomaterial** already took place several years ago. However, then the customers of research in the interests of the US **military biological** program claimed that "they are not interested in synovial tissues and DNA samples of Ukrainians." It turned out that this is not so, but now no one even tries to keep secret.

By the way, it also turned out that American scientists needed Russian DNA to start a program to create "super soldiers". Western media found confirmation that the Americans studied the composition of biological material from the Russian Federation, trying to understand the difference between Russians and other neighbors on the planet.

Fast news in the **Telegram channel Pravda.Ru.** Don't forget to subscribe to keep up to date.

Why do Americans need **biomaterial** from Russia?

Source: **X-true.info**

Release date: 1/26/2022

Title: Investigation into U.S.
biological experiments in Ukraine

Investigation into U.S. biological experiments in Ukraine

Bulgarian journalist Dilyana Gaytandzhieva, who was previously widely known for her investigations that revealed the scheme of supplying weapons from Bulgaria to ISIS and al-Qaeda militants in Syria, published documents on American **biological** experiments on people in Georgia and Ukraine.

In particular, in Ukraine, the Defense Threat Reduction Agency(**DTRA**)financed a project involving Ukrainian soldiers code-named UP-8. It provided for infection with the Congo-Crimean hemorrhagic fever virus (CCHF) and hantavirus, follow-up with blood sampling to determine the presence of antibodies. The project started in 2017 and was extended several times until 2020, as evidenced by internal documents. According to the description, blood samples were taken from 4400 healthy servicemen in Lviv, Kharkiv, Odessa and Kiev. Of these samples, 4,000 were tested for antibodies to hantaviruses, and 400 of them for antibodies to the Crimean-Congo haemorrhagic fever (CCHF) virus. The results of the blood test were not provided to the study participants.

Information on what other procedures were performed is unknown, except that "serious incidents, including fatalities, should have been reported within 24 hours."
"Serious incidents, including fatalities, should be reported within 24 hours.

All deaths of research subjects that are suspected of or related to research procedures should be brought to the attention of **the bioethics** committees in the U.S. and Ukraine," the up-8 draft reads.

According to information obtained from the U.S. Federal Contract Registry, as of July 30, 2020, **DTRA** has allocated \$80 million for The program is handled by the American company Black & Veatch Special Projects Corp. Another **DTRA** contractor operating in Ukraine is the American company CH2M Hill. It received a contract for \$ 22.8 million (2020-2023) for the reconstruction and equipping of two biological **laboratories** : State Research Institute of Laboratory Diagnostics and Veterinary and Sanitary Expertise (Kyiv ILD), and "Regional Diagnostic Laboratory for Consumer Rights Protection" (Odessa RDL). DTRA's activities in Georgia and Ukraine are subject to special bilateral agreements. Under these agreements, Georgia and Ukraine undertake to secure, not to institute legal proceedings and to compensate the United States and its personnel, contractors and contractor personnel for damage to property or death or injury to any persons in Georgia and Ukraine arising from the activities.

under this Agreement. If DTRA-sponsored scientists cause death or injury to the local population, they cannot be held accountable, including criminal liability.

he Pentagon puts biological **experiments** on Eurotechnics

Source: Continentalist (continentalist.ru)

Release date: 1/27/2022

11:03 Title: Pentagon puts biological experiments on Eurouks

The Pentagon puts biological experiments on Eurotechnics

Guinea pigs for the American military **biotech**, following the Georgians, were the Euroukras. This follows from the investigation published by a well-known Bulgarian journalist. According to her, the Pentagon's "doctors" got more than 4 thousand servicemen of the Armed Forces of Ukraine for their needs. This, among other things, is the price of Western "support" for the Bandera regime in Kiev.

In 2020, I told you about how one of the pharmaceutical companies from the United States tested experimental drugs on residents of Sakartvelo. And the government in Tbilisi helped hide the deaths of patients who died during the experiments.

https://vk.com/video3485515_456241512

Now it became known that the American vivisectors got at their disposal and residents of Euroukria. The information was unearthed by Dilyana Gaytanjleva, known for her investigations into the dark deeds of the Pentagon and the CIA.

<http://dilyana.bg/documents-expose-us-biological-experiments-on-allied-soldiers-in-ukraine-and-georgia/>

Here's what her Russian colleague, military officer Yevgeny Poddubny, wrote about it.

"For the sake of defective Javelins and decommissioned Mi-17s, Ukraine is ready to trade its soldiers. A new zrada.

There is growing evidence of American **biological** experiments conducted on humans in Georgia and Ukraine.

The Pentagon is actively promoting the Defense Threat Reduction Agency's(DTRA) **biological** interoperability program, which **includes** research on biological agents, deadly viruses, and antibiotic-resistant bacteria studied in the local population.

From the journalistic investigation of Dilyana Gaytandzhieva, one can understand what the American "protection" of her friends in Ukraine and Georgia is worth.

(put screenshots of documents from Gaitandzhieva's publication)

According to the description of the **DTRA**project, blood samples will be taken from 4400 healthy servicemen in Lviv, Kharkiv, Odessa and Kiev. 4000 of them will be tested for the presence of antibodies to xAntaviruses, and 400 for the presence of antibodies to the Communist-Crimean hemorrhagic fever virus. The results of the blood test will not be provided to the study participants."

<https://t.me/epoddubny/7641>

Pay attention to the mentioned virus. Its name unambiguously hints at which theater of **biological warfare** the Pentagon ghouls would like to use this filth.

However, the Americans clearly will not limit themselves to the Covid-Crimean hemorrhagic fever virus.

"There is no information about what other procedures will be performed, except that "serious incidents, including fatalities, should be reported within 24 hours. All deaths

of research subjects that are suspected of or related to research procedures should be brought to the attention of **the bioethics** committees in the U.S. and Ukraine."

(put a screenshot of the relevant document)

In Georgia, a thousand recruits in a military hospital in Gori fell under experiments. Their blood will be tested for antibodies against fourteen pathogens."

<https://t.me/epoddubny/7641>

Such is it, the price of a lackey under the Americans. The Stars and Stripes "UbermEnshi" put experiments on those who serve them. And they do not bear any responsibility for the results, by the way.

"Blood samples of soldiers will be stored and subjected to further analysis at the Luger Center, located in Tbilisi. Funded by the Pentagon.

From the published documents it follows that the Georgian project GG-21 is funded by **DTRA** and implemented by American military scientists from a special unit of the US Army codenamed USAMRU-G, who work in the Luger Center.

In Georgia, they are granted diplomatic immunity to study bacteria, viruses and toxins.

DTRA's activities in Georgia and Ukraine are subject to special bilateral agreements under which DTRA-sponsored scientists cannot be held accountable, even if their activities have caused death or injury to the local population."

<https://t.me/epoddubny/7641>

What was it like there? "Remember, stranger, here the owner is Ukrainian"? It's funny, yeah. Humor, however, is blacker than night, for an amateur, but the whole situation he describes looks very fair.

After all, someone who voluntarily goes to the lackeys, refusing responsibility for his own fate and handing it over to the owner, cannot complain afterwards that the owner decided to make guinea pigs out of the servants.

And this applies not only to European Georgians and Ukies.

"Documents obtained from the U.S. Federal Contracts Registry show that USAMRU-G is expanding its criminal activities to other U.S. allies in the region and 'creating

expeditionary capabilities' in Georgia, Ukraine, Bulgaria, Romania, Poland, Latvia and any other locations in the future.

The next USAMRU-G project related to **biological** tests on soldiers is due to start this spring at the Bulgarian Military Hospital in Sofia."

<https://t.me/epoddubny/7641>

Congratulations to all Eastern Europeans who have happily galloped in favor of joining the EU and NATO.

While the thieving elites of the former socialist camp embezzle subsidies from Brussels and grants from Washington, ordinary citizens bear all the attendant costs.

Capitalism with dr. Mengele's face, happiness, shut up.

Source: Novoross.info (novoross.info)

Release date: 25.01.2022

Title: "People are not responsible for mortality" - documents about American laboratories

in Ukraine and Georgia were planted in Europe

"They are not responsible for the mortality of the population" - documents about American laboratories in Ukraine and Georgia were planted in Europe

"Novoross.info" - Bulgarian journalist Dilyana Gaitandzhieva, specializing in leaks of secret materials, presented another package of documents - this time about autonomous US biological laboratories operating in recent years in Georgia and Ukraine.

According to the journalist, projects in the field of research on dangerous pathogens in Georgia and Ukraine are financed by the Defense Threat Reduction Agency (DTRA)U.S.

At the same time, "DTRA's activities in Georgia and Ukraine are protected by special bilateral agreements. Under these agreements, Georgia and Ukraine shall NOT institute any legal proceedings against the United States and its personnel, contractors and contractor personnel and shall indemnify property damage or for death or personal injury resulting from activities under this Agreement to any persons in Georgia and Ukraine. scientists cause death or injury to the local population, they cannot be held accountable."

In addition, in accordance with the U.S.-Ukraine Agreement, Ukraine shall be liable for third party claims for death and personal injury in Ukraine arising out of the acts or omissions of any United States employees related to work under this Agreement."

"The Lugar Center in Georgia has become notorious in recent years for controversial activities, laboratory incidents and scandals related to the program of the American pharmaceutical giant Gilead to combat hepatitis C in Georgia, which resulted in the death of at least 248 patients.

Recall that the activities of the center are associated with the death of at least 248 Georgian citizens right in the Georgian

capital.

The vassal authorities of Georgia, as well as Ukraine, have no right to make claims against the United

States. Here are the results of the "Maidans".

Read more analytics, insider data and relevant news in the Telegram channel
NOVOROSS.INFO

/interview/blekaut_v_tsentralnoy_azii_ekspert_nazval_prichiny_1377928408.html

From:

(b)(6)

To:

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc:

(b)(6)

Subject:

Fw: 50 U.S.C. 3734

Date:

Friday, February 11, 2022 4:32:56 PM

Attachments:

50 U.S.C. 3734 (28.1 KB).msg

Importance:

High

Per DTRA GC: This e-mail should not be forwarded outside of the CTR and Contracting chains of command.

(b)(5)

Thank you,

(b)(6)

Department Chief

Biological Threat Reduction

Cooperative Threat Reduction

Defense Threat Reduction Agency

(b)(6)

(b)(6)
From [redacted]
Sent: Friday, February 11, 2022 3:48 PM
To: (b)(6)
Cc: [redacted]
Subject: 50 U.S.C. 3734

(b)(6) (b)(5)
(b)(5)

Background:

The 2015 NDAA, section 1334, as implemented by 50 U.S.C. 3734, states, in pertinent part:

"(b) Completion of Cooperative Threat Reduction activities in Russian Federation Cooperative Threat Reduction funds made available for a fiscal year after fiscal year 2015 may not be obligated or expended for activities in the Russian Federation unless such activities in Russia are specifically authorized by law."

In response to this statute, DTRA grants and contracts have included a clause and/or language consistent with the language advising contractors and grantees that CTR funds may not be expended for activities in the Russian Federation (b)(5)

(b)(5) in all cases to this point, contractors and grantees have accepted this language (b)(5)

(b)(5)

(b)(5)

V/r

(b)(6)

Associate General Counsel

Defense Threat Reduction Agency

(b)(6)

UNET:

(b)(6)

SNET:

(b)(6)

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From:
To:
Cc:
Subject:
Date:

(b)(6)

50 U.S.C. 3734

Friday, February 11, 2022 3:48:19 PM

(b)(6) (b)(5)

(b)(5)

Background:

The 2015 NDAA, section 1334, as implemented by 50 U.S.C. 3734, states, in pertinent part:

"(b) Completion of Cooperative Threat Reduction activities in Russian Federation Cooperative Threat Reduction funds made available for a fiscal year after fiscal year 2015 may not be obligated or expended for activities in the Russian Federation unless such activities in Russia are specifically authorized by law."

In response to this statute, DTRA grants and contracts have included a clause and/or language consistent with the language advising contractors and grantees that CTR funds may not be expended for activities in the Russian Federation

(b)(5)

(b)(5)

(b)(5)

V/r

(b)(6)

Associate General Counsel

Defense Threat Reduction Agency

(b)(6)

UNET:

(b)(6)

SNET:

(b)(6)

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: FW: ARC draft for ASD

Date: Friday, August 12, 2022 9:59:00 AM

Attachments: 20220324_FY21 CTR Annual Report to Congress DTRA_ogg coordinated AB.docx

Team,

As you know, the ARC that should have gone to the Hill this year with the FY22 PBR still has not cleared OSD and transmitted to the Hill. I've attached a copy of the draft that NCWMD-P has sent up their chain for approval so you have a starting point for the next ARC.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)

Sent: Monday, July 25, 2022 3:05 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) <robert.s.pope12.civ@mail.mil>

(b)(6)

Cc: (b)(6)

Subject: FW: ARC draft for ASD

Per our conversation earlier this afternoon!

From: (b)(6)

<ma

Sent: Monday, July 25, 2022 2:50 PM

To: (b)(6)

<

Subject: ARC draft for ASD

From: (b)(6)
To: (b)(6)
Cc: Pope, Robert S; SES, DTBA, COOP, THRT, REDUCT (USA) (b)(6)
Subject: FW: BTRP RFI
Date: Tuesday, December 7, 2021 4:23:30 PM
Attachments: [BTRP ARC South Africa 2021 Final.docx](#)
[BTRP ARC Vignette Guinea 2021 Final.docx](#)
[BTRP ARC Vignette Ukraine 2021 Final.docx](#)

Good afternoon,

FYSA- yesterday afternoon CTR Policy asked for off-the-shelf materials about BTRP that we could provide as background for Andy Weber's testimony on the Hill tomorrow with a same-day suspense. We suggested the narrative section of last year's completed Annual Report to Congress and our vignettes that we prepared for this year's submission. Policy coordinate the PAO clearance through OSD and we cleared the new vignettes yesterday; these are all clear for unlimited distribution.

These attached vignettes summarize recent program successes in South Africa (containing a Rift Valley Fever outbreak), Guinea (sustainability and Ebola+COVID surveillance), and Ukraine (MIL-MIL partnership).

Note: the South Africa vignette was accomplished in partnership with EcoHealth Alliance.

w/r
(b)(6)
Senior Operations Manager
Biological Threat Reduction Department
Defense Threat Reduction Agency

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Monday, December 6, 2021 4:35 PM
To: (b)(6)
Cc: Pope, Robert S; SES, DTBA, COOP, THRT, REDUCT (USA)

(b)(6)

Subject: RE: BTRP RFI

Good afternoon (b)(6)

We pushed the three ~one-page vignettes through our PAO and OPSEC review today. These are all candidates for this year's Annual Report to Congress and are cleared for unlimited distribution.

1. South Africa - a biosurveillance study conducted through EcoHealth Alliance that enabled South Africa to contain an imminent outbreak of Rift Valley Fever (b)(5)

(b)(5)
(b)(5) Their name does appear in the vignette under consideration for the Annual Report.

2. Guinea - part of an on-going and growing success story that began with Ebola response support into an effective and self-sustaining asset that continues to demonstrably mitigate emergent biological threats, including Ebola and COVID.

3. Ukraine - equiptage and active engagement of BTRP in MIL-MIL exercises with U.S. and Ukrainian uniformed personnel that directly contribute to Force Health Protection for Ukraine uniformed personnel in the Donbas region.

v/r,

Kevin

(b)(6)

Senior Operations Manager
Biological Threat Reduction Department
Defense Threat Reduction Agency

(b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Monday, December 6, 2021 2:52 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Subject: RE: BTRP RFI

No problem (b)(6) I knew it was for Andy, but was more concerned about getting him the best available info in the shortest period of time.

If we can be of further assistance, give me a shout and we will see what we can do.

Have a great day - enjoy the golf quality weather we are having in December!!

Very respectfully,

(b)(6)

Chief of Staff CT

(b)(6)

From (b)(6)

Sent: Monday, December 6, 2021 2:49 PM

To (b)(6)

(b)(6)

C (b)(6)

Phone: Robert S. SES, DTRA COOP THRT REDUCT (USA)

(b)(6)

Subject: RE: BTRP RFI

(b)(6)

Sorry for not saying it up front, it's for Andy Weber.

Agree that the ARC is probably the right way to go. We can work it on our end. Thanks for the steer!

Best,

(b)(6)

Director, Cooperative Threat Reduction Policy

Office of the Secretary of Defense (Policy)

(b)(6)

(b)(6)
aaron.m.jay.civ@mail.mil <mailto:aaron.m.jay.civ@mail.mil>
aaron.m.jay.civ@mail.smil.mil <mailto:aaron.m.jay.civ@mail.smil.mil>

(b)(6)
From: Freeland, Raymond Emmons JR CIV DTRA CT (USA)
(b)(6)
Raymond.e.freeland.civ@mail.mil <mailto:raymond.e.freeland.civ@mail.mil>
Sent: Monday, December 6, 2021 2:28 PM
To: (b)(6) City, Ada A CIV DTRA CT (USA) <ada.a.bacety.civ@mail.mil>
<mailto:ada.a.bacety.civ@mail.mil> >; Jay, Aaron M CIV OSD OUSD POLICY
(USA) <aaron.m.jay.civ@mail.mil <mailto:aaron.m.jay.civ@mail.mil> >; Long,
(b)(6) doph W CIV DTRA COOP THRT REDUCT (USA) <randolph.w.long.civ@mail.mil>
<mailto:randolph.w.long.civ@mail.mil> >
Cc: Vora, Sapana R CTR OSD OUSD POLICY (USA) <sapana.r.vora.ctr@mail.mil>
<mailto:sapana.r.vora.ctr@mail.mil> >; Pope, Robert S SES DTRA COOP THRT
(b)(6) UCT (USA) <robert.s.pope12.civ@mail.mil>
<mailto:robert.s.pope12.civ@mail.mil> >; Garrett, Kevin G CIV DTRA CT (USA)
<kevin.g.garrett2.civ@mail.mil <mailto:kevin.g.garrett2.civ@mail.mil> >
Subject: RE: BTRP RFI

(b)(6)
Hi Aaron - Mickey Freeland here - both Dr. Pope and Randy are out today.

Thanks for the heads up. The closest and shortest thing we can think of is to pull the narrative portion of last year's ARC + vignettes and this year's recent vignettes that former-ASD/NCB can use to develop their testimony. We can have (b)(6) Kevin Garrett work with our PAO to get the narrative portion reviewed for clearance, ensuring any funding/budget info is stripped. I cannot promise that it will get through our PAO for release to an outside entity by COB, but we can try. If you have a faster process there, you can pull the same info from last year's ARC. Your call.

(b)(5)
We would not recommend the quarterly fact sheets because the content in these documents is not meant for external distro and can - at times - contain planning info that may may not materialize for one reason or another, as you are aware.

If the ARC recommendation above is satisfactory to your needs, then we can move forward. I would also ask that you put this into CATMS as an official request as it will take a little time to pull it all together and expedite it through PAO.

Please let me know if this is satisfactory so we can begin moving out.

Very respectfully,

(b)(6)

Chief of Staff, CT

(b)(6)

From

<ma

Sent: Monday, December 6, 2021 2:16 PM

To:

<ma

RE:

<ma

Cc:

<ma

CT

(b)(6)

Pope, Robert S SES DTRA COOP

(b)(6)

Subject: RE: BTRP RFI

H

(b)(6)

Request received, give us a few. Please stand by.

v/r,

(b)(6)

Department Chief

Biological Threat Reduction

From

<ma

Sent: Monday, December 6, 2021 2:16 PM

To:

<ma

RE:

<ma

Cc:

<ma

Subject: BTRP RFI

He (b)(6)

Sorry to go direct to you and not through (b)(6) know he's out this afternoon, and this is a bit time-sensitive

Former ASD/NCB is testifying on the hill on Wednesday on biosecurity, and he's asked for any off-the-shelf fact sheets or other background materials that might highlight BTRP's status, achievements, and plans. DASD Johnson would like to oblige if possible. Intent here would not be to create anything new, but if you have anything, it would be most appreciated. If you do have anything, it would be great if you could send by COB.

Thanks much, and sorry again for the short-turn direct-connect.

Best,

(b)(6)

Director, Cooperative Threat Reduction Policy

Office of the Secretary of Defense (Policy)

(b)(6)

BTRP Project Highlight – South Africa Rift Valley Fever Biothreat Surveillance Project

Rift Valley Fever Virus (RVF) is an acute hemorrhagic fever virus classified by both the U.S. Department of Health and Human Services and U.S. Department of Agriculture as having the potential to pose a severe threat. Outbreaks of RVF have destabilizing social and economic effects; it is estimated that South African farmers lost nearly \$26.1 million during a 2008-2011 RVF outbreak. Furthermore, the projected cost of an RVF outbreak in the U.S. is nearly \$3.5 billion; this compounds on the human health threat that RVF poses to U.S. allies and interests. RVF is an emerging zoonotic biological threat that will require improved measures of prediction, detection, and mitigation of outbreaks.

Since August 2019, BTRP has collaborated with South African partners from the National Institute for Communicable Diseases, the University of Pretoria, and the Agricultural Research Council on a biological threat surveillance study titled *“Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio-Economics”*. The project leverages the expertise and relationships established from previous BTRP engagements to strengthen the Department of Defense’s relationship with the South African government. Furthermore, this will work to establish South Africa as a leader within the African continent for the detection and reporting of biological threats, such as RVF.

During the implementation of the biological threat surveillance study, the team discovered several indicators suggesting an imminent outbreak in the Free State province of South Africa. BTRP research partners rapidly mobilized; coordinating surveillance activities with the Free State’s Department of Agriculture and the State Veterinary Services, to include:

- Alerting the South African Department of Agriculture, Land Reform, and Rural Development of the indicators suggesting an imminent RVF outbreak;
- Generating and sharing RVF risk maps, using data collected from the ongoing project, with Free State authorities to support prevention and mitigation strategies;
- Training field veterinarians on RVF outbreak protocols and supporting the Free State in investigating suspected RVF cases.

This rapid multi-sectoral coordination countered the threat of a potentially devastating RVF outbreak in the Free State province and demonstrated South Africa’s ability to integrate research outcomes into effective, sustainable intervention strategies for RVF Virus and other EDPs. As part of this ongoing surveillance study, BTRP partners are continuing to develop a country-level early warning system for RVF, which will be publically available and will enable South African partners to rapidly detect and mitigate outbreaks of RVF at their source.



Risk maps from January 2021 (left) and February 2021 (right) demonstrates the high potential for RVF outbreak earlier in the season.

(b)(6)



Project staff sampling cohort sheep during the March 2021 sampling event.

BTRP – GUINEA

DTRA-Provided Diagnostic Capability Continues to Counter Especially Dangerous Pathogens

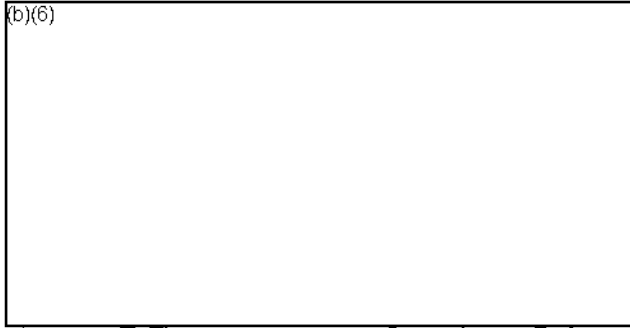
During the 2014-15 West Africa Ebola outbreak, BTRP provided Guinea with a Mobile Diagnostic Laboratory (MDL), a seasoned team of laboratory professionals to train local workers and laboratory staff, and established a curriculum for further training the MDL staff. In July 2019, BTRP performed an Operational Evaluation of the MDL that revealed only one of the original eight technicians initially trained remained at the laboratory. The sole remaining technician had effectively trained an entire 'second generation' of MDL technicians in biosafety and biosecurity skills. This 'second generation' of MDL staff successfully demonstrated technical competency in sample extraction and performance of molecular diagnostic tests.

BTRP and Guinea have continued to enhance the capabilities of the MDL, culminating in its immense utility during the COVID-19 pandemic, where the MDL confirmed the country's first case in March 2020 and continues to serve as the primary diagnostic laboratory for all COVID-19 sample testing. The Fondation Mérieux demonstrated its recognition of the effectiveness of the MDL throughout the COVID-19 pandemic with an invitation to apply for membership to the GABRIEL Network. The GABRIEL Network is comprised of global laboratories specializing in the diagnosis, prevention, and treatment of infectious diseases. This membership could not have been possible without BTRP's support and membership would classify the MDL as a reference laboratory for the diagnosis of respiratory diseases, COVID-19, and anthrax.

In February 2021, the World Health Organization (WHO) declared an outbreak of the Ebola Virus Disease within Guinea. Again leveraging BTRP's investments, MDL personnel detected and diagnosed samples of Ebola efficiently and effectively. As a result, Guinea contained the outbreak to such an extent that the WHO declared the outbreak over by June 2021. In total, Guinea reported 16 confirmed and 7 probable cases. The resolution of the outbreak demonstrates the Government of Guinea's successful application of BTRP's investments to curb the proliferation of biological threats.

POC: (b)(6)

(b)(6)



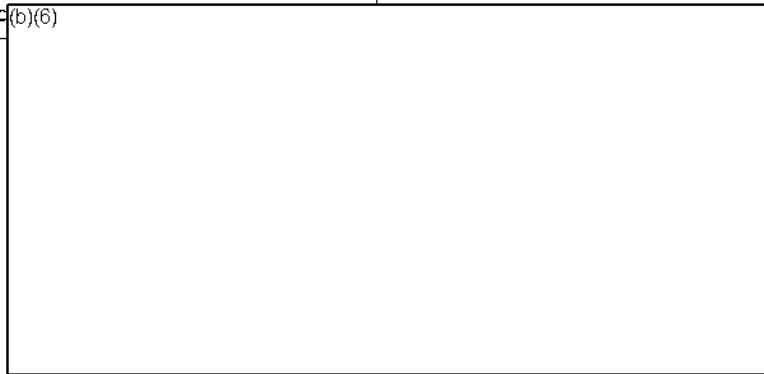
MDL Technical Laboratory Staff members pose for a picture after conducting

(b)(6)

(b)(6)



MDL Staff demonstrate proper sample receiving techniques.



MDL Staff demonstrate sample extraction techniques in a Biosafety Cabinet.

BTRP Supports MIL-MIL Reverse Transcript Polymerase Chain Reaction (RT-PCR) Training Exercise for the Ukraine Ministry of Defense (MoD):

From June 7-17, 2021, BTRP facilitated a MIL-MIL laboratory diagnostics exercise between the U.S. Army 1st Area Medical Laboratory (1AML) and the Ukrainian MoD Central Sanitary Epidemiological Department. Participants in the exercise improved their ability to perform field-based, RT-PCR detection techniques using BTRP-provided mobile diagnostic equipment. The training increased MoD's health force protection capabilities in remote and conflict-prone areas where diagnostic capabilities are limited. During the exercises, the Deputy Minister of Defense for European Integration of Ukraine and the U.S. Embassy's Senior Defense Official highlighted the strength of the decades-long partnership between Ukraine and the United States as well as the importance of the training, which promotes interoperability with US, EU, and NATO forces. At the invitation of BTRP, the Deputy Minister of Health joined in the closing ceremonies and one staff member of the Ministry of Health's Public Health Center (PHC) participated in the training. PHC participation was a critical factor in improving inter-ministerial coordination to improve Ukraine's biological threat reduction capabilities. BTRP continues supporting inter-ministerial coordination to improve Ukraine's biosurveillance effectiveness and resource stewardship. Subsequently this helps to ensure that localized threats are recognized and addressed before becoming nationally, regionally, or internationally destabilizing events.

To ensure the training site, materials, and instruments were prepared for the training event, US trainers prepared the classroom, and conducted a practice run.

(b)(6)



Four iterations of hands-on practice with gradually increased complexity.

(b)(6)



Two different field-training scenarios with relocation of the mobile laboratory.

(b)(6)



POC: (b)(6)

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: Reif, Kingston A SES (USA)
Subject: FW: EcoHealth Alliance Grant Review (re: Progress Update) #21-092
Date: Friday, May 6, 2022 7:31:00 AM

Kingston – FYSA, here are the main points of the in-process update I received this week from the DTRA IG's review of three selected EcoHealth Alliance grants. We're discussing the improvements we need to make to address preliminary findings 1 and 3.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

Review EcoHealth Alliance Grants IAW DASD TRAC Memo (dtd 2-Dec-21)

DASD Threat Reduction and Arms Control (TRAC) requested a review of three out of seven grants awarded to EHA with a final report provided by the end of FY22 with the following objectives:

- 1.) To review all grant financial records for consistency with specific grant purposes and for compliance with legal requirements;
- 2.) To review all experimental records for proper and ethical data handling, reporting, and dissemination requirements and;
- 3.) To assess whether EHA's internal grant handling processes continue to comply with DoD and USG guidelines that would allow for EHA to remain a potential candidate to compete for CTR funding.

GRANTS SELECTED FOR REVIEW:

- 1.) IIDTRA 17-1-0037, Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses at Agricultural and Hunting Human-Animal Interfaces in Peninsular Malaysia

· Estimated cost: \$3,653,165.39

- Type of Grant Award: Cost Reimbursable

2.) HDTRA 17-1-0064, Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia

- Estimated cost: \$3,997,637.00

- Type of Grant Award: Cost Reimbursable

3.) IIDTRA 19-1-0033, Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology, and Socio-Economics

- Estimated cost: \$4,986,873

- Type of Grant Award: Firm Fixed Price

(b)(5)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: Robert Pope
Subject: FW: EHA Amendment Discussion
Date: Monday, November 1, 2021 9:58:00 AM

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Monday, September 27, 2021 4:14 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)
Subject: RE: EHA Amendment Discussion

Sir, (b)(6) and I met with OSD (b)(6) and RD reps. The congressional intent of the language was not clear to OSD, which led us to take for action developing impacts to 2 separate scenarios 1- cease and desist funding to EHA, and 2- do not fund EHA.

- 1- would not only impact the performer (EHA), but impact our bilateral partnerships because that would require us to pull funding on active projects, and
- 2- would have less impact on future work that we can pivot to other performers, not as experienced as EHA but other performers nonetheless.

(b)(6) shared the DoD appeals rack and stack (5/component) that will occur. and I don't think this will rise above the cut line, but will provide the impacts just in case we're surprised.

I suggested (b)(6) reach out to OSD LA and GC to get a sense of their appetite for this appeal, and they can assist her in reaching out to HHS to determine if they received similar EHA specific legislation. If HHS has, then how they respond may either help or hurt our appeal.

The impacts are due upstairs NLT Friday (1 Oct). The team began working the contingencies last week and expect they will deliver their inputs for your CT FO review NLT 1200 on 29 Sept.

(b)(6) Please add, if I missed anything.

v/r,

(b)(6)

Department Chief
Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Monday, September 27, 2021 1:00 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: RE: EHA Amendment Discussion

Nothing to add; thank you.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Monday, September 27, 2021 12:31 PM

To: (b)(6)

Cc: (b)(6)

Pope

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Subject: RE: EHA Amendment Discussion

(b)(6)

Dr. Pope

(b)(6)

thanks for the heads up

(b)(5)

(b)(5)

(b)(5)

We will offer facts on impacts and provide answers to questions as appropriate.

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Monday, September 27, 2021 12:25 PM

To: (b)(6)

(b)(6)

Subject: EHA Amendment Discussion

(b)(6)

(b)(6)

CTR-Policy) reached out regarding potential impacts of the EcoHealth Alliance amendment. We were going to chat this afternoon. I wanted to see if you might want someone to join the conversation (b)(6)

(b)(6)

(b)(6) (USD R&E) will be dialing in as well, she's been coordinating all the responses back to the Hill on anything EHA-related. Call is scheduled for 2pm.

V/r.

(b)(6)



From: (b)(6)
To: DTRA Ft Belvoir CT List CT Senior Staff
Cc: DTRA Ft Belvoir CT List CT DAG
Subject: FW: FY21 ARC with Congress
Date: Tuesday, August 23, 2022 2:01:12 PM
Attachments: FY21 CTR Annual SAC CN.pdf
FY21 CTR Annual SASC CN.pdf
FY21 CTR Annual SFRC CN.pdf
FY21 CTR Annual HAC CN.pdf
FY21 CTR Annual HASC CN.pdf
FY21 CTR Annual HFAC CN.pdf
FY21 CTR Annual Report to Congress.pdf

FYI

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, August 23, 2022 1:58 PM

To: Reif, Kingston A SES (USA) (b)(6) ; Long, Robert

S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)

(b)(6)

OSD

Pentagon OUSD Policy List Space Policy NCWMD CTR

<osd.pentagon.ousd-policy.list.space-policy-ncwmd-ctr@mail.mil>

Subject: FY21 ARC with Congress

All,

I'm happy to inform you that OSD LA successfully conveyed the FY21 ARC to the Hill yesterday. Huge thanks to you and your teams who made this all happy, and a hearty thanks to (b)(6) on our team for stepping in last minute to see the report to it's final conclusion for us.

Let me know if there are any questions!

(b)(6)

Deputy Director, Cooperative Threat Reduction Policy

Office of the Under Secretary of Defense (Policy)

(b)(6)

(b)(6)



From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Subject: FW: HASC RFI on EcoHealth Alliance

Date: Thursday, August 19, 2021 8:12:00 AM

FYSA.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, August 19, 2021 8:07 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) Williams, Rhys

M SES DTRA DIR (USA) (b)(6)

Cc: DTRA Ft Belvoir DIR List DTRA CMD GP <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; Hann, Ronald K Jr

SES DTRA RD (USA) (b)(6)

Subject: RE: HASC RFI on EcoHealth Alliance

Sir,

Gentlemen, OUSD(R&E)/Basic Research Office (DASD Nair) is the OPR for DoD and is consolidating the information for a single response to HASC (and also for a separate RFI for Sen. Marshall on the same topic).

V/r,
Mike

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Sent: Wednesday, August 18, 2021 4:33 PM

To: Williams, Rhys M SES DTRA DIR (US) (b)(6)

Cc: DTRA Ft Belvoir DIR List DTRA CMD GP <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; Hann, Ronald K Jr

SES DTRA RD (USA) (b)(6)

(b)(6)

Subject: RE: HASC RFI on EcoHealth Alliance

The tasker came to DTRA from OSD LA. It is not clear who in PNT is responding, but the response will come from PNT and not DTRA.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: Williams, Rhys M SES DTRA DIR (USA

(b)(6)

Sent: Wednesday, August 18, 2021 4:31 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA

(b)(6)

Cc: DTRA Ft Belvoir DIR List DTRA CMD GP <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; Hann, Ronald K Jr SES DTRA RD (USA)

(b)(6)

(b)(6)

Subject: Re: HASC RFI on EcoHealth Alliance

Rob,

Copy. I assume that the feedback to the RFI will ultimately come from up in the PTN and not directly from us - we are feeding into the process.

Rhys

From: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA

(b)(6)

(b)(6)

Date: Wednesday, August 18, 2021 at 4:26:16 PM

To: "Williams, Rhys M SES DTRA DIR (USA

(b)(6)

(b)(6)

Cc: "DTRA Ft Belvoir DIR List DTRA CMD GP" <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>

<mailto:dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; "Hann, Ronald K Jr SES DTRA RD (USA"

(b)(6)

Subject: HASC RFI on EcoHealth Alliance

Dr. Williams,

For your situational awareness, late yesterday DTRA received an RFI from the HASC regarding DTRA work with EcoHealth Alliance. Most of the RFI includes questions we have answered before stating CTR didn't fund any work in China. The new part of this RFI is a request for copies of "the agreements, initial research reports and all progress/final reports." We have those assembled for transmission and will route to the FO with the rest of CT's tasker response. We're also sending all of this to TRAC and CWMD-Policy for their review and awareness.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: FW: House FAC
Date: Wednesday, August 11, 2021 10:40:00 AM

(b)(6) – FYSA. Another indicator that restrictions on working with EcoHealth Alliance may be coming, and that we need to ensure we're applying the right biosafety requirements and emphasis on all of our funded research.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: Williams, Rhys M SES DTRA DIR (USA) (b)(6)
Sent: Tuesday, August 10, 2021 4:30 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)

Cc: (b)(6)
Subject: (b)(6)

Re: (b)(6)

FYSA – no action. Last week the minority members of the House Foreign Affairs Committee released an addendum report on the origins of COVID-19 and WIV. It would be worth taking a look if there are more WIV/EHA congressional taskers.

Rhys

https://gop-foreignaffairs.house.gov/press-release/mccaul-releases-addendum-to-origins-of-covid-19-report/?et rid=375698548&et_cid=3877614

Rhys Williams, PhD

Director (acting)

Defense Threat Reduction Agency

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
To: (b)(6)
Subject: FW: INFO: I AM BIO Ep. 12 Partial Transcript
Date: Thursday, April 23, 2020 2:28:00 PM

(b)(6)

We have (b)(6) do a rough transcript of Billy's shout-out to DTRA in this podcast – see below. We're passing this along to DTRA PA to see if they can publicize. Let's also keep track of it for potential quotes to use from others on the importance of BTRP's work.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Thursday, April 23, 2020 1:55 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US); (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
(b)(6)
Subject: INFO: I AM BIO Ep. 12 Partial Transcript

Dr. Pope,

Sir, please find below a rough transcript of the few minutes Dr. William Karesh briefly raised the work of BTRP in relation to zoonotic diseases.

I AM BIO Podcast <<https://www.bio.org/podcast>> ; hosted by Congressman Jim Greenwood

Episode 12: COVID-19's True Origins (with guest Dr. William Karesh of EcoHealth Alliance)

Section mentioning BTRP starts at 32:02; ends at 33:20.

Greenwood: If you ruled the world, Dr. Karesh, what would be the list of things that you would do to reduce the threat of zoonotic diseases in the future?

Karesh: Well, there are quite a few. And I certainly think there have been some programs in the past that are at the US Federal Government level that could certainly be enhanced... The Defense Department has a program under the Defense Threat Reduction Agency called the Biological Threat Reduction Program. They do remarkable work – like engaging with researchers around the world... on these emerging diseases – both animal and human diseases. They require... a scientist from the United States partnering with a foreign scientist. You build a trusted relationship, and you know what's going on in their laboratories, and you communicate. That started back with nuclear threat reduction, with the collapse of the Soviet Union. They started investing in that and expanding – that program could be a lot bigger. ...

Please let me know if you need anything else. Thank you.

Very Respectfully,

(b)(6)

CTR Director's Action Group

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

(b)(6)

NIP

Mai

Des

Mot

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRI REDUCT (USA) (b)(6)
Subject: FW: Review of the CTR Annual Report to Congress
Date: Wednesday, July 6, 2022 1:43:45 PM
Attachments: [Tab C - DoD CTR Act sections 1341 to 1343.pdf](#)
[20220324_FY21 CTR Annual Report to Congress_DTRA_ogc coordinated.docx](#)
[Action Memo Annual Report to Congress_eb.docx](#)
[Delegation of Authority Memos.pdf](#)
[SIGNED - Delegation USDP to ASDs and Field Dirs 3 Mar 2017.pdf](#)
[OMB Circ A11 Sec 22.pdf](#)

FYI - more dinking around with the ARC. I sent to (b)(6) for a quick answer.

-----Original Message-----

From: (b)(6)
(b)(6)

Sent: Wednesday, July 6, 2022 12:26 PM

To: (b)(6)

(b)(6)

Subject: FW: Review of the CTR Annual Report to Congress

(b)(6)

(b)(6)

FYI on feedback from OGC on the AR

(b)(5)

(b)(5)

(b)(6)

(b)(6)

From: (b)(6)
(b)(6)

Sent: Wednesday, July 6, 2022 11:07 AM

To: (b)(6)

(b)(6)

Subject: FW: Review of the CTR Annual Report to Congress

(b)(6)

(b)(6)

OGC feedback on the ARC is below.

From: (b)(6)

(b)(6)

Sent: Tuesday, July 5, 2022 12:28 PM

To: (b)(6)

<m

Subject: RE: Review of the CTR Annual Report to Congress

(b)(6)

Sorry for our delay. As authorized by DGC 1A, I clear this action back to you, as revised-subject to resolution of our #3 bullet, below.

This action was coordinated with (b)(6) in my office, as well as OGC F.
A few things to note:

(b)(5)

Thank you, and please let us know if you have questions.

(b)(6)

(b)(6)

Associate General Counsel

DoD OGC, International Affairs

Pentagon 3B688

Office (b)(6)
Mobil
Secur
NIPR
SIPR
<mailto: (b)(6)>

From (b)(6)
<mailto: (b)(6)>
Sent: Friday, July 1, 2022 12:29 PM
To (b)(6)
<mailto: (b)(6)>
Subject: RE: Review of the CTR Annual Report to Congress

(b)(6)

Yes! We have transmittal letters and a cover sheet. Thank you for the reminder.

Also, if helpful, I attached the delegation of authority memos.

(b)(6)

From (b)(6)

(b)(6)

Sept 11 Friday, Nov 1, 2012 6:49 AM
(b)(6)

Subject: RE: Review of the CTR Annual Report to Congress

(b)(6)

Sorry for our delay in getting this back to you. Is there a whole package for this? Action Memo and Transmittal letters? Who is signing/submitting this for the Department?

Thanks,

(b)(6)

Associate General Counsel

DoD OGC, International Affairs

Pentagon 3B688

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(b)(6)
From
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Sept 11 Friday, Nov 6, 2012 7:51 PM
(b)(6)
To

(b)(6)

(b)(6)

Subject: RE: Review of the CTR Annual Report to Congress

LA and OGC.

Attached is the CTR Annual Report to Congress as cleared by DASD Johnson for OGC and LA review. Requesting clearance by your offices by June 21st. CATMS tasker to follow.

Thanks,

(b)(6)

From:

(b)(6)

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To:

(b)(6)

(b)(6)

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(b)(6)

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Subject: RE: Review of the CTR Annual Report to Congress

Hello,

Thanks so much. Here is a copy of the current working draft. Please provide any feedback to (b)(6) cc'd) as my last day in the Pentagon is tomorrow. This draft will go up to the NCWMD DASD this week as well. Once he clears, we will drop a CATMS tasker for your formal review. Thanks!

Best.

(b)(6)

Policy Advisor, Cooperative Threat Reduction

OU5D(P) / HD&GS / CWMD / CTR

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(b)(6)
From

(b)(6)

Sent: Monday, April 11, 2022 10:07 AM

To (b)(6)

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Subject: RE: Review of the CTR Annual Report to Congress

(b)(6)

Happy to take an early look.

V/r,

(b)(6)

Special Assistant

OASD Legislative Affairs

Pentagon 3D844

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<mailto:
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<mailto:
Sent: Monday, April 11, 2022 9:50 AM

(b)(6)

(b)(6)

Subject: RE: Review of the CTR Annual Report to Congress

(b)(6)
H

Sure, I can do a pre-coord review and give you any AO-level feedback. Once it's in CATMs for formal clearance, I can do the DGC-level clearance.

Thanks,

(b)(6)

Associate General Counsel

DoD OGC, International Affairs

Pentagon 3B688

Office (b)(6)
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From: (b)(6)
(b)(6)
Sent: Monday, April 11, 2011 9:44 AM
To: (b)(6)
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DA
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Subject: Review of the CTR Annual Report to Congress

Hello,

My office is currently in the end stages of reviewing our annual report to congress. We are almost read to have our DASD review prior to sending up to our ASD and then to Congress. I am hoping to get an early start on reviewing with your respective offices rather than waiting for three weeks and sending you a document then. Would that work for you all if I sent the same document that is going to our DASD, understanding you would need a final review of the blessed document?

Best,

(b)(6)

Policy Advisor, Cooperative Threat Reduction

OUSD(P) / HD&GS / CWMD / CTR

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PART III—RECURRING CERTIFICATIONS AND REPORTS

SEC. 1341. ANNUAL CERTIFICATIONS ON USE OF FACILITIES BEING CONSTRUCTED FOR DEPARTMENT OF DEFENSE COOPERATIVE THREAT REDUCTION PROJECTS OR ACTIVITIES.

Not later than the first Monday in February each year, the Secretary of Defense shall submit to the congressional defense committees a certification for each facility of a project or activity of the Program for which construction occurred during the preceding fiscal year on matters as follows:

- (1) Whether or not such facility will be used for its intended purpose by the government of the foreign country in which the facility is constructed;
- (2) Whether or not the government of such country remains committed to the use of such facility for such purpose;
- (3) Whether the actions needed to ensure security at the facility, including the secure transportation of any materials, substances, or weapons to, from, or within the facility, have been taken.

SEC. 1342. REQUIREMENT TO SUBMIT SUMMARY OF AMOUNTS REQUESTED BY PROJECT CATEGORY.

(a) SUMMARY REQUIRED.—The Secretary of Defense shall submit to the congressional defense committees in the materials and manner specified in subsection (c)—

- (1) a descriptive summary, with respect to the appropriations requested for the Program for the fiscal year after the fiscal year in which the summary is submitted, of the amounts requested for each project category under each program element; and
- (2) a descriptive summary, with respect to appropriations for the Program for the fiscal year in which the list is submitted and the previous fiscal year, of the amounts obligated or expended, or planned to be obligated or expended, for each project category under each program element.

(b) DESCRIPTION OF PURPOSE AND INTENT.—The descriptive summary required under subsection (a) shall include a narrative description of each program and project category under each program element that explains the purpose and intent of the funds requested.

(c) INCLUSION IN CERTAIN MATERIALS SUBMITTED TO CONGRESS.—The summary required to be submitted in a fiscal year under subsection (a) shall be set forth by project category, and by amounts specified in paragraphs (1) and (2) of such subsection in connection with such project category, in each of the following:

- (1) The annual report on activities and assistance under the Program required in such fiscal year under section 1343.
- (2) The budget justification materials submitted to Congress in support of the Department of Defense budget for the fiscal year succeeding such fiscal year (as submitted with the budget of the President under section 1105 of title 31, United States Code).

SEC. 1343. REPORTS ON ACTIVITIES AND ASSISTANCE UNDER DEPARTMENT OF DEFENSE COOPERATIVE THREAT REDUCTION PROGRAM.

(a) **ANNUAL REPORT.**—In any year in which the President submits to Congress, under section 1105 of title 31, United States Code, the budget for a fiscal year that requests funds for the Department of Defense for activities or assistance under the Program, the Secretary of Defense, after consultation with the Secretary of State, shall submit to the congressional defense committees, the Committee on Foreign Affairs of the House of Representatives, and the Committee on Foreign Relations of the Senate a report on the activities and assistance carried out under the Program.

(b) **DEADLINE.**—Each report under subsection (a) shall be submitted not later than the first Monday in February of a year.

(c) **MATTERS INCLUDED.**—Each report under subsection (a) shall include the following:

(1) An estimate of the total amount that will be required to be expended by the United States during the fiscal year covered by the budget described in subsection (a) in order to achieve the objectives of the Program.

(2) A five-year plan setting forth the amount of funds and other resources proposed to be provided by the United States for the Program during the period covered by the plan, including the purpose for which such funds and resources will be used.

(3) A description of the activities and assistance carried out under the Program during the fiscal year preceding the submission of the report, including—

(A) the funds notified, obligated, and expended for such activities and assistance and the purposes for which such funds were notified, obligated, and expended for such fiscal year and cumulatively for the Program;

(B) a description of the participation, if any, of each department and agency of the Federal Government in such activities and assistance;

(C) a description of such activities and assistance, including the forms of assistance provided;

(D) a description of the United States private sector participation in the portion of such activities and assistance that were supported by the obligation and expenditure of funds for the Program; and

(E) such other information as the Secretary considers appropriate to fully inform Congress of the operation of activities and assistance carried out under the Program, including, with respect to proposed demilitarization or conversion projects, information on the progress toward demilitarization of facilities and the conversion of the demilitarized facilities to civilian activities.

(4) A description of the means (including program management, audits, examinations, and other means) used by the United States during the fiscal year preceding the submission of the report to ensure that assistance provided under the Program is fully accounted for, that such assistance is being used for its intended purpose, and that such assistance is being used efficiently and effectively, including—

(A) if such assistance consisted of equipment, a description of the current location of such equipment and the current condition of such equipment;

(B) if such assistance consisted of contracts or other services, a description of the status of such contracts or services and the methods used to ensure that such contracts and services are being used for their intended purpose;

(C) a determination whether the assistance described in subparagraphs (A) and (B) has been used for its intended purpose and an assessment of whether the assistance being provided is being used effectively and efficiently; and

(D) a description of the efforts planned to be carried out during the fiscal year beginning in the year of the report to ensure that Department of Defense Cooperative Threat Reduction assistance provided during such fiscal year is fully accounted for and is used for its intended purpose.

(5) A description of the defense and military activities carried out under section 1321(a)(6) during the fiscal year preceding the submission of the report, including—

(A) the amount of funds obligated or expended for such activities;

(B) the strategy, goals, and objectives for which such funds were obligated and expended;

(C) a description of the activities carried out, including the forms of assistance provided, and the justification for each form of assistance provided;

(D) the success of each activity, including the goals and objectives achieved for each activity;

(E) a description of participation by private sector entities in the United States in carrying out such activities, and the participation of any other department or agency of the Federal Government in such activities; and

(F) any other information that the Secretary considers relevant to provide a complete description of the operation and success of activities carried out under the Program.

SEC. 1344. METRICS FOR DEPARTMENT OF DEFENSE COOPERATIVE THREAT REDUCTION PROGRAM.

The Secretary of Defense shall implement metrics to measure the impact and effectiveness of activities of the Program to address threats arising from the proliferation of chemical, nuclear, and biological weapons and weapons-related materials, technologies, and expertise.

PART IV—REPEALS AND TRANSITION PROVISIONS

SEC. 1351. REPEALS.

The following provisions of law are repealed:

(1) Sections 212, 221, 222, and 231 of the Soviet Nuclear Threat Reduction Act of 1991 (title II of Public Law 102-228; 22 U.S.C. 2551 note).

(2) Sections 1412 and 1431 of the Former Soviet Union Demilitarization Act of 1992 (22 U.S.C. 5902 and 5921).

From:

To:

Subject:

Date:

Attachments:

(b)(6)

FW: Russia-China disinfo news clips 7-9 Sept 20

Friday, September 9, 2022 12:38:35 PM

[97922a.pdf](#)

[Russian CBRN Disinfo News Digest97922.pdf](#)

[document1_EN.pdf](#)

All

The Special Conference is wrapping up in Geneva today. Still unclear how Russia will spin any outcome. I personally predict that the calls for an Art VI action will originate from the Duma, which is would be consistent with their public statements.

1. Russian Deputy FM Ryabkov is scheduled to make a statement re the outcomes of the Special Conference on 13 September.
2. Russia claims to have discovered yet another lab (second this week)---they much have something similar to a chair in Oprah's studio where everyone gets a lab.
3. More mentions of labs in South Korea from Chinese sources
4. There is a vicious attack from Bioclandenstine against the new US monkeypox..what is always interesting is how closely this individual mirrors Kremlin tropes, themes, and focus areas.
5. And to end the week on a light note:

- Attention of residents of the Kamensky district. Tell the residents who have cattle in the yard, any, to the hunters. In your area, an incomprehensible animal like Chupacabra roams. Someone shot her in the left hind leg, a large animal like a wolf-dog. But animal dogs refused to pursue this wounded animal. So be careful!! What is it - some kind of sick animal of ours or a miscarriage of an American biological laboratory - is not clear. One thing is clear that wild animals are now too tough for her and she will go to people. You know, I have never dealt with nonsense and alarmism either. Be attentive and careful, especially small children and women in the dark. Where she will go further in the region, only God knows- said the zoologist.

Have a nice weekend,

VR

(b)(6)

Guangming Daily

CCP Non-Authoritative China Mandarin News

Original textTranslated textSide-by-side

U.S. Military Abuses Abroad Draw Public Ire (Global Hotspot)

By 人民日报海外版

Published 08 Sep 2022 0504Z

Collected 08 Sep 2022 1559Z

According to Yonhap News Agency, the Daegu District Court in South Korea recently ruled on a traffic accident case in which the U.S. troops involved in the incident hit two cars and fled, causing injuries to two drivers, and was sentenced to pay a fine of 15 million won. Recently, in Italy and Australia, there have also been several vicious incidents in which U.S. soldiers caused injuries and deaths to local people by drunk driving.

For a long time, the U.S. military has been committing various types of misconduct and even illegal acts in overseas locations, which has negatively affected the lives of people and social stability in the countries where they are stationed. Experts point out that under the banner of "security cooperation," U.S. troops abroad boast of maintaining so-called "rules" and "order" in the countries where they are stationed, but they have substantial "extraterritorial jurisdiction" and have long been above local laws. The U.S. military has long been above local law and has committed numerous abuses in the countries where they are stationed, which has sparked public anger.



U.S. Military Abuses Abroad Draw Public Ire (Global Hotspot)

[More Like This](#)(opens in a new tab or window)

On May 15, Okinawans protested outside the site of a ceremony to commemorate the 50th anniversary of Okinawa's return to Japanese soil, demanding a reduction in the size of

U.S. military bases in Okinawa or even the withdrawal of all U.S. military bases. Photo by Zhang Xiaoyu, Xinhua News Agency

notoriously bad record

In South Korea, incidents of reckless drunk driving and provocation by U.S. troops are common. In July, a traffic accident occurred in Pyeongtaek, Gyeonggi Province, South Korea, in which a U.S. soldier driving a motorcycle drunkenly collided with a car and fled after the accident. In March, a drunken U.S. soldier in South Korea caused a rampage on the streets of South Korea, not only cutting through the sunshade tent of a convenience store, but also slashing 14 cars in a row. South Korean police were called to the scene, but the U.S. soldier still refused to throw the knife. Three days before the incident, two other U.S. troops in Korea also drove drunk and caused an accident. What's worse, after they failed to escape, they gathered their accomplices and beat up Korean cab drivers who were justly defending their rights, triggering the anger of the Korean public.

The Korea Daily News reported that crimes related to U.S. troops in South Korea amounted to more than 400 per year from 2016 to 2021, which equates to at least one per day.

Similar incidents have repeatedly occurred at other U.S. military overseas locations. According to foreign media reports, a U.S. Army soldier was killed in a traffic accident Aug. 21 in the city of Polceia, in the Friuli-Venezia Giulia region of northeastern Italy, when a 15-year-old boy was struck and killed by a drunken driver. The perpetrator had a blood alcohol content of 2.09 grams per liter, more than four times the standard for a DUI conviction. Also according to the Australian Broadcasting Corporation, some U.S. military personnel have been secretly smuggling drugs such as methamphetamine into Australia.

In Japan, 70% of the U.S. military bases in Japan are concentrated in Okinawa. For a long time, by virtue of their privileges, U.S. troops in Japan have brought many problems to Okinawa, such as criminal crimes, environmental and noise pollution, and crashes of military aircraft parts, which have been unbearable for local people. According to Okinawa police statistics, from 1972 to 2020, the number of crimes committed by the U.S. military and related personnel in Okinawa is up to more than 6,000, including nearly 600 vicious cases of murder, robbery, arson and rape. In addition, the cumulative number of traffic accidents caused by the U.S. military caused more than 4,000 deaths and injuries.

After the New Crown Pneumonia outbreak, the U.S. military did not comply with local epidemic prevention and control requirements at overseas locations and managed the situation in a chaotic manner, causing a serious spillover of the epidemic. According to Kyodo News, U.S. troops in Japan were once free to enter Japan because of the Japan-U.S. Status Agreement and were not restricted by Japan's epidemic prevention policies. Previously, there were clusters of infections in U.S. military bases, causing a dramatic deterioration of the epidemic in the areas where the bases are located or adjacent to them. South Korea has also suffered from the spread of the epidemic among U.S. troops. Since the outbreak of the epidemic, the behavior of the U.S. military in South Korea in disregarding South Korea's epidemic prevention measures has been in the press, triggering strong criticism from South Korean public opinion.

extralegal territory

In March, a review released by the U.S. Department of Defense acknowledged that the risk of various types of misconduct at some military bases inside and outside the United States is high, and that leadership at some high-risk military bases, often fails to prevent these violations as a priority, resulting in frequent violations.

Some South Korean scholars have calculated that only 18.7 percent of U.S. soldiers in South Korea who committed violent crimes in 2017 were referred to South Korean justice by the U.S. military. And only a small percentage of the criminals who were tried in South Korea were actually brought to

justice. Nearly 70 percent of U.S. troops who committed criminal offenses in South Korea were acquitted, according to The Korea Herald.

Australian analysts have pointed out that the U.S. military abroad has generally found it difficult to respect the human rights, religious beliefs and customs of the local population. The reason for this is that the U.S. military's internal oversight and resistance to external investigations have resulted in a large number of cases not being handled fairly.

Li Qingsi, a professor at the School of International Relations of Renmin University of China, pointed out to this reporter that the Japan-U.S. Status Agreement signed in 1960 and the Status Agreement on U.S. Forces in Korea signed in 1967 both stipulate that U.S. forces stationed abroad enjoy judicial privileges. In essence, the so-called "extraterritoriality" of the U.S. military abroad is a legacy of the colonial era, a typical double standard and Western supremacy that runs counter to the principle of equality among nations, large and small, as emphasized in the UN Charter. For a long time, the U.S., driven by hegemonic inertia and mentality, has maintained an unequal relationship with its allies. The misbehavior of U.S. troops abroad is a strong irony of the American values that the United States has always boasted.

In an interview with this reporter, Yuan Zheng, a researcher at the Institute of American Studies of the Chinese Academy of Social Sciences, analyzed that it is difficult to prohibit the evil deeds of U.S. troops stationed abroad due to various reasons. To summarize, the U.S. has signed agreements with Japan, South Korea and other allied countries, so that U.S. troops abroad enjoy so-called "judicial immunity" and have long been above the laws of the countries where they are stationed, and U.S. military bases abroad have become "extra-legal". Specifically, first, if U.S. soldiers abroad violate the laws of the host country, they are often referred to the U.S. side for processing and are exempted from the laws of the host country, which makes soldiers have a fluke mentality of evading legal constraints. Second, the large number of U.S. troops stationed abroad and the lack of strict management, in the military environment where individualism is prevalent, some U.S. soldiers have low quality and lack of discipline. Third, U.S. troops abroad, who pride themselves on protecting the "security" of the countries in which they are stationed, often have a strong sense of self-importance and are accustomed to being superior to others.

Protests continue

While the evil deeds of the U.S. forces abroad continue, South Korea and Japan's share of the military expenses of the U.S. forces in Korea and Japan are rising year after year, triggering more discontent among the people of both countries. 2020 to 2025, South Korea's annual share of defense expenses will be linked to the defense spending of that year and the cap on the increase will be removed. 2021, the amount of defense expenses borne by South Korea is 1.18 trillion won, an increase of 13.9% year on year. According to the cost-sharing agreement for U.S. forces in Japan for the next five years, Japan's share of the cost of U.S. forces in Japan will be approximately 1.055 trillion yen for fiscal years 2022 to 2026.

"In recent years, the U.S. has been demanding more military obligations from its allies and has strengthened military cooperation with them. The U.S. is used to giving orders from a condescending posture, revealing the hegemonic nature in its bones." Yuan Zheng said.

For some time now, the U.S. military in South Korea has been causing a wave of protests by the public because of various bullying behaviors such as endangering the local community, forcing the sharing of military expenses and provoking tensions. In the early morning of September 5, local time, a large number of South Korean people held a rally at the entrance of the base where the "SAD" anti-missile system is deployed in North Gyeongsang Province, expressing their protest, according to Korean media reports. The rallies were held in front of the U.S. military bases in South Korea.

In April, a South Korean university professor submitted a petition to the South Korean president calling for the closure of biochemical laboratories at U.S. bases, revision of the unequal Status of

Forces in Korea Agreement, and resolution of the issue of heavy metal contamination at bases returned by U.S. forces. The petition reads, "Although the U.S. military in Korea is the subject of the application of the so-called 'extraterritoriality,' nothing is more important than the safety of people's lives when it comes to national sovereignty."

The U.S. military in Japan has also attracted a lot of criticism. On May 15 this year, a large number of Okinawans held a rally and demonstration, complaining that for decades the U.S. military bases have seriously affected the lives of residents and economic development, demanding the reduction or even the withdrawal of all U.S. military bases. The Japan Broadcasting Association previously released the results of a nationwide public opinion survey, about 80% of the respondents believe that the U.S. military bases in Japan should not be "piled up" in Okinawa.

Lee pointed out that in recent years, conflicts between U.S. forces stationed abroad and countries such as Japan and South Korea have become more prominent on many issues such as social security, environmental protection, military cost sharing, and epidemic prevention and control, causing negative impacts on social stability and people's lives in the countries where they are stationed. There is a growing awareness that U.S. troops stationed in their home countries promise to provide so-called "security" but create more security problems. This also makes the international image and soft power of the United States greatly reduced. (Li Jiabao)

[Editor: Yuan Qing]

PeoplesDailyOverseas2022090806
08Sep2022

People's Daily (Overseas)

CCP Non-AuthoritativeChinaMandarinNational Government

biochemical laboratory

military

military

МАЙ ДНР
1532Z 07Sep2022

MAYDNR

Kremlin-AlignedUkraineRussianTelegramSocial Media

Every one of them began in places where the **Americans** ran into their **biological laboratories**. Another detail: over the past few years, the Wuhan Institute of Virology 7.4 million dollars. through the US public-private PREDICT program through EcoHealth Alliance? By the way, the head of EA, Peter Daszak, is a close friend of Bill Gates, whose sphere of interests is precisely in dangerous **US laboratories** scattered around the world. Now a new wave of infections has begun....But why **America** needs a pandemic right during the NWO, think for yourself.

Russian propaganda is preparing another lie about the alleged sale of Western weapons on the black market
1506Z 07Sep2022

TSN

West-AlignedUkraineUkrainianNews

Taking into account the **military** successes of the defenders of Ukraine and the preparation of the next meeting of the Contact Group on the Defense of Ukraine in Germany, the enemy may resort to provocation in Europe. This is reported by the Center for Combating Disinformation. acts of terrorism or other crimes under the leadership of Russian special services, using Western **weapons** allegedly "provided to Ukraine," the message says..... , that all the **weapons** provided to us by partner countries are under constant surveillance, and fakes about thefts or "sales" are just a disinformation campaign by the Kremlin. Let us remind you that the Russians traditionally spread fakes about Ukraine, one of the latest is about alleged chemical **weapons** in Ukraine....According to the adviser to the head of the President's Office and Mykhailo Podolyak, Russia's fake about chemical **weapons** in Ukraine is another attempt by the Russians to justify their mass war crimes. Read also: The whole truth about Ukrainian **biolaboratories**: the Kremlin's main fakes05:03

The Council proposes to determine the status of a terrorist state and a state sponsor of terrorism by law

1342Z 07Sep2022

Interfax Ukraine

West-AlignedUkraineUkrainianNews

The authors of the legislative initiative propose to include in these criteria, in particular, **military** maneuvers and exercises conducted near the borders of Ukraine (especially the zone up to 30 km from the strip of the state border) and pose a threat to its independence and territorial integrity, support of armed mercenary units, murders and attempted murders state and public figures of Ukraine, sale of arms contrary to the norms of international law, development, testing and deployment of **biological**..., chemical, nuclear and/or space **weapons**, which increases the probability of genocide or ecocide.

Ka|Z|ach Media Group (LPR | Stakhanov)

1048Z 07Sep2022

Ka|Z|ach media group (LPR | Stakhanov)

Kremlin-AlignedRussiaRussianVKSocial Media

A **bio-laboratory** was discovered in the liberated Rubizhne - Ukraine tested "medicines" on local residents under the guise of a safe study ..

Health Desk

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Subject: Fwd: CTR/DoD Disinfo Clips 21-24 Jan
Date: Monday, January 24, 2022 8:00:46 PM
Attachments: [cons24a.pdf](#)

The volume is high again, no let up in KZ and now stories about UKR and GG again. This might be an all out campaign using all their proxies and puppets.

(b)(6)

Date: Monday, January 24, 2022 at 19:57:28

To: (b)(6)

From:

(b)(6)

(b)(6)

Subject: [Non-DoD Source] CTR/DoD Disinfo Clips 21-24 Jan

All,

Make sure you read the first article. This Bulgarian journalist, who is in the pocket of the Russians, has been a

constant feature in DoD conspiracy theories. Also of note is the Kazakhstan lab stories are still alive and well.

More concerning, however, is the addition of the labs in the Ukraine to some of the older story lines...including human experimentation (which China also amplified). The chemical weapons "threat" against Russian proxies in Donbass is also still being carried in a number of local publications.

Here is a snarky little quote:

"An example of "disinformation" includes a statement about U.S. plans to use chemical weapons in the Donbass, but it is silent that Russia destroyed all chemical weapons stockpiles in 2017, and the United States did not do so."

VR

(b)(6)



Potential pandemic bird flu modified to be more dangerous in new risky NIH research

By
Dilyana Gaytandzhieva

-

January 24, 2022

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978



Dr. Anthony Fauci, director of the US National Institute of Allergy and Infectious Diseases (NIAID), putting his protective suit. Photo: NIH

The US National Institutes of Health (NIH) has continued funding risky gain-of-function research (GoF) on potential pandemic pathogens, newly disclosed information reveals. The US government medical research agency has funded scientists to study avian influenza (bird flu) which does not transmit among humans. However, the NIH projects aim to make avian influenza viruses able to transmit among mammals and assess their pandemic potential as a possible threat to humans.

Gain-of-function (GOF) studies improve the ability of a pathogen to cause disease by increasing its virulence and transmissibility. These dangerous experiments have not been terminated even though COVID-19 has been suspected to be the result of such NIH-funded GoF research in the Wuhan Institute of Virology.

Instead of terminating all GoF research since the pandemic started NIH and its sub agency – the National Institute of Allergy and Infectious Diseases (NIAID), have continued their financial support for the following GoF studies: Transmissibility of Avian Influenza Viruses in Mammals (NIAID support ended in **August 2021**); Centers of Excellence for Influenza Research and Surveillance (CEIRS) (NIAID support ended in **March 2021**). The third one: Mimicking evolution to define mechanisms of airborne transmission of H7N9 viruses, started on 2nd September 2021 and is **ongoing**.

Transmissibility of avian influenza viruses in mammals

Project Number
4R01AI069274-09

Former Number
5R01AI069274-09

Contact PI/Project Leader
KAWAOKA, YOSHIHIRO

Awardee Organization
UNIVERSITY OF WISCONSIN-
MADISON

Description

Abstract Text

ABSTRACT (provided by applicant): Since 1997, highly pathogenic avian influenza (H5N1) viruses of the "H5N1" subtype have infected humans with high case fatality rates, although no sustained human-to-human transmission had yet been reported. Currently, the molecular features and mechanisms of its avian-to-human and human-to-human transmission of H5N1 viruses are not fully understood. Indeed, several attempts in the past to create transmissible H5 viruses, which typically do not transmit among mammals, were not successful, suggesting that influenza that has successfully is determined by several currently unknown factors. Recently we screened H5 virus isolates possessing amino acid mutations in the quadruplet head region of the hemagglutinin (HA) protein and identified mutant H5 HAs that acquired the ability to bind to human-type receptors. These mutant H5 HAs cannot support viral attachment and infection of established influenza virus factories of influenza A reassortment plasmids, but acquired this ability after two passages of the virus in these plasmids, which resulted in the sale of an additional mutation in HA. This marks the first generation of an H5 virus that does not transmit among ferrets, but one with efficient respiratory droplet transmission. Based on this finding, we propose to decipher the determinants of H5N1 virus transmissibility in mammals. In Aim 1, we plan to identify the Mechanisms that Control H5N1 Virus Transmissibility in Mammals. To gain a better understanding of the importance of HA that result in transmissible viruses, we will select transmissible viruses based on HA protein derived from different suppliers that have caused human infections. Our recent study suggested that HA stability may control viral transmissibility. To test this concept, we also plan to identify mutations in HA that increase HA stability and then test their mutational for their significance in viral transmissibility. The HA protein of all ferret transmissible H5N1 viruses will then be characterized for their receptor binding specificity, their structural consequences, their effect on other genetic backgrounds, and their pathogenicity in mice and ferrets. Mutations in HA that allow an influenza A virus to bind to human type receptors are most likely a prerequisite for transmission among mammals. However, findings by us and others indicate that human type receptor binding is not sufficient for respiratory droplet transmission among ferrets, and that other viral genes also contribute to transmission. In Aim 2 (To Characterize the Contribution of Viral Genes Other than HA to H5N1 Virus Transmissibility), we plan to passage non-transmissible viruses of different genetic backgrounds in ferrets to select transmissible mutants. Selected mutations will be characterized by their biological effects using established assays for viral replication, intracellular transport, replication and transcription, assembly and budding, and release from the host cell. Finally, these studies are expected to generate critical information about the molecular determinants and mechanisms of H5N1 viral transmissibility in mammals.

Project 4R01AI069274-09 - Total funding: \$605,206

H5N1, a highly pathogenic avian influenza virus, does not transmit among mammals. The researchers aim to make the virus able to transmit in order to assess its pandemic potential.

According to the project's description, "no sustained human-to-human transmission has yet been reported. Several attempts in the past to select transmissible H5 viruses (which typically do not transmit among mammals) were not successful". That is why the researchers "plan to passage non-transmissible viruses of different genetic backgrounds in ferrets (an established influenza virus transmission model) to select transmissible mutants". Selected mutations will be characterized for their biological effects and the potential of H5N1 to transmit in mammals.

CENTERS OF EXCELLENCE FOR INFLUENZA RESEARCH AND SURVEILLANCE (CEIRS)

Project Number
272201400008C-0-0-1

Contact PI/Project Leader
GARCIA-SASTRE, ADOLFO

Awardee Organization
ICAHN SCHOOL OF MEDICINE AT MOUNT
SINAI

Description

Abstract Text

To determine the molecular, evolutionary and environmental factors that influence the evolution, emergence, transmission and pathogenicity of influenza viruses, including viruses of animal influenza viruses with pandemic potential and to characterize the immune response to influenza infection to improve understanding of the immune correlates of infection and cross protection.

Public Health Relevance Statement

Data not available.

Project 272201400008C-0-0-1 -- Total funding: \$7,336,466

The project includes studies on animal influenza viruses with pandemic potential. No further information has been provided.

Mimicking evolution to define mechanisms of airborne transmission of H7N9 viruses

Project Number
1R21AI144135-01

Contact PI/Project Leader
SUTTON, TROY CLAVELL

Awardee Organization
PENNSYLVANIA STATE UNIVERSITY-UNIV
PARK

Description

Abstract Text

The Asian lineage H7N9 avian influenza viruses (AIV) have caused >1500 human zoonotic infections with 615 deaths. These viruses have not spread in humans; however, there is a high potential for these viruses to evolve to transmit via the airborne route and cause a pandemic. Using ferrets, we previously evaluated the ability of the prototypic Asian lineage virus A/Anhui/1/2013 (H7N9) to undergo two consecutive rounds of airborne transmission. In these studies, we found that the virus was able to transmit to 50-65% of respiratory contact ferrets during both rounds of transmission. In a subsequent deep sequence analysis, we identified 2-5 mutations in 90-95% of all variant viruses that transmitted. These mutations were in the hemagglutinin (HA), neuraminidase (NA), and viral polymerase genes. As airborne transmission is associated with enhanced cloning and replication in cells of the upper airways, we hypothesize that the identified mutations will alter the molecular properties of the virus to enhance replication in primary human nasal and tracheal cells. **Aim 1:** Determine the role of previously identified HA and NA mutations in an H7N9 virus with the A/PR8 vaccine backbone. Viruses carrying the H7N9 HA and NA on the A/PR8 vaccine backbone will be generated. Mutations will be introduced into the HA and NA gene segments and several properties including receptor binding preference, pH of fusion, thermostability, NA activity and changes in antibody recognition via immune serum will be evaluated. **Aim 2:** Evaluate the role of previously identified mutations in the viral polymerase. To assess the impact of mutations in the RNA polymerase, in which polymerase reconstruction assays will be performed. Specifically, the activity of the wild-type H7N9 polymerase with a defined template structure will be assessed. **Aim 3:** Determine if the introduction of previously identified mutations alters viral replication in primary human airway epithelial cells. To determine if the identified mutations impact viral replication, we will evaluate the replication kinetics of recombinant H7N9-A/PR8 viruses for their growth in primary human airway epithelial cells. Primary human cells will include nasal, tracheal, bronchial, and small airway epithelial cells. Collectively, these studies will determine the effect of the identified mutations on different molecular properties of the virus, will also determine if the mutations alter the viral tropism in human cells. Our findings will generate new insight on how AIV evolve to transmit via the airborne route and will yield critical knowledge required to interpret the evolution and assess the pandemic potential of H7N9 viruses.

Project 1R21AI144135-01 Total funding: \$226,169

Source: NIAID

According to the description provided for Project 1R21AI144135-01: "The Asian lineage H7N9 avian influenza viruses (AIV)... have not spread in humans; however, there is a high potential for these viruses to evolve to transmit via the airborne route and cause a pandemic... Viruses carrying the H7N9 HA and NA on the A/PR8 vaccine backbone will be generated. Mutations will be introduced into the HA and NA gene segments...we will evaluate the replication kinetics of recombinant H7N9-A/PR8 viruses for their growth in primary human airway epithelial cells. Primary human cells will include nasal, tracheal, bronchial, and small airway epithelial cells." The researchers want to make the virus able to transmit via the airborne route in order to assess the pandemic potential of H7N9 viruses.

These last NIH-funded experiments are just a small part of many controversial lab studies approved by the agency. One of them was the risky bat coronavirus research in China which is under investigation in the US for a possible link to the COVID-19 pandemic.

Despite repeated denials from NIAID director Dr. Antony Fauci including before Congress, NIH finally acknowledged last year that US did fund GoF research on bat coronaviruses in Wuhan from where the pandemic started and spread across the world. The \$3.7 million grant was awarded to the US non-profit organization EcoHealth Alliance. In a letter to U.S. House of Representatives

NIH states that EcoHealth Alliance violated Terms and Conditions of NIH grant AI110964 and failed to report all its activities in China. According to the NIH letter, a “limited experiment” was conducted in order to test if “spike proteins from naturally occurring bat coronaviruses circulating in China were capable of binding to the human ACE2 receptor in a mouse model.”

This is much bigger than Dr. Fauci – it involves the entire US government: US Congressman

Following the release of a House Intelligence Committee report stating that “significant circumstantial evidence” supports the lab leak hypothesis, Rep. Mike Gallagher urged members of Congress and members of the media to more closely scrutinize additional US funding streams that sent taxpayer dollars to EcoHealth Alliance. According to the congressman, “If you start to do basic research, it quickly becomes apparent that this is much bigger than Dr. Fauci – it involves the entire US government”.










EcoHealth Alliance has received **\$112.1 million** in total in US government funding since 2003, according to information obtained from the US federal contracts registry. Among its main sponsors are NIH through NIAID and the Pentagon through the Defense Threat Reduction Agency (DTRA). The projects’ objectives are discovery and assessment of viruses with pandemic potential mainly in Africa and Asia.

NIH grants:

Federal Grant Awards for Ecohealth Alliance Inc.				
Name	Awardee	Dollars Obligated	Award Date	Updated At
U01AI153420	Ecohealth Alliance Inc.	\$1.2m	9/15/2020	7/17/2021
STUDY OF NIPAH VIRUS DYNAMICS AND GENETICS IN ITS BAT RESERVOIR AND OF HUMAN EXPOSURE TO NIV ACROSS BANGLADESH TO UNDERSTAND PATTERNS OF HUMAN OUTBREAKS				
U01AI153797	Ecohealth Alliance Inc.	\$3.1m	6/17/2020	6/11/2021
UNDERSTANDING RISK OF ZOO NOTIC VIRUS EMERGENCE IN EID HOTSPOTS OF SOUTHEAST ASIA				
R01AI110964	Ecohealth Alliance Inc.	\$3.7m	6/17/2014	9/14/2021
UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE				
R56TW009502	Ecohealth Alliance Inc.	\$300.0k	9/17/2012	9/14/2012
COMPARATIVE SPILLOVER DYNAMICS OF AVIAN INFLUENZA IN ENDEMIC COUNTRIES				
R01AI079231	Ecohealth Alliance Inc.	\$2.6m	9/18/2008	6/7/2012
RISK OF VIRAL EMERGENCE FROM BATS				
K08AI067549	Ecohealth Alliance Inc.	\$442.8k	9/15/2007	9/14/2010
RISK FOR FUTURE OUTBREAKS OF HENIPAVIRUSES IN SOUTH ASIA				
R01TW005869	Ecohealth Alliance Inc.	\$3.7m	8/1/2002	7/27/2012
THE ECOLOGY, EMERGENCE AND PANDEMIC POTENTIAL OF NIPAH VIRUS IN BANGLADESH				

Pentagon grants:

Federal Grant Awards for Ecohealth Alliance Inc.

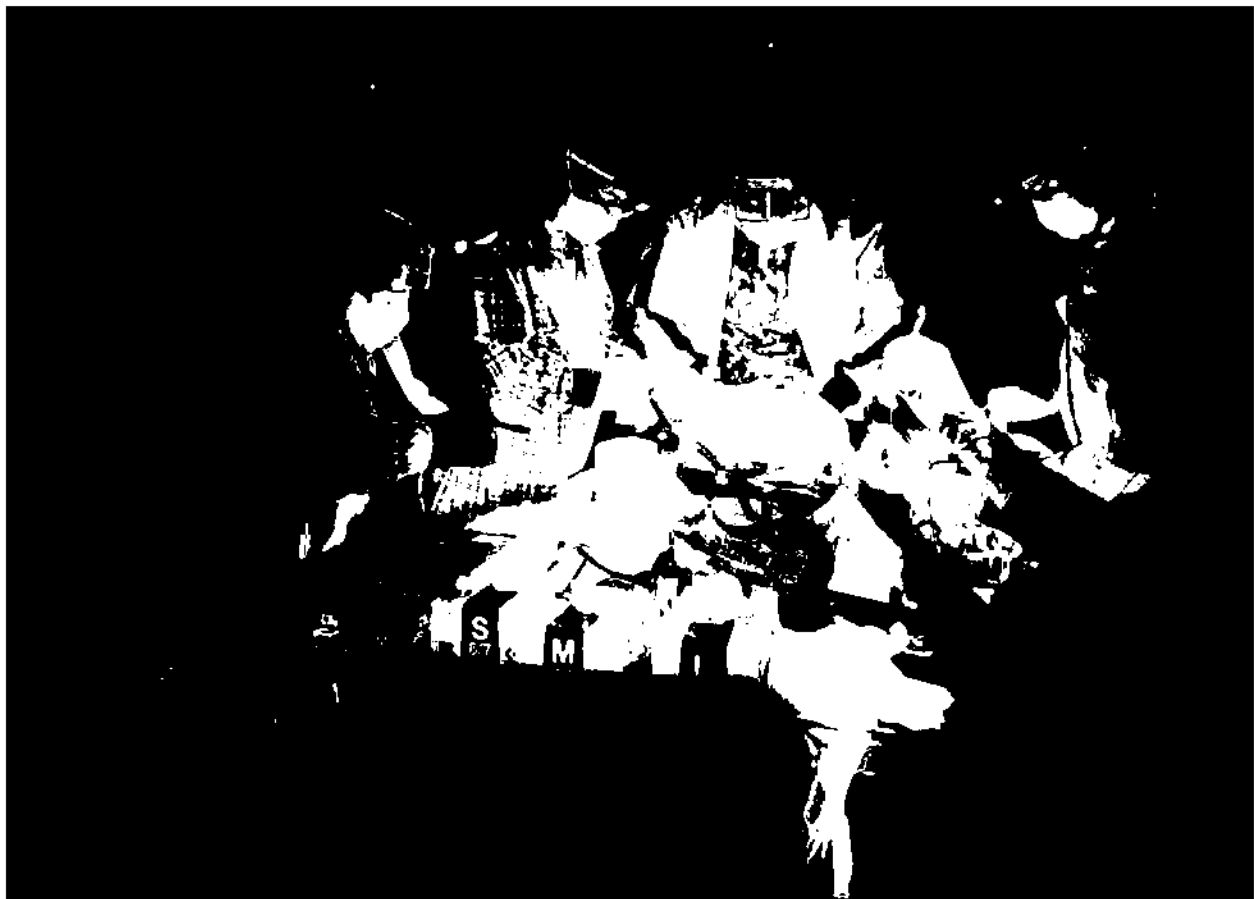
Name	Awardee	Dollars Obligated	Award Date	Updated At
 HDTRA1210023	Ecohealth Alliance Inc.	\$255.3k	7/19/2021	7/19/2021
PREDICTING BIOTHRREAT IMPACTS FROM EARLY STAGE DATA VIA TRANSFER LEARNING				
 HDTRA12010033	Ecohealth Alliance Inc.	\$3.0m	9/29/2020	9/29/2020
REDUCING THE THREAT OF MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS AND AVIAN INFLUENZA IN JORDAN & STRENGTHENING REGIONAL DISEASE SURVEILLANCE CAPACITY				
 HDTRA12010026	Ecohealth Alliance Inc.	\$3.0m	9/25/2020	9/24/2020
BIOSURVEILLANCE FOR SPILLOVER OF HENIPAVIRUSES AND FILOVIRUSES IN RURAL COMMUNITIES IN INDIA				
 HDTRA12010018	Ecohealth Alliance Inc.	\$5.0m	7/1/2020	6/30/2020
CRIMEAN-CONGO HEMORRHAGIC FEVER: REDUCING AN EMERGING HEALTH THREAT IN TANZANIA				
 HDTRA11010016	Ecohealth Alliance Inc.	\$4.9m	6/1/2020	5/27/2020
REDUCING THE THREAT FROM HIGH-RISK PATHOGENS CAUSING FEBRILE ILLNESS IN LIBERIA				
 HDTRA11910031	Ecohealth Alliance Inc.	\$5.0m	8/19/2019	8/24/2020
REDUCING THE THREAT OF RIFT VALLEY FEVER THROUGH ECOLOGY, EPIDEMIOLOGY AND SOCIO-ECONOMICS				
 HDTRA11710064	Ecohealth Alliance Inc.	\$6.5m	10/2/2017	3/23/2020
UNDERSTANDING THE RISK OF BAT-BORNE ZOONOTIC DISEASE EMERGENCE IN WESTERN ASIA				
 HDTRA11710037	Ecohealth Alliance Inc.	\$1.6m	5/1/2017	5/25/2018
SEROLOGICAL BIOSURVEILLANCE FOR SPILLOVER OF HENIPAVIRUSES AND FILOVIRUSES AT AGRICULTURAL AND HUNTING HUMANANIMAL INTERFACES IN PENINSULAR MALAYSIA				
 HDTRA11310029	Ecohealth Alliance Inc.	\$4.9m	5/28/2014	5/25/2018
UNDERSTANDING RIFT VALLEY FEVER IN THE REPUBLIC OF SOUTH AFRICA				

Source:

Coronavirus research in controversial Pentagon biolab in Georgia

EcoHealth Alliance has implemented a number of military biological research programs for the Pentagon. In 2017 the US Defense Threat Reduction Agency (DTRA) tasked EcoHealth Alliance with a \$6.5 million project to collect and isolate coronaviruses in 5,000 bats in Western Asia. The duration of the program is 5 years (2017-2022) with the Lugar Center, the Pentagon biolaboratory in the Republic of Georgia, being the local laboratory for this genetic research.

The project's objectives are: 1. Capture and non-lethally sample 5,000 bats; 2. Collect 20,000 samples (i.e. oral, rectal swabs and/or feces, and blood) and screen for CoVs using consensus PCR at regional labs in Georgia and Jordan. According to the project presentation, Eco Health Alliance already sampled 270 bats of 9 species in three Western Asian countries: 90 individual bats in Turkey (Aug 2018), Georgia (Sept 2018), and Jordan (Oct 2018).



EcoHealth Alliance and Georgian scientists processing bats for a \$6.5 million Pentagon project in Western Asia (photo: Facebook, Kendra Phelps, Eco Health Alliance, October 2018)

The Lugar Center which is the partner laboratory for this research is a \$180 million Pentagon biolaboratory in Georgia's capital Tbilisi. It has been operated by a special US Army Unit –

USAMRU-G, whose personnel have been given diplomatic immunity to research viruses without being diplomats.



The Lugar Center is the \$180 million Pentagon-funded biolaboratory in Georgia's capital Tbilisi.



A diplomatic car with a registration plate of the US Embassy to Tbilisi in the car park of the Lugar Center. US scientists working at the Pentagon laboratory in Georgia drive diplomatic vehicles as they have been given diplomatic immunity. Photos: Dilyana Gaytandzhieva

The Lugar Center has become notorious in the last years for controversial activities, laboratory incidents and scandals surrounding the US drug giant Gilead's Hepatitis C program in Georgia which has resulted in at least 248 deaths of patients. The cause of death in the majority of cases has been listed as unknown, internal documents have shown.

There is no public information about the results of the research performed by EcoHealth Alliance at the Lugar Center for the Pentagon neither what viruses have been discovered and what genome experiments have been performed.

\$5,000 for bat on the black market

The State Security Committee of South Ossetia raised awareness about the EcoHealth Alliance bat research project in neighboring Georgia after a Georgian national Khvicha Mgebrishvili was detained on 3 July 2020 near the village of Adzisar in the Tskhinvali region of South Ossetia for violating the state border. During the interrogation by South Ossetian KGB border officers, he explained that he was interested in a colony of bats in the villages of Artseu and Grom in the Tskhinvali region. According to Mgebrishvili, he intended to capture the so-called "Bat cocoons" and sell them in Georgia for \$5,000 each. These species are listed in the Red Book and hunting them is punishable by prison in South Ossetia.

Local authorities accused neighboring Georgia of suspicious activities stating that "the Lugar Center for Public Health Research has shown increased interest in the population of South Ossetian bats since 2012". As always the Lugar Center and the US Embassy in Tbilisi denied all allegations as fake news and a conspiracy theory.

In response to all scandals surrounding the Lugar Center and the growing distrust among Georgians the US Embassy in Tbilisi has launched a propaganda campaign to educate the local population with animated movies on social media and Georgian TV channels. All information concerning the Lugar Center apart from the official government narrative has been branded as "fake news", "disinformation" and "conspiracy theories". The Lugar Center has been given by Western media as an example in the fight against the novel coronavirus even though COVID-ravaged Georgia ranks seventh in the world among the countries with the highest number of deaths per million as of this month.

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[Dilyana Gaytandzhieva](#)

<http://armswatch.com/>

Dilyana Gaytandzhieva is a Bulgarian investigative journalist, Middle East correspondent and founder of Arms Watch. Over the last years she has published a series of revealing reports on weapons supplies to terrorists in Syria, Iraq and Yemen. Her current work is focused on documenting war crimes and illicit arms exports to war zones around the world.

Sent: Thursday, May 27, 2021 6:48 PM

To: (b)(6)

(b)(6)

Subject: RE: QFR's / Congressional Response (Redux)

(b)(6) thank you for all your help untangling this knotted ball of string. I've placed (b)(6) in the BCC line as she is on well-deserved annual leave through June 7.

(b)(5)

Questions for: Dr. Rhys Williams

3) You started to address how DTRA works to upskill servicemembers to ensure they understand the uses of emerging technologies generally and in the field. Could you provide a more comprehensive explanation of this effort? (b)(6) review DTRA's response in the attached

(b)(6) A&S Technical questions (b)(6) please huddle and draft a Policy response.
(b)(6) has the lead

7) Does the U.S. currently possess the capabilities to adequately counter the biological threats posed by our adversaries? If not, how do we get there and what must we prioritize in order to be effectively postured?

8) How much concern does the department place on state or non-state actors weaponizing new or emerging infectious diseases such as COVID-19, and what is DOD doing to combat this potential threat?

Questions for: Dr. Rhys William (b)(6) please review DTRA's response

9) For your respective organizations, what do you see as the most critical unresolved technical challenges in the countering weapons of mass destruction mission space?

Questions for: Dr. Rhys William (b)(6) please review DTRA's response

10) The University of Nebraska DoD University Affiliated Research Center, the National Strategic Research Institute, which is the only DoD UARC focused specifically on the CWMD mission area including Nuclear Detection and Forensics, Detection of Chemical and Biological Weapons, Defense Against Weapons of Mass Destruction, and Consequence Management. What actions are currently underway to leverage this UARC in support of DoD's CWMD strategy and what more should be done to fully leverage this capability and investment?

Questions for: Dr. Rhys Williams (b)(6) review DTRA's response in the attached

16) What are the financial strains you foresee on CWMD programs as a result of COVID-19?

Question for The Honorable Jennifer Wala (b)(6) please review DTRA's response

According to USA Spending, DTRA has provided EcoHealth Alliance grants for research to support its Biodefense mission. EHA in recent years has chosen the Wuhan Institute of Virology as a research partner in recent years through an NIH grant. As noted in the State Department Fact Sheet of 1/15/21, the Wuhan Institute of Virology has troubling links to the Chinese military. Is EHA still a grantee of DTRA? What type of risk analysis does DTRA do to ensure that its research dollars are wittingly or unwittingly funding a malign actor such as China? Has EHA's relationship with the WIV and China disqualified it as the partner of choice for DOD and DTRA?

-----Original Message-----

From: (b)(6)
<mailto:(b)(6)>

Sent: Thursday, May 27, 2021 4:40 PM

To: (b)(6)
(b)(6)

Subject: FW: QFR's / Congressional Response (Redux)

My apologies for all the confusion on this, but see attached.

These are the drafts that are pending Dr. Williams review next Tuesday.

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: FYSA -- Long but Nuanced Article on COVID Origin [HTML]
Date: Tuesday, May 25, 2021 4:42:00 PM

The Wuhan Lab Leak Debate: Disused Mine at Center Stage

Not predominant hypothesis, yet scientists call for deeper probe

Wall Street Journal, May 25 (0200), Pg. A1 Jeremy Page, Betsy McKay and Drew Hinshaw

DANAOSHAN, China -- On the outskirts of a village deep in the mountains of southwest China, a lone surveillance camera peers down toward a disused copper mine smothered in dense bamboo. As night approaches, bats swoop overhead.

This is the subterranean home of the closest known virus on Earth to the one that causes Covid-19. It is also now a touchpoint for escalating calls for a more thorough probe into whether the pandemic could have stemmed from a Chinese laboratory.

In April 2012, six miners here fell sick with a mysterious illness after entering the mine to clear bat guano. Three of them died.

Chinese scientists from the Wuhan Institute of Virology were called in to investigate and, after taking samples from bats in the mine, identified several new coronaviruses.

Now, unanswered questions about the miners' illness, the viruses found at the site and the research done with them have elevated into the mainstream an idea once dismissed as a conspiracy theory: that SARS-CoV-2, the virus that causes Covid-19, might have leaked from a lab in Wuhan, the city where the first cases were found in December 2019.

The lab researchers thus far haven't provided full and prompt answers, and there have been discrepancies in some information they have released. That has led to demands by leading scientists for a deeper investigation into the Wuhan institute and whether the pandemic virus could have been in its labs and escaped.

Even some senior public-health officials who consider that possibility improbable now back a fuller probe. They say a World Health Organization-led team had insufficient access in Wuhan earlier this year to reach its conclusion that a lab leak was "extremely unlikely."

Most of those calling for a fuller examination of the lab hypothesis say they aren't backing it over the main alternative -- that the virus spread from animals to humans outside a lab, in the kind of natural spillover that has become more frequent in recent decades. There isn't yet enough evidence for either idea, they say, nor are the two

incompatible. The virus could have been one of natural origin that was brought back to a laboratory in Wuhan -- intentionally or accidentally -- and escaped.

A growing number, however, including the director-general of the WHO and a prominent U.S. researcher who has worked with the Wuhan Institute of Virology, agree that the WIV needs to provide more information about its work to categorically rule out a lab spill.

The Wall Street Journal reported on Sunday that three WIV researchers became ill enough in November 2019 that they sought local hospital care, according to a previously undisclosed U.S. intelligence report, though officials expressed differing views over the strength of the evidence. White House spokeswoman Jen Psaki said Monday the information came from a foreign entity, and that the U.S. needed additional information to independently verify it.

The Biden administration has recommended to the WHO that it lead a fuller investigation into the possibility of a lab leak, backing a call by WHO Director-General Tedros Adhanom Ghebreyesus. An investigation should include other laboratories in Wuhan, not just the WIV, and the team conducting it should include laboratory safety experts, according to a U.S. health official. "We should be able to look at biosafety records and interview staff members," the official said.

The matter is likely to be discussed during a meeting of the WHO's decision-making body, the World Health Assembly, which started Monday. Diplomatic support for a lab investigation is thin. Few governments are eager to champion a probe that China could easily veto.

Beijing would be sure to resist any such effort and has tightly controlled access to information thus far. It denies that SARS-CoV-2 came from one of its labs or infected any WIV staff, and it wants the WHO to investigate whether the pandemic began outside Chinese borders.

"The U.S. keeps concocting inconsistent claims and clamoring to investigate labs in Wuhan," China's foreign ministry said in a written statement. "This fully shows that some people in the U.S. don't care about facts and truth." It cited the WHO-led team's verdict on the implausibility of a lab leak and urged Washington to invite the WHO to investigate early U.S. cases. China's National Health Commission and the WIV didn't respond to requests for comment.

Chinese authorities have obstructed independent efforts to investigate the mine, setting up a checkpoint nearby where unidentified men stopped several foreign journalists in recent weeks, on one occasion warning there were wild elephants ahead. -50-

A Journal reporter reached the mine by mountain bike but was later detained and questioned for about five hours by police, who deleted a cellphone photograph of the mine. Villagers told the reporter that local officials had warned them not to discuss the mine with outsiders.

There was no sign of nearby villages being evacuated or any recent research activity at the mine. It was so overgrown that its entrance appeared to be inaccessible.

Last year, 27 scientists signed an open letter condemning "conspiracy theories" suggesting that Covid-19 didn't have a natural origin. Now, three of them since contacted by the Journal say that on further reflection a laboratory accident is plausible enough to merit consideration. Others continue to deem it too unlikely to justify investigation.

"I'm convinced that what happened is that the virus was brought to a lab, they started to work with it. . .and some sloppy individual brought it out," said Bernard Roizman, a University of Chicago virologist and one of the signers.

On May 13, a group of 18 scientists from universities including Harvard, Stanford and Yale published an open letter in the academic journal Science calling for serious consideration of the lab hypothesis and urging research laboratories to open their records.

Among the signatories to the Science letter was Ralph Baric, a microbiologist at the University of North Carolina who worked with the WIV on a study to create an artificial coronavirus that infected human cells in the lab.

In an email, he said SARS-CoV-2's genetic structure suggests it originated in wildlife and evolved naturally to infect humans, and that he believes that is the most likely scenario, but "more investigation and transparency are necessary to define the origin of the pandemic."

The shift among leading scientists is partly due to conflicting statements from Chinese researchers. Some scientists say another factor has been a toning down of U.S. government rhetoric on the subject in recent months.

The WHO-led team that visited Wuhan early this year concluded in a joint report with Chinese experts in March that Covid-19 most likely moved from bats to humans, via another mammal, and ranked a laboratory leak at the bottom of its list.

The team, which spent three hours at the institute, had little to go on beyond assurances from the institute's own staff, team members say.

The most detailed account of the miners' illness comes in a master's thesis by Li Xu from the No. 1 School of Clinical Medicine at Kunming Medical University in southwest China.

His thesis describes how a 42-year-old man surnamed Lu was admitted there on April 25, 2012.

Mr. Lu had been clearing bat guano at the mine, in China's Mojiang region, since April 2 and had suffered from a fever and cough for two weeks. For the previous three days, he had trouble breathing and had begun coughing up rust-color mucus spotted with blood.

A CT scan revealed severe pneumonia, with the same lung markings now seen in many Covid-19 patients. Still, blood and other tests couldn't pinpoint the cause.

Over the next week, five others working at the Mojiang mine, ages 30 to 63, were admitted to the same hospital. All had similar symptoms.

Doctors consulted experts in respiratory disease, including Zhong Nanshan, who had led the fight against China's 2002 and 2003 outbreak of severe acute respiratory syndrome, or SARS.

Dr. Zhong diagnosed pneumonia, most likely caused by a virus, and recommended testing for SARS antibodies and trying to identify the type of bats in the mine.

Another thesis, written by a Ph.D. candidate supervised by George Gao, the current head of the Chinese Center for Disease Control and Prevention, said four of the miners tested positive for SARS antibodies.

By mid-August 2012, three were dead. The suspicion was that it was a bat-borne SARS-like coronavirus, according to Mr. Li's thesis. Chinese scientists, who were still searching for the origins of SARS, knew that bat caves in the area were a potential source.

Over the next year or so, WIV scientists entered the Mojiang mine and took fecal samples from 276 bats, identifying six different species, according to a research paper they published later.

They extracted genetic material from the samples and sequenced fragments. Half of the samples tested positive for coronaviruses, including an unidentified strain of a SARS-like one, according to the scientists. They called the virus RaBtCoV/4991.

Critically, all six bat species showed evidence of coronavirus co-infection, the researchers found. In other words, the virus could easily exchange genetic material with similar ones to create a new coronavirus -- an environment ripe for the creation of new viruses that could potentially infect humans.

That research was led by Shi Zhengli, the WIV's leading bat coronavirus expert. When the results were published in 2016 in the journal *Virologica Sinica*, few scientists paid attention to RaBtCoV/4991.

Only after the Covid-19 pandemic began did it become more significant. In February 2020, Dr. Shi and her colleagues published a paper in the scientific journal, *Nature*, revealing the existence of a virus called RaTG13.

Sequencing had revealed it was 96.2% similar to SARS-CoV-2 genetically, making it the closest known relative to the pandemic virus.

They said it was found in a bat in Yunnan, the Chinese province that includes the Mojiang region mine, but didn't say when or where.

That revelation was considered a breakthrough in the search for Covid-19's source, strongly indicating that it originated in bats.

In the following weeks, however, some scientists outside China noticed striking similarities in the sampling dates and partial genetic sequences of the virus called RaTG13 and the one called RaBtCoV/4991, which Dr. Shi's team had found in the Mojiang mine.

After repeated requests by scientists to clarify the issue, Dr. Shi said that the two viruses were one and the same.

She also revealed that the WIV retested samples from the miners and established that they weren't infected with SARS-CoV-2. And she disclosed that her team subsequently had found eight other SARS-type coronaviruses in the mine.

On Friday, after repeated requests from scientists to share the genetic sequences of the viruses, Dr. Shi and colleagues released a scientific paper on a preprint server, meaning that it has yet to be peer-reviewed. The paper said the eight were almost identical to each other and only 77.6% similar to SARS-CoV-2, although one part of their genetic code was a 97.2% match.

Many scientists question why the WIV didn't announce the existence of those viruses earlier, as well as their connection to the mine, and why they waited so long to allow scientists to examine their sequences. Such information about the types of coronaviruses that were circulating is critical in the search for the pandemic's origins, they say.

Dr. Shi didn't respond to requests for comment.

Many scientists are eager to examine the WIV's once publicly available database of some 22,000 samples and virus sequences, including 15,000 from bats. The database was taken offline in September 2019. Dr. Shi told the WHO-led team in February that the database was taken offline after being subjected to more than 3,000 cyberattacks.

The WHO-led team that visited didn't ask to view the data, according to Peter Daszak, president of EcoHealth Alliance, a New York-based nonprofit, who was on the team. The database included information the WIV had gathered through work with EcoHealth Alliance, which was funded by the National Institute of Allergy and

Infectious Diseases and collaborated with the WIV to study coronaviruses in bats. Dr. Daszak said earlier this year that because of his organization's work with the WIV, "we basically know" what viruses were in the database, and none was closer to SARS-CoV-2 than RaTG13.

Moreover, RaTG13 was genetically very distinct from SARS-CoV-2 and had never been successfully cultured in the lab, he and other scientists on the WHO-led team said.

If the WIV had only the genetic sequence, it wouldn't have had an infectious RaTG13 virus that could have escaped from the lab. Having only the genetic sequence also raises questions about the extent to which it could have been used as the basis for experiments to create man-made viruses.

Other scientists, however, say that cannot be independently verified without viewing the WIV's lab logs, sample records and viral database and that research papers show its employees were combining some bat coronaviruses they had cultured with genetic material from others.

One area of controversy is the experiments the WIV was doing to construct new viruses by combining elements of existing bat coronaviruses to determine whether they could become more infectious to humans.

Such experiments -- sometimes described as "gain-of-function" research -- have long been controversial among scientists. Supporters say they are the best way to identify potential sources of future pandemics and to develop vaccines. Critics say the risk of harmful, genetically enhanced viruses leaking from a lab is too great.

Some scientists say work described by Dr. Shi fits a broad definition of gain-of-function research. There are wide differences of opinion about where the boundaries are drawn.

Dr. Shi has publicly described doing experiments, including in 2018 and 2019, to see if various bat coronaviruses could use a certain spike protein on their surfaces to bind to an enzyme in human cells known as ACE2. That is how both the SARS virus and SARS-CoV-2 infect humans.

Those experiments involved combining one bat coronavirus with the spike protein of another and then infecting mice genetically engineered to contain human ACE2, Dr. Shi told the WHO-led team in February, according to its report.

One question now dividing the scientific community is whether such experiments could have created SARS-CoV-2. Many prominent scientists say that would be impossible with RaTG13, and that SARS-CoV-2 could only have been created out of a virus that was genetically closer to it.

Ian Lipkin, an infectious-disease specialist at Columbia University who has worked closely with Chinese research partners, was among five scientists who last year co-wrote a paper dismissing the idea that the virus was

manipulated in a lab. Now he says he is concerned that the WIV was doing experiments on coronaviruses in laboratories at a lower biosafety level than required in the U.S.

Dr. Shi told the WHO-led team that there had been no leaks and none of her team had tested positive for Covid-19.

Several of Dr. Shi's foreign research partners have said they found her laboratories and work practices to be safe. "Shi Zhengli runs a tight ship," said Maureen Miller, an infectious disease epidemiologist at Columbia University. "She was working to prevent exactly this kind of pandemic. She knows the seriousness of working with coronaviruses."

From: [Pope, Robert S SES DTRA COOP THRT REDUCT \(USA\)](#)
To: [DTRA Ft Belvoir CT List CT Senior Staff](#); [DTRA Ft Belvoir CT List CT DAG](#)
Subject: Priorities
Date: Monday, September 27, 2021 8:16:00 AM
Attachments: [Priorities.docx](#)

FYSA – weekly update of the priorities tracker.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

Priorities

- *COVID-19 safe operations / transition*
- *Workforce communication, recognition, & support*
- *A&AS transition*
- *CTR 30th Anniversary commemoration*

This Week (27 Sep-1 Oct) (TW Tu)

- *Arbinger Progress Review* – (b)(6)
- 29 Sep – Monthly sync w/ DAS (b)(6)
- 30 Sep – Mtg w/ FBI and DHS
- 1 Oct – CTR Enterprise SVTC w/ DASDs

Next Week (4-8 Oct) (TW Mo-Tu, LV Fr)

- *Arbinger Progress Reviews* – (b)(6)
- 4 Oct – 16-30 Sep Bimonthly CTR Update to DIR
- 4-5 Oct – Brookings training – conflict resolution
- 4 Oct – Prep meeting for Knowledge Sharing Panel
- 6 Oct – Sync w/ A/DIR

Two Weeks Out (11-15 Oct) (Holiday on 11 Oct)

- *Arbinger Progress Reviews* – (b)(6)
- 15 Oct – CTR Enterprise SVTC w/ DASDs

Three Weeks Out (18-22 Oct)

- 18 Oct – 1-15 Oct Bimonthly CTR Update to DIR
- 18 Oct – Sync w/ A/DIR
- 19 Oct – Offsite – CT FY22 Operational Imperatives
- 20 Oct – CT Virtual Town Hall
- 20 Oct – FY22 Baseline review
- 21 Oct – Mentoring Program, Knowledge Sharing Panel

- 21 Oct – PREZODE Conference, French Embassy

More than Three Weeks Out

- 26-30 Oct – TDY, Idaho, ROK NCT Validation Exercise
- 31 Oct – DPMAP mid-point feedback due
- 8-9 Nov – Brookings training – Leveraging Diversity
- 15-19 Nov – CTR Training Week & CTR30 Celebration
- *Postponed to 2022* – TDY – FEI Training, Charlottesville (Strategic Planning for Executives)

Monitor Status

- Decision on proposed Ukraine lab
- Ukraine graduation briefs to TRAC, Policy
- Agreements: UZB CTRA, Kenya CTRA, Romania/Bulgaria tax avoidance, India tax avoidance
- Training Week curriculum selection
- Info sharing decision aid & CUI practical training
- CT career paths
- Hybrid meeting capabilities
- EcoHealth Alliance Plan B
- Ts & Cs for BTRP international organization grants
- Liberia lab
- CCDC MIPR
- 360 coaching completion

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Subject: RE: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.
Date: Monday, August 30, 2021 11:29:52 AM

Thank you, sir.

v/r,

(b)(6)

Department Chief
Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Monday, August 30, 2021 8:51 AM

To: (b)(6)

(b)(6)

Subject: FW: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

FYSA.

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Monday, August 30, 2021 8:43 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(b)(6)

(b)(6)ann, Ronald K Jr SES DTRA RD (USA)

Cc: (b)(6)

(b)(6)

(b)(6)

(b)(6) DTRA et Belvoir DIR List LA Govt

(b)(6) <dtra.belvoir.dir.list.la-govt@mail.mil>

(b)(6)

Subject: RE: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Sir,

Copy all, thank you for the feedback!

V/r,

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Off

Ce

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Monday, August 30, 2021 8:43 AM

To: (b)(6)

(b)(6)

Jr SES DTRA RD (USA) (b)(6)

Cc: (b)(6)

(b)(6)

(b)(6)

<dtra.belvoir.dir.list.la-govt@mail.mil> (b)(6)

(b)(6)

Subject: RE: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

(b)(6)

- Sorry, I'm just seeing this now, as I was on leave on Friday afternoon. This language works great for CTR, as it prohibits work in China, but does not prohibit us from working with performers such as EcoHealth Alliance elsewhere.

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, August 27, 2021 2:47 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(b)(6)

Hann, Ronald K Jr SES DTRA RD (USA)

Cc: (b)(6)

(b)(6)

(b)(6)

<dtra.belvoir.dir.list.la-govt@mail.mil> (b)(6)

(b)(6)

Subject: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Gentlemen,

R&E just sent us a short fused informal review request.

BLUE: HASC staff are crafting an amendment with the text below and are looking for DoDs informal view on it (concur, non-concur, any suggestions). We anticipate this amendment will be proposed during committee markups next Wednesday, hence the short turn request. Seems straightforward to me.

(b)(5)

Please let us know your thoughts.

V/r,

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Off: (b)(6)

Cell: (b)(6)

-----Original Message-----

From: Nair, Bindu R SES OSD OUSD R&E (USA)

(b)(6)

Sent: Friday, August 27, 2021 2:26 PM

To: (b)(6)

(b)(6)

(b)(6)

(b)(6)

Subject: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Dear DTRA Team,

See below for a quick turn request from Congress. Let me know if you have any edits/concerns and/or if you wish to have a short phone call. Please let A&S know that I am requesting your support - I didn't remember who to copy.

Best,

Bindu

Good afternoon,

We just received this hot tasker for an informal view of the below amendment. This is apparently being drafted right now on the Hill, so a response as quickly as possible would be great. We need a concur or non-concur and a few sentences justifying why. Thank you!!!

(b)(5)

V/r,

(b)(6)

Senior Legislative Analyst

Strategic Analysis, Inc.

OUSDR(R&E), Research, Technology, and Laboratories

(b)(6)

(b)(6)

Cell - Best to use during telework)

(b)(6)

-----Original Message-----

From (b)(6)

Sent: Friday, August 27, 2021 1:58 PM

To (b)(6)
(b)(6)

Cc (b)(6)
(b)(6)

Subject: FW: HOT - informal view from (b)(6) on (b)(6) - FW: !!! HASC NDAA
Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND
ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Importance: High

Hell (b)(6)

This is a very high priority request, and please work with Dr. Nair on a
response by COB today if possible.

Sincerely,

(b)(6)

Congressional & Public Affairs Analyst | Office of the Undersecretary of
Defense for Research & Engineering, Research & Technology - DDR&E(R&T) |

Email (b)(6)
<mai
Phon

From: (b)(6)

Sent: Friday, August 27, 2021 1:49 PM

To: (b)(6)

Cc: (b)(6)

Subject: HOT - informal view from (b)(6) for Dr. Nair - FW: !!! HASC NDAA
Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND
ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Importance: High

Hi Dr. Nair and (b)(6)

Please see below from (b)(6) on a request for views. Between Basic Research
and PD Biotech, can you please provide a concur/nonconcur, or comments on
the notional language below?

Language is being drafted AS WE SPEAK so this is very hot, and we need to
reply by Monday at 1pm.

Thanks,

v/r

(b)(6)

From: (b)(6)
<kat...@mail.mil>
<ma...@mail.mil>

Sent: Friday, August 27, 2021 1:37 PM

To: OSD Pentagon OUSD R-E List USD-FO Congressional
<osd.pentagon.ousd-r-e.list.usd-fo-congressional@mail.mil>
<mailto:osd.pentagon.ousd-r-e.list.usd-fo-congressional@mail.mil>>

(b)(6)

Subject: !!! HASC NDAA Informal View: 961 PROHIBITION ON AVAILABILITY OF FUNDS FOR BIOMEDICAL AND ASSOCIATED RESEARCH CONDUCTED IN CHINA.

Team,

Quick turn HASC NDAA Informal View request below the tear line from
Please make sure the Director of Basic Research sees/approves.

(b)(6)

This looks like a pretty easy one.

(b)(6)

A rectangular redacted area with a black border, containing the text (b)(6) in the top-left corner.

For R&E RT input please -- please include Director of Basic Research input.

(b)(5)

A large rectangular redacted area with a black border, containing the text (b)(5) in the top-left corner.

(b)(5)



Bindu R. Nair, Ph.D.

Director, Basic Research

OUSD (R&E)/ RT/ RTL

From: (b)(6)
To: (b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT (US)
Subject: RE: [Non-DoD Source] a little plug for DTRA and BTRP
Date: Thursday, April 23, 2020 2:09:57 PM

Billy, thanks. I just finished listening to the whole podcast. Thanks for the shout-out. And of course, very informative. Common cold viruses originated from Bats in the 1700's? Crazy.

Hope all is well.

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Thursday, April 23, 2020 1:02 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
(b)(6)

Subject: [Non-DoD Source] a little plug for DTRA and BTRP

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

I did a podcast this week for BIO and made a plug for your work around the 32 minute time mark.

Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> < Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> >

or: Caution-<https://www.bio.org/podcast> < Caution-<https://www.bio.org/podcast> >

Please feel free to share.

Hope you are all well,

(b)(6)

Executive Vice President for Health and Policy

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

(b)(6)

(b)(6)

Caution-www.ecohealthalliance.org < Caution-mail

(b)(6)

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation.

From: (b)(6)
To: POPE, ROBERT S SES DTRA COOP THRT REDUCT (US)
Cc: (b)(6) DTRA Ft Belvoir CT List CT DAG
Subject: RE: [Non-DoD Source] a little plug for DTRA and BTRP
Date: Thursday, April 23, 2020 1:25:41 PM

Sir,

Of course. I will listen and transcribe this afternoon, and have it to you by COB today.

Very Respectfully,

(b)(6)

CTR Director's Action Group
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email (b)(6)
NIPR (b)(6)
Main (b)(6)
Desk (b)(6)
Mobile (b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US) (b)(6)
Sent: Thursday, April 23, 2020 1:20 PM
To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
Subject: FW: [Non-DoD Source] a little plug for DTRA and BTRP

DAG,

Please produce a rough transcript of this podcast in the section where he mentions DTRA BTRP. It runs from approx. 32:00 to 33:30. (b)(5)

<https://www.bio.org/podcast>

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: William B. Kares (b)(6)
Sent: Thursday, April 23, 2020 1:02 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US) (b)(6)
Subject: [Non-DoD Source] a little plug for DTRA and BTRP

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the

authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

I did a podcast this week for BIO and made a plug for your work around the 32 minute time mark.

Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> < Caution-<https://podcasts.google.com/?q=Episode%2012%3A%20COVID-19%3A%20COVID-19's%20True%20Origins> >

or: Caution-<https://www.bio.org/podcast> < Caution-<https://www.bio.org/podcast> >

Please feel free to share.

Hope you are all well,

(b)(6)

Executive Vice President for Health and Policy

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

(b)(6)

Caution-<https://www.ecohealthalliance.org> < Caution-

(b)(6)

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation.

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: RE: DTr call / SES agenda
Date: Thursday, May 27, 2021 1:52:00 PM

(b)(6)

Thank you.

-- Please share the draft and the plans below with (b)(6)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 27, 2021 1:48 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: DTr call / SES agenda

Sir,

Dr. Williams approved the input to the letter from Rep Reschenthaler+12 letter on EcoHealth Alliance yesterday. The draft is attached here. The Basic Research Office under USD(R&E) is the OPR for coordinating responses across OSD in CATMS. CS submitted this draft in CATMS this morning. For your awareness, I'm attaching TAB C (of our internal EIS package). We are keeping this as internal background in case asked by R&E for amplifying information.

The second item is Ms. Walsh's QFR on EcoHealth Alliance. (b)(6)
(OSD/LA Policy Lead)

received these from HASC-ISO and sent them to the appropriate offices, including Brandon Corbin in Ms. Walsh's office. We received feedback from DTRA Directorates on Monday. Dr. Williams had four QFRs and we included the one for Ms. Walsh. (b)(5)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)

Cell (b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)
Sent: Thursday, May 27, 2021 12:55 PM

To: (b)(6)

Cc: (b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

What's the plan to coordinate with OSD on DTRA's draft response to the recent Rep Reschenthaler+12 letter on EcoHealth Alliance?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:44 PM

To: (b)(6)

(b)(6) : Pope, Robert S SES DTRA COOP THRT REDUCT

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

FYI (b)(6) (Policy Rep in OSD/LA) is going to consolidate all of the 'draft' QFR responses from all nominees and circulate those to the group for comment. They are not due back to HASC until 6/25.

FYI, for the previous Congressional Letter, the Departments last response was signed by USD R&E.

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cell (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:39 PM

To: (b)(6)

Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

Ok, thanks

(b)(5)

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:37 PM

To: (b)(6)

(b)(6)

; Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(5)

V/r.

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Office (b)(6)

Cell: (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:34 PM

To: (b)(6)

Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

Thanks. I also need our Walsh/Williams testimony responses too if you have them.

(b)(5)

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:52 PM

To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

Let me check on the status, the proposed input to the response was with Dr. Williams yesterday.

V/r

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:59 PM

To: (b)(6)

Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: Dlr call / SES agenda

Sir, see below regarding topics DASD J wants to raise during the call tomorrow. Do you have any you want me to raise ahead of this discussion?

(b)(6)

do you have a copy of the final DTRA response to the Congressional inquiry on EHA/WIV? The consolidated CT/RD product? I did not forward this to Policy or NCB, since it was a whole of DTRA answer, but assumed you all coordinated it with OSD LA, A&S, and perhaps others?

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:26 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: RE: Dlr call / SES agenda

Thanks, I am good with still having a call at 1330. Appreciate the agenda

items, will try and get the same from Dr. Pope.

The second Wuhan inquiry was not from the press, it was from Matt Gertz and other Congressmen. Note: DTRA/RD also used EHA as a performer and so the DTRA response included both CT and RD. It should have been coordinated with your offices from DTRA/LA and OSD/LA. If not, then let me know and I will forward you our input. And there was another one that came from Williams/Walsh testimony. Believe you saw our input to this. We can discuss more at 1330.

(b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:18 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: DIR call / SES agenda

H (b)(6) given all the crazy schedules of late, I'm not certain we'll have a DIR touch base ahead of tomorrow's SES discussion. Here is what I expect Richard will raise:

(b)(5)

Best (b)(6)

(b)(6) LLM I Director, CTR Policy I Office of the Secretary
of Defense, Homeland Defense & Global Security (b)(6) ell:

(b)(6)



From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA); (b)(6)
Cc: (b)(6)
Subject: RE: DTr call / SES agenda
Date: Thursday, May 27, 2021 2:00:10 PM

(b)(5)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Thursday, May 27, 2021 1:53 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: DTr call / SES agenda

(b)(6)

Thank you.

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 1:48 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: DTr call / SES agenda

Sir,

Dr. Williams approved the input to the letter from Rep Reschenthaler¹ 12
letter on EcoHealth Alliance yesterday. (b)(5)

(b)(5)

The second item is Ms. Walsh's QFR on EcoHealth Alliance (b)(6)
(OSD/LA Policy Lead)
received these from IIASC-ISO and sent them to the appropriate offices,
including (b)(6) Ms. Walsh's office. We received feedback from
DTRA Directorates on Monday. Dr. Williams had four QFRs and we included the

one for Ms. Walsh

(b)(5)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office
Cell:

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Thursday, May 27, 2021 12:55 PM

To:

Cc:

(b)(6)

Subject: RE: Dir call / SES agenda

(b)(6)

What's the plan to coordinate with OSD on DTRA's draft response to the recent Rep Reschenthaler+12 letter on EcoHealth Alliance?

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From:

Sent: Thursday, May 27, 2021 12:44 PM

To:

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(USA)

Cc:

(b)(6)

Subject: RE: Dir call / SES agenda

FYI, (b)(6) Policy Rep in OSD/LA) is going to consolidate all of the 'draft' QFR responses from all nominees and circulate those to the group for comment. They are not due back to HASC until 6/25.

FYI, for the previous Congressional Letter, the Departments last response was signed by USD R&E.

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:39 PM

To: (b)(6)

Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:37 PM

To: (b)(6)

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

We are working on the QFRs

(b)(5)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:34 PM

To: (b)(6) Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:32 PM

To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

-----Original Message-----

From: Long, Randolph W CIV DTRA COOP THRT REDUCT (USA)

<randolph.w.long.civ@mail.mil>

Sent: Thursday, May 27, 2021 12:29 PM

To: Vitali, Michael R CIV (USA) <michael.r.vitali.civ@mail.mil>; Pope, Robert S SES DTRA COOP THRT REDUCT (USA) <robert.s.pope12.civ@mail.mil>

Cc: Linton-Smith, Stephen A CIV DTRA DIR (USA)

<stephen.a.linton-smith.civ@mail.mil>

Subject: FW: Dlr call / SES agenda

Sir, see below regarding topics DASD J wants to raise during the call tomorrow. Do you have any you want me to raise ahead of this discussion?

Mike, do you have a copy of the final DTRA response to the Congressional inquiry on EHA/WIV? The consolidated CT/RD product? I did not forward this to Policy or NCB, since it was a whole of DTRA answer, but assumed you all coordinated it with OSD LA, A&S, and perhaps others?

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:26 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: RE: DIR call / SES agenda

Thanks, I am good with still having a call at 1330. Appreciate the agenda items, will try and get the same from Dr. Pope.

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(b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:18 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: DIR call / SES agenda

(b)(5)

(b)(5)

[Redacted]

Best

(b)(6)

[Redacted]

(b)(6)

[Redacted]

LLM I Director, CTR Policy Office of the Secretary
of Defense, Homeland Defense & Global Security

(b)(6)

[Redacted]

cell:

(b)(6)

[Redacted]

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: RE: Dir call / SES agenda
Date: Thursday, May 27, 2021 1:48:21 PM
Attachments: [TAB B - DTRA Input on EcoHealth Letter response.docx](#)
[TAB C - Background on DTRA Projects with EcoHealth Alliance.docx](#)

Sir,

Dr. Williams approved the input to the letter from Rep Reschenthaler+12 letter on EcoHealth Alliance yesterday. The draft is attached here. The Basic Research Office under USD(R&E) is the OPR for coordinating responses across OSD in CATMS. CS submitted this draft in CATMS this morning. For your awareness, I'm attaching TAB C (of our internal EIS package). We are keeping this as internal background in case asked by R&E for amplifying information.

The second item is Ms. Walsh's QFR on EcoHealth Alliance (OSD/LA Policy Lead) received these from HASC-ISO and sent them to the appropriate offices, including (b)(6) in Ms. Walsh's office. We received feedback from DTRA Directorates on Monday. Dr. Williams had four QFRs and we included the one for Ms. Walsh (b)(5)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cell (b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Thursday, May 27, 2021 12:55 PM

To: (b)(6)

Cc:

(b)(6)

Subject: RE: Dir call / SES agenda

(b)(6)

What's the plan to coordinate with OSD on DTRA's draft response to the recent Rep Reschenthaler+12 letter on EcoHealth Alliance?

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 27, 2021 12:44 PM
To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

FYI, (b)(6) (Policy Rep in OSD/LA) is going to consolidate all of the 'draft' QPR responses from all nominees and circulate those to the group for comment. They are not due back to HASC until 6/25.

FYI, for the previous Congressional Letter, the Departments last response was signed by USD R&E.

V/r,

(b)(6)

Chief of Legislative Affairs
~~Defense Threat Reduction Agency~~
Off (b)(6)
Cel (b)(6)

-----Original Message-----

From: (b)(6)
(b)(6)
Sent: Thursday, May 27, 2021 12:39 PM
To: (b)(6)

Pope,
Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 27, 2021 12:37 PM
To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(b)(6)
(USA)

Cc: (b)(6)
(b)(6)

Subject: RE: Dlr call / SES agenda

We are working on the QFRs.

(b)(5)

(b)(5)

V/r

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Off (b)(6)

Cel (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:34 PM

To: (b)(6) Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:32 PM

To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6) <RCS.pope12.civ@mail.mil>

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

Let me check on the status, the proposed input to the response was with Dr. Williams yesterday.

V/r,

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Offi
Cell

-----Original Message-----

From: (b)(6)
(b)(6)
Sent: Thursday, May 27, 2021 12:29 PM
To: (b)(6) Pope,
Robert S SES DTRA COOP THRT REDUCT /ISA (b)(6)
Cc: (b)(6)
(b)(6)
Subject: FW: Dir call / SES agenda

(b)(5)
(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 27, 2021 12:26 PM
To: (b)(6)
(b)(6)
Cc: (b)(6)
Subject: RE: Dir call / SES agenda

Thanks, I am good with still having a call at 1330. Appreciate the agenda items, will try and get the same from Dr. Pope.

The second Wuhan inquiry was not from the press, it was from Matt Gertz and other Congressmen. Note: DTRA/RD also used EHA as a performer and so the DTRA response included both CT and RD. It should have been coordinated with your offices from DTRA/LA and OSD/LA. If not, then let me know and I will forward you our input. And there was another one that came from Williams/Walsh testimony. Believe you saw our input to this. We can discuss more at 1330.

(b)(6)

-----Original Message-----

From: (b)(6)
(b)(6)
Sent: Thursday, May 27, 2021 12:18 PM
To: (b)(6)
(b)(6)
Cc: (b)(6)
Subject: Dir call / SES agenda

Hi (b)(6) given all the crazy schedules of late, I'm not certain we'll have a DIR touch base ahead of tomorrow's SES discussion. Here is what I expect (b)(6) will raise:

(b)(5)

Best, (b)(6)

(b)(6) ID, LLM I Director, CTR Policy I Office of the Secretary of Defense, Homeland Defense & Global Security (b)(6) cell:

(b)(6)

Page 204 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 205 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 206 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 207 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: RE: Dlr call / SES agenda

Date: Thursday, May 27, 2021 12:55:00 PM

(b)(6)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, May 27, 2021 12:44 PM

To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT
(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

FYI, (b)(6) (Policy Rep in OSD/LA) is going to consolidate all of the 'draft' QFR responses from all nominees and circulate those to the group for comment. They are not due back to HASC until 6/25.

FYI, for the previous Congressional Letter, the Departments last response was signed by USD R&F.

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

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From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:39 PM

To: (b)(6)

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

Pope,

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: (b)(6)
To: (b)(6)
(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT
(USA) (b)(6)
Cc: (b)(6)
(b)(6)
Subject: RE: Dlr call / SES agenda

We are working on the QFRs.

(b)(5)

(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Office (b)(6)
Cell: (b)(6)

-----Original Message-----

From: (b)(6)
(b)(6) Randolph W CIV DTRA COOP THRT REDUCT (USA)
(b)(6) Randolph.w.fong.civ@mail.mil
Sent: Thursday, May 27, 2021 12:34 PM
To: (b)(6) Vitali, Michael R CIV (USA) - michael.r.vitali.civ@mail.mil Pope,
Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) robert.s.pope12.civ@mail.mil
Cc: (b)(6) Linton-Smith, Stephen A CIV DTRA DIR (USA)
(b)(6) phen.a.linton-smith.civ@mail.mil
Subject: RE: Dlr call / SES agenda

(b)(5)
Thanks. I also need our Walsh Williams testimony responses, too, if you have them. Kim claims she did not see them, although I am pretty sure I sent them to her. I will double check on my end.

(b)(6)
Candy.

-----Original Message-----

From: (b)(6)
(b)(6) Vitali, Michael R CIV (USA) - michael.r.vitali.civ@mail.mil
Sent: Thursday, May 27, 2021 12:32 PM
To: (b)(6)
(b)(6) Randolph W CIV DTRA COOP THRT REDUCT (USA)
(b)(6) Randolph.w.fong.civ@mail.mil Pope, Robert S SES DTRA COOP THRT REDUCT
(USA) (b)(6) robert.s.pope12.civ@mail.mil
Cc: (b)(6)
(b)(6) Linton-Smith, Stephen A CIV DTRA DIR (USA)

(b)(6)

Subject: RE: Dlr call / SES agenda

(b)(6)

Let me check on the status, the proposed input to the response was with Dr. Williams yesterday.

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cel (b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:29 PM

To: (b)(6) Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

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To: (b)(6)

(b)(6)

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(b)(6)

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(b)(6)

Sent: Thursday, May 27, 2021 12:18 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

Subject: DIR call / SES agenda

(b)(6)

H (b)(6) given all the crazy schedules of late, I'm not certain we'll have a DIR touch base ahead of tomorrow's SES discussion. Here is what I expect Richard will raise:

(b)(5)

Bes

(b)(6)

(b)(6)

LLM I Director, CTR Policy L Office of the Secretary
of Defense, Homeland Defense & Global Security (b)(6) ell:

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: RE: DTr call / SES agenda
Date: Thursday, May 27, 2021 2:26:22 PM

(b)(5)

V/r,

(b)(6)

Sincerely,
Defense Threat Reduction Agency
Off (b)(6)
Cel (b)(6)

-----Original Message-----

From: (b)(6)
(b)(6)
Sent: Thursday, May 27, 2021 2:24 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Cc: (b)(6)
(b)(6)
Subject: RE: DTr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Sent: Thursday, May 27, 2021 1:53 PM
To: (b)(6)
(b)(6)
Cc: (b)(6)
(b)(6)
Subject: RE: DTr call / SES agenda

(b)(6)

Thank you.

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 27, 2021 1:48 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Cc: (b)(6)

(b)(6)

Subject: RE: Dlr call / SES agenda

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(b)(5)

V/r,

(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cel

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Thursday, May 27, 2021 12:55 PM

To: (b)(6)

Cc:

(b)(6)

(b)(6)

Subject: RE: Dir call / SES agenda

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What's the plan to coordinate with OSD on DTRA's draft response to the recent Rep Reschenthaler+12 letter on EcoHealth Alliance?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

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Sent: Thursday, May 27, 2021 12:44 PM

To: (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dir call / SES agenda

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Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cell (b)(6)

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(b)(6)

Sent: Thursday, May 27, 2021 12:39 PM

To: (b)(6)

Robert S SES DTRA COOP THRT REDUCT / USA (b)(6) Pope,

Cc: (b)(6)

(b)(6)

Subject: RE: Dir call / SES agenda

(b)(5)

(b)(5)

(b)(6)

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To: (b)(6)

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(USA) (b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: Dir call / SES agenda

We are working on the QFRs

(b)(5)

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V/r,

(b)(6)

Chief of Legislative Affairs

Defense Threat Reduction Agency

Off (b)(6)
Cel (b)(6)

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To: (b)(6)

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) Pope

Cc: (b)(6)

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Subject: RE: Dir call / SES agenda

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(USA) (b)(6)

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(b)(6)

Subject: RE: Dir call / SES agenda

(b)(6)

(b)(5)

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(b)(6)

Chief of Legislative Affairs
Defense Threat Reduction Agency
Off (b)(6)
Cell (b)(6)

-----Original Message-----

From (b)(6)

(b)(6)

Sent: Thursday, May 27, 2021 12:29 PM

To (b)(6)

Pope,

Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc (b)(6)

(b)(6)

Subject: FW: Dlr call / SES agenda

(b)(5)

(b)(6)

-----Original Message-----

From (b)(6)

Sent: Thursday, May 27, 2021 12:26 PM

To (b)(6)

(b)(6)

Cc (b)(6)

Subj

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(b)(6)

Sent: Thursday, May 27, 2021 12:18 PM

To: (b)(6)

(b)(6)

C: (b)(6)

Subject: DIR can / OES agenda

H: (b)(6)

(b)(6) given all the crazy schedules of late, I'm not certain we'll have a DIR touch base ahead of tomorrow's SES discussion. Here is what I expect (b)(6) will raise:

(b)(5)

Bes (b)(6)

(b)(6)

LLM I Director, CTR Policy I Office of the Secretary
of Defense, Homeland Defense & Global Security I (b)(6) cell:

(b)(6)

From: (b)(6)
To:
Cc: DTRA Ft Belvoir CT List CT DAG; (b)(6)
(b)(6) Pope, Robert S SES DTRA COOP
THRT REDUCT (US); (b)(6)
Subject: RE: Draft ARC
Date: Friday, September 4, 2020 8:29:38 AM
Attachments: (b)(6)

Good mornin (b)(6)

(b)(6)

Thank you,

(b)(6)

Booz | Allen | Hamilton
CTR A&AS Support Contractor
Director's Action Group Action Officer

Direct L

(b)(6)

CTR Ma

NIPR

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: Reif, Kingston A SES (USA)
Subject: RE: DTRA Response to EHA Audit Request
Date: Thursday, October 13, 2022 10:10:00 AM

Thanks Kingston.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: Reif, Kingston A SES (USA) (b)(6)
Sent: Wednesday, October 12, 2022 12:05 PM (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
OU (b)(6)
Subject: RE: DTRA Response to EHA Audit Request

Dr. Pope-

My apologies for the tardy response to the below. Thank you for your timely response to our request and to you and your team for conducting a thorough and complete review. Glad to see that you didn't identify anything concerning or problematic.

Kingston

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
<mailto:(b)(6)>
Sent: Monday, September 19, 2022 6:02 PM
To: Reif, Kingston A SES (USA) (b)(6)
Cc: (b)(6)
<n (b)(6)>

(b)(6)

Subject: DTRA Response to EHA Audit Request

Kingston,

We have completed our audit of CTR grants to EcoHealth Alliance and offer the attached audit summary in response to your 2 Dec 21 memo.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Date: Friday, September 23, 2022 3:59:00 PM

..

(b)(6)

Copy that BTRP will need an extension. Please let us know how long you think the team needs.

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, September 23, 2022 3:55 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Good afternoon sir,

(b)(5)

Best regards,

(b)(6)

Deputy Senior Operations Manager
Biological Threat Reduction Program
Defense Threat Reduction Agency
Office

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 3:15 PM

To:

(b)(6)

rsarrett2.civ@mail.mil

[<dtra.belvoir.ct.list.ct-dag@mail.mil>](mailto:dtra.belvoir.ct.list.ct-dag@mail.mil)

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D

(b)(6)

Thank you.

BTRP -- The link provided at the J: drive below appears to be working files.
Multiple directories with suggested redactions, but I don't see final
redacted documents or a cover memo to explain to Congress what DTRA is
providing. Do we have a final product ready for Congress?

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, September 23, 2022 2:58 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG [<dtra.belvoir.ct.list.ct-dag@mail.mil>](mailto:dtra.belvoir.ct.list.ct-dag@mail.mil);

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D

Importance: High

(b)(6)

Sir,

Below is the only guidance in the instruction portion of the tasker. I have ~~however attached~~ the document from the tasker original docs folder. We had (b)(6) add documents from the previous tasker (same subject) to assist BTRP in answering this request.

BLUE:

Congress is seeking all documents or communications sent by DTRA in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV).

BACKGROUND

The Senate Homeland Security and Governmental Affairs Committee's Permanent Subcommittee on Investigations has requested a follow-up to their 18 Nov 2021 letter concerning EcoHealth Alliance. In their original letter they requested "All documents or communications sent by the agency in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV) (b)(5)

(b)(5)

Standing by to assist further.

(b)(6)

Contractor, Amyx Inc., Team Noblis
CTR DAG TMT Tasker Lead
DTRA CT

(b)(6)

NIPR
SIPR

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 2:51 PM

To: (b)(6)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

Subject: RE: DTRA-220826-5/M7 - Cong RFI: EcoHealth DTRA-220826-5/M7 - Cong RFI: EcoHealth D

(b)(6)

Please send me the tasking document. Is it clear to you which of these files are submitting? It should not be all of the hundreds of highlighted but otherwise unredacted documents.

(b)(6)

Did the team send up instructions on which are the final documents for transmission to Congress?

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)

Sent: Friday, September 23, 2022 1:01 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

Subject: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI:

EcoHealth D

Importance: High

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(b)(5)

This task is due today NLT 1700 hrs.

(b)(6)

Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

NIP

SIPF

<ma

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Date: Friday, September 23, 2022 1:07:59 PM

Rgr sir. Tracking.

(b)(6)

Contractor, Anyx Inc., Team Noblis
CTR DAG TMT Tasker Lead
DTRA CT

(b)(6)

NIPR: (b)(6)

SIPR:

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 1:07 PM

To: (b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>;

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

I'm on my way to a medical appointment. I'll take a look at these when I'm back at a computer, probably around 1500.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Friday, September 23, 2022 1:01 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

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(b)(6)

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Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

(b)(6)

NIPR

(b)(6)

SIPR

<mai

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: DTRA Ft Belvoir CT List CT DAG: Freeland, Raymond Emmons JR CIV DTRA CT (USA) (b)(6)
Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Date: Friday, September 23, 2022 2:57:37 PM
Attachments: [Cong incoming follow-up re EcoHealth \(28 Mar 2022\).pdf](#)
[DoD reply re Unfunded EcoHealth Grant Proposals \(1 Apr 2022\).pdf](#)
[DoD Response to SHSGAC re EcoHealth \(25 Feb 2022\).pdf](#)
[SHSGAC Letter re EHA \(18 Nov 2021\).pdf](#)
Importance: High

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EcoHealth and/or the Wuhan Institute of Virology (WIV).
BACKGROUND
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Subcommittee on Investigations has requested a follow-up to their 18 Nov
2021 letter concerning EcoHealth Alliance. In their original letter they
requested "All documents or communications sent by the agency in response to
any research proposal or grant application submitted by or on behalf of
EcoHealth and/or the Wuhan Institute of Virology (WIV)." CT advised that
redacted versions of said documents can be produced within 30-45 days and
the subcommittee was informed of this timeline.

Standing by to assist further.

(b)(6)

Contractor, Amyx Inc., Team Noblis
CTR DAG TMT Tasker Lead
DTRA CT

(b)(6)
NIP
SIP (b)(6)

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)
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To: (b)(6)
(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

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Director

Cooperative Threat Reduction

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To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

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EcoHealth D

Importance: High

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(b)(5)

This task is due today NLT 1700 hrs.

(b)(6)

Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

NIPR:

SIPR:

<mail

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Monday, March 28, 2022 10:13 AM

To: (b)(6)

Cc: (b)(6)

Subject: FW: Follow up RFI from HSGAC - Permanent investigations Subcommittee

DTRA,

This came in two weeks ago, I thought it was being worked by our Congressional person, but it was not.

Can you generate an answer to this RFI that I can send along?

V/r

From: (b)(6)

Sent: Wednesday, March 16, 2022 2:33 PM

To: (b)(6)

Subject: FW: Follow up RFI from HSGAC - Permanent investigations Subcommittee

The attached response was sent to HSGAC and received a follow up RFI:

"The letter asked for all grants applications and proposals, which would include grants that may not have ultimately been funded. It does not appear that the unfunded proposal list is included in the attachment to this production. As I am sure you are aware, at least one such proposal that was allegedly not funded has been made public, and would have included the Wuhan Institute of Virology as a co-grantee. Is it DoD's position that no such grant proposal exists?"

Adding a little detail, the article referred is from Atlantic Article,
<https://www.theatlantic.com/science/archive/2021/09/lab-leak-pandemic-origins-even-messier/620209/>.
The project appears to be named DEFUSE.

Please provide a response by 22 March.

Thanks.

v/r

Legislative & Congressional Oversight (LCO) Office
Office of the Under Secretary of Defense
for Acquisition and Sustainment

Page 235 of 470

Withheld pursuant to exemption

(b)(3); 10 USC 3309; (b)(4)

of the Freedom of Information and Privacy Act

Page 236 of 470

Withheld pursuant to exemption

(b)(3); 10 USC 3309; (b)(4)

of the Freedom of Information and Privacy Act



ACQUISITION
AND SUSTAINMENT

OFFICE OF THE UNDER SECRETARY OF DEFENSE

3000 DEFENSE PENTAGON
WASHINGTON, DC 20301-3000

February 25, 2022

The Honorable Jon Ossoff
Chairman
Permanent Subcommittee on Investigations
Committee on Homeland Security and
Governmental Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Thank you for your letter dated November 18, 2021, to the Secretary of Defense concerning the public health implications of federal funding that was provided for certain virological research. I am responding on the Secretary's behalf after reviewing records within the Office of the Under Secretary of Defense for Acquisition and Sustainment (OUSD(A&S)).

Enclosed is a listing of projects awarded to EcoHealth Alliance, Inc., as well as project descriptions, an annual report, and other contract supporting documentation. OUSD(A&S) has no records of grant proposal submissions by the Wuhan Institute of Virology.

Documents and communications regarding projects awarded to EcoHealth remain under review and are not yet available for release. The OUSD(A&S) organization is currently working through a decade of records, which requires additional time due to limitations on manpower. Upon your review of the enclosure, if there is interest in particular grants, we can prioritize our efforts in support of the committee.

Thank you for your dedication to the Armed Forces and unwavering support of our Service members across the globe. An identical letter has been sent to the Permanent Subcommittee on Investigations' Ranking Member.

Sincerely,

HUNTER, ANDREW (b)(6)
PHILLI (b)(6)
(b)(6)

Andrew P. Hunter
Performing the Duties of the Under Secretary of
Defense for Acquisition and Sustainment

Enclosures:
As stated



ACQUISITION
AND SUSTAINMENT

OFFICE OF THE UNDER SECRETARY OF DEFENSE

3000 DEFENSE PENTAGON
WASHINGTON, DC 20301-3000

February 25, 2022

The Honorable Ron Johnson
Ranking Member
Permanent Subcommittee on Investigations
Committee on Homeland Security and
Governmental Affairs
United States Senate
Washington, DC 20510

Dear Ranking Member Johnson:

Thank you for your letter dated November 18, 2021, to the Secretary of Defense concerning the public health implications of federal funding that was provided for certain virological research. I am responding on the Secretary's behalf after reviewing records within the Office of the Under Secretary of Defense for Acquisition and Sustainment (OUSD(A&S)).

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Sincerely,

HUNTER, ANDREW
PHILLIP

(b)(6)

(b)(6)

(b)(6)

Andrew P. Hunter
Performing the Duties of the Under Secretary of
Defense for Acquisition and Sustainment

Enclosures:
As stated

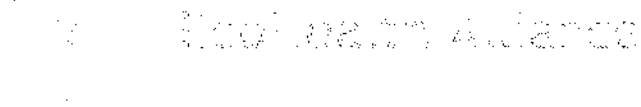
DoD Grants to EcoHealth (CTR)

CAO: 14 Jan 2022

PURPOSE	GRANT PERFORMANCE LOCATION	COST	METRICS	GRANT NUMBER	GRANT OVERSIGHT ORGANIZATION	Any funds provided to Wuhan Institute of Virology (Y/N)
Strengthen South African capacity to collect essential data for Rift Valley fever virus (RVFV) epidemiology and ecology, strengthen South Africa's leadership role within the African continent for the study of RVFV and other vector-borne diseases, and provide the critical data needed to better predict the spread of the virus should it ever be introduced into the United States	South Africa	\$4,936,359.00	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-14-1-0029: Understanding Rift Valley Fever in Republic of South Africa	DoD CTR Program	N
Enhance capacity at key government labs in human and animal health sectors for serological surveillance in animals and human populations to characterize the distribution and detect spillover of henipaviruses and filoviruses within indigenous populations and on farms in Peninsular Malaysia	Malaysia	\$4,115,666.00	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-17-1-0037: Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses in Malaysia	DoD CTR Program	N
Characterize the diversity of coronaviruses and monitor other bat-borne zoonotic virus emergence risks in Western Asia in order to reduce the threat of infectious diseases	Georgia, Jordan, Pakistan, Armenia, Azerbaijan, Turkey, Oman	\$4,268,851.28	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-17-1-0064: Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia	DoD CTR Program	N
Provide training to Malaysian partner scientists to enhance local serologic diagnostic testing capabilities, biosafety practices, and biosecurity practices to detect the causes of acute febrile illness (AFI) and other zoonotic diseases with a focus on Bornean Malaysia	Malaysia	\$277,788.09	This DoD CTR Program award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-04-015 Malaysian Partners Luminox Training and Research Preparedness	DoD CTR Program	N
Provide biosafety training to Malaysian partner scientists on field sampling of small mammals and ectoparasites to support the development of sustained local biosurveillance of vector-borne select agent pathogens and other priority diseases	Malaysia	\$195,152.71	This DoD CTR Program award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-04-018 Biosafety in Field Specimen Sampling Training Malaysia	DoD CTR Program	N
Strengthen Rift Valley Fever Virus (RVF) detection and diagnostic capabilities, promoting South Africa as a leader in RVF diagnostics, and enhance STRP's relationship with the Department of Agriculture, Forestry and Fisheries	South Africa	\$4,988,987	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-19-1-0033: Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio-Economics	DoD CTR Program	N
Build Liberian capacity for threat reduction through an integrated human-animal surveillance approach to high consequence zoonotic pathogens associated with human acute febrile illness (AFI)	Liberia	\$4,912,818.06	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0016: Reducing the threat from high risk pathogens causing febrile illness in Liberia	DoD CTR Program	N
Reduce the threat of Crimean Congo Hemorrhagic Fever by providing critical epidemiological data to monitor the emergence of outbreaks and will improve Tanzania's capacity to detect, diagnose and manage the risk of CCHF	Tanzania	\$4,995,106.37	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0018: Crimean-Congo Hemorrhagic Fever: Reducing an Emerging Health Threat in Tanzania	DoD CTR Program	N
Strengthen South Africa's, and the region's, capacity to develop and implement surveillance strategies with appropriate biosafety and biosecurity principles detect pathogens (both molecular and serological) in bats before outbreaks occur, recognize and diagnose outbreaks if they do occur and develop appropriate reporting strategies for the region	South Africa, Mozambique, Zr	\$1,616,289.68	This DoD CTR Program award to University Pretoria has EcoHealth Alliance as a subaward and as such the metrics component is not applicable.	HDTRA1-20-1-0025: The Southern African Bat Research Network: Coordinated Biosurveillance for Viral Zoonoses in Bat-Livestock-Human interfaces in Southern Africa	DoD CTR Program	N
Build scientific expertise and appropriate capacity to safely and accurately detect, respond and report viral zoonotic agents, enhance India's ability to detect viral threats such as Ebola, Nipah and related viruses, and reduce the threat caused by deliberate release of select agents	India	\$4,960,857.17	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0026: Biosurveillance for Spillover of Henipaviruses and Filoviruses in Rural Communities in India	DoD CTR Program	N
Enhance Jordan & Iraq's capacity for threat reduction of Avian Influenza and Middle East Respiratory Syndrome Coronavirus that pose serious potential human health, economic, and food production as well as security consequences to U.S. warfighters	Jordan, Iraq, Lebanon	\$4,899,136.44	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0029: Reducing the Threat of Middle East Respiratory Syndrome Coronavirus and Avian Influenza in Jordan & Strengthening Regional Disease Surveillance Capacity	DoD CTR Program	N
		\$40,167,011.80				

DoD Grants to EcoHealth (CBDP)
 CAO: 14 Jan 2022

PURPOSE	GRANT PERFORMANCE LOCATION	COST	METRICS	GRANT NUMBER	GRANT OVERSIGHT ORGANIZATION	Any funds provided to Wuhan Institute of Virology (Y/N)
Enhanced a tool called the "Global Rapid Identification Tool System (GRITS)" for diagnosing infectious disease bio events that was developed under a previous DTRA RD-CBI project (HDTRA1-13-0029). The tool was intended to support handling large data in near-real-time on data feeds for diseases or disease characteristics for decision support to warfighter leadership.	New York, NY	\$4,479,678.00	This DoD award to EcoHealth Alliance is a grant and as such the metrics component is not applicable	HDTRA1-15-C-0041	DTRA RD-CBI	N
Developed a tool called "Global Rapid Identification Tool System (GRITS)" for undiagnosed outbreaks of emerging infectious diseases (EIDs). GRITS facilitated rapid, high probability diagnosis of outbreaks to pinpoint disease threats more rapidly than current public health systems and diagnostics. This combined digital disease surveillance, network analysis zoonotic disease, and epidemiology.	New York, NY	\$2,387,554.88	This DoD award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-13-C-0029	DTRA RD-CBI	N
Funded to determine the efficacy of ML techniques in predicting epidemic impacts in early-stage, data-sparse conditions, particularly focused on novel biothreats both international, and natural. The project will answer fundamental machine learning and data questions to enable rapid decision making based on ML models of epidemic impacts.	New York, NY	\$570,786.75	This DoD award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-21-1-0023	DTRA RD-CBI	N
		\$7,438,019.63				



Global Rapid Identification Tool System (GRITS)

Annual Progress Report (2013-2014)

The GRITS project received base year funding from January 18th, 2013 to January 17th, 2014. On January 17th, 2014, we demonstrated our one-year capabilities to DTRA. The funding period is currently expanded through July 18th, 2014.

Contents

A. Summary

B. GRITS milestones

1. Test RIT encephalitis prototype
2. Test robustness of network models
3. Expand RIT encephalitis prototype
4. Automate data collection
5. Generalize network model
6. Build web app for analysts

C. Conceptual diagrams

GRITS.md

GRITS.md service

GRITS data services

D. Screenshots

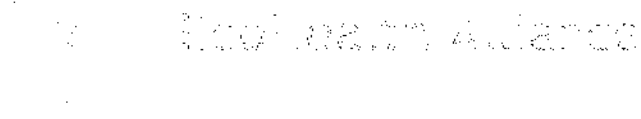
GRITS.app portfolios

GRITS.app portfolio metadata view

GRITS.app annotator

Network visualizations

E. Visualizations and the Girder database (Kitware)



A. Summary

This project was initiated as the Rapid Identification Tool (RIT) for undiagnosed diseases. With expanded funding, it evolved into the Global Rapid Identification Tool System (GRITS). This evolution reflects the powerful “system” of tools we developed to extend the diagnostic capabilities to “global” coverage .

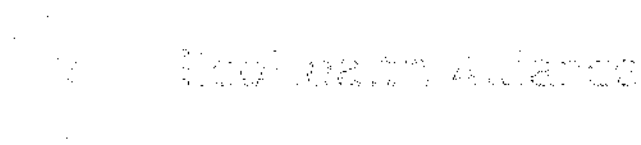
The original prototype was developed by manually extracting symptoms from encephalitis reports in ProMED-mail to train a network model. Through initial testing, we identified modeling approaches that improved performance by combining machine learning and natural language processing approaches with network modeling. We recognized that the diagnostic capabilities could not scale to global coverage or additional diseases without automating data collection and crowdsourcing the data curation. Consequently, we developed the GRITS.app User Interface (UI) to display our tool system alongside our data, including event portfolios, annotation tools, models, and visualizations. We also integrated the project with ongoing EHA initiatives to collect historical disease outbreak data (Global Repository for Infectious Diseases - GRID) and background data for the drivers of disease emergence (EcoHealth Data - EcoHD). Furthermore, we integrated work from our colleagues at Kitware to support the storage and visualization of the large, complex datasets being generated.

With support for an expansion period (through July 2014), we are building a robust and scalable software infrastructure to support advanced media diagnostics. This includes the main web application (GRITS.app), media diagnostics (GRITS.md), and Girder database (GRITS.db). This will provide diagnostic decision support system for analysts that builds upon a network of experts and data from EcoHealth Alliance, HealthMap, and ProMED-mail.

B. GRITS milestones

The GRITS base project had six (6) major milestones

1. Test RIT encephalitis prototype
2. Test robustness of network models
3. Expand RIT encephalitis prototype
4. Automate data collection
5. Generalize network model
6. Build web app for analysts



Here are the tasks and associated status for the milestones, drawn from the monthly reports.

1. Test RIT encephalitis prototype

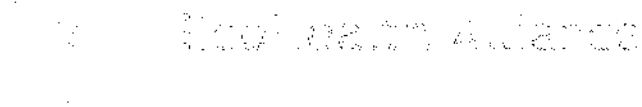
- Held kickoff meeting with subcontractors
- Rewrote encephalitis prototype in the Python programming language (from PERL) to support wide range of natural language and network tools
- Conducted literature review of historic emerging infectious disease events to develop a new global training model for network model
- Updated encephalitis dataset from Gideon
- Applied our new model to undiagnosed disease reports in ProMED-Mail
- New model improves total diagnoses of original ProMED dataset from 76% sensitivity to 81% correctly diagnosed (new data, to be generated in Milestone 3, should further improve diagnostic capability)

2. Test robustness of network models

- Reframed original network approach by developing an improved prototype with support vector machines (SVM) as a classifier, which provided better results and more accurate optimization
- Tested alternate approaches to optimizing network structure
- Identified optimal weights that provide a good classifier
- Evaluated alternate validation approach (one-out cross validation)
- Used metric learning as a way of constructing the network and getting weighting between nodes
- Improved disease classification results by replacing pairwise (one against one) approach with individual disease classification
- Explored new classifiers with new metric learning approaches
- Worked with subcontractor Kitware to generate dynamic network visualizations for exploring the Kitware dataset
- Generated probabilities of correct diagnoses from individual disease classification approach

3. Expand RIT encephalitis prototype

- Ingested and processed 6 months of ProMED-mail data to begin developing a global testing dataset
- Updated dataset from Gideon for all infectious diseases, and created matrix of

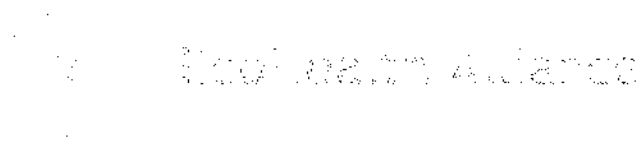


symptoms by disease for model training set

- Configured named entity recognition tool for disease characteristics (e.g. disease, symptoms, location, person, organization, species, genus)
- Expanded model suite (SVM, Naïve Bayes, Decision Tree, Stochastic Gradient Descent, Gradient Boosting, and Extra Trees)
- Prototyped model for identifying novel clusters of disease symptoms
- Prototyped tool for diagnosing unknown disease reports from ProMED
- Prepared live code demo for 6 month evaluation

4. Automate data collection

- Prototyped data harvesting bots for automatically collecting disease data for the network model; we began this task early to expand our datasets
- Added Stanford Named Entity Recognition tool (NER) to the auto-tagging tool set
- Added Symptom and disease matrix from Gideon to the auto-tagging tool set
- Developed capacity to retrain diagnostic model using tags, manually added by users through the web interface
- Developed and ran bot to collect previous 6 months of Healthmap data
- Built network storage graph for Healthmap and Promed data for XData visualizations
- Developed code to auto-tag and diagnose raw text submitted from web interface
- Developed data scraper to collect text from user-submitted URI
- Conducted scientific review to compile a list of historic disease outbreaks
- Collected symptom descriptions from reports on historic disease outbreaks
- Improved auto-tagging tools to handle 349 diseases and 299 symptoms
- Ran auto symptom and disease taggers on 6 months of Promed data
- Analyzed results of auto tagger to develop mechanism for flagging problematic reports to improve accuracy of tagging system
- Identified sources of additional symptom and disease definitions on the web
- Built collection of scripts for data mining symptoms and definitions to train diagnostic tool
- Automatically generated a symptom and disease matrix for H7N9 and MERS
- Automatically generated training data with symptoms only
- Automatically generated training data with presence/absence for mentions of disease characteristics
- Developed capacity to input symptom and disease data mined from the web
- Worked with Kitware to develop data storage mechanisms for GRITS data
- Compared symptoms from gideon and wikipedia to test effectiveness of matrix
- Manually cleaned up scraped symptom definitions



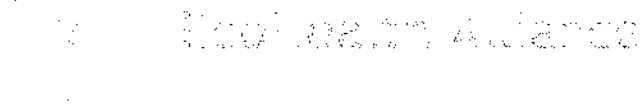
- Compiled list of ontologies
- Aggregated published abstract data from PubMed
- Aggregated Twitter data from SNAP
- Aggregated disease definitions from Google
- Loaded GRITS data resources into CKAN
- Setup preview (maps, graphs, tables) for resources in CKAN
- Developed script to automatically build portfolios from lists of ProMED-mail IDs

5. Generalize network model

- Prototyped code for tracking historic symptom evolution to constrain uncertainty around diagnoses for 3 outbreak events
- Setup Jenkins for continuous integration to improve the code base and report failed builds
- Wrote code for tracking historic symptom evolution for 20 outbreak events
- Prototyped matrix-based diagnosis and compared performance with original network model
- Prototyped alternatives to matrices for storing and visualizing the data for the machine learning and network models
- Developed DocPad web application (alternative to Sphinx) for user documentation
- Developed visualizations of error in model input due to evolution of symptom reporting
- Analyzed symptom reporting to understand the evolution of uncertainty for diagnosing nine disease outbreaks
- Developed list of disease definitions
- Developed list of symptom definitions
- Evaluated success of diagnosis tool for reports with varying numbers of diseases mentioned
- Developed Promed report taxonomy from style guide

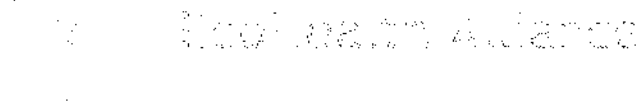
6. Build web app for analysts

- Began prototyping a web app for interacting with disease reports; we began this task early to facilitate collaborating on a common model and dataset with our subcontractors throughout the grant
- Prototyped browser-based Javascript network visualizations for ProMED-mail data
- Developed application for the analyst to diagnose disease outbreaks (using Flask



and Backbone.js)

- Built application for analyst to tag word entities in disease reports to expand training dataset
- Deployed tagging application on AWS.
- Allow users to run model generated from manual tags via the tagging UI
- Allow users to run additional data sources as auto-taggers
- Prototyped "Tool Box" - interface to the tools for tagging data and running models
- Produced web visualization for showing results of differential diagnosis (ranked by symptom presence)
- Prototyped "Bot Shop" - interface for monitoring disease alerts
- Prototyped "Data Warehouse" - interface to MIDAS scientific data store
- Prototyped "Disease Sentinel" - interface to multiple global data sets
- Kitware developed visualizations for information, geospatial networks
- Kitware developed text frequency timeline visualization
- Developed web interface to allow users to submit URL or raw text for diagnosis
- Integrated WiggleMaps visualizations of EHA Hotspots datasets in disease sentinel
- Integrated WiggleMaps visualizations of gridded global threats data sets (e.g. conflict, climate, demographics)
- Setup production server on AWS for GRITS web application
- Prototyped "Cabinet" to store collection of disease reports training intelligent diagnosis tools
- Prototyped Slickgrid editor for ontologies and datasets
- Tested d3, datatables, tablesorter, and handson for editing ontologies and datasets
- Developed web application for curating historic disease reports
- Developed web application for administrator to build forms for inputting new disease outbreak data
- Prototyped tool for users to comment and discuss outbreak reports
- Tested CKAN as a data store
- Installed CKAN on AWS
- Prototyped "portfolio manager" as interface to tag reports
- Enabled importing Promed reports into portfolios
- Developed list displays of portfolios and reports
- Highlighted tags in reports and enabled tagging from report
- Brainstormed tag categories and imported to portfolio manager
- Developed inline tagging UI for diseases, symptoms, locations, organizations, host, and transmission
- Developed tag recommendations for most common words, recent words,



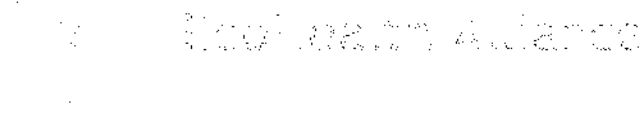
popularity, and user contributed

- Built custom display for auto-tagging results and integrating with manual tagging
- Migrated GRITS application to reactive Javascript framework
- Contributed GRITS reactive Javascript code to EHA's Global Repository for Infectious Diseases (GRID)
- Implemented Meteor "Collection API" to expose GRID data to GRITS
- Completed reviews of symptoms from approximately 277 historic disease events (total) in GRID
- Pushed EcoHealth Data (EcoHD) beta instance with CKAN to public IP address (data.ecohealth.io) for referencing from GRITS
- Set up web server to train and run our diagnostic model, and deployed to AWS
- Enabled retraining the model on demand so users can retrain it when new data is added
- Enabled diagnostic model to be trained on either report-level symptom lists or portfolio-level symptom lists
- Manually developed GRITS portfolios for historic disease events and encephalitides
- Separated lists of manually reviewed and candidate tags
- Added automatic highlighting of manually reviewed tags
- Added capability for editor to accept or reject all tags in a category in annotator
- Set up test instance of GRITS on AWS
- Set up test software process with Jenkins on AWS
- Began developing a custom 'reactive-table' for tabular display of reports; testing determined that d3, datatables, tablesorter, and handson were inadequate
- Prepared GRITS, GRID, and EcoHD for demonstration at Digital Infuzion
- Integrated Javascript D3 map visualizations of historic events in GRID
- Set up production instance of GRITS at <http://grits.ecohealth.io>
- Configured software process for production instance of GRITS
- Completed reviews of symptoms from 320 historic events (total) in GRID
- Developed 'reactive-table' to display interactive tabular data and portfolios in GRITS, along with metadata and resource counts
- Pushed 'reactive-table' to Github
(<https://github.com/ecohealthalliance/reactive-table>) for peer review and contribution
- Created a portfolio view with a list of resources, portfolio metadata (editable), list of tags, and progress bar to show status of manual tagging
- Created script to import additional tags for new disease characteristic categories
- Created script to import portfolios from a spreadsheet, and extract disease, location, and year as metadata



Information Aquired

- Created Python script to ingest data from Google spreadsheets via API
- Enabled reviewers to manually remove auto-generated tags
- Enabled reviewers to add new tags
- Enabled toggling tags that are highlighted in a resource, and showing or hiding all tags from a category
- Added a manually curated disease-symptom matrix to use in diagnosis for diseases that are not yet in our system
- Integrated diagnosis into portfolio and resource views
- Basic integration of network visualizations from Kitware and DoD XData project
- Created a script to build portfolios from HealthMap queries
- Developed roadmap and sprint schedule for completing expansion SOW tasks

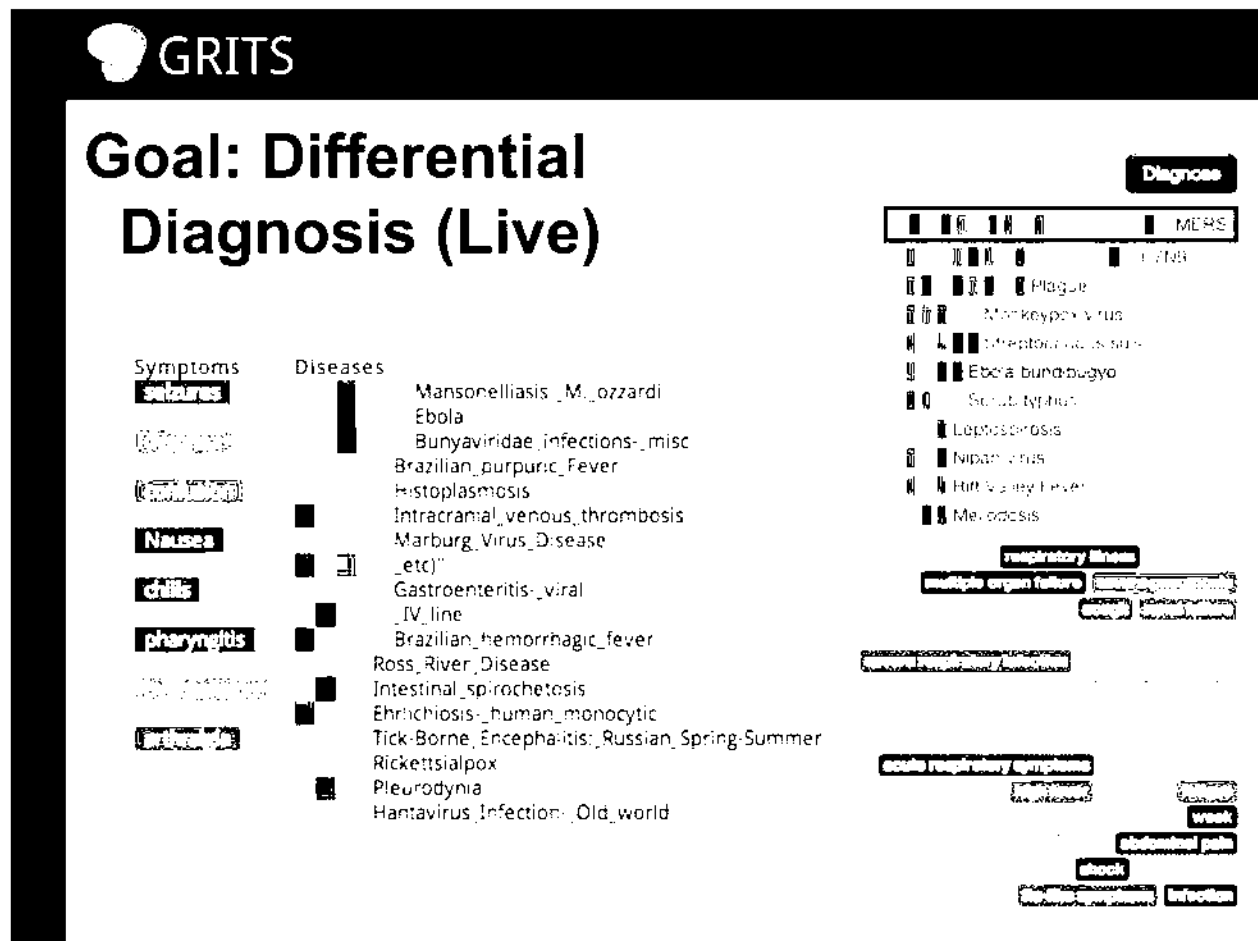


C. Conceptual diagrams

These slides were presented to DTRA in January to illustrate the goals for GRITS as a service, both via user interface (UI) and application programming interface (API).

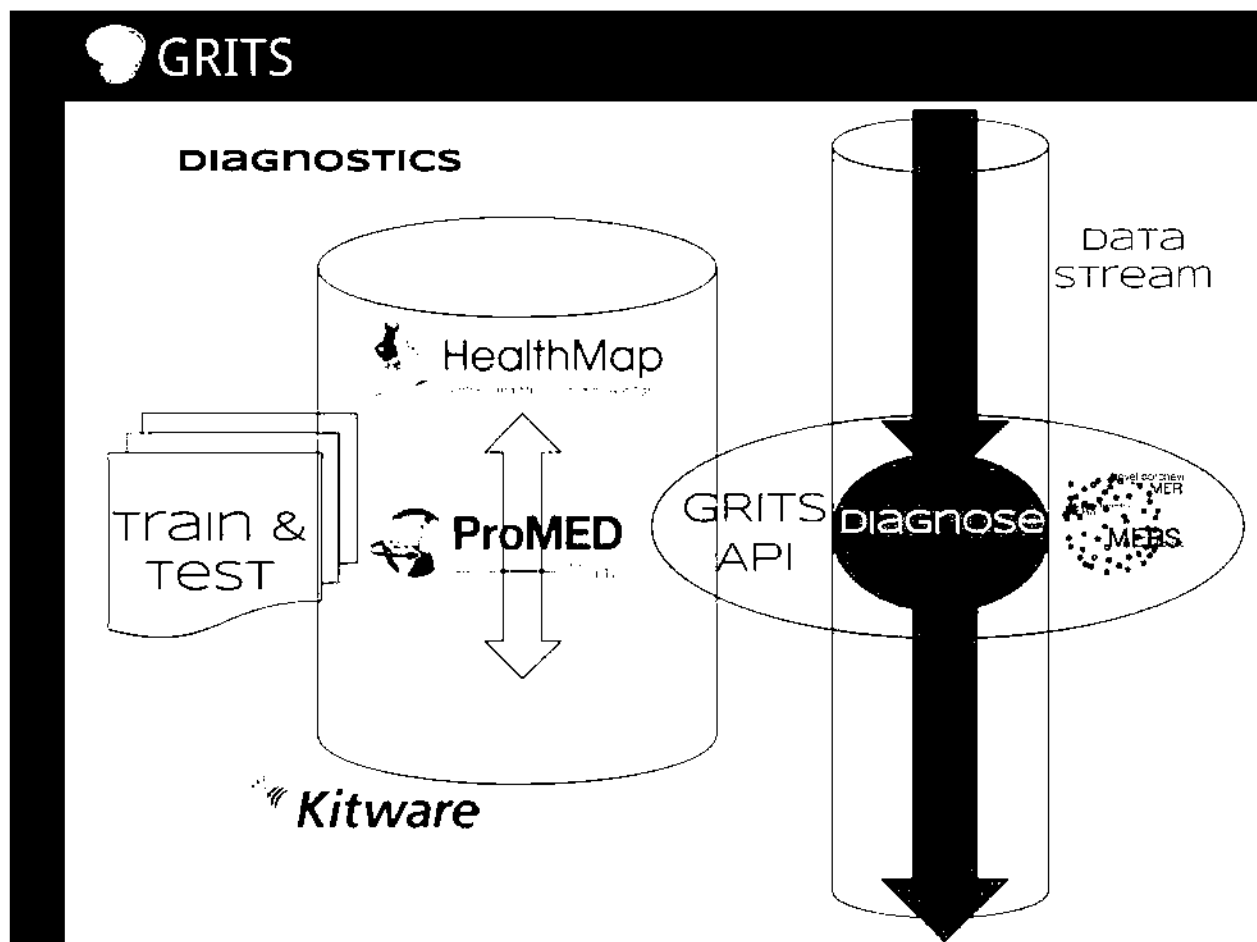
GRITS.md

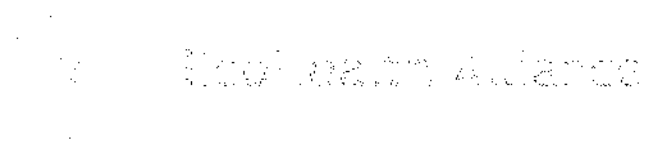
The goal of GRITS.md (v1) was to return ranked differential diagnostics. We developed visualizations in GRITS.app (v1) to display the results of keyword classification (shown as ranked list of results where color matches symptom) and machine learning (shown as black outline for MERS).



GRITS.md service

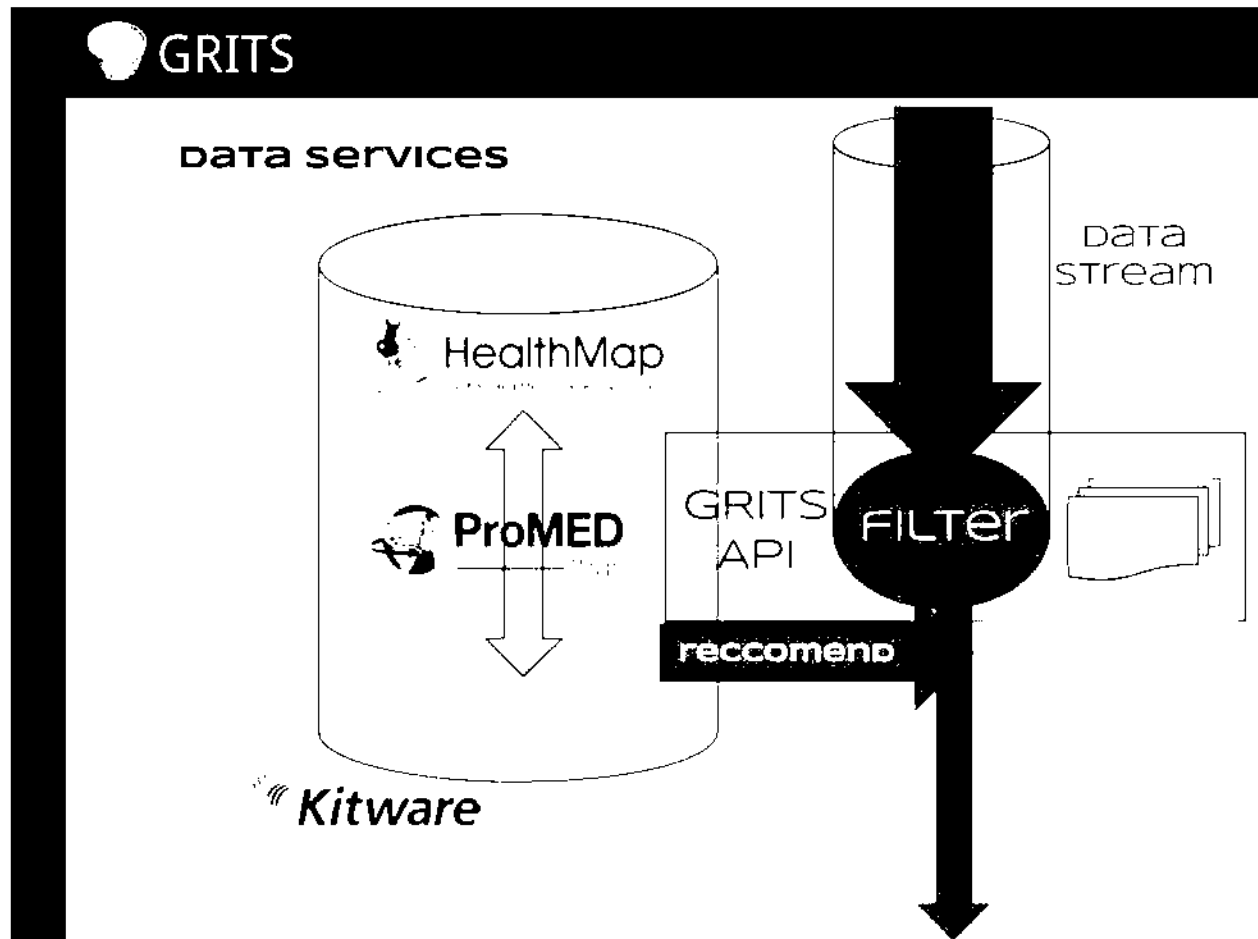
GRITS is designed to eventually be coupled to a high-volume data stream and to diagnose documents in near-real-time. This service will be accessible via the Application Programming Interface (GRITS.api) to diagnose data being ingested or stored in the BSVE or other biosurveillance applications. The diagnostic model is trained and tested on data from Healthmap, ProMED-mail, and EcoHealth Alliance that has been curated by experts via GRITS.app.

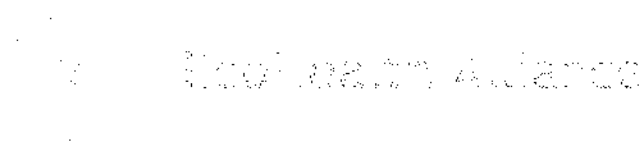




GRITS data services

GRITS is being designed to leverage diagnostics to reduce (filter) a high-volume datastream to relevant resources and recommend related resources from our repositories.



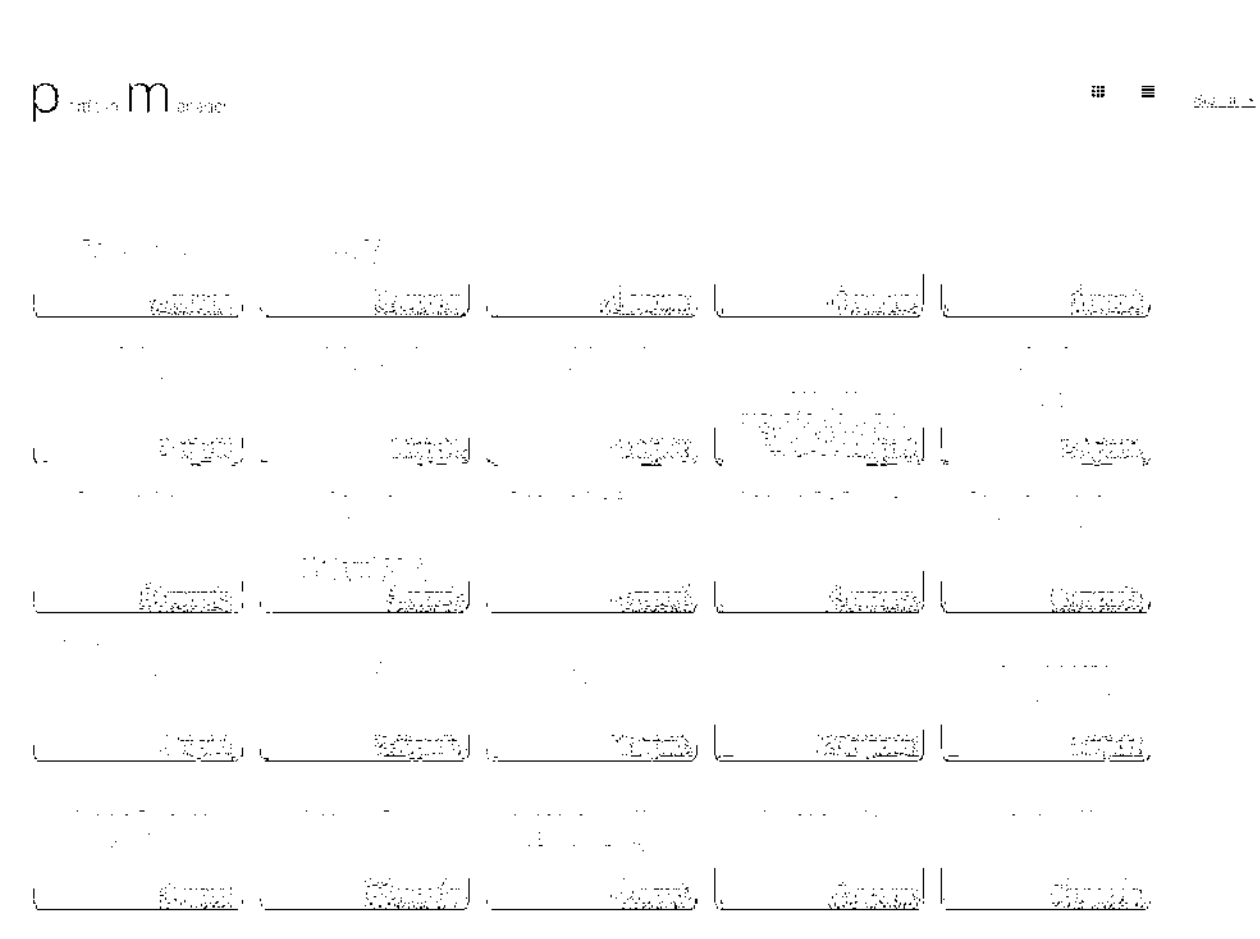


D. Screenshots

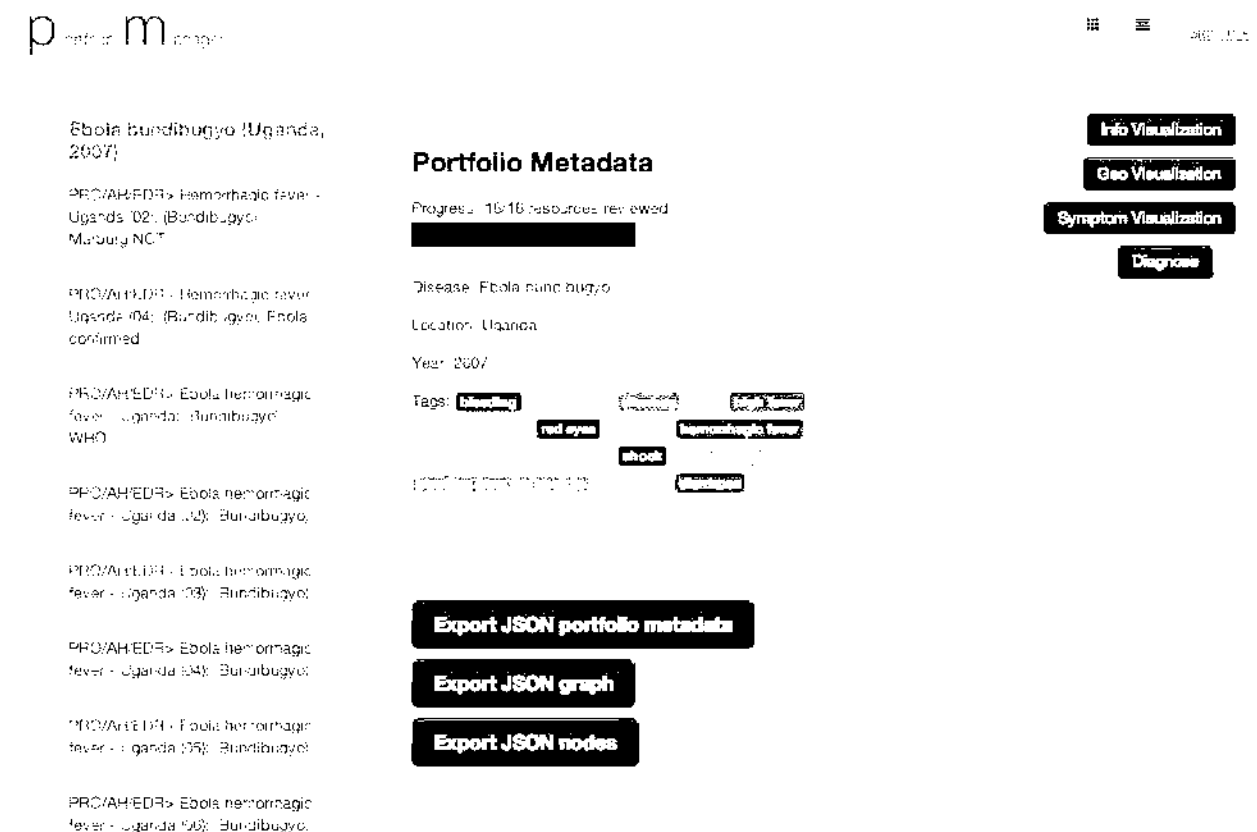
Here are screenshots for some of the tools we demonstrated to DTRA in January.

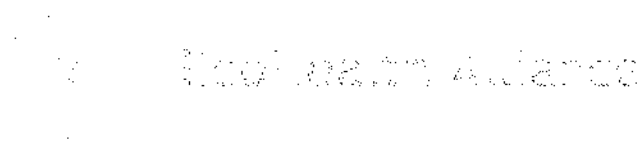
GRITS.app portfolios

This is the portfolio interface to GRITS.app to enable expert editors at ProMED-mail, HealthMap, and EHA to curate documents into outbreak portfolios for training the diagnostic tools.



Expert editors at ProMED-mail, HealthMap and EHA can view the metadata and tags for a collection of disease reports through GRITS.app. In this screenshot, we show a collection of 16 reports for an Ebola outbreak in Uganda.





GRITS.app annotator

This is the prototype for the annotation functions of our GRITS.app. This is where expert editors at ProMED-mail, HealthMap, and EHA work together to annotate documents for training the GRITS media diagnostic tools (GRITS.md).

Ebola bundugyo (Uganda, 2007)
 PRO/A/IEDR> Hemorrhagic fever - Uganda (05) (Bundugyo) Marburg NOT
 PRO/A/IEDR> Hemorrhagic fever - Uganda (04) (Bundugyo) Ebola confirmed
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (Bundugyo), WHO
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (05) (Bundugyo)
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (04) (Bundugyo)
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (05) (Bundugyo)
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (06) (Bundugyo)
 PRO/A/IEDR> Ebola hemorrhagic fever - Uganda (07) (Bundugyo), WHO

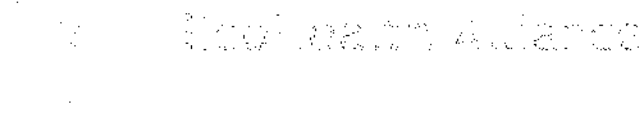
View printable version Share this post: Published Date: 2007-11-16 23:00:00 Subject: PRO/A/IEDR> Hemorrhagic fever - Uganda (02) (Bundugyo), Marburg NOT Archive Number: 20071116.0718
 HEMORRHAGIC fever - UGANDA (02) (BUNDUGYO), MARBURG NOT
 A ProMED-mail post <http://www.promedmail.org> > ProMED-mail is a program of the International Society for Infectious Diseases <http://www.isid.org> > Date: Fri 16 Nov 2007 Source: The New York Times, Reuters report [edited] http://www.nytimes.com/reuters/world/international/uganda-fever.html?_r=1 > A mysterious fever has killed 14 people and infected 33 others in western Uganda over the last 3 months, a health Ministry official said on Friday (16 Nov 2007). Sam Oware said the fever, though deadly, was not hemorrhagic. Blood samples from it had already tested negative for the killer Marburg virus that infected 3 people in a nearby district in August (2007), killing one. Victims of the fever were found in Uganda's Bundugyo District, on the border with Democratic Republic of Congo. (DRC) died not from hemorrhagic fever but from malaria because of severe diarrhea. All had complained of fever and abdominal

Info Visualization
 Geo Visualization
 Symptom Visualization
 Diagnose

Resource Tags
☒ Review Complete
 Symptom Add
 Hide all Reviewed Tags Show all
Missing
 Hide all Candidate Tags Show all
Reject all symptom
Reject all disease

Here is a network visualization of a combined information, symptom, and geographic network for the data used to train our diagnostic model. In our January demonstration, we displayed the contents of a portfolio of disease reports in relation to this network graph as a visual aid to diagnosis.





E. Visualizations and the Girder database (Kitware)

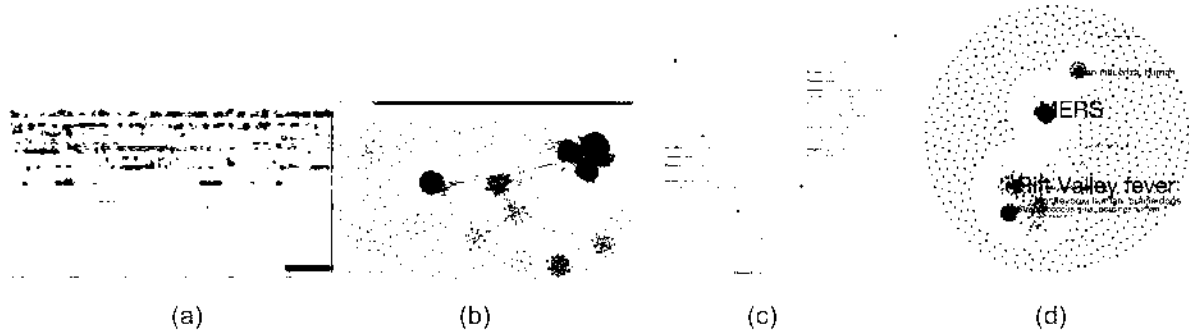


Figure 1. Visualizations provided by Kitware for the GRITS effort. (a) Scatterplot, (b) symptom-country graph view, (c) decision matrix dendrogram, (d) multivariate graph.

In Year 1, Kitware's main deliverables were providing visualizations to the GRITS team, as well as helping to guide the project through discussions of analysis ideas and future directions. Here, we give high-level detail to important contributions.

Scatterplot visualization

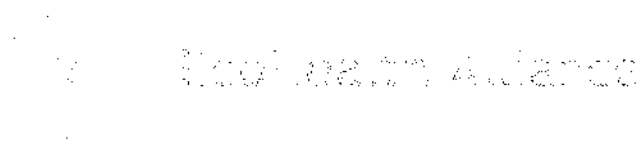
Kitware provided a scatterplot visualization for ProMED mail reports (see Figure 1a). This shows all reports over a 6-month period, representing four dimensions simultaneously (country, time, disease, and number of votes). The view supports interactive filtering by country and disease.

Symptom-country graph view

In this visualization (see Figure 1b), colored nodes represent diseases, countries, and reports, with an edge appearing between every report and each country and disease that it reports. The network therefore represents possible epidemic situations by clustering countries and diseases by common reports. This graph changes by report date, showing via animation how the epidemic situations may be changing.

Decision matrix dendrogram

This dendrogram (see Figure 1c) visualizes a symptom/disease matrix, with each internal node representing a symptom, selected to create as even a split as possible between the diseases exhibiting it and those that do not. Each subtree is structured similarly from the remaining symptoms, while leaf nodes represent sets of diseases that cannot be distinguished any further. The diagram displays pop-up information about each node, and supports collapsing of nodes that not interesting to the user.



Multivariate graph visualization

One of the more advanced visualization ideas developed was to create a graph visualization of reports (see Figure 1d) that supports a combination of links from report references, geospatial proximity, and symptom commonality. Also developed in this view is a labeler which dynamically summarizes close nodes to simplify the graphic and highlight the important themes in the data.

HealthMap data in GIRDER

As part of this effort, we also imported a large subset of the HealthMap data into GIRDER, a new open-source tool for data management. In addition to authentication and a flexible back-end storage (MongoDB, Amazon S3, and filesystem), full-text search was implemented to allow instant searchable access to all HealthMap reports.

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Date: Friday, September 23, 2022 2:51:00 PM

(b)(6) Please send me the tasking document. Is it clear to you which of these files are submitting? It should not be all of the hundreds of highlighted but otherwise unredacted documents.

(b)(6) Did the team send up instructions on which are the final documents for transmission to Congress?

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Friday, September 23, 2022 1:01 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
(b)(6)
Subject: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Importance: High

Sir,

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BTRP located far too many to send in an email. The docs have been placed in a J Drive folder for review and transmission to (b)(6) upon your approval.

(b)(5)

(b)(5)

This task is due today NLT 1700 hrs.

(b)(6)

Contractor, Anyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

NIP

SIP

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Date: Friday, September 23, 2022 1:06:00 PM

I'm on my way to a medical appointment. I'll take a look at these when I'm back at a computer, probably around 1500.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Friday, September 23, 2022 1:01 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
(b)(6)
Subject: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
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Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)



NIPR

SIPR

(b)(6)



From:

(b)(6)

To:

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Cc:

(b)(6)

Subject:

RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Date:

Friday, September 23, 2022 4:11:05 PM

Good afternoon sir,

BTRP would like to request a two week extension to appropriately catalogue the identified documents per your instructions. We had submitted the proposed redactions like FOIA, but will need to follow-up with legislative affairs to ensure we are following the correct submission protocol.

We have discussed IG reports/communication in the context of FOIA responses with FOIA GC (documents are responsive), but we have not discussed with regards to congressional inquiries. We will follow up with GC and legislative affairs to address that question.

Best regards,

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 4:05 PM

To: (b)(6)

Cc: (b)(6)

DTRA P*

Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Also -- for Congress

(b)(5)

(b)(5)

(b)(5) Let's ensure we've consulted with Legislative Affairs and are working to the right standard.

One more question:

(b)(5)

(b)(5)

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

(b)(6)
From: [REDACTED]

Sent: Friday, September 23, 2022 3:55 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>;

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

Good afternoon sir,

We have been consecutively working this tasker along with the FOIA case 22-009 since they have overlapping requests regarding EcoHealth Alliance. We had submitted our proposed redactions, but this submission appears to be in error.

We do not have the cover sheet prepared detailing the documents provided (e.g. number of grants, numbers of proposals). Based on the volume of documents responsive to this tasker, BTRP kindly requests an extension on this tasker to categorize and document in a cover sheet files identified as responsive to the tasker. We apologize for the disconnect in submitting proposed redactions.

Best regards,

(b)(6)

Deputy Senior Operations Manager
Biological Threat Reduction Program
Defense Threat Reduction Agency
Office (b)(6) 616-5343

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 3:15 PM

To: (b)(6)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>;

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

(b)(6)

-- Thank you.

BTRP -- The link provided at the J: drive below appears to be working files.

Multiple directories with suggested redactions, but I don't see final redacted documents or a cover memo to explain to Congress what DTRA is providing. Do we have a final product ready for Congress?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, September 23, 2022 2:58 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D
Importance: High

(b)(6)

Sir,

Below is the only guidance in the instruction portion of the tasker. I have however, attached the document from the tasker original docs folder. We had

(b)(6)

add documents from the previous tasker (same subject) to assist BTRP in answering this request.

BLUE:

Congress is seeking all documents or communications sent by DTRA in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV).

BACKGROUND

The Senate Homeland Security and Governmental Affairs Committee's Permanent Subcommittee on Investigations has requested a follow-up to their 18 Nov 2021 letter concerning EcoHealth Alliance. In their original letter they requested "All documents or communications sent by the agency in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV)." CT advised that redacted versions of said documents can be produced within 30-45 days and the subcommittee was informed of this timeline.

Standing by to assist further.

(b)(6)

Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

NIP
SIP

(b)(6)

-----Original Message-----

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(b)(6)

Sent: Friday, September 23, 2022 2:51 PM

To: (b)(6)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

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This task is due today NLT 1700 hrs.

(b)(6)

Contractor, Amyx Inc.. Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

NIF

(b)(6)

(b)(6)



From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc: (b)(6); DTRA Ft Belvoir CT List CT DAG; (b)(6)
Subject: Re: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Date: Friday, September 23, 2022 5:14:36 PM

Thank (b)(6)

From: (b)(6)
(b)(6)
Date: Friday, September 23, 2022 at 4:11:04 PM
To: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA)" (b)(6)
<mailto:(b)(6)>
Cc: (b)(6)
"DTRA Ft Belvoir CT List CT DAG" <dtra.belvoir.ct.list.ct-dag@mail.mil> <mailto:dtra.belvoir.ct.list.ct-
(b)(6)>

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

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(b)(5)

Best regards,

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Sent: Friday, September 23, 2022 4:05 PM
To: Skowera, Jeffrey R CIV DTRA SI (USA) (b)(6)
<mailto:(b)(6)>
Cc: (b)(6)
DTRA Ft
Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Friday, September 23, 2022 3:55 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> >;

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D

Good afternoon sir,

(b)(5)

Best regards,

(b)(6)

Deputy Senior Operations Manager
Biological Threat Reduction Program
Defense Threat Reduction Agency
Office (b)(6)

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 4:13 PM

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>>

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

(b)(6)

- Thank you.

BTRP -- The link provided at the J: drive below appears to be working files. Multiple directories with suggested redactions, but I don't see final redacted documents or a cover memo to explain to Congress what DTRA is providing. Do we have a final product ready for Congress?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, September 23, 2022 2:58 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(b)(6) SA

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>>

(b)(6)

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong
RFI: EcoHealth D
Importance: High

(b)(6)

Sir,

Below is the only guidance in the instruction portion of the tasker. I have
however, attached the document from the tasker original docs folder. We had

(b)(6)

add documents from the previous tasker (same subject) to
assist BTRP in answering this request.

BLUF:

Congress is seeking all documents or communications sent by DTRA in response
to any research proposal or grant application submitted by or on behalf of
EcoHealth and/or the Wuhan Institute of Virology (WIV).

BACKGROUND

The Senate Homeland Security and Governmental Affairs Committee's Permanent
Subcommittee on Investigations has requested a follow-up to their 18 Nov
2021 letter concerning EcoHealth Alliance. In their original letter they
requested "All documents or communications sent by the agency in response to
any research proposal or grant application submitted by or on behalf of
EcoHealth and/or the Wuhan Institute of Virology (WIV)." CT advised that
redacted versions of said documents can be produced within 30-45 days and
the subcommittee was informed of this timeline.

Standing by to assist further.

(b)(6)

Contractor, Amyx Inc., Team Nobilis
CTR DAG TMT Tasker Lead
DTRA CT

(b)(6)

(b)(6)

NIP

SIPR donald.f.yetter.ctr@mail.smil.mil ~ mark.donald.f.yetter.ctr@mail.smil.mil

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Friday, September 23, 2022 2:51 PM

To: (b)(6)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> >

(b)(6)

(b)(6)

Subject: RE: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D

(b)(6)

Please send me the tasking document. Is it clear to you which of these files are submitting? It should not be all of the hundreds of highlighted but otherwise unredacted documents.

(b)(6)

Did the team send up instructions on which are the final documents for transmission to Congress?

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

(b)(6)

From

Sent: Friday, September 23, 2022 1:01 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

Subject: DTRA-220826-57M7 - Cong RFI: EcoHealth DTRA-220826-57M7 - Cong RFI: EcoHealth D
Importance: High

Sir,

Regarding the Congressional RFI on EcoHealth documents tasker you mentioned on Monday you wanted to ensure Front Office Leadership review prior to release.

BTRP located far too many to send in an email. The docs have been placed in a J Drive folder for review and transmission to (b)(6) upon your approval.

(b)(5)

This task is due today NLT 1700 hrs.

(b)(6)

Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)

(b)(6)
NIPR:

<mailto:

Sl

<n

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: RE: DTRA-220826-57M7 Cong RFI: EcoHealth Documents
Date: Monday, August 29, 2022 10:49:00 AM

Thank you.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Monday, August 29, 2022 10:25 AM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: (b)(6)
Subject: DTRA-220826-57M7 Cong RFI: EcoHealth Documents
Importance: High

Sir,

The only document listed for this congressional is attached... In addition, I have added the instructions from the Tasker and (b)(6) below.

BLUF

Congress is seeking all documents or communications sent by DTRA in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV).

BACKGROUND

The Senate Homeland Security and Governmental Affairs Committee's Permanent Subcommittee on Investigations has requested a follow-up to their 18 Nov 2021 letter concerning EcoHealth Alliance. In their original letter they requested "All documents or communications sent by the agency in response to any research proposal or grant application submitted by or on behalf of EcoHealth and/or the Wuhan Institute of Virology (WIV)." CT advised that redacted versions of said documents can be produced within 30-45 days and the subcommittee was informed of this timeline.

SUSPENSE

23 Sep 2022

POC

(b)(6)



Contractor, Amyx Inc., Team Noblis

CTR DAG TMT Tasker Lead

DTRA CT

(b)(6)



(b)(6)



NIPF

SIPF

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)

To: (b)(6)

Cc:

Subject: RE: DWR Comms

Date: Friday, April 17, 2020 5:12:00 PM

Attachments: [CTR Tanzania Letter - 17 Apr 2020.pdf](#)

[CTR Guinea Letter - 16 April 2020.pdf](#)

[CTR Senegal Letter - 14 Apr 2020.pdf](#)

(b)(6)

Thank you for the update. For your records, here are the final Senegal, Guinea, and Tanzania letters. I have the Tanzania letter and will transmit it early next week.

(b)(6)

I'd like to leave at least a week between delivery of the letters to the embassies and the follow-up communication to the BTRICs and local partners. That provides a little time for the embassies to get back to us with any critical issues before we press forward. I have the package with the letter for the BTRIC in Senegal that I will hold until mid-next week.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)

Sent: Friday, April 17, 2020 5:59 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)

Cc: (b)(6)

(b)(6)

Subject: [Non-DoD Source] DWR Comms

Dr. Pope,

I wanted to offer a quick update on the DWR comms effort. It looks like the two week estimate for gathering all the associated stakeholder comms and lining things up for the week of 20 April was close to accurate. Here is the run down:

1. Letters to Ambassadors: Two letters (Guinea and Senegal) have been sent. TZ is near final. Liberia is on hold for now.
2. From my discussions with the CMs and science team, the bulk of the remaining communications for these four countries are related to the BAA impacts. We should be able to get BAA notifications and (b)(6) letters to the institutes/universities out the door next week.
3. CDC Letter. Based on your note from week before last, I have a letter to CDC leadership that is in draft. I will get that vetted and over to you as soon as possible next week.

Please let me know if you have any questions, concerns or additions to the list. I hope you have a good weekend!

Be

(b)(6)

Page 278 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 279 of 470

Withheld pursuant to exemption

(b)(6)

of the Freedom of Information and Privacy Act

Page 280 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 261 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 262 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 283 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From:

(b)(6)

To:

Pope, Robert S SES DTRA COOP THRT REDUCT (US

(b)(6)

Cc:

(b)(6)

Subject:

RE: EchoHealth Alliance grant review

Date:

Tuesday, November 23, 2021 5:17:58 PM

Attachments:

EcoHealth Alliance Audit Guidance v1 +aab.docx

(b)(5)

v/r,

(b)(6)

Department Chief

Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Tuesday, November 23, 2021 1:37 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: EchoHealth Alliance grant review

(b)(5)

v/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Tuesday, November 23, 2021 1:21 PM

To: (b)(6)

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: RE: EchoHealth Alliance grant review

(b)(5)

v/r,

(b)(6)

Department Chief
Biological Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Tuesday, November 23, 2021 12:59 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

(b)(5)

A large rectangular area that has been redacted, leaving a blank white space within a black border.

(b)(6)

A rectangular area that has been redacted, leaving a blank white space within a black border.

Page 267 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 288 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From:
To:

(b)(6)

Cc:

Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Subject:

RE: Eco Health Alliance Background Material

Date:

Friday, December 3, 2021 12:13:40 PM

..

Thank

(b)(6)

(b)(6)

Thank you for agreeing to lead this REI for us. (b)(6) stepping into a source selection and (b)(6) won't be to provide support, but please contact (b)(6) (cc'd) who we've now identified as POC with (b)(6) departure.

The below 3 grants meet the TRACs review parameters. (b)(6) will provide links to access the project documentation.

- 1- HDTRA1-17-1-0037: Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses in Malaysia;
- 2- HDTRA1-17-1-0064: Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia;
- 3- HDTRA1-19-1-0033: Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio-Economics

Thank you,

(b)(6)

Department Chief

Biological Threat Reduction

Cooperative Threat Reduction

Defense Threat Reduction Agency

(b)(6)

From: (b)(6)

Sent: Friday, December 3, 2021 11:56 AM

To: (b)(6)

Cc: Pope, Robert S SES DTRA / COOP THRT REDUCT / USA (b)(6)

Subject: Eco Health Alliance Background Material

(b)(6) see attached. Some CTR/BTRP responses to EcoHealth Alliance (EHA) congressional and media inquiries as a scene-setter for the EHA sensitivities.

(b)(6) please have your team prepared to support RFI's from (b)(6) team regarding the NCB memo/ audit. The names I gave (b)(6) include:

(b)(6)

(b)(6) no longer employed at DTRA

If there are other names you want to provide (b)(6) please do so.

Thanks,

(b)(6)

Deputy Director, Cooperative Threat Reduction Program

Defense Threat Reduction Agency

(b)(6)

From:

To:

Cc:

Subject:

Date:

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)

RE: Eco Health Alliance Background Material

Friday, December 3, 2021 12:24:32 PM

..

(b)(6)

Thanks for all the early support. The Team here will pull everyone together so that we get off on the right foot. We need to inform you of OIG requirements if we are in the lead. Really appreciate the quick responses.

V/R,

(b)(6)

Inspector General

Defense Threat Reduction Agency

(b)(6)

From

Sent: Friday, December 3, 2021 12:14 PM

To

CC

(b)(6)

Cc: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Subject: RE: Eco Health Alliance Background Material

(b)(6)

(b)(6)

- Thank you for agreeing to lead this RFI for us

won't be to provide support, but please contact

(b)(6)

capture.

(b)(6)

is stepping into a source selection and

who we've now identified as POC with

The below 3 grants meet the TRACs review parameters

(b)(6)

will provide links to access the project documentation.

- 1- HDTRA1-17-1-0037: Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses in Malaysia;
- 2- HDTRA1-17-1-0064: Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia;
- 3- HDTRA1-19-1-0033: Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio-Economics

Thank you,

(b)(6)

Department Chief

Biological Threat Reduction

Cooperative Threat Reduction

Defense Threat Reduction Agency

(b)(6)

From
<ma

(b)(6)

Sent: Friday, December 3, 2021 11:56 AM

To: (b)(6)

(b)(6)

Cc: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)

Subject: Eco Health Alliance Background Material

(b)(6)

see attached. Some CTR/BTRP responses to EcoHealth Alliance (EHA) congressional and media inquiries as a scene-setter for the EHA sensitivities.

(b)(6)

(b)(6)

I gave (b)(6) please have your team prepared to support RFI's from (b)(6) team regarding the NCB memo/ audit. The names (b)(6) include:

(b)(6)

(b)(6) no longer employed at DTRA

(b)(6)

If there are other names you want to provide (b)(6) please do so.

Thanks,

(b)(6)

Deputy Director, Cooperative Threat Reduction Program

Defense Threat Reduction Agency

(b)(6)

From: (b)(6)
To: Williams, Rhys M SES DTRA DIR (USA) (b)(6)
Cc: DTRA Ft Belvoir DIR List DTRA CMD GP; Pope, Robert S SES DTRA COOP THRT REDUCT (USA); W CIV DTRA COOP THRT REDUCT (USA); Hann, Ronald K Jr SES DTRA RD (USA) (b)(6)
Subject: Re: EcoHealth Alliance Appeal (For Approval)
Date: Tuesday, October 5, 2021 5:07:09 PM

Sir,

Copy all, thank you.

Vr,

(b)(6)

From: "Williams, Rhys M SES DTRA DIR (USA)" (b)(6)

Date: Tuesday, October 5, 2021 at 4:19:07 PM

To: (b)(6)

Cc: "DTRA Ft Belvoir DIR List DTRA CMD GP" <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>
<mailto:dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil> > "Pope, Robert S SES DTRA COOP THRT REDUCT

(b)(6)

"Hann, Ronald K Jr SES DTRA RD (USA)" (b)(6)

(b)(6)

Subject: RE: EcoHealth Alliance Appeal (For Approval)

(b)(6)

I concur.

Rhys

Rhys Williams, PhD
Director (acting)
Defense Threat Reduction Agency

-----Original Message-----

From: (b)(6)
Sent: Tuesday, October 5, 2021 2:44 PM
To: Williams, Rhys M SES DTRA DIR (USA) (b)(6)
Cc: DTRA Ft Belvoir DIR List DTRA CMD GP <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)
(b)(6)
(b)(6)

Subject: EcoHealth Alliance Appeal (For Approval)

Sir,

BLUE: The House version of the FY22 NDAA contains language which "prohibits federal funding being made available for any purpose to EcoHealth Alliance, Inc.". The attached language appeal was vetted through DTRA-

(b)(5)

BACKGROUND: Each OSD Component is permitted 20 language appeals and 5 budgetary appeals. ODASD for CWMD will take the lead on shepherding this recommendation through OSD Office and TRAC in coordination with OSD/LA. While this amendment is not a complete showstopper for CTR, it would have some negative impacts to ongoing programs and cooperative bilateral efforts.

RECOMMENDATION:

(b)(5)

Side Note The EOD language appeal was coordinated by OSD Policy with the Services & USSOCOM. It includes the input we previously provided to the HASC Staff as an informal view. PTDO ASD(A) is tracking.

V/r
(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: RE: EcoHealth Alliance Appeal (For Review)
Date: Tuesday, October 5, 2021 1:22:00 PM

Looks good; thank you.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, October 5, 2021 12:34 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Subject: FW: EcoHealth Alliance Appeal (For Review)

FYI - includes RD.

-----Original Message-----

From: (b)(6)

Sent: Tuesday, October 5, 2021 12:32 PM

To: (b)(6)

Cc:

(b)(6)

Subject: EcoHealth Alliance Appeal (For Review)

(b)(6)

Wanted to run the attached draft appeal through you before presenting to Dr. Williams.

BLUF: The House version of the FY22 NDAA contains language which "prohibits federal funding being made available for any purpose to EcoHealth Alliance, Inc.". The attached language appeal was vetted through DTRA-CT/RD and recommends (b)(5)

(b)(5)

Background: Each OSD Component is permitted 20 language appeals and 5 budgetary appeals. ODASD for CWMD will take the lead on shepherding this recommendation through OSD in coordination with OSD/LA. While this amendment is not a complete showstopper, it would have some negative impacts to ongoing programs and cooperative bilateral efforts.

RECOMMENDATION

(b)(5)

V/r

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: RE: EcoHealth Alliance grant review
Date: Wednesday, November 24, 2021 8:50:00 AM

No worries. Enjoy your leave.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
(b)(6)
Sent: Tuesday, November 23, 2021 7:29 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Subject: Re: EcoHealth Alliance grant review

(b)(5)

From: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA)"
(b)(6)
Date: Tuesday, November 23, 2021 at 17:44:01
To: (b)(6)
(b)(6)
Cc: (b)(6)

(b)(6)



Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From:

(b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From:

(b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 12:50 PM

To:

(b)(6)

(b)(6)

(b)(6)

(b)(6)

v

Subject: EchoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: RE: EcoHealth Alliance grant review

Date: Tuesday, November 23, 2021 5:43:00 PM

Attachments: EcoHealth Alliance Audit Guidance v1 +aab.rsp.docx

(b)(6)

Sending on (b)(6) behalf as he has started his Thanksgiving leave.

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Tuesday, November 23, 2021 12:59 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

(b)(6)

From:

(b)(6)

To:

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Cc:

(b)(6)

Subject:

RE: EcoHealth Alliance grant review

Date:

Tuesday, November 23, 2021 10:31:16 PM

..

Rob

(b)(5)

Hope everyone has a great thanksgiving!

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Tuesday, November 23, 2021 5:44 PM

To:

Cc:

(b)(6)

Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES

Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Tuesday, November 23, 2021 12:59 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Subject: Re: EcoHealth Alliance grant review
Date: Tuesday, November 23, 2021 7:28:46 PM

(b)(5)
(b)(5) (b)(6)
(b)(5) regardless, have a nice Thanksgiving (b)(6)

From: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA)" (b)(6)
<mailto:(b)(6)>
Date: Tuesday, November 23, 2021 at 17:44:01
To: (b)(6)
<mailto:(b)(6)>
Cc: (b)(6)

(b)(6)

Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From:

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(US

(US

Cc:

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From:

<mailto:(b)(6)>

Sent: Tuesday, November 23, 2021 12:59 PM

To:

PO

Cc:

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(5)

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: Re: EcoHealth Alliance grant review
Date: Wednesday, November 24, 2021 8:24:56 AM

Dr. Pope,

(b)(5)

V/R,

(b)(6)

Inspector General
Defense Threat Reduction Agency

(b)(6)

From iPhone

From: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA)" (b)(6)
<mailto:(b)(6)>

Date: Tuesday, November 23, 2021 at 5:46:49 PM

To: (b)(6)

>

Cc:

(b)(6)

Subject: Fw: EcoHealth Alliance grant review

(b)(6)

Please see the attached draft tasking from NCB for DTRA to conduct a review

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Sent: Tuesday, November 23, 2021 5:44 PM

To: (b)(6)

(b)(6)

(b)(6)

(b)(6)

Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(US)

(US)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

<mailto:(b)(6)>

Sent: Tuesday, November 23, 2021 12:59 PM

To: (b)(6)

(b)(6)

POL

Cc: (b)(6)

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(5)

(b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

To: (b)(6)

Cc:

Subject: RE: EcoHealth Alliance grant review

Date: Thursday, December 2, 2021 3:07:00 PM

(b)(6)

(b)(5)

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, December 2, 2021 2:40 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Cc: (b)(6)

A C

(b)(6)

Subject: RE: EcoHealth Alliance grant review

Dr. Pope,

(b)(5)

V/R,

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Sent: Thursday, December 2, 2021 2:29 PM

To: (b)(6)

Cc:

A C

(b)(6)

Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Wednesday, November 24, 2021 8:25 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (US) (b)(6)

Cc: (b)(6)

A

(b)(6)

Subject: Re: EcoHealth Alliance grant review

Dr. Pope,

(b)(5)

V/R,

(b)(6)

Inspector General
Defense Threat Reduction Agency

(b)(6)

From iPhone

From: "Pope, Robert S SES DTRA COOP THRT REDUCT (USA)"

<mailto:(b)(6)>

Date: Tuesday, November 23, 2021 at 5:46:49 PM

To: (b)(6)

>

Cc:

<mailto:

<mailto:

Subject: FW: EcoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Sent: Tuesday, November 23, 2021 5:44 PM

To: (b)(6)

<mailto:

Cc:

(b)(6)

Subject: RE: EcoHealth Alliance grant review

(b)(6)

(b)(5)

Have a Happy Thanksgiving.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director

Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 1:11 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

(b)(6)

Subject: FW: EchoHealth Alliance grant review

(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Tuesday, November 23, 2021 12:59 PM

To: (b)(6)

(b)(6)

CC: Peterson, Richard N CTR OSD OUSD A-S (USA)

(b)(6)

Subject: EchoHealth Alliance grant review

(b)(6)

(b)(5)

(b)(5)

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: RE: EHA Amendment Discussion
Date: Monday, September 27, 2021 4:13:32 PM

(b)(6) (b)(5)
Sirs

(b)(5)

(b)(6)

(b)(5)

v/r,

(b)(6)

Department Chief
Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Monday, September 27, 2021 1:00 PM

To:

(b)(6)

(b)(6)

Cc:

(b)(6)

Subject: RE: EHA Amendment Discussion

Nothing to add; thank you.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From:

(b)(6)

Sent: Monday, September 27, 2021 12:51 PM

To: (b)(6)
Cc: (b)(6); Pope, Robert S SES DTRA COOP
THRT REDUCT (USA) (b)(6)
Subject: RE: EHA Amendment Discussion

(b)(6) / Dr. Pope

(b)(6) (b)(5)
(b)(5)

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Monday, September 27, 2021 12:25 PM
To: (b)(6)
Subject: EHA Amendment Discussion

(b)(6)
(b)(6) (b)(5)
(b)(5)

V/r,
(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
Cc: (b)(6)
Subject: RE: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress
Date: Wednesday, September 30, 2020 9:53:29 AM

+ CTR DAG

V/R,

(b)(6)

Booz | Allen | Hamilton
CTR A&AS Support Contractor
Executive Assistant in support of the Director

Dire

CTR

NIP

SIP

-----Original Message-----

From: (b)(6)
Sent: Wednesday, September 30, 2020 9:47 AM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
Cc: (b)(6)

Subject: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress

Good Morning Sir,

Please find attached two DTRA IA forms for signature on two separate letters (AfOHNet Steering Committee and Hackathon Winners). The two letter templates have also been attached for your review and approval.

Once the templates are approved, the BTRP team can print out the addressed letters (28 in total) and meet someone at DTRA to give to them to give to you. Once signed, they can pick them up as well so they can mail out the original signed letters.

Background Information and Rationale for your recognition is below:

AfOHNet Steering Committee Background:

The African One Health Congress Steering Committee initiated at the Africa One Health Congress (AOHC) meeting in February, 2019. The steering committee has worked hard since the congress meeting to connect existing One Health initiatives and networks across the continent and to formalize collaboration and communication.

In 2020, the steering committee focused on the development of an Africa One Health Network website, which is now live and being finalized. The website will be used as a launchpad to coordinate and follow through on regional actions and activities. The committee is planning for an in-person meeting in 2021 that will focus on identifying additional One Health (OH) champions and emerging regional experts. The 2021 meeting will also outline and describe the health burden of threats at both the national and regional levels and aim to coordinate solutions and activities to address the burden. We'd like to present the eight steering committee members with a letter and token of appreciation for their continued momentum and drive to develop and further the committee. They are working towards an informal charter agreement and have had at least three meetings in the past three months to continue planning towards their goals. The steering committee has persevered during COVID and become stronger than ever. BTRP recognizes their efforts and feels like it is appropriate to open their virtual committee meeting that is connected to the WOHC with a short mention of appreciation and reference to the letter and coin.

Hackathon Winners Background:

At the 2019 AOHC in Johannesburg, South Africa, an OH "Hackathon" was implemented to advance collaborations amongst the African partners attending the conference. A Hackathon is a marathon-like event where small teams must work together to solve large global challenges which usually result in idea solutions, prototypes, and new technologies.

Eight teams (6 members each) participated and worked diligently on one of two OH tracks (Early Warning Biosurveillance or Biosafety and Biosecurity). At the end of the event, the AOHC Steering Committee and representatives from BTRP, USAID, CDC, EcoHealth Alliance, the Australian Animal Health Laboratory, and the OH Platform judged the final solutions from each team and announced three teams as winners. The winning teams truly exemplified the spirit of genuine collaboration, innovation, sustainability, and commitment to OH. The first group proposed conducting biological risk management training and community outreach in Eastern Africa to harmonize regional OH BS&S guidelines, strategies, modeling tools, and policies. The second group proposed the development of a cloud-based surveillance system that included sample collection on the ground and a cloud component to collect mobile reporting of animal/human syndromes. The last group proposed to develop a mechanism to engage the community in biosurveillance through caller tune technology. The prize for these winning teams was for each member to be fully sponsored by BTRP to attend the World One Health Congress in Edinburgh this year. However, due to COVID-19, they will no longer be able to attend in person. BTRP recognizes these teams' hard work and dedication to OH and feels it is important to further acknowledge and support their work through a letter and coin.

(b)(5)

V/R,

(b)(6)

Booz | Allen | Hamilton

CTR A&AS Support Contractor

Executive Assistant in support of the Director

Direct Lin

(b)(6)

CTR Main

NIPR

(b)(6)

SIPR

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US (b)(6)
Cc: (b)(6)
Subject: RE: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress
Date: Wednesday, October 14, 2020 1:51:24 PM
Attachments: [20201014_AOHC Steering Committee Letter_Final.docx](#)
[20201014_AOHC Hackathon Letter_Final.docx](#)

Copy, Sir. I'll make that one change. Thank you.

(b)(6) please find attached the two finalized letters.

Very Respectfully,

(b)(6)

CTR Director's Action Group
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)
NIP (b)(6)
Mail (b)(6)
Des (b)(6)
Mot (b)(6)

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)

(b)(6)

Sent: Wednesday, October 14, 2020 1:35 PM

To: (b)(6)

Cc:

(b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress

(b)(6)

(b)(5)

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From

(b)(6)

<m

Sent: Wednesday, October 14, 2020 12:34 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (U

(b)(6)

<mail

Cc:

(b)(6)

<m

(b)(6)

(b)(6)

; DTRA Ft Belvoir CT

List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress

Dr. Pope,

Sir, please find attached for your review two letter examples for the WOHC Steering Committee and Hackathon

participants. Others on the DAG and (b)(6) have reviewed these documents. To reiterate, once the letters are approved by you, the BTRP team will properly fill out the address block and salutation sections for each letter and prepare the handful of letters for your signature. They will coordinate for someone to print off the letters at DTRC and get them to you. Once you've signed them, they will work on transmitting the letters to the recipients.

Please let us know if you have any questions or concerns. Thank you.

Very Respectfully,

(b)(6)

CTR Director's Action Group

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)
NIP (b)(6)
Mai (b)(6)
Des (b)(6)
Mot (b)(6)

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (US (b)(6))
(b)(6)
Sent: Tuesday, October 6, 2020 12:17 PM
To: (b)(6)

(b)(6)

(b)(6) DTRA Ft Belvoir CT List CT
DAG <dtra.belvoir.ct.list.ct-dag@mail.mil <mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> >

Cc: (b)(6)
<n

(b)(6)

Subject: RE: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress

(b)(6)

(b)(5)

- This package doesn't appear to have gone through you. Please review.

(b)(5)

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
<mail

Sent: Wednesday, September 30, 2020 9:47 AM

To: Pope, Robert S. SES DTRA COOP THRT REDUCT (U (b)(6)

<mail (b)(6)

Cc: (b)(6)
<m (b)(6)

Subject: FOR REVIEW AND SIGNATURE: Letters for World One Health Congress

Good Morning Sir,

Please find attached two DTRA IA forms for signature on two separate letters (AfOHNet Steering Committee and Hackathon Winners). The two letter templates have also been attached for your review and approval.

Once the templates are approved, the BTRP team can print out the addressed letters (28 in total) and meet someone at DTRA to give to them to give to you. Once signed, they can pick them up as well so they can mail out the original signed letters.

Background Information and Rationale for your recognition is below:

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The African One Health Congress Steering Committee initiated at the Africa One Health Congress (AOHC) meeting in February, 2019. The steering committee has worked hard since the congress meeting to connect existing One Health initiatives and networks across the continent and to formalize collaboration and communication.

In 2020, the steering committee focused on the development of an Africa One Health Network website, which is now live and being finalized. The website will be used as a launchpad to coordinate and follow through on regional actions and activities. The committee is planning for an in-person meeting in 2021 that will focus on identifying additional One Health (OH) champions and emerging regional experts. The 2021 meeting will also outline and describe the health burden of threats at both the national and regional levels and aim to coordinate solutions and activities to address the burden. We'd like to present the eight steering committee members with a letter and token of appreciation for their continued momentum and drive to develop and further the committee. They are working towards an informal charter agreement and have had at least three meetings in the past three months to continue planning towards their goals. The steering committee has persevered during COVID and become stronger than ever. BTRP recognizes their efforts and feels like it is appropriate to open their virtual committee meeting that is connected to the WOHC with a short mention of appreciation and reference to the letter and coin.

Hackathon Winners Background:

At the 2019 AOHC in Johannesburg, South Africa, an OH “Hackathon” was implemented to advance collaborations amongst the African partners attending the conference. A Hackathon is a marathon-like event where small teams must work together to solve large global challenges which usually result in idea solutions, prototypes, and new technologies.

Eight teams (6 members each) participated and worked diligently on one of two OH tracks (Early Warning Biosurveillance or Biosafety and Biosecurity). At the end of the event, the AOHC Steering Committee and representatives from BTRP, USAID, CDC, EcoHealth Alliance, the Australian Animal Health Laboratory, and the OH Platform judged the final solutions from each team and announced three teams as winners. The winning teams truly exemplified the spirit of genuine collaboration, innovation, sustainability, and commitment to OH. The first group proposed conducting biological risk management training and community outreach in Eastern Africa to harmonize regional OH BS&S guidelines, strategies, modeling tools, and policies. The second group proposed the development of a cloud-based surveillance system that included sample collection on the ground and a cloud component to collect mobile reporting of animal/human syndromes. The last group proposed to develop a mechanism to engage the community in biosurveillance through caller tune technology. The prize for these winning teams was for each member to be fully sponsored by BTRP to attend the World One Health Congress in Edinburgh this year. However, due to COVID-19, they will no longer be able to attend in person. BTRP recognizes these teams' hard work and dedication to OH and feels it is important to further acknowledge and support their work through a letter and coin.

(b)(5)

V/R,

(b)(6)

CTR A&AS Support Contractor

Executive Assistant in support of the Director

Direct Line (b)(6)

CTR Mainl

NIP (b)(6)

SIP

Page 326 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 327 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
To: (b)(6)
Cc:
Subject: RE: FOR REVIEW: CTR Tanzania Closeout Letter
Date: Friday, April 17, 2020 3:01:00 PM
Attachments: 20200417 CTR Tanzania Closeout Letter unsigned rsp.doc

(b)(6) - Well done; thank you.

(b)(6) - Please review the attached draft and provide feedback on any issues before I sign. Once complete, we will send you the signed copy and ask you to deliver it to the embassy in Tanzania.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

----- Original Message -----

From: (b)(6)
Sent: Friday, April 17, 2020 10:40 AM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)
(b)(6)
Cc: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>;
(b)(6)
Subject: FOR REVIEW: CTR Tanzania Closeout Letter

Dr. Pope,

Sir, please find attached for your review and signature the CTR Tanzania Closeout letter. I have provided both .docx and .pdf files for your ease of accessibility. Please let us know if you have any edits, questions, or concerns.

Thank you.

Very Respectfully,

(b)(6)

CTR Director's Action Group

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email

(b)(6)

(b)(6)

NIPR

(b)(6)

Main

Desk

Mobi

Page 330 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 331 of 470

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6)
Subject: RE: FOR REVIEW: FY21 CTR Annual Report to Congress
Date: Tuesday, January 12, 2021 12:43:54 PM
Attachments: 20200112_FY21 CTR Annual Report to Congress_for GOFO Coordination_rsp.docx

Dr. Pope,

Finance has addressed your requests in the attached version. Please let us know if there is anything else the DAG can address.

Thank you,

(b)(6)

Booz | Allen | Hamilton
CTR A&AS Support Contractor
Director's Action Group Action Officer
Direct Line (b)(6)
CTR Main
NIPR: (b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Sent: Monday, January 11, 2021 7:09 PM

To: (b)(6)

SI (

Cc: (b)(6)

(b)(6); DTRA Ft Belvoir CT List CT

DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: FOR REVIEW: FY21 CTR Annual Report to Congress

(b)(6)

have completed my inputs via Track Changes in the attached document.

Two actions for Finance:

(b)(5)

activities I've seen in my 7+ years here.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)
Sent: Monday, January 11, 2021 2:20 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: (b)(6)
(b)(6) IDTRA FT BELVOIR CT LIST CT
DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: FOR REVIEW: FY21 CTR Annual Report to Congress

Dr. Pope,

(b)(5)

Thank you,

(b)(6)

Booz | Allen | Hamilton

CTR A&AS Support Contractor

Director's Action Group Action Officer

Direct Liaison (b)(6)

(b)(6)

CTR Mainline

NIPR (b)(6)

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US)

To: Tufts, L Jackson CTR (ISA)

Cc: (b)(6)

Subject: RE: FOR SIGNATURE: EcoHealth Alliance Congressional RFI Response/Action Memo -- Form 1

Date: Thursday, May 14, 2020 2:58:00 PM

Attachments: [20200513_DTRA_1 AS Response to Congressman Guy Reschenthaler re EcoHealth Alliance LA GC.pdf](#)
[20200514 TAB A_OUSD AS Response to Rep Reschenthaler rsp.docx](#)
[20200430 TAB B_OSD004467-20-CONGRESSIONAL INCOMING.pdf](#)
[20200513 TAB C_Action Memo AS Response to Congressman Guy Reschenthaler re EcoHealth Alliance rsp.docx](#)

(b)(6)

I signed the attached FM 1. I also made minor edits to both Word documents. I left the changes in Track Changes so the CT team that worked the package can see them on this transmission. Please accept the changes and turn off TC in both Word documents before forwarding the package upstairs.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

From: (b)(6)

Sent: Thursday, May 14, 2020 8:49 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (US)

C (b)(6)

(b)(6)

DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>; Kelley, Emily S CIV DTRA COOP THRT REDUCT (US)

(b)(6)

Subject: FOR SIGNATURE: EcoHealth Alliance Congressional RFI Response/Action Memo -- Form 1

Sir,

Attached is the final package for the EcoHealth Alliance tasker, to include the new format and the Action Memo as requested upstairs. GC and LA have concurred on the language, which GC coordinated with BTRP, and the package is to you for action. We will pass it back upstairs via EIS pending your concurrence and signature. CoS/EIS will send back via CATMS after DIR signs to coordinate with OSD/LA and OSD/GC before it makes its way to U/S Lord. Thank you.

V/r,

(b)(6)

CTR Director's Action Group Lead

Cooperative Threat Reduction

Defense Threat Reduction Agency

CTR A&AS Contractor

Booz | Allen | Hamilton

Main

Desk

Mobile

NIP

SIP

DTRA Coordination and Approval Form

	TO	ACTION	SIGNATURE/DATE		TO	ACTION	SIGNATURE/DATE
1	DIR	Sign		7	OCR:		
2	DDIR	Review		8	OCR:		
3	CS	Review		9	OCR:		
4	OPR: CT	Sign	(b)(6)	10	OCR:		
5	GC	Coordinate		11	OCR:		
6	OCR: LA	Coordinate		12	OCR:		

13. SUBJECT:

CTR prepared the attached letter in response to Member of Congress on the concern of a 2017 grant awarded by the DoD to EcoHealth Alliance Inc.

14. EIS NUMBER: CS_110923_050420

15. INTERNAL SUSPENSE: 05/14/2020

16. EXTERNAL SUSPENSE: 05/12/2020

17. SUMMARY:

(U) BOTTOM LINE UP FRONT (BLUF):

U.S. Congressman Guy Reschenthaler raised concerns, in formal correspondence, regarding the history of EcoHealth Alliance Inc. (EHA) with regard to collaboration with the Wuhan Institute of Virology (WIV), which reports allege may be linked to the epicenter of the COVID-19 outbreak. EHA has been a recipient of grants provided by CT-BT. CT-BT reviewed the letter and provided the enclosed response confirming that no DTRA funds were used to support WIV or any other Chinese research facility.

(U) RECOMMENDATION: (1-2 sentences). Provide a clear, concise statement regarding staff package purpose and action required. (Signature, For Information Purpose Only, etc.)

(b)(5)

(U) EXECUTIVE SUMMARY: (1-5 bullets or short paragraphs). Provide a concise summary of the issue. It should include key elements of background information, supporting information/analysis, and main conclusion(s).

- In the letter from U.S. Congress member Guy Reschenthaler, he raised concerns regarding the history of EcoHealth Alliance Inc. with regard to collaboration with the Wuhan Institute of Virology, which reports allege may be linked to the epicenter of the COVID-19 outbreak (TAB A).

- In 2017, DoD awarded a \$6.5 million grant to EcoHealth Alliance. The description of this grant is listed as "understanding the risk of bat-borne zoonotic disease emergence in Western Asia."

- DTRA's response outlines the utilization of grant funds and confirms that no portion of the funds granted by the Cooperative Threat Reduction (CTR) Directorate's Biological Threat Reduction Program (BTRP) to EcoHealth Alliance supported work at the Wuhan Institute of Virology or any other activity in the People's Republic of China.

(U) CRITICAL COMMENTS / NON-CONCURS: Provide a concise summary of any rejected GO/FO/SES critical comments and rationale for rejection. Also include GO/FO/SES non-concurs or viewpoints that differ from the recommendation or main conclusion(s). "N/A" if not required.

Left Side

TABS: (Labeled A,B,C or 1,2,3 etc.)

TAB A - Draft response letter to Congressman Reschenthaler

TAB B - Letter from Congressman Reschenthaler

TAB C - Action Memo for U/S Lord (A&S)

Right Side

Original Document

Enclosures or Attachments

18. ACTION OFFICER: (Name / Grade / Office Symbol / Phone Number)

(b)(6)

A&AS Contractor / CTR

(b)(6)

19. DATE PREPARED:

05/13/2020

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6); DTRA Ft Belvoir CT List CT DAG (b)(6)
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>
Date: Thursday, August 19, 2021 4:53:15 PM
Attachments: 20210819_DoD Grants w Eco Health follow-on questions CTR-BTRP FINAL.docx
20210819_DoD Grants w Eco Health DTRA CTR.xlsx

Sirs,

Closing the loop on this tasker, (b)(6) and I worked on the final edits this afternoon. With his permission, I uploaded the final Word and Excel files and worked with (b)(6) to provide the auxiliary BTRP materials that could not be uploaded into TMT because there were too many / they were too large. Attached are the final files that were uploaded into TMT.

(b)(6) has initiated the SLAP for the CT FO approval in TMT as the final step. (b)(6) is aware of this tasker's status in TMT.

Thank you.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email (b)(6)
NIPR (b)(6)
SIPR:
Main:
Desk:
Mobil:

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-----Original Message-----

From: (b)(6)
Sent: Wednesday, August 18, 2021 5:53 PM
To: (b)(6)
Cc: Pope, Robert S SES DTRA COOP THRT REDUCT (USA); (b)(6)
(b)(6); DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct.dag@mail.mil>
Subject: RE: HASC has asked for information on the following regarding DoD's

relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Sirs,

Please see attached for part of BTRP's inputs for this tasker. The rest of BTRP's inputs can be found on the J: Drive, here: [J:\Shared\CT\Front Office\0202-Arms Control Policy and Negotiations\0202-03 CTR\Active Files\2021\20210818_HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance\BTRP Inputs > 20210818_HASC EHA RFI-BT Inputs \(.zip file\)](#). It cannot be attached here, because the file(s) is so large.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email (b)(6)
NIPR (b)(6)
SIPR
Main
Desk
Mobil

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-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Wednesday, August 18, 2021 4:49 PM

To: (b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG

[<dtra.belvoir.ct.list.ct-dag@mail.mil>](mailto:dtra.belvoir.ct.list.ct-dag@mail.mil)

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Please package up all the inputs, consolidate, and send to me and Dr. Pope.

Thank (b)(6)

-----Original Message-----

From: (b)(6)

Sent: Wednesday, August 18, 2021 4:47 PM

To: (b)(6)

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(b)(6)
(USA)
(b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>

Standing by, should you need DAG assistance with anything on this tasker.

Very Respectfully,

(b)(6)
CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email: (b)(6)
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Mobile

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To: (b)(6)
(b)(6) | Pope, Robert S SES DTRA COOP THRT REDUCT
(USA) (b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
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+ DAG

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(b)(6)
CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email: (b)(6)
NIPR (b)(6)
SIPR

Main:
Desk:
Mobil:

(b)(6)

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Sent: Wednesday, August 18, 2021 3:52 PM

To: (b)(6)

Cc: (b)(6); Robert S. SLES DTRA COOP THRT REDUCT Pope (US)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Importance: High

Sirs,

See the email (b)(6) is referring to. The DAG has not had a chance to review or edit anything yet.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

(b)(6)

NIPR (b)(6)

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Main:

Desk (b)(6)
Mob (b)(6)

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From: (b)(6)
Sent: Wednesday, August 18, 2021 3:07 PM
To: (b)(6) DTRA
Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT
List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
(b)(6)
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>

(b)(6)

Good Afternoon DAG,

Please see attached and below for BTRP's proposed response to the subject tasker. We would like the below blurb to be included with CTR's final response. We have also consolidated the files to respond to Question 4 here: [J:\Shared\CT\BT\EHA Tasker Aug 2021](#), but are having trouble shrinking the files to a zip file. We're not sure if that capability has been deactivated on our computers, but maybe someone within the DAG can help or simply pull the files from the JDrive directly (it's a lot).

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While DTRA-CTR-BTRP has not and does not plan to award any contracts with EcoHealth Alliance, we have included responses for grants that have been awarded to EcoHealth Alliance. DTRA-CTR-BTRP has not funded any projects with EcoHealth Alliance that have included work in or in support of China. All DTRA-CTR-BTRP awards to EcoHealth Alliance are available in USA Spending.gov. DTRA-CTR-BTRP does not fund any classified research.

////////////////////////////////////

v/r,

(b)(6)

Millennium Corporation | Booz Allen Hamilton

On-Site Operations Lead, Biological Threat Reduction Program

CTR A&AS Support Contractor

Desk Phone (b)(6)

Email (b)(6)

SIPR:
<mail

From (b)(6)
<mai

Sent: Wednesday, August 18, 2021 10:27 AM

To (b)(6)
Cc

(b)(6)

DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil>; (b)(6)

(b)(6)

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Importance: High

Good mornin

(b)(6)

LA just informed us that the DTRA FO has shortened the suspense of this tasker to tomorrow at 1000. Respectfully requesting to update the suspense to the BTRP to be COB today. Please advise.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

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(b)(6)
From: (b)(6)
<mailto:(b)(6)>
Sent: Tuesday, August 17, 2021 4:50 PM
To: (b)(6)
(b)(6)
Cc: (b)(6)
(b)(6)
DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> > (b)(6)
(b)(6)

>

Subject: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Sir,

Good afternoon.

CT just received this task. I tasked BT in TMT.

ACTION: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance. Please provide: (1) a list of all the contracts DTRA has with EcoHealth over the last 10 years in the attached spreadsheet format, and (2) answers to 4 follow-on questions in the Word document.

OPR: LA

OCR: CT, RD

SUSPENSE: 25-Aug-2021 COB

v/r

(b)(6)

Booz | Allen | Hamilton

Advisory & Assistance Service (A&AS) Support Contractor

Cooperative Threat Reduction (CTR) Program

Defense Threat Reduction Agency (DTRA)

DTRA Des (b)(6)

CTSC Des (b)(6)

Ce (b)(6)

DTRA NIPR (b)(6)

(b)(6)

DTRA SIPR (b)(6)

(b)(6)

DTRA JWICS (b)(6)

BAH email (b)(6)

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CONGRESSIONAL RFI FROM HASC
DoD Contracts with EcoHealth Alliance
August 2021

Question: Please provide answers to the below questions concerning DoD's relationship with EcoHealth Alliance.

1. Were any of the DoD-funded research projects involving EcoHealth Alliance performed in China or in support of research performed in China? If so, which projects, what was the work performed, and what were the risk assessments DoD used to evaluate funding projects in China?

No, the DoD CTR Program-funded research projects involving EcoHealth Alliance were performed in China or were in support of research performed in China.

2. Has DoD issued any awards to Peter Daszak and/or EcoHealth Alliance that are not yet available in USA Spending.gov? If so, please include.

All of the DoD CTR Program's awards to EcoHealth Alliance are in USA Spending.gov.

3. Did DoD sponsored any classified research involving EcoHealth Alliance and/or Peter Daszak

The DoD CTR Program does not sponsor classified research.

4. Please provide copies of the agreements, initial research reports and all progress/final reports.

The DoD CTR Program has awarded grants to eco health alliance, which are included in the attached. The CTR program has not used contracts to fund eco health alliance.

Purpose	Grant Performance Location	Cost	Metrics	Grant number	Grant oversight organization	Any funds provided to Wuhan Institute of Virology (Y/N)
Strengthen South African capacity to collect essential data for Rift Valley fever virus (RVFV) epidemiology and ecology, strengthen South Africa's leadership role within the African continent for the study of RVFV and other vector-borne diseases, and provide the critical data needed to better predict the spread of the virus should it ever be introduced into the United States.	South Africa	\$4,936,359.00	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-14-1-0029: Understanding Rift Valley Fever in Republic of South Africa	DoD CTR Program	N
Enhance capacity at key government labs in human and animal health sectors for serological surveillance in animals and human populations to characterize the distribution and detect spillover of henipaviruses and filoviruses within indigenous populations and on farms in Peninsular Malaysia	Malaysia	\$4,115,666.00	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-17-1-0037: Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses in Malaysia	DoD CTR Program	N
Characterize the diversity of coronaviruses and monitor other bat-borne zoonotic virus emergence risks in Western Asia in order to reduce the threat of infectious diseases	Georgia, Jordan, Pakistan, Armenia, Azerbaijan, Turkey, Oman	\$4,268,851.28	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-17-1-0064: Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia	DoD CTR Program	N
Provide training to Malaysian partner scientists to enhance local serologic diagnostic testing capabilities, biosafety practices, and biosecurity practices to detect the causes of acute febrile illness (AFI) and other zoonotic diseases with a focus on Bornean Malaysia.	Malaysia	\$277,788.09	This DoD CTR Program award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-Q4-015: Malaysian Partners Luminex Training and Research Preparedness	DoD CTR Program	N
Provide biosafety training to Malaysian partner scientists on field sampling of small mammals and ectoparasites to support the development of sustained local biosurveillance of vector-borne select agent pathogens and other priority diseases.	Malaysia	\$195,152.71	This DoD CTR Program award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-Q4-018: Biosafety in Field Specimen Sampling Training - Malaysia	DoD CTR Program	N
Strengthen Rift Valley Fever Virus (RVF) detection and diagnostic capabilities, promoting South Africa as a leader in RVF diagnostics, and enhance BTRP's relationship with the Department of Agriculture, Forestry and Fisheries.	South Africa	\$4,988,987	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-19-1-0033: Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio Economics	DoD CTR Program	N
Build Liberian capacity for threat reduction through an integrated human-animal surveillance approach to high consequence zoonotic pathogens associated with human acute febrile illness (AFI)	Liberia	\$4,912,818.06	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0016: Reducing the threat from high-risk pathogens causing febrile illness in Liberia	DoD CTR Program	N
Reduce the threat of Crimean Congo Hemorrhagic Fever by providing critical epidemiological data to monitor the emergence of outbreaks and will improve Tanzania's capacity to detect, diagnose and manage the risk of CCHF	Tanzania	\$4,995,106.37	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0018: Crimean-Congo Hemorrhagic Fever: Reducing an Emerging Health Threat in Tanzania	DoD CTR Program	N
Strengthen South Africa's, and the region's, capacity to develop and implement surveillance strategies with appropriate biosafety and biosecurity principles, detect pathogens (both molecular and serological) in bats before outbreaks occur, recognize and diagnose outbreaks if they do occur and develop appropriate reporting strategies for the region.	South Africa, Mozambique, Zimbabwe	\$1,616,289.68	This DoD CTR Program award to University Pretoria has EcoHealth Alliance as a subaward and as such the metrics component is not applicable.	HDTRA1-20-1-0025: The Southern African Bat Research Network: Coordinated Biosurveillance for Viral Zoonoses in Bat-Livestock-Human interfaces in Southern Africa	DoD CTR Program	N
Build scientific expertise and appropriate capacity to safely and accurately detect, respond and report viral zoonotic agents, enhance India's ability to detect viral threats such as Ebola, Nipah and related viruses, and reduce the threat caused by deliberate release of select agents.	India	\$4,960,857.17	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0026: Biosurveillance for Spillover of Henipaviruses and Filoviruses in Rural Communities in India	DoD CTR Program	N
Enhance Jordan & Iraq's capacity for threat reduction of Avian Influenza and Middle East Respiratory Syndrome Coronavirus that pose serious potential human health, economic, and food production as well as security consequences to U.S. warfighters	Jordan, Iraq, Lebanon	\$4,899,136.44	This DoD CTR Program award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0029: Reducing the Threat of Middle East Respiratory Syndrome Coronavirus and Avian Influenza in Jordan & Strengthening Regional Disease Surveillance Capacity	DoD CTR Program	N

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Cc: (b)(6) DTRA Ft Belvoir CT List CT DAG
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>
Date: Wednesday, August 18, 2021 5:52:36 PM
Attachments: DoD Contracts w Eco Health follow-on questions CTR-BTRP.docx
DoD Contracts w Eco Health rev 1.xlsx

Sirs,

Please see attached for part of BTRP's inputs for this tasker. The rest of BTRP's inputs can be found on the J: Drive, here: J:\Shared\CT\Front Office\0202-Arms Control Policy and Negotiations\0202-03 CTR\Active Files\2021\20210818_HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance\BTRP Inputs > 20210818_HASC EHA RFI-BT Inputs (.zip file). It cannot be attached here, because the file(s) is so large.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC / Booz Allen Hamilton
Corporate email (b)(6)
NIPR (b)(6)
SIPR
Main
Desk
Mobil

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From: (b)(6)
(b)(6)
Sent: Wednesday, August 18, 2021 4:49 PM
To: (b)(6)
Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
(b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
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Please package up all the inputs, consolidate, and send to me and Dr. Pope.

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Thank

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(USA) (b)(6)
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(b)(6)

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Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
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Subject: RE: HASC has asked for information on the following regarding DoD's
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+ DAG

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email: (b)(6)
NIPR: (b)(6)
SIPR: (b)(6)
Main: (b)(6)
Desk: (b)(6)
Mobile: (b)(6)

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(b)(6) Robert S SES DTRA COOP THRT REDUCT Pope (US)
(b)(6)
Cc: (b)(6)
(b)(6)

Subject: FW: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>
Importance: High

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(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email: (b)(6)

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From (b)(6)

Sent

To: (b)(6)

DTRA

Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT

List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

(b)(6)

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(b)(6)

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////////////////////////////////////

v/r,

(b)(6)

Millennium Corporation | Booz Allen Hamilton

On-Site Operations Lead, Biological Threat Reduction Program

CTR A&AS Support Contractor

Desk Phone (b)(6)

Email (b)(6)

SIPR

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From

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Sent: Wednesday, August 18, 2021 10:27 AM

To (b)(6)

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(b)(6)

DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> > (b)(6)

(b)(6)

(b)(6)

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Importance: High

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(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email

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(b)(6)
From: (b)(6)
<mailto:(b)(6)>
Sent: Tuesday, August 17, 2021 4:59 PM
To: (b)(6)
(b)(6)
Cc: (b)(6)
(b)(6)
DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> > (b)(6)
(b)(6)

>
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OPR: LA

OCR: CT, RD

SUSPENSE: 25-Aug-2021 COB

v/r

(b)(6)

Booz | Allen | Hamilton

Advisory & Assistance Service (A&AS) Support Contractor

Cooperative Threat Reduction (CTR) Program

Defense Threat Reduction Agency (DTRA)

DTRA Desk (b)(6)
CTSC Desk

(b)(6)
C

DTRA NIPR (b)(6)
(b)(6)

DTRA SIPR (b)(6)
(b)(6)

DTRA JWIC (b)(6)
(b)(6)

BAH email (b)(6)

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August 2021

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(Separate; ATTACHED)

.....

Additionally, while DTRA-CTR-BTRP has not and does not plan to award any contracts with EcoHealth Alliance, we have included responses for grants that have been awarded to EcoHealth Alliance. DTRA-CTR-BTRP has not funded any projects with EcoHealth Alliance that have included work in or in support of China. All DTRA-CTR-BTRP awards to EcoHealth Alliance are available in USA Spending.gov. DTRA-CTR-BTRP does not fund any classified research.

Purpose	Contract Performance Location	Cost	Metrics	Contract number	Contract oversight organization	Any funds provided to Wuhan Institute of Virology (Y/N)
Strengthen South African capacity to collect essential data for Rift Valley fever virus (RVFV) epidemiology and ecology, strengthen South Africa's leadership role within the African continent for the study of RVFV and other vector-borne diseases, and provide the critical data needed to better predict the spread of the virus should it ever be introduced into the United States	South Africa	\$4,936,359.00	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable	HDTRA1-14-1-0029: Understanding Rift Valley Fever in Republic of South Africa	DoD-CTR/BTRP	N
Enhance capacity at key government labs in human and animal health sectors for serological surveillance in animals and human populations to characterize the distribution and detect spillover of henipaviruses and filoviruses within indigenous populations and on farms in Peninsular Malaysia	Malaysia	\$4,115,666.00	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable	HDTRA1-17-1-0037: Serological Biosurveillance for Spillover of Henipaviruses and Filoviruses in Malaysia	DoD-CTR/BTRP	N
Characterize the diversity of coronaviruses and monitor other bat-borne zoonotic virus emergence risks in Western Asia in order to reduce the threat of infectious diseases	Georgia, Jordan, Pakistan, Armenia, Azerbaijan, Turkey,	\$4,268,851.28	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable	HDTRA1-17-1-0064: Understanding the Risk of Bat-Borne Zoonotic Disease Emergence in Western Asia	DoD-CTR/BTRP	N
Provide training to Malaysian partner scientists to enhance local serologic diagnostic testing capabilities, biosafety practices, and biosecurity practices to detect the causes of acute febrile illness (AFI) and other zoonotic diseases with a focus on Bornean Malaysia.	Malaysia	\$277,788.09	This DoD-CTR/BTRP award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-04-015: Malaysian Partners Luminex Training and Research Preparedness	DoD-CTR/BTRP	N
Provide biosafety training to Malaysian partner scientists on field sampling of small mammals and ectoparasites to support the development of sustained local biosurveillance of vector borne select agent pathogens and other priority diseases.	Malaysia	\$195,152.71	This DoD CTR/BTRP award to EcoHealth Alliance is Scientific and Technical Engagement Partnership Technical Directive and as such the metrics component is not applicable.	HDTRA1-17-C-0019 TD-04-018: Biosafety in Field Specimen Sampling Training - Malaysia	DoD-CTR/BTRP	N
Strengthen Rift Valley Fever Virus (RVF) detection and diagnostic capabilities, promoting South Africa as a leader in RVF diagnostics, and enhance BTRP's relationship with the Department of Agriculture, Forestry and Fisheries.	South Africa	\$4,988,987	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-19-1-0033: Reducing the Threat of Rift Valley Fever through Ecology, Epidemiology and Socio-Economics	DoD-CTR/BTRP	N
Build Liberian capacity for threat reduction through an integrated human-animal surveillance approach to high consequence zoonotic pathogens associated with human acute febrile illness (AFI)	Liberia	\$4,912,818.06	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable	HDTRA1-20-1-0016: Reducing the threat from high-risk pathogens causing febrile illness in Liberia	DoD-CTR/BTRP	N
Reduce the threat of Crimean Congo Hemorrhagic Fever by providing critical epidemiological data to monitor the emergence of outbreaks and will improve Tanzania's capacity to detect, diagnose and manage the risk of CCHF	Tanzania	\$4,995,106.37	This DoD CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0018 Crimean-Congo Hemorrhagic Fever Reducing an Emerging Health Threat in Tanzania	DoD-CTR/BTRP	N
Strengthen South Africa's, and the region's, capacity to develop and implement surveillance strategies with appropriate biosafety and biosecurity principles, detect pathogens (both molecular and serological) in bats before outbreaks occur, recognize and diagnose outbreaks if they do occur and develop appropriate reporting strategies for the region.	South Africa, Mozambique, Zimbabwe	\$1,616,289.68	This DoD-CTR/BTRP award to University Pretoria has EcoHealth Alliance as a subaward and as such the metrics component is not applicable.	HDTRA1-20-1-0025 The Southern African Bat Research Network: Coordinated Biosurveillance for Viral Zoonoses in Bat-Livestock-Human interfaces in Southern Africa	DoD-CTR/BTRP	N
Build scientific expertise and appropriate capacity to safely and accurately detect, respond and report viral zoonotic agents, enhance India's ability to detect viral threats such as Ebola, Nipah and related viruses, and reduce the threat caused by deliberate release of select agents	India	\$4,960,857.17	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0026: Biosurveillance for Spillover of Henipaviruses and Filoviruses in Rural Communities in India	DoD-CTR/BTRP	N
Enhance Jordan & Iraq's capacity for threat reduction of Avian Influenza and Middle East Respiratory Syndrome Coronavirus that pose serious potential human health, economic, and food production as well as security consequences to U.S. warfighters	Jordan, Iraq, Lebanon	\$4,899,136.44	This DoD-CTR/BTRP award to EcoHealth Alliance is a grant and as such the metrics component is not applicable.	HDTRA1-20-1-0029: Reducing the Threat of Middle East Respiratory Syndrome Coronavirus and Avian Influenza in Jordan & Strengthening Regional Disease Surveillance Capacity	DoD-CTR/BTRP	N

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc: (b)(6); DTRA Ft Belvoir CT List CT DAG; (b)(6)
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>
Date: Thursday, August 19, 2021 5:31:00 PM

Copy; thank you.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, August 19, 2021 5:11 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
DAGctty, Ada A CIV DTRA CT (USA)

(b)(6)

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Sir,

DTRA LA is the OPR for this task. (b)(6) has all the additional files and he will work to ensure the files are appropriately shared up the chain to the Pentagon for potential transmission to the Hill.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton

Corporate email: (b)(6)

NIPR (b)(6)

SIPR

Main

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Mobi

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-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Thursday, August 19, 2021 5:09 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

(b)(6)

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Thank you.

How will we get the other documents to tasker originator at the Pentagon for potential transmission to the Hill?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Thursday, August 19, 2021 4:53 PM

To: (b)(6)

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

(b)(6)

(b)(6)

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Sirs,

Closing the loop on this tasker (b)(6) and I worked on the final edits this afternoon. With his permission, I uploaded the final Word and Excel files and worked with (b)(6) to provide the auxiliary BTRP materials that could not be uploaded into TMT because there were too many / they were too large. Attached are the final files that were uploaded into TMT.

(b)(6) has initiated the SLAP for the CT FO approval in TMT as the final step. (b)(6) is aware of this tasker's status in TMT.

Thank you.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton
Corporate email (b)(6)
NIPR (b)(6)
SIPR
Main
Desk
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-----Original Message-----

From: (b)(6)
Sent: Wednesday, August 18, 2021 5:53 PM
To: (b)(6)
(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT
(USA) (b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG
<dra.belvoir.ct.list.ct-dag@mail.mil>
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dra.tmt.army.mil/main.aspx#439668633>

Sirs,

Please see attached for part of BTRP's inputs for this tasker. The rest of BTRP's inputs can be found on the J: Drive, here: J:\Shared\CT\Front Office\0202-Arms Control Policy and Negotiations\0202-03 CTR\Active Files\2021\20210818_HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance\BTRP Inputs > 20210818_HASC EHA RFI-BT Inputs (.zip file). It cannot be attached here, because the file(s) is so large.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

NIPR (b)(6)

SIPR:

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Desk:

Mobi:

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-----Original Message-----

From: (b)(6)

(b)(6)

Sent: Wednesday, August 18, 2021 4:49 PM

To: (b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Cc: (b)(6)

(b)(6)

>: DTRA Ft Belvoir CT List CT DAG

<dra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dra.tmt.army.mil/main.aspx#439668633>

Please package up all the inputs, consolidate, and send to me and Dr. Pope.

Thank (b)(6)

-----Original Message-----

From: (b)(6)

Sent: Wednesday, August 18, 2021 4:47 PM

To: (b)(6)

(b)(6)

Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc: (b)(6)

(b)(6)

>: DTRA Ft Belvoir CT List CT DAG

<dra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dra.tmt.army.mil/main.aspx#439668633>

Standing by, should you need DAG assistance with anything on this tasker.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

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-----Original Message-----

From (b)(6)

Sent: Wednesday, August 19, 2021, 4:54 PM

To (b)(6)

(b)(6) Pope, Robert S SES DTRA COOP THRT REDUCT

(USA) (b)(6)

Cc (b)(6)

(b)(6) DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

+ DAG

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead
Defense Threat Reduction Agency
CTR A&AS Contractor
Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

NIP (b)(6)

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-----Original Message-----

From: (b)(6)
Sent: Wednesday, August 18, 2021 3:52 PM
To: (b)(6)
(b)(6) Robert S SES DTRA COOP THRT REDUCT Pope (US)
(b)(6)
Cc: (b)(6)
(b)(6)
Subject: FW: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>
Importance: High

Sirs,

See the email (b)(6) is referring to. The DAG has not had a chance to review or edit anything yet.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email (b)(6)

(b)(6)

NIP (b)(6)
SIP
<mailto: (b)(6)>
Mailbox (b)(6)
Description (b)(6)
Mol (b)(6)

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law. If you received this communication in error, please do not distribute but delete the original message. Please notify the sender by email at the address shown. Thank you for your compliance.

From: (b)(6)
Sent: Wednesday, August 18, 2021 3:07 PM
To: (b)(6) DTRA
Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT
List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
(b)(6)
Subject: RE: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:
<https://dtra.tmt.army.mil/main.aspx#439668633>

(b)(6)

Good Afternoon DAG,

Please see attached and below for BTRP's proposed response to the subject tasker. We would like the below blurb to be included with CTR's final response. We have also consolidated the files to respond to Question 4 here: [J:\Shared\CT\BT\EHA Tasker Aug 2021](#), but are having trouble shrinking the files to a zip file. We're not sure if that capability has been deactivated on our computers, but maybe someone within the DAG can help or simply pull the files from the JDrive directly (it's a lot).

////////////////////////////////////

While DTRA-CTR-BTRP has not and does not plan to award any contracts with EcoHealth Alliance, we have included responses for grants that have been awarded to EcoHealth Alliance. DTRA-CTR-BTRP has not funded any projects with EcoHealth Alliance that have included work in or in support of China. All DTRA-CTR-BTRP awards to EcoHealth Alliance are available in USA Spending.gov. DTRA-CTR-BTRP does not fund any classified research.

////////////////////////////////////

v/r,

(b)(6)

Millennium Corporation | Booz Allen Hamilton

On-Site Operations Lead, Biological Threat Reduction Program

CTR A&AS Support Contractor

Desk Phone (b)(6)

Em (b)(6)

SIP
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Sent: Wednesday, August 18, 2021 10:27 AM

To (b)(6)
<m

RE
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Cc

(b)(6)

DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> > (b)(6)

(b)(6)

Subject: RE: HASC has asked for information on the following regarding DoD's
relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Importance: High

Good mornin

(b)(6)

LA just informed us that the DTRA FO has shortened the suspense of this
tasker to tomorrow at 1000. Respectfully requesting to update the suspense

to the BTRP to be COB today. Please advise.

Very Respectfully,

(b)(6)

CTR Director's Action Group Lead

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

(b)(6)
Corporate email

(b)(6)

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(b)(6)
From
<mai

Sent: Tuesday, August 17, 2021 4:59 PM

To: (b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

<mailto:dtra.belvoir.ct.list.ct-dag@mail.mil> >; (b)(6)

(b)(6)

>

Subject: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance:

<https://dtra.tmt.army.mil/main.aspx#439668633>

Sir,

Good afternoon.

CT just received this task. I tasked BT in TMT.

ACTION: HASC has asked for information on the following regarding DoD's relationship with EcoHealth Alliance. Please provide: (1) a list of all the contracts DTRA has with EcoHealth over the last 10 years in the attached spreadsheet format, and (2) answers to 4 follow-on questions in the Word document.

OPR: LA

OCR: CT, RD

SUSPENSE: 25-Aug-2021 COB

v/r

(b)(6)

Booz | Allen | Hamilton

Advisory & Assistance Service (A&AS) Support Contractor

Cooperative Threat Reduction (CTR) Program

Defense Threat Reduction Agency (DTRA)

DTRA Desk

(b)(6)

CTSC Desk

(b)(6)

C.

D.

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(b)(6)

B.

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Cc:
Subject: RE: HASC ISO CWMD Hearing Thank Note & QFRs
Date: Friday, May 14, 2021 12:05:00 PM

(b)(6)

Copy; we will put some thought into the financial strains question.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, May 14, 2021 11:44 AM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: (b)(6)

(b)(6)

Subject: RE: HASC ISO CWMD Hearing Thank Note & QFRs

Sir,

The OSD/LA (Policy Rep) reached out today on the response to the letter and we let him know we are working on it and should have it back to OSD next week. This definitely includes your input and we can share the draft after its vetted by GC. We hope to get this in front of Dr. Williams for review early next week.

The first Directorate that came to mind re: financial strains was CT. Yes, we would definitely appreciate your teams input.

V/r

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Friday, May 14, 2021 11:39 AM
To: (b)(6)
Cc: (b)(6)

Subject: RE: HASC ISO CWMD Hearing Thank Note & QFRs

(b)(6)

Thanks for sending these. When I talk to DASD Johnson this afternoon, I'll let him know that we can assist Policy with the EcoHealth Alliance question to Jennifer Walsh, if desired. If Policy wants DTRA assistance, we will draft some suggested language.

Do you need anything from CT to answer the question on "the financial strains you foresee on CWMD programs as a result of COVID-19" or will this be directed elsewhere in the Agency?

Finally, I think CT provided input for the response to the Rep. Reschenthaler (+12) letter on EcoHealth Alliance. Do you need anything else from us on this response?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, May 14, 2021 11:26 AM
To: Williams, Rhys M SES DTRA DIR (USA) (b)(6)
Cc: DTRA Ft Belvoir DIR List DTRA CMD GP <dtra.belvoir.dir.list.dtra-cmd-gp@mail.mil>; DTRA Ft Belvoir DIR List DAG Team <dtra.belvoir.dir.list.dag-team@mail.mil>; DTRA Ft Belvoir DIR List LA Govt <dtra.belvoir.dir.list.la-govt@mail.mil>; DTRA Ft Belvoir Org List DTRA Directorate Directors <dtra.belvoir.org.list.dtra-directorate-directors@mail.mil>; DTRA Ft Belvoir Org List DTRA Directorate Deputy Directors <dtra.belvoir.org.list.dtra-directorate-deputy-directors@mail.mil>
Subject: HASC ISO CWMD Hearing Thank Note & QFRs

Sir,

Please find attached a thank you letter and your QFRs (x4) for from last week's HASC ISO CWMD hearing. Also attached for awareness is the complete list of QFRs for all witnesses. Question #4 for Ms. Walsh addresses the EcoHealth Alliance question. We are currently drafting the response for the March 15th letter from Rep. Reschenthaler (+12) and will have for your review next week before passback to OSD.

V/r,

(b)(6)

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir CT List CT DAG
Cc: (b)(6)
Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute
Date: Thursday, May 6, 2021 7:17:27 PM

Thank you, sir!

v/r,

(b)(6)
Department Chief
Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Thursday, May 6, 2021 2:52 PM
To: (b)(6)
(b)(6); DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6)
Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

BT, DAG,

Here's the signed response to the Hill from the 2020 query on DTRA, EHA, and the Wuhan Lab. Please file this for reference as we work any future queries on the subject.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 6, 2021 1:44 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: (b)(6)
DT
Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

Sir-Attached is the signed response! Took time to track down because it was ultimately signed out by R&E.

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Wednesday, May 5, 2021 10:58 AM
To: (b)(6)
Cc: (b)(6)

(b)(6)
A CIV OSD OUSD A-S (USA)

Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(6)

I want to keep your office in the loop on the Wuhan-related questions, because they may also affect coming out of yesterday's hearing.

(b)(6)

DTRA received a query from Bill Gertz at the Washington Times yesterday. Unfortunately, CT didn't receive the query until this morning and Gertz already published his story. We'll provide a response to PA so they can close the loop with Gertz (I'll send to you SEPCOR).

We also have the tasker to help contribute to the response to the most recent Congressional query on this topic. The team is working the response now and I'll share our draft when they get it to me.

Also, for background, I've attached the previous (2020) Congressional queries and draft responses on the topic. If your office has the signed responses for ASD Lord, we would welcome those to ensure we stay consistent in our messaging to the Hill.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Wednesday, May 5, 2021 9:46 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6) DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-

dag@mail.mil>

Cc: (b)(6)

(b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

ALCON,

Please see attached for responses CTR assisted in drafting in response to previous Congressional RFIs WRT EcoHealth Alliance. I've included the RFIs for reference as well. Thanks (b)(6) for digging up these documents. Standing by should anyone need anything else.

Very Respectfully,

(b)(6)

CTR Director's Action Group

Defense Threat Reduction Agency

CTR A&AS Contractor

Octant Associates, LLC | Booz Allen Hamilton

Corporate email: (b)(6) [octantassociates.com](mailto:(b)(6)@octantassociates.com)

NIP (b)(6)

Main

Desk

Mob

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-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Sent: Wednesday, May 5, 2021 9:17 AM

To: (b)(6)

DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

Cc: (b)(6)

(b)(6)

Subject: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

Importance: High

(b)(6)

-- Please see the Washington Times query below from Bill Gertz -- both the summary in DTRA/PA's note and the actual questions from Bill Gertz at the bottom of this chain. We need to answer this today, the earlier the better.

DAG -- Please send to all on this note the answers we used on the 1-2 previous occasions we've responded to Congressional queries on this topic so we're consistent with those messages and don't have to reinvent them.

V/r,

Rob

Robert S. Pope, Ph.D., SES

Director

Cooperative Threat Reduction

-----Original Message-----

(b)(6)

Sent: Wednesday, May 5, 2021 8:59 AM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

(b)(6)

Hann, Ronald K

Jr SES DTRA RD (USA)

(b)(6)

(b)(6)

Cc: (b)(6)

(b)(6)

Subject: FW: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

Good day all,

We received the below inquiry from the Washington Post regarding Dr. William's testimony yesterday. If I recall correctly, these questions have already been addressed in another effort...please see below excerpt:

"I need to know about DTRA funding of the NGO EcoHealth Alliance that may have gone to the Wuhan Institute of Virology."

A funding chart on the EcoHealth Alliance website shows just under \$40 million spent by DTRA and DoD and that some of the work included "UNDERSTANDING THE RISK OF BAT-BORNE ZOOONOTIC DISEASE EMERGENCE IN WESTERN ASIA" and "UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE."

Dr. Williams at the House hearing today said: "We have done a thorough look at all of our

programmaticactivities to ensure that at least at the Defense Threat Reduction Agency'sfunding to this NGO was not provided to the best of our knowledge into theWuhan Institute of Virology."

Q: What about the funding that was done for the bat-borne zoonotic disease emergence and bat coronavirus emergence? Was that work done at the Wuhan Institute of Virology, where it is known that they conducted extensive bat coronavirus research?

Q: Is it DTRA's conclusion that none of its grant money to EcoHealth Alliance was used at the Wuhan Institute of Virology?

Will standby for further guidance...

Very respectfully,

(b)(6)

Public Affairs

COR: HDTRA121C0025 - Shield Analysis Technologies LLC.

Defense Threat Reduction Agency

(b)(6)

Detect...Deter...Defeat!

-----Original Message-----

From: Bill Gertz <(b)(6)>

Sent: Tuesday, May 4, 2021 4:01 PM

To: DTRA Ft Belvoir SI List SI-PA Govt <dtra.belvoir.si.list.si-pa-govt@mail.mil>

Subject: [Non-DoD Source] Fwd: Comments by DTRA Acting Director Williams today

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

I need to know about DTRA funding of the NGO EcoHealth Alliance that may have gone to the Wuhan Institute of Virology.

A funding chart on the EcoHealth Alliance website shows just under \$40 million spent by DTRA and DoD and that some of the work included "UNDERSTANDING THERISK OF BAT-BORNE ZOOONOTIC DISEASE EMERGENCE IN WESTERN ASIA" and "UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE."

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Q: Is it DTRA's conclusion that none of its grant money to EcoHealth Alliance was used at the Wuhan Institute of Virology?

Bill Gertz

National Security Correspondent
@BillGertz direct 202-636-3274
TheGertzFile.com < Caution-<http://thegertzfile.com> >

3600 New York Ave NE | Washington DC, 20002

Begin forwarded message:

From: Bill Gertz <bgertz@washingtontimes.com < Caution-<mailto:bgertz@washingtontimes.com> > >

Subject: Comments by DTRA Acting Director Williams today

Date: May 4, 2021 at 1:23:00 PM EDT

To: dtra-pa@mail.mil < Caution-<mailto:dtra-pa@mail.mil> >

Today at a House Armed Services subcommittee hearing Mr. Williams discussed DTRA's efforts to screen its investments in EcoHealth Alliance and its work with the Wuhan Institute of Virology.

I'm writing a story on this and would like some additional details on when this review was done and other details about the review. Need any information today.

Bill Gertz

(b)(6)

National Security Correspondent
@BillGertz direct 202-636-3274
TheGertzFile.com < Caution-<http://thegertzfile.com/> >

3600 New York Ave NE | Washington DC, 20002

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute
Date: Thursday, May 6, 2021 2:43:00 PM

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 6, 2021 2:21 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

(b)(6)

Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

And more...

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 6, 2021 12:50 PM
To: (b)(6)

A C

(b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(6)

As an update, I briefed DASD Johnson last night and he asked that I engage w/ OSD PA on this. He's also asked that OSD PA and DTRA PA share both the original inquiry and DTRA's proposed response so that CWMD Policy can coordinate on the response.

Best
(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Wednesday, May 5, 2021 5:53 PM
To: (b)(6)

A C

(b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(6)

(b)(5)

Best (b)(6)

-----Original Message-----

From: (b)(6)

Sent: Wednesday, May 5, 2021 2:23 PM

To: (b)(6)

OS (b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

Here is DTRA's response to the reporter's inquiry. Note - these answers were provided after he published the article below. So they were apparently not incorporated into his story.

Q1: What about the funding that was done for the bat-borne zoonotic disease emergence and bat coronavirus emergence? Was that work done at the Wuhan Institute of Virology, where it is known that they conducted extensive bat coronavirus research?

A1: No.

Q2: Is it DTRA's conclusion that none of its grant money to EcoHealth Alliance was used at the Wuhan Institute of Virology?

A2: The grant was made by DoD's Biological Threat Reduction Program (BTRP), and we find that no portion of such grant funds were used to support work at the Wuhan Institute of Virology, or any other laboratory in the People's Republic of China (PRC).

-----Original Message-----

From: (b)(6)

Sent: Wednesday, May 5, 2021 12:05 PM

To: (b)(6)

OS (b)(6)

Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

FYI - we will discuss this at 1430. We received another congressional inquiry on this topic too.

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Sent: Wednesday, May 5, 2021 11:54 AM

To: (b)(6)

TH (b)(6)

(b)(6); DTRA Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>; DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

FYSA -- Today's article from Bill Gertz (included in today's Defense Morning Clips):

=====

'Best of our knowledge': Pentagon officials deny Wuhan Institute of Virology given defense funds
Washington Times Online, May 4 (1751) | Bill Gertz

Pentagon officials offered a qualified denial Tuesday when questioned on whether any of the nearly \$40 million in defense money given to a non-government organization may have been used for research at the Chinese military-linked Wuhan Institute of Virology, a suspected potential origin point for the COVID-19 pandemic.

Rys Williams, acting director of the Defense Threat Reduction Agency, and Brandi Vann, acting assistant defense secretary for nuclear, chemical and biological defense programs, told a House Armed Services subcommittee hearing that all the funds they reviewed from DTRA and other government sources did not go to the Chinese institute following reviews of grants to EcoHealth Alliance, a New York-based NGO that worked closely with the WIV.

“We have done a thorough look at all of our programmatic activities to ensure that at least the Defense Threat Reduction Agency’s funding to this NGO was not provided, to the best of our knowledge, into the Wuhan Institute of Virology,” Mr. Williams told the House panel that focuses on special operations.

Mr. Williams said DTRA reviews all activities related to NGOs “to make sure that the risk for government funding is minimalized and in keeping with the traditions and the boundaries of the federal acquisition process but equally in policy as well.”

Ms. Vann, the acting assistant defense secretary, added that other defense agencies involved in nuclear, chemical and biological (NCB) programs reviewed funding of EcoHealth Alliance research and found no links to the Chinese lab.

“We also across the NCB did a thorough review to identify any potential access or investment into the Wuhan laboratory, and we have not identified any,” she said in response to questioning from Mississippi Rep. Trent Kelly, the ranking Republican member of the subcommittee. “It is something that we continue to watch to ensure that our investments are not going to places where they should not be,” she noted.

Mr. Kelly asked the two defense officials “what kind of risk assessment or risk analysis we’ve conducted and how the Wuhan Institute of Virology became the partner of choice for U.S. government agencies, given its ties to the PLA,” he said, using the acronym for People’s Liberation Army, the Chinese military.

A State Department fact sheet made public in January for the first time disclosed that the WIV was engaged in covert biological weapons research with the PLA. Chinese officials at the WIV have denied the institute works with the PLA.

According to the fact sheet, the WIV is engaged in “secret military activity.”

“Secrecy and non-disclosure are standard practice for Beijing,” the fact sheet said. “For many years the United States has publicly raised concerns about China’s past biological weapons work, which Beijing has neither documented nor demonstrably eliminated, despite its clear obligations under the Biological Weapons Convention.”

The collaboration at the institute includes both publication and secret military projects including classified research and laboratory animal experiments. The work between WIV and PLA has been underway since 2017.

Director of National Intelligence Avril Haines told Congress last month that U.S. intelligence agencies believe the pandemic began either through a leak from a Chinese laboratory or from an animal host. Many scientists and mainstream news outlets for months dismissed all suggestions the virus could have come from a lab as a conspiracy theory.

A list of grants and contracts for EcoHealth Alliance posted on the website of Independent Science News shows DTRA and the Pentagon provided the group with \$38.9 million since 2014. DTRA’s funding included \$6.49 million between 2017 and 2020 for what the agency called “understanding the risk of bat-borne zoonotic disease emergence in Western Asia.”

According to DTRA, the grant was used for research aimed at “combating or countering weapons of mass destruction” and was to be carried out between 2017 and 2022. It is not clear if the work is ongoing.

The National Institute of Allergy and Infectious Diseases (NIAID) provided EcoHealth Alliance with \$3.7 million in funding from 2014 to 2019, and the National Institutes of Health gave the group \$2.5 million between 2009 and 2012. The NIAID funds went to a program called “understanding the risk of bat coronavirus emergence.”

A spokesman for EcoHealth Alliance did not return an email and phone call seeking comment.

EcoHealth Alliance President Peter Daszak has worked closely with WIV virologist Shi Zhengli, known as the “Bat Woman of Wuhan” for her work on bat viruses and has been a vocal critic of the Wuhan lab transmission theory. He was also part of the World Health Organization team that investigated the virus origin earlier this year that called the lab theory “extremely unlikely” and not worth pursuing. Critics say the WHO report was influenced by the Chinese government that sought to play down the lab leak theory.

China, according to the Trump and Biden administrations, has engaged in disinformation in a bid to deflect criticism from its handling of the outbreak’s earliest days. The Chinese government refused to provide virus samples to international virus hunters and initially hid the infectiousness of the virus from the world. More than 3 million people have died since the pandemic broke out in Wuhan in December 2019.

=====

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

From: (b)(6)
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute
Date: Thursday, May 6, 2021 2:44:48 PM

Copy. Thx.

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Thursday, May 6, 2021 2:44 PM
To: (b)(6)
Subject: RE: IIOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 6, 2021 2:21 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
(b)(6)
Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

And more...

-----Original Message-----

From: (b)(6)
Sent: Thursday, May 6, 2021 12:50 PM
To: (b)(6)
A
(b)(6)
Subject: RE: IIOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(6) as an update, I briefed DASD Johnson last night and he asked that I engage w/ OSD PA on this. He's also asked that OSD PA and DTRA PA share both the original inquiry and DTRA's proposed response so that CWMD Policy can coordinate on the response.

Be: (b)(6)

-----Original Message-----

From: (b)(6)
Sent: Wednesday, May 5, 2021 5:33 PM
To: (b)(6)
A
(b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

(b)(6)

(b)(5)

Be

(b)(6)

-----Original Message-----

From: (b)(6)

Sent: Wednesday, May 5, 2021 2:23 PM

To: (b)(6)

OS

(b)(6)

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

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From: (b)(6)

Sent: Wednesday, May 5, 2021 12:05 PM

To: (b)(6)

OS

(b)(6)

Subject: FW: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

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(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US

Sent: Wednesday, May 5, 2021 11:54 AM

To: (b)(6)

(b)(6)

(b)(6)

TRA Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-

taskers@mail.mil>, DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: RE: HOT -- Washington Post Question Re: DTRA, EcoHealth Alliance, and the Wuhan Institute

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=====

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Washington Times Online, May 4 (1751) | Bill Gertz

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"We have done a thorough look at all of our programmatic activities to ensure that at least the Defense Threat Reduction Agency's funding to this NGO was not provided, to the best of our knowledge, into the Wuhan Institute of Virology," Mr. Williams told the House panel that focuses on special operations.

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"We also across the NCB did a thorough review to identify any potential access or investment into the Wuhan laboratory, and we have not identified any," she said in response to questioning from Mississippi Rep. Trent Kelly, the ranking Republican member of the subcommittee. "It is something that we continue to watch to ensure that our investments are not going to places where they should not be," she noted.

Mr. Kelly asked the two defense officials "what kind of risk assessment or risk analysis we've conducted and how the Wuhan Institute of Virology became the partner of choice for U.S. government agencies, given its ties to the PLA," he said, using the acronym for People's Liberation Army, the Chinese military.

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According to the fact sheet, the WIV is engaged in "secret military activity."

"Secrecy and non-disclosure are standard practice for Beijing," the fact sheet said. "For many years the United States has publicly raised concerns about China's past biological weapons work, which Beijing has neither documented nor demonstrably eliminated, despite its clear obligations under the Biological Weapons Convention."

The collaboration at the institute includes both publication and secret military projects including classified research and laboratory animal experiments. The work between WIV and PLA has been underway since 2017.

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in Western Asia.”

According to DTRA, the grant was used for research aimed at “combating or countering weapons of mass destruction” and was to be carried out between 2017 and 2022. It is not clear if the work is ongoing.

The National Institute of Allergy and Infectious Diseases (NIAID) provided EcoHealth Alliance with \$3.7 million in funding from 2014 to 2019, and the National Institutes of Health gave the group \$2.5 million between 2009 and 2012. The NIAID funds went to a program called “understanding the risk of bat coronavirus emergence.”

A spokesman for EcoHealth Alliance did not return an email and phone call seeking comment.

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=====

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

(b)(6)

From:
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
Subject: RE: Looking for Book Recommendations
Date: Monday, April 12, 2021 2:33:05 PM
Attachments: [Building Resilience to Biothreats 2019.pdf](#)
[Biodefense in the Age of SynBio 2018.pdf](#)
[Biden NSD-1 Intl COVID-19 Response GHS Biological Preparedness 21Jan2021.pdf](#)
[2018-National-Biodefense-Strategy.pdf](#)

Sir,

Apologies for the delay.

A few suggested readings that might be helpful for him attached and below:

NASEM 2020 Report: <https://www.nap.edu/catalog/25681/a-strategic-vision-for-biological-threat-reduction-the-us-department>

Biohazard; Ken Alibek

Guns, Germs, and Steel; Jared Diamond

Germs: Biological Weapons and America's Secret War; Judith Miller, Stephen Engelberg, William Broad

Cheers,

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)

Sent: Tuesday, April 6, 2021 3:13 PM

To: (b)(6)

Subject: Looking for Book Recommendations

(b)(6)

The National Lab Fellow I'm mentoring (b)(6) you spoke with him a few months ago) is looking for book recommendations that would help him understand bio weapons. He's ABD in a bio field, so he has the science background, but he's curious about both the policy and technical aspects of bio weapons. Do you have a book or two that you would recommend?

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

BUILDING RESILIENCE TO BIOTHRREATS

*An assessment of unmet core
global health security needs*



EcoHealth Alliance

Copyright © 2019 by EcoHealth Alliance

Suggested citation: Carlin EP, Machalaba C, Berthe FCJ, Long KC, Karcsh WB. *Building resilience to biothreats: an assessment of unmet core global health security needs*. EcoHealth Alliance. 2019.

BUILDING
RESILIENCE
TO BIOTHRREATS

*An assessment of unmet core
global health security needs*

AUTHORS AND CONTRIBUTORS

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Catherine Machalaba

Policy Advisor and Research Scientist, EcoHealth Alliance

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Senior Livestock Specialist, World Bank

Kanya C. Long

AAAS Roger Revelle Fellow in Global Stewardship/Health Specialist, World Bank

William B. Karesh

Executive Vice President, EcoHealth Alliance

ACKNOWLEDGEMENTS

Numerous individuals contributed to this endeavor. We wish to thank the participants who attended our Washington, D.C. roundtable, many of whom came from great distances to do so, including across the Atlantic Ocean. We thank the World Bank Group for hosting the roundtable and for generously providing additional expertise and collaboration throughout the study process, including through a Knowledge Exchange event. The written report benefitted considerably from the input of many interview participants and peer reviewers. Officials from the government of Liberia were especially gracious with their time to provide valuable country perspective. Jim Desmond and Amanda Andre, both from EcoHealth Alliance, provided significant guidance, coordination, and assistance. The kind help of Barbara Machado and Timothy Bouley from the World Bank was also sincerely appreciated. Finally, we gratefully acknowledge the generous support and enthusiasm of the project's funder, the Smith Richardson Foundation.

In addition to literature research, the following events and experts formed the backbone of this project's information gathering phases, and allowed for substantial deliberation of results and conclusions:

Roundtable

Washington, DC

James Allen, Chevron
 Casey Barton Behravesh, U.S. Centers for Disease Control and Prevention
 Franck Berthe, World Organisation for Animal Health and World Bank
 Lance Brooks, U.S. Department of Defense
 Elizabeth Cameron, Nuclear Threat Initiative
 Justin Cormier, U.S. Centers for Disease Control and Prevention
 Ricardo Echalar, U.S. Agency for International Development
 Hamid Jafari, U.S. Centers for Disease Control and Prevention
 Franca Jones, U.S. Department of Defense
 William B. Karesh, EcoHealth Alliance
 Mario Libel, Ending Pandemics
 Kanya Long, World Bank
 David Morens, National Institute of Allergy and Infectious Diseases
 Gerald Parker, Texas A&M University
 Dademanao Pissang Tchchangai, Food and Agriculture Organization
 of the United Nations
 Ronald Waldman, Georgetown University

Liberia mission

Monrovia, Liberia

The research team traveled to Liberia to ground truth its findings from a cross-ministerial, country-level perspective. In a roundtable setting, partners from the National Public Health Institute of Liberia (NPHIL), Central Veterinary Laboratory, and Forestry Development Authority provided their expert perspective on how well the identified functions and initiatives align with the assessments, experience, and needs in their sector and at a national level. While in Liberia, we also benefitted considerably from attending additional meetings convened through Liberia's One Health Coordination Platform to learn more about the country's cross-cutting efforts across public health, forestry, environmental protection, agriculture, and other agencies. We especially thank Tolbert Nyenswah and Sonpon Sieh for their generosity in welcoming us and allowing us to learn from Liberia's efforts.

World Bank Knowledge Exchange

Washington, DC

Project investigators held an exchange of ideas with World Bank colleagues on the study's findings to share views, with a focus on operational and practical experiences and lessons learned from World Bank operations. The event was chaired by Olusoji Adeyi. The insight from all participants, including Discussant John Paul Clark, was greatly appreciated.

Interviews and consultations

Stéphane de la Rocque, World Health Organization
 Rebecca Katz, Georgetown University
 Nicole Lurie, CEPI – Coalition for Epidemic Preparedness Innovations
 Dawn O'Connell, CEPI – Coalition for Epidemic Preparedness Innovations

Peer reviewers

James Allen, Chevron
 Ryan Morhard, World Economic Forum
 Simo Nikkari
 Erin M. Sorrell, Georgetown University
 Claire J. Standley, Georgetown University
 Gary A. Vroegindewey, Lincoln Memorial University
 Paul van der Merwe, South Africa Defence Force
 Chadia Wannous, Towards a Safer World Network for Pandemic Preparedness

PREFACE

The Ebola crisis of 2014-2016 in Guinea, Liberia, and Sierra Leone spurred a substantial rethinking of how the global community must orient itself toward preventing, mitigating, and responding to the impacts of major infectious disease events. Nations, companies, and philanthropies poured billions of dollars into direct Ebola response and into activities and initiatives designed to ensure against another Ebola-like event.

Four years later, we sought to understand where this self-reflection and new-found commitment to global health security has brought us. We looked not to the country level, where abundant programs and assessments are ongoing, but instead to the global stage of actors. Our intent was to capture the systematic initiatives operating worldwide to address the core functions outlined in prominent global health security frameworks. We suspected that behind the many and productive policy and programmatic efforts there remain core capabilities that are insufficiently addressed or not addressed at all at this level. We began with the assumption that progress was abundant yet uneven. We also assumed that the major frameworks themselves might be drawn too narrowly to account for the full scope of outbreak sources—intentional and unintentional spillover or release—and the distinct but complementary capacities needed to address them.

We know of no group that has undertaken an end-to-end review of the primary functions needed for effective prevention through recovery from pandemics, regardless of their origin, and an assessment of which functions are receiving insufficient attention. Any weak link in the global health security system can jeopardize the ability to prevent and manage high-consequence outbreaks. A high-level evaluation, therefore, is necessary and timely. Much of the work needed to build a world resilient to catastrophic health threats is really just beginning; we hope that this assessment will play a role in building the scaffolding to create that world.

TABLE OF CONTENTS

Preface	iv
Glossary	2
Acronyms	3
Executive Summary	6
Introduction	10
Identification of Core Support Functions	16
Implementation Efforts for Core Support Functions	24
<i>Governance and Legal Frameworks</i>	25
<i>Financing</i>	27
<i>Initiatives</i>	32
Pillars and Support Functions in Need of Attention	36
Conclusions and Recommendations	48
References	54

FIGURES, TABLES, AND BOXES

Figures

- Figure 1. Global health security pillars as a circular flow of capability
 Figure 2. Examples of activities and trajectory of impacts along the prevent-detect-respond-recover spectrum

Tables

- Table 1. Pillars and supporting functions for global health security
 Table 2. Major global-level financial resources mobilized for global health security (funding received or requested)
 Table 3. Mapping of global health security initiatives to pillars

Boxes

- Box 1. 2009 H1N1: the last major pandemic
 Box 2. 2001 Amerithrax: the last major bioterrorism event
 Box 3. Investing in public and animal health systems, with lessons from Vietnam
 Box 4. One Health coordination for health security in Liberia
 Box 5. Nexus of insecurity: conflict and fragility in the Kasai region of the Democratic Republic of Congo
 Box 6. Convergent risk drivers: potential impacts of climate change and urbanization on vector-borne diseases in Mauritania
 Box 7. Closing the loop: from an effective response to epidemic plague to informed recovery and prevention in Madagascar
 Box 8. Where does the private sector fit in?

GLOSSARY

Recognizing that many of the following terms have multiple meanings or usages, this glossary provides definitions for the purpose of this report; these have been sourced or adapted from a variety of existing and published definitions.

Biodefense. Activities directed to thwart biothreats of intentional or unintentional origin.

Biosecurity. 1) Prevention of theft, diversion, or deliberate misuse of knowledge, skills, materials, and/or technologies from the biological sciences. 2) Prevention of the inadvertent release or transport of pathogens from hospitals, laboratories, farms, and other settings.

Biothreat. Short for “biological threat;” a biological pathogen or toxin with high-consequence potential for human or animal health or national security.

Build back better. The phases implemented after a disaster to increase resilience of nations and communities through integrating disaster risk reduction measures into restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economics, and the environment.

Collective health security. The reduction of vulnerability of societies to disease threats (generally those that are caused by pathogens or acute toxic exposures) that spread across national borders.

Detect. A global health security pillar characterized by systems, policies, and procedures to gather and analyze information, provide early warning, and inform strategies.

Emerging infectious disease. An infectious disease caused by a pathogen previously unknown to science, previously unknown to infect humans, or markedly increasing in incidence or geographic range.

Epidemic. An occurrence of an infectious disease in a defined population at a level exceeding normally expected incidence.

Global health security. A state characterized by sufficient epidemic and pandemic preparedness and capabilities in order to minimize vulnerability to acute public health events that can endanger the health of populations across geographical regions and international boundaries.

Pandemic. An infectious disease epidemic that occurs on more than one continent.

Preparedness. The knowledge and capacities developed by governments, response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, or current disasters.

Prevent. A global health security pillar characterized by systems, policies, and procedures to determine, assess, avoid, mitigate, and reduce threats and risks by reducing vulnerability and exposure.

Recover. A global health security pillar characterized by systems, policies, and procedures to restore and strengthen normal operations.

Re-emerging infectious disease. An infectious disease that had declined in prevalence or impact but which is again becoming a health problem for a given population.

Respond. A global health security pillar characterized by systems, policies, and procedures aimed at controlling or mitigating the impact of disease and saving lives.

Zoonosis. An infectious disease transmissible between animals and humans.

ACRONYMS

AMR	antimicrobial resistance	GOARN	Global Outbreak Alert and Response Network
AU-IBAR	African Union - Interafrican Bureau for Animal Resources	IDA	International Development Association
BWC	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction	IHR	International Health Regulations
CBD	Convention on Biological Diversity	IRR	International Reagent Resource
CCHF	Crimean-Congo hemorrhagic fever	JEE	Joint External Evaluation
CDC	U.S. Centers for Disease Control and Prevention	NGO	non-governmental organization
CEPI	Coalition for Epidemic Preparedness Innovations	NPHIL	National Public Health Institute of Liberia
CFE	Contingency Fund for Emergencies	OIE	World Organisation for Animal Health
CORDS	Connecting Organizations for Regional Disease Surveillance	PEF	Pandemic Emergency Financing Facility
CITES	Convention on International Trade in Endangered Species of Wild Fauna and Flora	PSI	Proliferation Security Initiative
CP3	Community Pandemic Preparedness Program	PVS	Performance of Veterinary Services
DAH	Development Assistance for Health	R&D	research and development
DALY	disability-adjusted life year	REDISSE	Regional Disease Surveillance Systems Enhancement
DRC	Democratic Republic of Congo	RVF	Rift Valley fever
EID	emerging infectious disease	SARS	Severe Acute Respiratory Syndrome
FAO	Food and Agriculture Organization of the United Nations	UN	United Nations
GHSA	Global Health Security Agenda	U.S.	United States
GHSI	Global Health Security Initiative	USAID	United States Agency for International Development
GLASS	Global Antimicrobial Resistance Surveillance System	WAHIS	World Animal Health Information System
GLEWS	Global Early Warning System	WEF	World Economic Forum
		WHO	World Health Organization



PREVENT

Determine, assess, avoid, mitigate, and reduce threats and risks by reducing vulnerability and exposure



DETECT

Gather and analyze information, provide early warning, and inform strategies



RESPOND

Control or mitigate the impact of disease and save lives



RECOVER

Restore and strengthen normal operations

EXECUTIVE
SUMMARY

Global health security is the bulwark against catastrophic public health events. Building this security is a timely and urgent challenge for the world as it faces an increasing rate of emergent and re-emergent infectious disease events tied to changing pressures on animals and ecosystems, resistance to antimicrobials, and avenues for intentional dissemination—all with prospects of rapid spread through our highly mobile population. To date, no end-to-end review of the components needed for effective prevention, detection, response, and recovery from major biological events of any cause, nor an assessment to determine those components that are receiving insufficient attention, has been published.

An optimized global health security system is one that effectively implements and integrates core functions and is enabled by collaborations between governments, non-governmental organizations (NGOs), industry, academia, and communities. Many efforts in various stages at subnational, national, and global levels are directed toward contributing to global health security. Some are advanced by international governing bodies and incorporated into formal frameworks through which activities are funded and coordinated. Others are put forth by networks, coalitions, and consortia of stakeholder groups to identify and implement ways of organizing, advocating for, and contributing to new approaches to health security.

Here we present a framework for rethinking global health security in a way that captures, under a single umbrella, functional areas requiring inputs from the healthcare and public health, animal health, agriculture, environmental, law enforcement and counterterrorism, defense, and disaster risk reduction sectors. It also explicitly considers functions needed to defend against events regardless of their source, whether intentional or unintentional.

OBJECTIVES

We sought to provide perspective on the question of how well the global community has situated itself with respect to building defenses against biological threats. Our specific objectives were to:

1. Comprehensively identify the functions needed to optimize global health security against biothreats regardless of cause (intentional or unintentional), including those that may be missing from current constructs; and
2. Determine which of these functions are insufficiently supported by global-level initiatives.

This was a qualitative evaluation designed to identify the broad pillars and core functions needed to prevent and manage major threats to human health security, and to determine which pillars and functions are unsupported or under-supported by global initiatives. We framed our scope by a published definition of “global governance for health” that encompasses health in the context of global organizations across various sectors, as well as the many mechanisms, institutions, and health professionals that contribute to global health strategy and implementation.¹ It includes “those institutions and processes of global governance that do not necessarily have explicit health mandates, but that have a direct and indirect health impact” (e.g., related to environment, food production, trade, etc.).

We identified major existing frameworks (international and U.S. domestic) and reviewed them to identify the pillars and functions that each put forth as imperative for achieving a state of collective health security:

Prevent: Systems, policies, and procedures to determine, assess, avoid, mitigate, and reduce threats and risks by reducing vulnerability and exposure.

Detect: Systems, policies, and procedures to gather and analyze information, provide early warning, and inform strategies.

Respond: Systems, policies, and procedures aimed at controlling or mitigating the impact of disease and saving lives.

Recover: Systems, policies, and procedures to restore and strengthen normal operations.

We then identified a list of global initiatives to manage biothreats—operationally-oriented efforts and major financing mechanisms aimed at building capacity or otherwise closing health security gaps in particular functional areas—and mapped them against pillars and functions. Our focus on global efforts does not ignore the utility of regional, bilateral, and country-level efforts, but acknowledges the substantial good that global bodies and mechanisms could offer to all pillars of global health security if they chose to. Using expert input via interviews and three roundtable workshops, we assessed the validity of the pillars and functions we captured; our choice of initiatives; the mapping of the initiatives to the pillars; and our findings and recommendations.

FINDINGS

Under the four pillars, we identified 60 functions to which countries must have sufficient access at the country, regional, or global level. We also identified 22 major global health security initiatives. Mapping these 22 initiatives against the 60 functions revealed that response activities clearly emerge as the dominant focus of global health security initiatives, with 16 of 22 notionally or actually addressing this pillar. While effective response mechanisms are requisite, they should not be pursued to the exclusion of functions in other pillars. We found that the following major challenges characterize the landscape:

- **Global initiatives to manage biological threats largely operate independently of one another.** No strategic inter-institutional guiding framework attempts to align all of these global initiatives toward a commonly defined objective or set of goals.
- **Biothreat planning and implementation is dominated by the human health sector.** A tendency to think about biothreats in terms of human health drives planning and implementation processes, even though dozens of sectors are relevant for prevention, detection, response, and recovery.
- **Prevention is scarcely addressed.** The Prevent pillar is at once the most important and most underappreciated, with only seven of 22 initiatives

supporting prevention as we define it. Only four of these address the prevention of unintentional sources of outbreaks or incidents.

- **Recovery is all but missing.** Recovery functions remain the most significantly overlooked. Initiatives to meaningfully and systematically advance recovery planning and implementation are almost non-existent. Recovery is supported by only five of 22 initiatives.
- **Cross-cutting functions provide under-utilized entry points for participation.** Several cross-cutting functions needed to support every pillar of the entire global health security enterprise are critically under-emphasized, including community engagement; risk communication and education; research and development in areas beyond surveillance or medical countermeasures; and data and information management.

RECOMMENDATIONS

To mitigate these challenges, we offer the following:

1. **Global biothreat initiatives should be more strategically aligned.** Coordination and harmonization will help ensure coverage and synergy. The now-forming Global Pandemic Monitoring Board may be well suited to this activity. The proposed Global Health Security Agenda (GHSA) 2024 Framework is anticipated to reaffirm the need and set the stage for preparedness, and could be upscaled to include additional nations or become a global compact.
2. **Multi-sectoral participation must be recognized as a requisite tenet of the entire global health security enterprise.** Three weaknesses in multi-sectoral participation, if rectified, could provide substantial benefit to the health security of global citizens. These might be effected through a renewed push per the GHSA 2024 Framework development process:

Defense and security. A shifted paradigm toward complete engagement of this sector from the country to the global level is necessary. Efforts from this sector can play a central role in preventing outbreaks in the first

instance, and also in detection, response, and recovery. Law enforcement, military, customs and border control, and other entities can assist with core functions, including protection of critical infrastructure, bioforensics and attribution, logistics of essential services surge, and medical countermeasure distribution and dispensing. The GHSA could leverage existing regional security agreements toward this end.

Environment. The environment sector can be leveraged to contribute key information for threat detection and sentinel surveillance, lynchpin capabilities for prevention. It can also help provide intervention options to mitigate disease risks from wildlife and other environmental sources. Donors can coordinate more systematically with relevant sectors to ensure approaches that incorporate the environmental sector are built into programs prospectively in One Health fashion.

Private sector. The enthusiasm of the private sector through efforts like the Global Health Security Private Sector Roundtable offers opportunity for its inclusion in biothreat planning and implementation. We recommend the development of aggressive, early, and transparent public-private partnerships. These efforts should begin by defining the many and unique health security functions the private sector is best positioned to provide, and mapping the many potential contributions of it to global health security.

Valuable cooperation across sectors and disciplines is not limited to these three areas. There is a need for better engagement across many others, including trade, travel, and finance as well as with civil protection and disaster management authorities.

3. **Strategic gaps at the margins must be aggressively addressed.** Of the four pillars that define global health security in our construct, two are dramatically overlooked:

Prevent. Funders and implementers should embrace Prevent as an area of need and target investments accordingly beyond vaccination efforts designed to contain new outbreaks. Improved prediction and prevention science can be utilized to assess and manage risks upstream of outbreaks, but will require new approaches to address proximal and distal drivers

of disease emergence. Building capacity for the functions in this pillar will require sustained investments from donors, including those who traditionally secure and allocate resources for response. The GHSA's next iteration should include metrics that measure prevention of spillover not only in terms of surveillance efforts, but of other behaviors, policies, and practices that minimize that spillover.

Recover. Granting biothreat recovery functions attention similar to that provided for other types of disasters will promote a more systematic understanding of needs and should strengthen functions to prevent, detect, and respond to future risks and impacts. Nascent programs in this area that contribute to global health security should be strongly supported. Proactive collaboration with disaster response and humanitarian aid entities may help anticipate needs, establish coordination channels, and provide opportunities to build back better to strengthen overall systems and support future disease prevention.

The architects of global health security programs, be they countries, major donors, NGOs, or other such entities, are the primary audience for this report. By defining a comprehensive set of core functions for effective global health security, mapped against ongoing initiatives to reveal weaknesses, global commitments can be more strategically informed and directed. The results of this study can allow improved strategic planning and can assist the integration of prospective initiatives into the global health security enterprise in a way that optimizes their utility. Of course, the ultimate goal of all global health security activities is to optimize country-level capabilities, so we hope that the comprehensive identification of pillars and functions will provide national governments the opportunity to refine and message their particular needs via their national planning processes. Many sectors and disciplines beyond the public health and medical communities are relevant and can offer solutions in the form of regulatory policies, industry standards, investments, surveillance networks, and technical innovation. This study provides a foundation for follow-on work that might take the form of designing and ultimately implementing a system of partnerships to meet the identified needs.

INTRODUCTION

The 2009 H1N1 influenza virus, which emerged in Mexico and spread to much of the rest of the world in less than a year, caused the first declared influenza pandemic in more than 40 years. In little more than a year, it caused more than 18,000 laboratory confirmed deaths, although the actual number of deaths is likely closer to 300,000.² Yet predictions of its impacts had been even more dire. H1N1's failure to meet its own catastrophic potential, combined with the relative numbness of developed nations to influenza as a pathogen, may have lessened what might have been dramatic policy shifts.

The 2014–2016 West Africa Ebola crisis was different. Even though any one global citizen was much less likely to know an Ebola victim than an H1N1 victim, the tremendous media coverage, visceral fear of hemorrhagic fever, higher case fatality rate, and shock that the pathogen—previously unknown in West Africa and limited to relatively small outbreaks in deep forests and villages—had emerged at all set up a new era of pandemic awareness.

The emergence and spread of Ebola and Zika viruses reminded us that pathogens know no borders and that all countries and regions will continue to face the threat of high-consequence outbreaks for the foreseeable future. Prior to the appearance of Ebola virus in Guinea, Liberia, and Sierra Leone, national-level infectious disease events that garnered an international response typically emerged following humanitarian disasters or were part of acute but isolated events in an under-resourced setting that required short-term intervention.³ The response to SARS improved awareness of needed capacity strengthening, but Ebola in West Africa changed the global landscape, provoking a prolonged humanitarian response and transitioning actors from a containment-driven mindset to one of longer-term planning. This drastic shift challenged existing mechanisms for coordination, deliberation, and funding, and forced a recognition of the need to balance response and sustained capacity building.⁴

Developed nations and other entities invested billions in this region to reduce spread of the disease and help prepare for future Ebola outbreaks. The United States alone appropriated an unprecedented \$5.4 billion in emergency response funding, about \$2 billion of which was directed internationally to the affected areas as well as other nations.⁴ As important as these investments were, their impact has had limits. These dollars were primarily allocated to response for

the particular Ebola Zaire epidemic in the region, not prevention or recovery efforts for Ebola Zaire or other emerging pathogens.

In the four years since the West Africa Ebola outbreak was acknowledged as a global crisis, the world has mobilized to prepare for what is now the infectious disease normal. The infusion of billions of dollars from the public and private sectors has enabled global partners to better identify risks, research causes, and create policy and programmatic initiatives to manage pathogen emergence. These efforts are targeted largely at epidemic-prone and emerging pathogens. (Endemic diseases and diseases in the elimination pipeline have long been targeted by other initiatives and funding streams.) The work is bearing fruit in establishing collective health security in both low- and high-income countries. All nations, however, remain at considerable risk of disease introduction or emergence. This is true whether emergence occurs through a biological process, intentional deployment of a biological weapon, or unintentional release of biological agents or material. Each country is vulnerable, even those with more advanced health security systems, and country-level vulnerabilities place all in the global community at risk.

Major strategic and operational gaps remain, perpetuating global vulnerabilities in parallel with the growing threat of infectious diseases. The rate of disease emergence and international spread is increasing;^{9,10} the bioterror threat level is rising;¹¹ and laboratories that handle high-containment pathogens are proliferating in the United States¹² and abroad,¹³ which may signal improved detection and containment capacity but may potentially also add to other risks. Emerging disease threats include both novel pathogens—those previously unseen, re-emerging, or found in new geographic regions or demographic sectors—as well as more common pathogens that acquire antimicrobial resistance (AMR). Zoonotic agents alone cause more than a billion human cases of disease each year¹⁴ and constitute the majority of human pathogens (over 60%)^{14,15} and emergent disease events⁹. The relentless encroachment of humans on pathogen reservoirs such as wildlife and their habitats creates enormous technical and political challenges with which governing bodies are only beginning to come to terms. The impacts of outbreaks and costs of response are borne by individuals, governments, local societies, development funders, and industry and others in the private sector.¹⁶ Of course, in addition to pathogens that



jump between animal and human populations, the continued prevalence of non-zoonotic livestock disease threats also destabilizes economic and food security. The approach we took to developing pillars and functions captures these biothreats as well.

Several recent reports have highlighted the high and rising cost of pandemics and the need for coordinated action at country and global levels.¹⁷ Rapid trade and travel facilitates disease spread and escalates economic impacts.¹⁸ These impacts can be substantial: the World Bank estimates a severe influenza pandemic could cost tens of millions of lives and up to 4.8% of global gross domestic product. The expected return on investment for prevention and swift resolution of disease events is high; investing in One Health systems for mitigation could yield savings of an estimated \$30 billion in any given year, and potentially more than double that if paired with investments in R&D and preparedness. These savings occur through avoided impacts of a severe pandemic (impacts of a once-in-a-hundred-year pandemic have been estimated at upwards of \$3 trillion).^{17,19}

The Blue Ribbon Study Panel on Biodefense views biodefense as those activities directed to thwart biothreats, regardless of their origin. Its members wrote in 2015, “Biodefense touches many aspects of society, falling within the purview of national security, homeland security, public health security, and economic security. As such, it requires an enterprise approach—eliminating stovepipes; transcending agency-centric activity; drawing upon stakeholders throughout government, academia, and the private sector across health as well as other disciplines; and recognizing the extraordinary breadth of the challenge—to provide flexible solutions that address the full spectrum of the threat.”²¹ We concur that effective biodefense demands this multisectoral approach. We assert that the existence and maturity of activities needed to prevent and respond to high-consequence outbreaks is highly uneven across countries and sectors, and that these weaknesses leave us vulnerable to intentional and unintentional releases of biological agents alike.

BOX 1. 2009 H1N1: THE LAST MAJOR PANDEMIC

In April 2009, a novel H1N1 strain of influenza virus emerged in the Western Hemisphere, spreading from Mexico into the southern United States. While seasonal influenza is endemic around the globe, antigenic shifts that allow a strain to emerge in humans against which we have neither immunity nor vaccine are relatively rare. This strain had never been seen in people or animals, although it contained genes most closely related to H1N1 strains found in pigs. The disease quickly spread worldwide, moving it out of the epidemic category into pandemic.

This was the first influenza pandemic in more than 40 years. H1N1 resulted in more than 60 million cases and 12,000 deaths in the United States.⁵ Although its global impact is not fully known, the virus may have caused nearly 300,000 fatalities in its first twelve months² and infected as much as one-quarter of the world's population⁶. Mexico lost nearly \$3 billion due to a decline in tourism in the months following H1N1's emergence.⁷ The pork industry lost revenue because the inaccurate naming of the disease as "swine flu" caused consumers to avoid pork products, even though these products posed no health risk,⁷ costing the U.S. pork market \$200 million.⁸

This outbreak tested numerous elements of global health systems. It tested technological capabilities to rapidly diagnose an unknown disease and then, after the virus was identified, the ability to develop and distribute laboratory assays to detect it. It tested capacity for rapid vaccine manufacturing: one year after the first detection, sufficient vaccine to protect only 17% of the world's population had been produced. It tested community willingness to accept those vaccines and the effectiveness of risk communication needed to engender public and consumer trust in government recommendations and actions. It tested hospital surge capacity to meet the large influx of patients. It tested political willingness to make decisions about quarantines and border closures. Like all notable outbreaks in the last 15 years, H1N1 revealed both strengths and substantial weaknesses in the global capacity to prevent and respond to infectious diseases.



Every type of outbreak, whether intentional or unintentional, has a cause behind it, usually related to a human action. Intentional outbreaks may result from human decisions to engage in biowarfare, bioterrorism, or biocrimes. Unintentional outbreaks may result from human behaviors that lead to accidental pathogen releases from laboratory, hospital, or other settings. Unintentional can also be used to describe the kinds of outbreaks often referred to as “natural” or which come at us from nature—the spillover of Ebola from bats to people, the spread of highly pathogenic avian influenza from migratory waterfowl to poultry to people, the dramatic increase in the prevalence of antimicrobial resistance. These events are in fact largely driven by anthropogenic activities that facilitate pathogen exposure and which create dispersal and selection pressures that change the natural histories of infectious diseases. Thus, accidents and spillover events (and related issues like antimicrobial resistance) are all captured under the term “unintentional” in this report. The result of this dynamic is that we cannot expect to mitigate the effects of outbreaks by managing their health consequences alone; we must address the risk factors inherent in human behaviors, and this can only be done through equal inclusion of institutions designed to deal with those behaviors.

Absent major intervention, the continued appearance and impact of new infectious diseases of epidemic and pandemic potential in human populations is certain. Bill Gates has repeatedly stated his concern that disease epidemics, be they spillover events or the result of biowarfare or bioterrorism, are the most likely phenomena to kill 10 million or more people globally, with potentially much higher mortality.²² The World Economic Forum’s 2018 Global Risks report ranked the spread of infectious disease as among the top 10 high-impact concerns for the world.²³

Our vulnerability to these threats is a function of how ready we are as a society to meet them. From initial pre-event awareness through dynamic post-event recovery, have we fostered capabilities in communities and countries that enable a baseline competence that reduces or at least manages these inherent vulnerabilities? Have we done so regardless of the source of outbreak, and yet with special consideration for the unique activities that those different scenarios may demand?

Information gathering and analysis

This high-level evaluation was designed to identify the pillars and core functions needed to prevent and manage major biological events, and to determine which pillars and functions are unsupported or under-supported by global initiatives. The evaluation addressed needed functional capacity regardless of origin (i.e., human, animal, or environmental origin; warfare or terrorism; or accidental/unintentional release). It drew from preparedness approaches in both international and U.S. domestic health security spheres. We examined expert and institutional sources from the peer-reviewed and gray literature, and from health security frameworks and related government documents; solicited expert opinion via roundtable discussions; attended and participated in meetings and conferences of relevance domestically and abroad; and directly consulted with experts across a range of settings from public health, animal health, security, environment, development, and industry (see Acknowledgements). Information capture and evaluation were enriched by a series of country case studies and ministerial perspectives, including through consultation with experts in Liberia. Findings were incorporated into a comprehensive table of global health security pillars and functions. Based on our research and judgement, and with the feedback of the experts described, we determined which functions are, in general, insufficiently addressed by the listed initiatives based on considerations including scope, mandate, funding, and geographic coverage that point to their relative emphasis and attention in the health security community.

BOX 2. 2001 AMERITHRAX: THE LAST MAJOR BIOTERRORISM EVENT

As the United States reeled from the September 11th attacks, it was hit with another asymmetrical insult. In late September and early October, 2001, letters laced with spores of *Bacillus anthracis*, or anthrax, were sent to U.S. news outlets and congressional offices. Delivery of the letters led to massive contamination in facilities up and down the East Coast, not only to the offices of the targeted individuals but also postal offices and the home of a non-targeted citizen.

At least 22 people developed active anthrax infections from exposure to these letters.²⁰ Half suffered cutaneous anthrax, a skin infection. The other half contracted the extremely serious inhalational form of the disease, and, in five of these individuals, infection proved fatal. Anthrax can be treated with antibiotics, and 10,000 potentially exposed people received antibiotic prophylaxis; however, a number of the victims' infections were too advanced by the time of diagnosis to be treated effectively.

What the U.S. Federal Bureau of Investigation termed the “Amerithrax” case became an unprecedented driver of biodefense investment, policy, statute, and regulation in the United States. Security structures were put in place to prevent and mitigate another such occurrence. These ranged from enhanced regulation of laboratory pathogens and scientists to establishment of major medical countermeasure development initiatives. Annual investments in biodefense surpassed \$6 billion dollars.²¹ Many of these investments extended beyond U.S. borders to fund intelligence collection, biosurveillance, and threat reduction activities globally. The United States advanced its leadership role in preventing, detecting, and responding to intentional acts to exploit microbes as weapons. The biosafety and biosecurity elements of these and other programs also directly or indirectly addressed the inadvertent release of pathogens from facilities such as laboratories and hospitals.

Key definitions

Acknowledging that there are different definitions of “health security,” we generally approached our assessment through the lens of “collective health security,” or the reduction of vulnerability of societies to infectious disease threats that spread across national borders.²⁴ Indeed, the reduction of *risk*—a function not only of vulnerability but also of threat and consequences—poses even further opportunity for intervention, and it was the reduction of risk in which we were most interested. A closely related definition of “global health security” also framed our view: activities supporting epidemic and pandemic preparedness and capabilities at the country and global levels in order to minimize vulnerability to acute public health events that can endanger the human and animal population health across geographical regions and international boundaries.²⁵ Our assessment was organized around the pillars Prevent, Detect, Respond, and Recover,²⁶ defined as:



PREVENT

Systems, policies, and procedures to determine, assess, avoid, mitigate, and reduce threats and risks by reducing vulnerability and exposure.



DETECT

Systems, policies, and procedures to gather and analyze information, provide early warning, and inform strategies.



RESPOND

Systems, policies, and procedures aimed at controlling or mitigating the impact of disease and saving lives.



RECOVER

Systems, policies, and procedures to restore and strengthen normal operations.

²⁴ This approach models closely that found in: World Bank. *Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface*. Washington, D.C.: World Bank Group; 2018

IDENTIFICATION

OF CORE SUPPORT FUNCTIONS

“... nations across the world, including the United States, have failed to invest in the necessary infrastructure and capacities. By sacrificing prevention and preparedness, nations have inevitably compromised the ability of public health systems to respond rapidly to health threats.”

- National Academies of Sciences, Engineering, and Medicine 2017.⁴⁶

Central to an optimal state of global health security is the assurance that each nation is capable of carrying out a set of critical functions. To build a comprehensive set of such functions, we reviewed a suite of legal instruments, frameworks, tools, guidance documents, and other sources in and outside of the health sector, and interviewed subject matter experts. We gathered each function into a table (Table 1) organized by pre-determined pillars.

One characteristic that makes the framework presented here unique is that it is not sector-specific. Our framework captures, under a single umbrella, functional areas requiring inputs from the healthcare and public health, animal health, agriculture, environmental, law enforcement and counterterrorism, defense, and disaster risk reduction sectors. It also considers functions needed to defend against events regardless of their source, whether intentional or unintentional.

Capturing pillars and core functions relevant to all sources of disease introduction necessitated combining some major functions that might otherwise be viewed as distinct. For instance, under “Prevent,” we collated activities that might, under different rubrics, fall under “Awareness” or “Protection” pillars. As with many frameworks, some functions could reasonably be placed under multiple pillars; in general, we have captured these as cross-cutting functions instead.

Governments and public health researchers have expended considerable capital to identify the spectrum of capacities needed to function well within and across countries to ensure optimal health security capability. This optimal capacity is now generally viewed by the global health security community through the lens of the Prevent-Detect-Respond triad seen in major human health security frameworks, including the Global Health Security Agenda (GHSA). Launched in 2014, the GHSA has defined goals for disease prevention, detection, and response and has gained high visibility and traction in assessing and strengthening country capacity for health security. To ensure alignment with ongoing efforts, we build on this existing structure, expanding it to include upstream prevention aspects and a dedicated recovery pillar consistent with building blocks for One Health operations presented in the World Bank’s 2018 *Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface*.⁴⁷

The pillars and functions in Table 1 are designed to be undergirded by a backbone of existing functional health systems. That is to say, these functions are necessary but not sufficient to achieve global health security. They can also reinforce overall health systems strengthening.

TABLE 1: PILLARS AND SUPPORTING FUNCTIONS FOR GLOBAL HEALTH SECURITY

PILLAR	PREVENT	DETECT	RESPOND	RECOVER
MAJOR ELEMENTS	Prevention of introduction and spread of EID	Surveillance and Detection	Response	Recovery
DEFINITION	Systems, policies, and procedures to determine, assess, avoid, mitigate, and reduce threats and risks by reducing vulnerability and exposure	Systems, policies, and procedures to gather and analyze information, provide early warning, and inform strategies	Systems, policies, and procedures aimed at disease control and saving lives	Systems, policies, and procedures to restore and strengthen normal operations
FUNCTIONS	<ul style="list-style-type: none"> • Identification of EID drivers • Threat assessment • Hazard profiling and risk assessment • Critical infrastructure protection • Biosafety • Pathogen security • Research governance • Counterproliferation • Deterrence and dissuasion • Interdiction and disruption • Screening and detection • Disarmament • Risk reduction of EID drivers • Prophylactic medical countermeasures • Hygiene and sanitation 	<ul style="list-style-type: none"> • Security intelligence • Environmental and sentinel detection • Early warning • Case identification • Point-of-care diagnostics • Laboratory diagnostics • Indicator-based (including clinical/syndromic) surveillance • Event-based surveillance • Epidemiologic investigation • Event determination • Multi-level and multi-sectoral reporting • Sample movement logistics and tracking • Forensics and attribution 	<ul style="list-style-type: none"> • Planning and response simulation • Command and control/emergency response operations management • Healthcare surge • Essential services surge • Laboratory services surge • Mental health services surge • Transportation and equipment • Diplomatic and military intervention • Case management • Cascading effects/crisis management • Medical countermeasures • Non-pharmaceutical interventions • Evidence-based control measures • Epidemiological investigation • Multi-level and multi-sectoral reporting • Disposition of remains 	<ul style="list-style-type: none"> • Needs assessment • Health consequence management • Economic and societal consequence management • Socio-cultural sequela management • Health system (re)establishment • Decontamination • Remediation • Mental health • Bioweapons disposal and decommissioning
CROSS-CUTTING FUNCTIONS	<ul style="list-style-type: none"> • Governance: leadership, policy, statute, regulation, enforcement • Resource allocation and coordination • Community engagement and resilience • Risk communication and education • Workforce development and sustainment • Research and development • Data and information management 			

In general, “prevent” refers to components that thwart the introduction of the disease; “detect” includes those components that contribute to finding and identifying disease; “respond” comprises components that aim to contain and control disease; and “recover” addresses re-establishment of a disease-free status and normalized operations once a disease has been controlled. All functions may occur simultaneously and some functions may carry over from one pillar to the next during an outbreak. Functions should be addressed jointly by public health, healthcare, animal health, agriculture, environmental health, law enforcement/counterterrorism, and defense sectors. EID = emerging infectious disease.



Table 1 presents several unique elements:

Prevention as a multi-dimensional concept. Pathogens are opportunistic in term of their ability to survive and spread. The distinctions between unintentional and intentional sources of pathogen release therefore become somewhat superficial once they begin to spread. The main distinction among outbreaks are the human-mediated factors that shape disease risk and the appropriate interventions needed to mitigate this risk. “Prevent” in this construct captures prevention of epidemics at their source before pathogens spill over, bioweapon development and deployment, and laboratory-based and other pathogen release incidents. This column delineates the numerous functions needed to prevent each of these originations, emphasizing certain functions, particularly in the defense sector, that are either not explicitly seen in global health security frameworks or whose representatives are not routinely represented at the decision-making table.

- **Unintentional.** Prevention of unintentional sources encompasses pathogen emergence from its origin into people (i.e., transmission via contact with the natural reservoir or host species for a pathogen, contaminated food or water, etc.), as well as sources such as accidental release from laboratories. While prevention is an element of several frameworks in name, it typically refers to *prevention of disease spread or impact in human populations*, rather than *prevention of initial pathogen emergence in a novel host, including humans*. The GHSA and the Joint External Evaluation (JEE), designed to assess country implementation of the International Health Regulations (IHR), do state their intention to foster behaviors, policies, and practices that minimize spillover, but also indicate that the impact of these efforts would be measured by strengthened *surveillance* systems. Unless surveillance information is acted on with risk reduction practices, this is not prevention—this is detection. Many of the leading factors that appear to drive risk of emergence and spread, such as problematic land use change and environmental conditions, food acquisition and production practices, and global trade and travel, fall far outside the purview of the health sector. In addition to those factors that enable transmission and geographic movement of pathogens, pathogens may

be inadvertently released as a result of a breach in laboratory/hospital biosecurity protocol or biohazardous waste management practices, or from the unintentional release from a bioweapon. The GHSA and JEE incorporation of biosafety into their Prevent categories (and as part of the larger IHR core capacities) is relevant to preventing such unintentional transmission.

- **Intentional.** The prevention of intentional acts, whether carried out or sponsored by states or non-state actors, is a core consideration in the Prevent pillar. The Prevent column in our construct explicitly includes defense-oriented functions. The GHSA and JEE do address biosecurity, one critical element of prevention, but do not cover the many diplomatic and defense functions necessary to achieve comprehensive security from intentional biothreats. Some of these exist outside of the health sector domain, such as counter-proliferation. While this may be justified in the context of those documents’ purposes, we include them in our own framework for the reasons described earlier, and in the hope that they will engender honest discussion about where further engagement of the defense sector could be most beneficial.

Recovery as a pillar. After the cavalry has come and gone, communities and nations must somehow resume their former health improvement and economic growth trajectories. How can this recovery be achieved when communities, workforces, economies, and governance structures have been diminished or even decimated, particularly in already-fragile states? Recovery is a complete outlier captured neither in the JEE nor the GHSA. This is significant given the chains of disruption that in the recent past have been triggered by epidemics and pandemics. In the animal health community, steps are outlined by the World Organisation for Animal Health (OIE) for countries or sub-national zones to restore trading freedom after a country’s return to a disease-free status. The World Bank *Operational Framework*, as well as U.S.-based policies and guidance such as the National Biodefense Strategy and the Department of Homeland Security Threat and Hazard Identification and Risk Assessment process, stress recovery in their constructs. Any global health security framework should do the same.

Animal and environmental considerations as integral to a complete framework. The importance of a One Health approach that recognizes human-animal-environment health connections is often stated, but to the extent that it is actually seen, it tends to be concentrated at the human-livestock interface, largely omitting wildlife and the environment. Because human health is a function of the health of animals with which we share our environment, addressing health security holistically requires inclusion of all of these components.

Cross-cutting functions as foundational. We identified seven functional areas that transect the pillars. These represent critical functions throughout the continuum of prevention through recovery. These are not specific to any one sector, and often require multisectoral and multidisciplinary involvement to be optimized. They must operate not only during emergencies but also between emergencies.

- **Governance.** The success of collective health security at a country level is predicated on the strength of the governance that underlies it. Leadership to ensure strategic focus and prioritization, policy to provide structure, statute and regulation for the legal backbone, and enforcement to ensure effective implementation must all be in place.
- **Resource allocation and coordination.** Resources (whether funds, training, in-kind personnel, supplies, or others) may be useful for any given function. However, many resources can be optimized to ensure they contribute to overall system strengthening, avoid unnecessary duplication and, importantly, ensure necessary allocation of resources for priority and gap areas. This is especially important for coordination across sectors, as resource support sources and priorities may vary, and there may be opportunities to refine existing investments (e.g., in environment or livestock) to generate shared benefits both for their specific sector and more broadly for health security.
- **Community engagement.** Engagement at the community level is a crucial underpinning of local and global health security. The local community must be involved from the start and throughout implementation activities. Workforce development, emerging threat detection and

reporting, trust establishment, and risk reduction opportunities are all a function of community-level capability and implementation. Health security approaches must be designed with these end users in mind, including building in assessment and understanding of knowledge, attitudes, and practices in communities.

- **Risk communication and education.** An analysis of recent Ebola, Zika, and yellow fever outbreaks demonstrated that emergency risk communication is a vitally important element of public health.²⁸ Effective risk communication can enable success in each pillar. Although some avenues of risk communication will take shape based on the characteristics of a given pathogen, general principles, when applied correctly and in a sustained fashion, are needed and useful across pillars. Pathways for message delivery can transect public and private sectors; for example, employers offer central communication channels that reach large segments of the general population and are often a trusted source of information and a direct provider of services for employees and communities, which can help avert unnecessary costs resulting from fear-based aversion actions.
- **Workforce development and sustainment.** Because outbreaks may rapidly escalate to the point at which they overwhelm already-limited systems, strong public health systems supported by a trained workforce are critical to timely detection, trace-back, containment, and treatment. Addressing critical workforce deficiencies can mitigate vulnerabilities. Developing and sustaining a workforce for health security will require multi-year and likely multi-decade commitments, and can drive huge value if conceived as part of strengthening overall health systems to tackle all challenges. Local communities can also contribute to the workforce as the eyes and ears on the ground as a critical source of information for threat detection. Support for national and regional training programs and other paths to career opportunity will help generate a flow of skilled workers who, with additional supports, might be incentivized to remain in country.



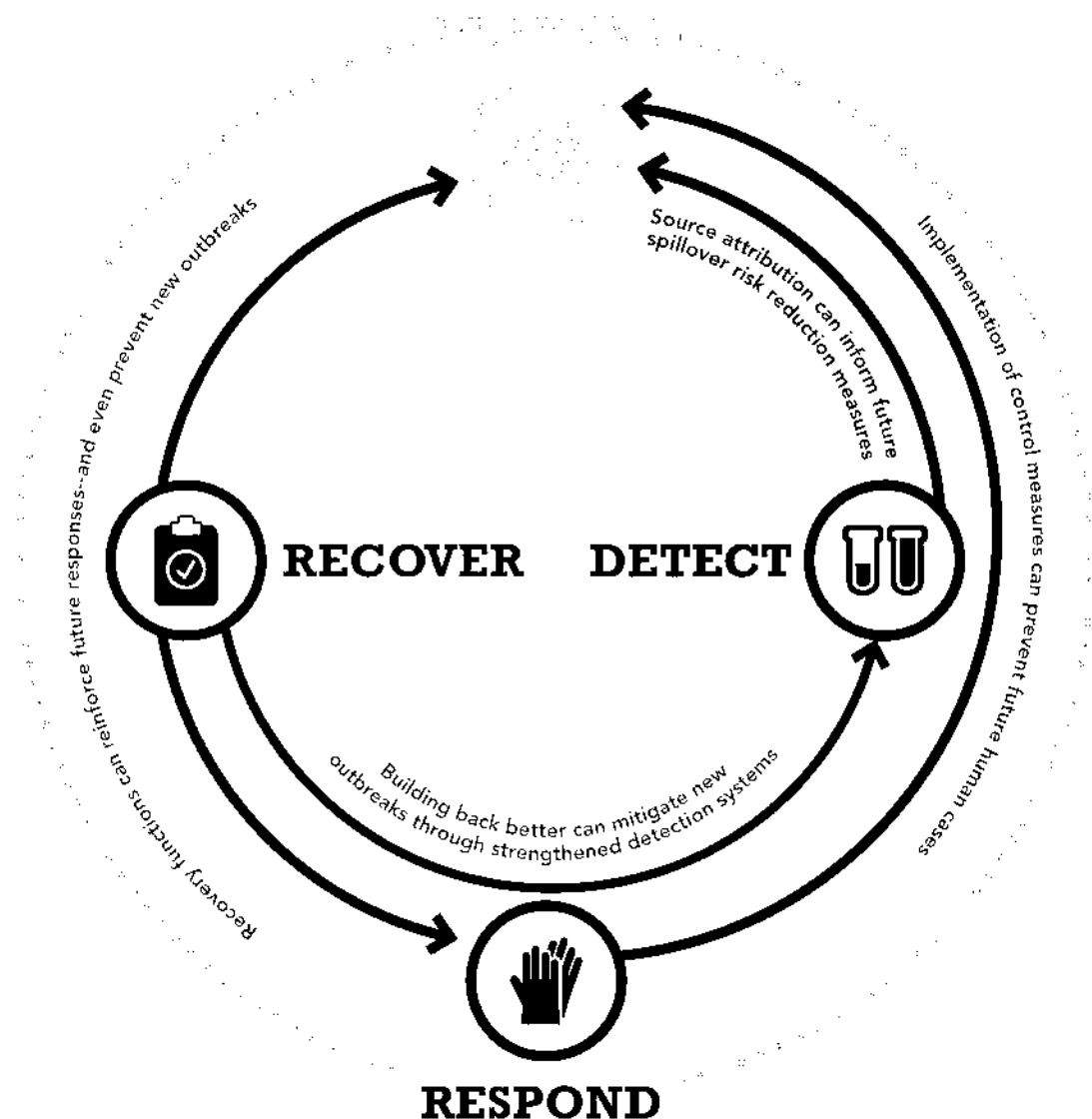
- *Data and information management.* The effective generation, collection, sharing, analysis, and storage of data and information related to global health security must underpin evidence-based planning and response. This function applies not only to activities around surveillance data, perhaps most often considered in a data management context, but to every function across the pillars.
- *Research and development.* Collaborative research and development (R&D) is a force for enhancing health security. Health security is enriched by long-term partnerships between institutions with different capacities, including those that form while addressing a specific research objective. A 2011 report by the Center for Strategic & International Studies on the value of U.S. military research laboratories around the world notes the ability of these laboratories to attract productive international and local research partners, in part because of their longevity in a region and trust established with the host country.²⁹ This trust built on research partnerships can be invaluable in a health crisis, and its value is evident across all pillars. Identification of drivers of disease, expansion of surveillance sites, and contributions to community resilience can all grow from R&D collaborations.

Some might view such a comprehensive framework as operationally unwieldy; we issue it here, however, for a few reasons. The impacts on human and animal life, the environment, and the economy are felt regardless of the pathogen source, and across many sectors. The U.S. National Biodefense Strategy approaches the problem just as comprehensively,³⁰ and the global community should similarly acknowledge the need for a more universal, less health discipline-specific and sector-specific, framework. Further, outside of highly targeted activities like personnel surety and intelligence collection (designed to prevent deliberate use of an infectious agent) or efforts to establish biosurveillance early warning systems that stem spillover events at their source, most investments will produce benefits regardless of outbreak source.

Policy-wise, there is value in viewing the necessary functions collectively to determine how best to allocate resources among them. Politically, there is value in demonstrating to decision-makers the benefits of investments whether viewed through security or more traditional public health lenses. Table 1 helps to place security concerns and skillsets into health terms, and in this way may help make synergies between sectors more apparent. While in practice it may at times be necessary to make distinctions—and, indeed, sometimes there will be no overlap—we saw value in joining these capacities to demonstrate the overwhelming mutual benefit of these sectors working together.

Figure 1 reimagines Table 1 not as a sequence from left to right but as a circular flow of capability. The pillars that comprise the scaffold can also be viewed as phases of management for outbreaks. But the phases are not really discrete: the dynamic situations that outbreaks present require the Prevent through Recover pillars to be viewed as continuous, concurrent, and overlapping for any high consequence outbreak, not as a chronological process specific to preventing, detecting, responding to, or recovering from a particular outbreak. Sufficient established capacity is required to perform needed activities between emergencies, as well as to address more than one crisis at a time.

FIGURE 1. GLOBAL HEALTH SECURITY PILLARS AS A CIRCULAR FLOW OF CAPABILITY.
The four pillars of global health security as a continuum, with arrows demonstrating examples of reinforcing areas.



IMPLEMENTATION

EFFORTS FOR CORE SUPPORT FUNCTIONS

“Global health governance requires the constant ‘vertical’ exchange between engaged actors from the national, regional and global levels, and ‘horizontal’ exchange between institutions and organizations with very different goals and stakeholders – indeed an extraordinary challenge for network governance.”

Kickbusch and Szabo 2013

Governance and Legal Frameworks

Fortunately, much of the global mechanics needed to support core functions for health security is already in place. Various governance frameworks and international legal instruments specifically or indirectly address global health security and/or weapons of mass destruction. These represent significant global commitments, whether legally binding or voluntary, that countries and in some cases other stakeholders have committed to and that often come with substantial financial investment. The list is constructed based upon our defined scope of functions needed to address prevention, detection, response, and recovery.

These are globally-endorsed agreements with scopes encompassing health security. Of course, there are other important constructs not included

here. Policies for industry groups, such as the International Air Transport Association, may also be relevant and expressly address infectious disease risks. Others, such as the UN Convention on International Trade of Endangered Species of Wild Fauna and Flora (CITES), the FAO/WHO Codex Alimentarius for food safety, the UN Framework Convention on Climate Change, and the New Urban Agenda may be relevant for the spread of disease, but have not formally emphasized biothreats in the context of global health security. Some governing bodies address health security indirectly, e.g., recent resolutions under the Convention on Biological Diversity (CBD) noting the drivers of disease emergence and the need for integrated biodiversity and disease risk monitoring.

Governance Frameworks and Legal Instruments

- 2005 International Health Regulations (IHR) and WHO Monitoring and Evaluation Framework (including the Joint External Evaluation [JEE])
- Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (BWC)
- Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare (CWC)
- Bangkok Principles for the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015–2030
- World Organisation for Animal Health (OIE) Terrestrial and Aquatic Animal Health Code (and the OIE Performance of Veterinary Services [PVS])
- United Nations Convention on Biological Diversity Decision CBD/COP/DEC/XIII/6 – Biodiversity and Human Health (2016)
- United Nations Security Council Resolution 1540 (2004)
- United Nations Security Council Resolution 1810 (2008)
- Sustainable Development Goals

In addition to international agreements, other forms of governance may be highly relevant, such as review boards that approve large-scale funding for development projects, research programs, or investments. Industry groups may also introduce binding or voluntary best practice guidelines or industry standards to manage risks. In addition, convening groups such as the JEE Alliance have helped join stakeholders to promote a shared vision of the GHSA. The JEE Alliance's stewardship of the JEE tool ultimately led to adoption of the tool by WHO to assess gaps in country capacity to meet the IHR, in addition to the regular self-reporting by countries.

The major frameworks cited above each address, in some fashion, the global need to achieve a state secure from the threat of high-consequence pathogens. Overseen by voting countries that constitute their governance bodies, they drive much of the overall focus for implementation initiatives and often financing. Such governance and legal frameworks are fundamental to the strength of any of the pillars. These relevant governance and legal frameworks cover many sectors, including health, security, agriculture, environment, and disaster risk reduction. Some are designed for specific purposes, such as the treaty mechanism for verification and compliance on use of weapons of mass destruction under United Nations (UN) Resolution 1540. A major challenge of operating within UN structures is that their strict sector-specific mandates leave some needs unaddressed. While recent agreements aim to coordinate between particular institutions on specific topics (e.g., FAO/OIE/WHO Tripartite Collaboration), these are primarily high level, lack the provision of guidelines, policies, or investments for countries to work together on coordinated efforts, and ultimately have not translated to routine global coordination and country-level operations. Individual sectors are still responsible for achieving their individual commitments; incentives to work across institutions are lacking, contributing to limited application of a One Health approach in global and country operations despite broad support for such an approach. The decision-making, obligations, and reporting for each institution operate through separate channels,

without regard for completeness of coverage and gaps in practice. The UN General Assembly has taken up health only four times in its history, otherwise relying on the mandates and activities of individual UN agencies. An inter-UN agency coordination approach was taken during the global avian influenza crisis (2003–2009) and again during the West Africa Ebola epidemic, but this approach has not been sustained in terms of facilitating a comprehensive, multisectoral approach within the UN system to assist countries in preparing for future threats.

Other international governance bodies also have a role in accountability for global health security. For example, an Independent Oversight and Advisory Committee for WHO's Health Emergencies Program, established in 2016 as part of WHO reforms, has eight members sourced from country ministries of health, funders, and other UN agencies. In addition, in April 2018 the WHO and World Bank launched a Global Preparedness Monitoring Board with a goal to advance "system-wide preparedness" for health emergencies. It is a successor to the UN Secretary-General's Global Health Crises Task Force, which was created in 2016 in response to the West Africa Ebola outbreak. While its specific monitoring systems and scope have not yet been defined, its leaders have expressed intent to engage beyond the two founding institutions.

Overall, the specificity of international agency mandates leads to diverging agendas and potential gaps in implementation and associated financing for global health security. In general, the public health community has driven the major metrics, assessments, and investments going into global health security. Because of this, we suspected that certain functions and, in some cases, entire pillars, were not being captured by the deliberative planning, assessment, and implementation processes for global health security. In addition, some of those that *are* captured may not be sufficiently emphasized or systematically addressed and therefore may not translate into effective action. These areas of coverage and gaps are the subject of the sections that follow.

“In a global health climate characterised by the need to demonstrate outcomes, it is difficult to ‘sell’ prevention and preparedness. Governments should acknowledge that health security has a cost with no immediate apparent outcome, but that such investment is irreplaceable in the face of an imminent health emergency.”

— Kluge et al. 2018¹¹

Financing

Country and external donor financing constitutes an important resource for developing health security infrastructure. An estimated \$37.4 billion in development assistance for health (DAH), a broad metric for all health spending and not specific to health security, was allocated in 2017.¹² In low-income countries, this assistance constituted a large portion of health spending (approximately one-third) but, at an average of \$122 per capita,¹² the shortfall in adequate resources leaves countries vulnerable to disease outbreak and spread. At the same time, this is not just an issue of absolute dollars, but of what functions are (and are not) funded and through what mechanisms.

The majority of global health resources for infectious diseases are dedicated to combatting specific endemic infections, namely HIV/AIDS, malaria, and tuberculosis. In 2017, \$9.1 billion (24.2% of total DAH) was allocated for HIV/AIDS.¹² This financing is essential to address a critical public health issue, and speaks to the high cost of ongoing infection when a disease emerges and becomes established in human populations. Yet funds committed to infectious diseases other than HIV/AIDS, malaria, and tuberculosis collectively received only 3.9% of DAH in 2016, despite contributing to a third of total disease burden¹³ in low- and middle-income nations.¹⁴

Pandemic preparedness funding has been short-term, ad hoc, and dispersed to single countries or regions or through specific response mechanisms. While annual reported spending for global pandemic preparedness has doubled over the past decade, the level of funding for pandemic preparedness still contrasts starkly with financing for pandemic response and is vastly outweighed by that of disease-specific programs. There is also poor coordination and clarity to track and optimize dedicated resources for health security; for example, officially reported DAH for pandemic preparedness as part of health systems strengthening in 2017 was estimated at only \$204.2 million, with over 80% of funds channeled through WHO,¹² but this estimate does not capture wider health security investments being made at country and regional levels. Short-term funding spikes during recent avian influenza, Ebola, and Zika epidemics further signal that health investments and systems remain largely reactive and sporadic, and that associated recovery efforts are limited. Determining the long-term return on investment of current and future funding is notoriously challenging, given the lack of established baseline measures of pandemic probability and impact and the potential for spillover and spread; however, risk mitigation may have extremely high potential return on investment.

¹¹ Here, measured by Disability-Adjusted Life Years (DALYs), a common metric of health status that encompasses the impact of poor health, disability, and early death.

BOX 3: INVESTING IN PUBLIC AND ANIMAL HEALTH SYSTEMS, WITH LESSONS FROM VIETNAM

Health systems are still largely oriented to human health (and often human medicine), with limited capacity in funding for or collaboration with animal and environmental health programs, particularly wildlife programs. Globally, an estimated US\$1.8–3.4 billion per year is needed to bring public and animal health systems up to minimum standards in middle- to low-income countries to attain the capacity to prevent pandemic threats.¹⁹ This is roughly on par with the losses suffered by the tourism industry in Mexico from the H1N1 pandemic influenza (\$2.8 billion over five months).⁷ In 2016, the Commission on a Global Health Risk Framework for the Future followed up on this recommendation, calling for \$4.5 billion per year to strengthen animal and human health systems, R&D, and preparedness.¹⁷ The associated return on investment is projected to be high: more than \$30–60 billion toward the global public good of pandemic prevention and broader public health benefits, as well as animal production gains that are likely to result.^{17,19} As public health and animal health services are improved, capacity should also be extended to address wildlife and environmental health services—a largely non-existent capacity. Government resource allocation to wildlife services overall is extremely limited: a World Bank study indicated a per-country annual average allocation of ~\$100,000 in the six nations surveyed, with the portion dedicated to wildlife health services a paltry 5% of this limited funding.¹⁹















Investment in coordination to optimize human, animal, and environmental health systems should also be considered. Under the World Bank Global Program on Avian Influenza, the Vietnam Avian Influenza and Human Pandemic Preparedness project built in provisions from the onset for integration and coordination to support communication and collaboration between human and animal health sectors, helping to maintain continuity even when funding levels to each shifted during project implementation. More recently, Vietnam has piloted a Health Security Financing Assessment developed by the World Bank, which seeks to track the source and flow of funds along the JEE technical areas to support coordination and assess financing needs.

Significant resources have been allocated to certain global programs directed toward health security (Table 2). While some of these support capacity building and system strengthening that will enable core operational functions, most are highly specific in scope and objectives. Examples of major investments branded as epidemic and pandemic preparedness financing include initial funding to CEPI for the development of vaccines against three prioritized pathogens and resource mobilization mechanisms established through the WHO and World Bank for emergency response (the Contingency Fund for Emergencies and the Pandemic Emergency Financing Facility, respectively). The GHSA is notable in its support for consistent and coordinated epidemic prevention, detection, and response, mobilizing resources from an extensive network of donor countries for capacity assessment and country operations.

Some of the investments in Table 2 do fill gaps highlighted in past recommendations (e.g., for R&D). However, these, too, are focused on certain countries, specific diseases, or single-outbreak approaches, and are heavy on response.

Funding of global initiatives for health security occurs largely through public health sector channels. Yet investments from or in other sectors could be highly relevant: e.g. biodiversity monitoring initiatives that can detect and report wildlife disease events, or livestock investments that build in biosecurity in food production operations. But such investments are relatively lacking, and to the extent that they exist, have not been optimized for health security.

TABLE 2. MAJOR GLOBAL-LEVEL FINANCIAL RESOURCES MOBILIZED FOR GLOBAL HEALTH SECURITY (FUNDING RECEIVED OR REQUESTED)

Program	Funding source(s)	Year(s)	Funding level	Prevent	Detect	Respond	Recover	Details
CEPI	Wellcome Trust, Gates Foundation, Japan, Germany, and Norway	2017–22	\$560 million (as of 2017)					Vaccine development; \$1 billion target for first 5 years
Contingency Fund for Emergencies	WHO member contributions (17 countries have contributed to date)	2015–	\$69 million received (as of June 2018); \$100 million target for 2018–19					Separately funded component of the WHO Health Emergencies Program; rapid response to health emergencies: up to \$500,000 mobilized within 24 hours; \$21 million utilized in 2017 in 23 countries
Gavi	Governments, Gates Foundation, private sector	2016–20	\$9.2 billion in donor contributions and pledges					Immunization delivery (includes health system strengthening aspects)
GHSA	G7 nations	2014–22	>\$1.44 billion					GHSA itself does not allocate/ appropriate funds; support is allocated by countries under the principles of GHSA to advance prevent, detect, and respond capacities
Pandemic Emergency Financing Facility (PEF)	World Bank	2017–22	\$320 million (Class A pathogens: \$225 million, Class B: \$95 million); separate cash window					Surge financing (insurance window + cash window) in response to activation criteria (outbreak size, spread, and growth); premiums and bonds financed by donor governments
Pandemic Preparedness Plans	World Bank IDA18 Replenishment	2017–20	Dependent on client country requests					Support to 25 IDA countries to develop frameworks for governance and institutional arrangements for multi-sectoral health emergency preparedness, response, and recovery
WHO Health Emergencies Program	WHO member states	2016–	\$485 million requested for 2016–17 (73% funded)					Core budget for essential functions, plus an appeals budget that covers additional work in response to acute and protracted health emergencies

* To the extent that Gavi covers Prevent it is for the specific prevention of yellow fever spillover through vaccination in high-risk areas; does not address drivers

Examples of global-level health security programs with significant funding or intention to mobilize significant resources. Because funding mechanisms and use vary, and to avoid double-counting from donors and recipients, listings reflect reported funds issued, received, or requested at a global level. Funds may contribute to regional or country-level programs (for example, GHSA funding directed to the U.S. Centers for Disease Control and Prevention (CDC) global health programs or the U.S. Agency for International Development (USAID) Emerging Pandemic Threats program). Under the PEF, Class A and B denote different groupings of pathogens for insurance payout levels; the cash window can be mobilized rapidly separately from the insurance mechanism, including as a funding stream to respond to non-Class A or B pathogens. While the allocation of regional and domestic financing is important for sustaining country-level operations for health security and preparing for disease introduction, these allocations occur at a single country or regional level and on short-term budgetary or project bases, and are thus not captured here. IDA=International Development Association, the World Bank's lending arm to the poorest countries.

A response-heavy approach to biothreats is characterized by resource allocation to curb disease spread once outbreaks have already occurred, costing both lives and money. Despite this, Table 2 reflects a clear bias toward response. Additional analyses demonstrate the same. Of the nearly \$6 billion mobilized from donors over the 14 months of the Ebola epidemic, 79% was allocated for response, 18% for recovery, and 3% for R&D.⁴⁴ Even R&D financing during and immediately after epidemics is largely subject to a narrow focus on biomedical innovation primarily for medical treatment and control measures in the context of major epidemics, rather than for wider threats and broader solutions. This surge financing includes upscaling of efforts for known pathogens when outbreaks manifest in new ways, such as via spread in urban populations; for example, investment in treatment and control of Ebola, which had caused outbreaks previously two dozen times, rose 942.7-fold after the West Africa outbreak.⁴⁵ Previous R&D efforts to create an Ebola vaccine had been cut short due to lack of funding and interest, an issue that has also affected other “priority diseases” for public health.

Funding streams are typically highly specialized and, if not coordinated, may result in duplication of efforts or may not result in functional capacity. For example, screening capacity under Detect may require laboratory equipment procurement, supply chains, staff training, and infrastructure improvement—all of which may be funded by separate initiatives. Similarly, capacity to screen for particular pathogens may not provide the agility necessary to respond to a wider range of known and novel diseases, and having sophisticated laboratories to detect disease will do little to stem outbreaks if capacity is not in place for field epidemiological investigation and implementation of control measures. At the same time, too, suitability of investments, while well meaning, may in some cases be misunderstood. For example, high biosafety-level laboratories (e.g., BSL-3 and BSL-4) are often high-profile investments, but the BSL designation simply indicates extent of precautions to protect against staff exposure or release of dangerous pathogens, not the extent of diagnostic capacity.

The true costs of disease emergencies are often incompletely or inconsistently captured, with line items varyingly included in impact calculations. Yet estimates point to extremely high direct response costs to donors and societies and cascading economic disruption to other services and sectors (e.g., transport, tourism, education).²⁷ From 2014 to 2017, more than \$8 billion in emergency funding was spent by international health, development, and other donors for response and recovery to the Ebola and Zika crises, in addition to widespread societal disruption and billions of dollars of economic losses to local governments and industry operating in countries with heightened transmission.^{46–49} Despite long-term health and economic consequences from epidemics, commitment to long-term funding wanes all too easily: as of January 2018, less than a third of total pledges announced by donors at the International Ebola Recovery Conference in 2015 had materialized, and the U.S. Congress diverted over \$500 million in Ebola recovery funds to the Zika response.^{40,41}

The role of financing in creating incentives, or disincentives, for long-term capacity strengthening and risk reduction for health security is relevant to the support of functions across pillars. Insurance for epidemic and pandemic risks is relatively new and currently emphasizes assistance to countries for response and recovery (with payout once outbreak events reach certain triggers) or to industry for business continuity. If countries and donors are protected against the economic damages from outbreaks, such as through global insurance mechanisms, they may have little incentive to invest in upstream prevention. However, future iterations of insurance mechanisms could encourage safer practices, with precedent from other sectors in insurance encouraging risk reduction. Examples include lower insurance premiums for safe driving records or the use of smoke detectors, and the effect of workers' compensation plans driving safer employer practices. Shifting incentives to prevention and detection may have a remarkable effect on how we handle pandemic risk. Some investments recognize from the onset the importance of being implemented alongside investments in other pillars to optimize coverage, though to date this has not translated to continuity or coordination in investments.

Financing coordination channels have recently been established through the WHO's Strategic Partnership Portal⁴² and at Georgetown University within the Center for Global Health Science and Security's Global Health Security Funding Tracking Dashboard⁴³. Incentives to align investments, however, are still not formalized and any such alignments are dependent on the will of individual donors. Relevant investments and funding needs from other sectors to contribute to global health security functions also go largely unaccounted for. Funds committed to pandemic preparedness were recently added to the annual DAH tracking report, which may help increase visibility of preparedness resources (or the lack thereof) in global health.⁴²

Funders are increasingly using upward changes in JEE and PVS scores as indicators of improved capacity.²⁷ However, investments for selected capabilities under each sector's assessments should be considered in the context of overall health security functions to ensure continuity between programs and to optimize the effectiveness of funding and efficiency of its use. As antimicrobial resistance increasingly challenges our ability to control known diseases, leading to the need for higher-cost second- and third-line treatment regimens, new infectious diseases are also looming on the horizon. Investments should be structured for long-term efficiency and effectiveness and multi-hazard preparedness.



Photo: Salahaldeen Nisar / World Bank

“Despite efforts by the United States and a few other countries, there are still big holes in the world’s ability to respond to an epidemic. Other countries may be more likely to step up if they see an overall plan and understand their role in it.”

— Bill Gates 2015¹¹

Initiatives

The governance structures described in the previous section create a structural and leadership platform from which to build and sustain global health security functions. Indeed, many structures have been developed and many initiatives are now underway to implement these functions.

The following are global-scale initiatives operating in the health security mission space, what we term “global initiatives to manage biothreats”:

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- Australia Group for chemical and biological weapon proliferation
 - Coalition for Epidemic Preparedness Innovations (CEPI)
 - Community Pandemic Preparedness Program (CP3)
 - Gavi, The Vaccine Alliance
 - Global Antimicrobial Resistance Surveillance System (GLASS)
 - Global Early Warning System (GLEWS) for major transboundary animal diseases, including zoonoses and Global Animal Disease Information System (EMPRES-i)
 - Global Financing Facility
 - The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
 - Global Health Security Agenda (GHSa)
 - Global Health Security Initiative (GHSI)
 - Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (Global Partnership)
 - International Reagent Resource (IRR)
 - Proliferation Security Initiative (PSI)
 - World Bank Pandemic Emergency Financing Facility (PEF)
 - World Economic Forum (WEF) Epidemics Readiness Accelerator
 - World Health Organization Contingency Fund for Emergencies (CFE)
 - World Health Organization Global Influenza Programme
 - World Health Organization Global Outbreak Alert and Response Network (GOARN)
 - World Health Organization Health Emergencies Program
 - World Health Organization R&D Blueprint for Action to Prevent Epidemics
 - World Organisation for Animal Health World Animal Health Information System (OIE WAHIS)

We recognize the value of initiatives at other levels, from local to regional to national, but have not included these in our assessment. The sheer number of initiatives would be too great and the information capture too challenging for the scope of this study. Regional and sub-regional initiatives for response and capacity building are critical efforts and include programs like those managed by African Union Interafrican Bureau for Animal Resources (AU-IBAR), Connecting Organizations for Regional Disease Surveillance (CORDS), the Gulf Co-op Council, and Mekong Delta Surveillance. The World Bank's Regional Disease Surveillance Systems Enhancement Project (REDISSE) in West Africa is notable in that it represents a large-scale regional initiative with both development donor and country commitment and investment. The FAO Emergency Centre for Transboundary Animal Diseases provides crucial support against the threat of cross-border animal health emergencies, and the USAID Emerging Pandemic Threats program is strengthening capacity to examine pathogen spillover risks from wild and domestic animals to humans, but cover only ~30 countries and are based on project funding. The U.S. CDC Field Epidemiology Training Program and its veterinary counterpart are also implemented in many countries, but are predominantly funded bilaterally. Bilateral programs—that is, programs funded by a single country to a single country—were similarly excluded from analysis because of the limitations in our scope. While such programs are often critical to advancing health security goals and can lay the groundwork for sustained and even larger investment from donor countries, such programs can also bring challenges of coordination and resource provision, hindering progress in addressing the very problems they seek to mitigate.³

Given these limitations, and because the purpose of the current study was to help advance globally sourced solutions to health security, our list of initiatives was limited to those that could be defined as global. We viewed “initiative” as something global in architecture and/or oversight but designed to support the consistent development of local-, country-, or regional-level capacities or provision of something that could be disseminated based on global need rather than a specific geographic

scope. Some of these initiatives were developed specifically to implement legal frameworks, whereas others were expressly developed to fill gaps in governance. While differing in their technical and geographic scopes, funding sources, timescales, and implementing institutions, the listed initiatives are recognized widely and routinely included in multi-donor planning meetings, have mobilized funding at significant scales (i.e., tens of millions to billions of dollars), or are firmly established in international institutions and the international biothreat and public health research, academic, or service delivery communities.

Within these parameters, we assessed the extent to which current global initiatives address the identified functions shown in Table 1. Table 3 reveals the relationships between the initiatives and pillars defined in this report. In addition to reviewing published information about each initiative, we have used our own experience and judgement as well as that of outside experts to determine placement into categories. Designations indicate that an initiative addresses a pillar per its stated mission or the judgement of the authors; it was beyond the scope of this study to assess whether it is successfully doing so.

Some of these are dedicated programs implemented primarily through one institution, while others are based on partnerships. Notably, GHSA is in this latter category. “Agenda” is perhaps a poor descriptor of what the GHSA actually is: a partnership of 64 nations, international organizations, and non-governmental stakeholders that facilitate collaborative capacity-building efforts around biological threats.⁴¹ Each of the listed initiatives may also have many sub-initiatives that operate at different scales (e.g., country or regional) and may cut across pillars and sectors to some extent. Other conceptual and operational initiatives not included in this list may benefit global health security in important ways, but to date are not systematically recognized in global health security planning. More such efforts will hopefully take hold through public-private cooperation and be included in future updates of Table 3.

TABLE 3: MAPPING OF GLOBAL HEALTH SECURITY INITIATIVES TO PILLARS^c

Initiative	Prevent		Detect	Respond	Recover
	Unintentional	Intentional			
Australia Group					
CEPI ^a					
CP3					
Gavi [†]					
GLASS					
GLEWS [‡]					
Global Financing Facility					
Global Fund					
GHSA [§]					
GHSI					
Global Partnership					
International Reagent Resource					
OIE WAHIS					
Proliferation Security Initiative					
World Bank PEF [¶]					
World Bank Pandemic Preparedness Plan					
WEF Epidemics Readiness Accelerator					
WHO CFE					
WHO Global Influenza Programme					
WHO GOARN					
WHO Health Emergencies Program					
WHO R&D Blueprint					

^c It was beyond the scope of this study to assess whether the initiatives are successfully supporting the pillars. Thus, a checked column does not necessarily mean the effort is actually occurring or occurring in a way that impacts health security.

^a Committed to funding through Phase 2 investigational stockpiles; not funded for Phase 3 or linked to a system for procurement, distribution, or dispensing.

[†] To the extent that Gavi covers Prevent it is for the specific prevention of yellow fever spillover through vaccination in high-risk areas; does not address drivers.

[‡] Predominantly focused on risk monitoring and information alerts for Rift Valley fever in livestock.

[§] Addresses prevention in the sense of containing outbreaks; attention to and capacity for spillover risk management is extremely limited.

[¶] Disbursement of funds only applies to select viruses.

BOX 4: ONE HEALTH COORDINATION FOR HEALTH SECURITY IN LIBERIA

Liberia's context as a resource-limited, high-biodiversity country targeted for natural resource and economic development presents potential for intensifying contact with wildlife through changing forest access, modernized hunting techniques, movement of and contact with wildlife through wildlife trade, and agriculture without adequate biosecurity. At the same time, the country faces limited human and veterinary medical services (possibly as few as 50 medical doctors and five veterinarians) and poor electricity, supply chain, sanitation, and transport infrastructure.

Ebola revealed weaknesses in public health systems for both routine and emergency functions that left Liberia vulnerable to known and novel disease epidemics. Among these were chronic capacity gaps further identified during the country's JEE in 2016, including poor capacity for zoonotic disease surveillance, in part due to an extremely limited animal health workforce.

Liberia has subsequently embraced a One Health approach as part of its strong post-Ebola commitment to local, national, and global health security. The country has developed a national One Health Coordination Platform with strong leadership from the government of Liberia and support from WHO, USAID, U.S. CDC, and other partners. Under its associated Governance Manual, the Platform rotates host institutions on a time-specified basis. It is currently hosted at the National Public Health Institute of Liberia, with a designated Director and Coordinator. Signatories come from 36 agencies, ranging from the authorities responsible for animal health, education, and civil society organizations such as religious leaders. If fully implemented, the collaboration that could come from the participation of the 36 stakeholders may provide pathways to identify shared priorities and deliver clear and consistent information that can support optimal delivery of functions such as risk reduction and management, threat and disease detection, and risk communication. The vice president of Liberia serves as Chair, helping to convey its importance in the global landscape and promote an inclusive, equitable approach across sectors.



Country-level models like this can inform tailored approaches for the unique context of a given country and its stakeholder needs. The Platform has flexibility to convene needs-based Technical Working Groups on broad topics (e.g., surveillance) and disease-specific objectives (e.g., rabies). It also mobilizes participants in ways that encourage multisectoral approaches from the onset of assessments, priority setting, and implementation initiatives, including in its *National Action Plans for Health Security and Antimicrobial Resistance*. This may ultimately help to ensure that strategies are not biased to a limited set of conventional approaches. While limited familiarity or capacity in some sectors (notably, defense and environment) may be an initial barrier to complete implementation of the Platform's potential in Liberia, it holds significant promise for the promotion of alignment among sectors. One Health approaches are already being embedded into some national operations, including weekly Integrated Disease Surveillance and Response reporting for priority diseases in humans and animals from all of Liberia's 15 counties, and in building diagnostic capabilities for diseases notifiable to the OIE and WHO.

PILLARS

AND SUPPORT FUNCTIONS
IN NEED OF ATTENTION

This evaluation has revealed fundamental elements of global health security that remain unaddressed or under-addressed by the global community:

FINDING: GLOBAL INITIATIVES TO MANAGE BIOLOGICAL THREATS LARGELY OPERATE INDEPENDENTLY OF ONE ANOTHER

No governance effort nor strategic inter-institutional guiding framework attempts to align the global initiatives toward a commonly defined objective or set of goals. Implementation efforts and associated financing tend to tackle particular objectives—vaccine development incentivization; vaccine delivery; regional surveillance; diagnostics; training; reporting—and while such dedicated efforts are necessary, there is no overarching effort to coordinate them, ensure that they align with a designated set of goals, and see that they operate under a strategic framework to ensure all needed functions, regardless of sector, are in place to achieve them. This has both benefits and drawbacks. On one hand, a flexible structure leaves room for innovation, is not expressly limited by a specific set of priorities set by the judgement of only one authoritative group, and does not impede entry into working on pillars and functions. On the other, without it, the global health security landscape is highly fragmented, with disparate approaches and timelines, chronically under-resourced areas, and gaps in operational capacity. Without a shared framework, monitoring remains challenging and accountability limited.⁴⁵

The Towards a Safer World initiative, a collaborative of experts established during the H5N1 avian influenza pandemic (2003–2011) through the UN System Influenza Coordination office and cutting across disciplinary and technical agencies, advocated for a whole-of-society and whole-of-government approach to prepare for pandemics and other major health disasters. It aimed to apply lessons learned from pandemic preparedness to other types of emergencies and threats. Following the H1N1 pandemic, the initiative took a light touch to keep the network of experts connected and up to date on global health security issues through a web-based

platform. This inter-sector scope, however, was not formally adopted by UN agencies for the long term, despite strong support from many in the community. This is a testament to the predominance of the sector-specific approach and insufficient interest in financing coordination of prevention and preparedness efforts. Bill Gates has argued that the “world does not fund any organization to manage the broad set of coordinated activities required in an epidemic” and has suggested that the world needs a system coordinated by a global institution that is given enough authority and funding to be effective.⁴² Whether the solution lies in a global institution or simply a mechanism for global alignment, we would extend this thought beyond those activities required “in an epidemic” to all the activities that should occur before it, and that must occur after it.

Conceptual and operational initiatives outside of formal UN-led structures are also emerging as a positive force in global health security planning. For example, the World Economic Forum (WEF) is working in partnership with over 80 corporate, technical, academic, donor, government, intergovernmental, and NGO partners to enhance public-private partnerships to effectively prepare for and respond to outbreaks. As part of this, the WEF’s Epidemics Readiness Accelerator is strengthening essential public-private cooperation in five areas of work (travel and tourism, supply chain and logistics, data innovations, communications, and legal and regulatory); the WEF is also advancing other global health security activities, including helping companies understand the types and magnitudes of risks and impacts they may face from outbreaks. More such efforts will hopefully take hold through public-private cooperation.

FINDING: BIOTHREAT PLANNING AND IMPLEMENTATION ARE DOMINATED BY THE HUMAN HEALTH SECTOR

There seems to be a natural tendency to think about biot threats in terms of their consequences; and at that, of the single end consequence that worries us the most: our own health. This view then effectively drives the reverse engineering all of the structures and decisions that must occur before those human health consequences ensue, and the forward engineering of response actions tailored to that human health need. Areas like defense, environment, and animal health are often treated as needs outside of human health security frameworks, and direct partnerships are not often established. It is the central term “health” in the moniker “global health security” that has come to dominate the conversation around high-consequence pathogens, which is itself a symptom of this mindset, and which dramatically influences the nature of investment. This is true globally and, in many cases, nationally. While WHO has a valuable role in guidance and standard setting, we see a persistent gravitation toward holding WHO responsible as the sole organization for global health security planning and implementation, even though the myriad functions needed to do so reach beyond WHO’s remit and, in some cases, technical and surge capacity. At a parallel U.S. level, the National Biodefense Strategy will be administered by a steering committee at the Department of Health and Human Services; and yet sixteen departments and agencies with wide-ranging responsibilities created that strategy.

Many initiatives are driven or owned by the health community rather than by multilateral partnerships (e.g., oversight of the JEE by ministries of health and WHO, and guidance of CEPI by WHO’s R&D Blueprint). While this health sector leadership does not exclude potential inputs from other sectors, it does not promote their systematic inclusion. The IHR is a health framework, and as such the lead on its implementation naturally falls to ministries of health. The IHR and other health-oriented frameworks like it are typically developed only by the health sector. Absent the resources or empowerment to manage their existing mandates or be aware of the relevance of their own activities to other sectors, non-health sectors are not likely to come to the table.

For decades preceding the advent of the pandemic-inspired global health security push, there existed more traditional security-oriented activities in biowarfare and bioterrorism. These were first the superpower offensive bioweapons programs, followed by their cessation per the BWC and the concomitant development of threat reduction and counterproliferation policies and programs to thwart any future bioweapons development. These efforts were designed within the diplomacy and defense spheres of influence, wherein the rhetorical triad was not “prevent, detect, respond” but more akin to “counterproliferation, nonproliferation, and consequence management.”⁴⁶

The approach that has largely come to dominate U.S. federal policies with respect to biot threats—one that recognizes their sources in nature, in human intent, or in human error—was also built into the GHSA. GHSA was not about global health—it was about global health *security* which, while lacking a standardized definition, clearly differentiated it from other global health programs in areas like maternal-child health or malaria. The term “security” could be viewed in two lights in the GHSA: one with respect to securing human health from high-consequence pathogens, and the other with respect to securing the pathogens themselves from misuse. Both of these, but especially the latter, necessitate the involvement of other sectors that work in or toward security, such as defense, law enforcement, border control, customs, counterterrorism, and diplomacy.

Efforts to create bridges between the health and security communities should acknowledge that some in the health world will be wary of those from the defense world, and vice-versa. Building on initial military and health sector collaborations that were crucial in the response to the West Africa Ebola crisis, the Indonesian Government in collaboration with WHO hosted a meeting in 2017 to promote the sectors’ collaboration to strengthen health security and advance implementation of the IHR. The meeting identified the need for development of guidance on national-level collaboration between military

and civilian health sectors, including the role WHO can play in supporting countries in their implementation. These advances should be promoted and sustained and also considered for other segments of the military beyond health services (and for other sectors), and should attend to both logistical coordination as well as tackling broader biothreats on the horizon (e.g., new developments in synthetic biology). Finding common ground to emphasize shared objectives for capacity and outcomes, and perhaps framing benefits in terms of securing human and global health, may help. The GHSA loosely provides a vision and associated frame for global health security through its dedicated action packages, though it leaves an overarching coordination piece to individual donors. Multiple national and global defense/security actors contribute in some fashion to the GHSA, for example under the Global Partnership, Interpol (a founding member of GHSA), and the many national-level funders from defense and related ministries. The equitable participation of the defense and security sectors was certainly the vision of the GHSA. But their presence has waned in international global health security fora according to experts. Although defense and security must be part of the global health security solution, “Around the world you don’t often see ministers of foreign affairs or defense or their delegates at these meetings.”⁴⁷ Yet the defense sector can contribute to many functions, regardless of the origin of the threat; it can similarly receive benefit to its own operations by collaborating with sectors like environment, agriculture, health, and finance. Such partnership can enable defense to better understand global threats, develop mitigation strategies, and inform risk analyses that ultimately inform what national and global biodefense priorities should be.

Actions and investments from many additional sectors are clearly needed. The engineering sector, for instance, is widely appreciated for improving sanitation to address water- and vector-borne disease risks. Engagement with sectors of trade, travel, and finance as well as with civil protection and disaster management authorities is similarly highly relevant. This can build on existing initiatives, especially as some sectors outside of health are already providing funding at significant levels; for example, an analysis of projects financed or undertaken

by members of the Global Partnership under the BWC indicated that 13 country partners reported contributions totaling >\$470 million for capacity building programs.⁴⁹ Ensuring investments are coordinated or considered with global health security targets in mind can help optimize their multisectoral impact. Governments could also capture revenues from multiple sectors, such as through taxation, to finance pandemic preparedness efforts.¹⁹ The recently established multisectoral National Action Plans for Health Security, which help act on the findings of the JEE and other assessments toward implementation of IHR core capacities, recognize this potential for multi-sectoral resourcing and aim to bring finance ministers, agriculture, military, security, and other sectors to the table. Planned costing exercises, however, still remain largely in the health sector.

Finally, One Health is not yet an implementation reality. As discussed, the contributing causes of epidemics and pandemics span widely beyond the human health sector. Without systematically considering risks that contribute to disease emergence from livestock, other domestic animals, and wildlife, and the role of environmental factors as related risks, we will perpetually be left with limited options for disease prevention at the source of disease threats. The siloed approach to disease risk management contributes to the lack of accounting for these negative externalities; a more integrated approach could anticipate and reduce risks from the onset. The institutions that frequently bear the costs of responding to disease events, such as development banks and global foundations, are well placed to address this fundamental issue given their wide-ranging lending lines and technical expertise. This can be done through direct investments in One Health projects that build in dedicated mechanisms for collaboration and incentives for relevant sectors on specific objectives (e.g., REDISSE), as well as by applying a One Health approach to project design, implementation, and evaluation phases. Processes such as safeguard policies, which assess possible adverse impacts of projects, can be enhanced to include public health threats beyond their current scope of environmental and social risks to also help target the drivers of disease to identify risk factors and mitigate negative externalities.¹⁶

BOX 5. NEXUS OF INSECURITY: CONFLICT AND FRAGILITY IN THE KASAI REGION OF THE DEMOCRATIC REPUBLIC OF CONGO

Since late 2016, in response to the killing of a local chief by the Congolese armed forces and internal conflict along ethnic and political fault lines, 1.5 million people have been internally displaced in the Grand Kasai region of the Democratic Republic of Congo (DRC). Most of the displaced live in makeshift arrangements in their own or other communities, and they lack food and basic health and education services. Approximately 42% of households in this region are food insecure and, across the DRC, about 7.7 million face the risk of imminent famine; over one-third of those at risk are in Kasai.⁴⁸

This crisis in southern DRC bookends the more limited but high-profile crisis that occurred in the north: on May 8, 2018, an outbreak of Ebola virus disease was declared in the Bikoro region of Equator province. Spread of the disease to Mbandaka, a city of almost 1.2 million, raised the specter of an uncontrolled epidemic that could spill into neighboring countries and markedly raise the death toll. Substantial funding was quickly mobilized, an experimental vaccine and 332 technical experts were deployed, and, on June 12, the last confirmed case was discharged from a treatment center. In total, 58 cases and 27 deaths were attributed to Ebola, but loss on the scale of the 2014 epidemic in West Africa was averted. As this report went to press, the virus had emerged again in DRC in other locations.

Though these crises—the Kasai conflict and the Ebola outbreak in Bikoro—occurred in distinct areas of the country, they represent on-the-ground challenges for national governments and indicate the need for resilience throughout the prevent-to-recover cycle.

Currently, much of the south and east of DRC is considered a “risk” or “deteriorated” area and, in addition to the 2018 Ebola outbreaks, there have been sporadic monkeypox cases and a recent widespread cholera epidemic, all with the risk of famine as a backdrop. These examples highlight the multiple simultaneous threats to security (i.e., food, health, and social and political) presently facing the DRC. Further, the disruption of agriculture, looting and destruction of health facilities and schools, and compromised access to water and sanitation due to conflict show that reinstating healthcare and establishing health security will require security support beyond that of the health sector alone.



FINDING: PREVENT IS SCARCELY ADDRESSED

The Prevent pillar is at once the most important and most under-appreciated. Only seven of 22 initiatives support our definition of prevention. This pillar is complicated by two sub-categories: unintentional (preventing spillover and spread in human populations by managing risk drivers, and preventing accidents with biological agents); and intentional (preventing development and use of bioweapons). Only four of 22 initiatives address prevention of unintentional release.

The counterterrorism-oriented functions of this pillar are far better addressed than those that are EID- or accident-oriented. This to some extent reflects the reality that counterterrorism efforts are relatively well defined and approachable through existing diplomatic and defense channels. Preventing EID events is perhaps perceived as less defined or less approachable, but perhaps only because we have not been willing to systematically identify and address the drivers of spillover, develop the research base to anticipate spillover events, and proscribe interventions. *In our construct, Prevent is not about limiting outbreaks before they become epidemics or pandemics. Such containment during response efforts to reduce potential for spread and impact is indeed critical when outbreaks do happen. But also important is reducing the likelihood and frequency that outbreaks happen in the first place by preventing the emergence of pathogens at their source. It is this prevention of initial emergence—essentially, the containment of pathogens to their natural hosts—that is so needed to shift the paradigm from one of response to one of prevention* (Figure 2).

Despite repeated lessons from HIV/AIDS, SARS, H7N9 avian influenza, Ebola, Zika, and many other infectious diseases, there is surprisingly little attention to diseases on the horizon as compared to other threats to the health and well-being of people and the planet.

Ebola in West Africa was unexpected because it had never been reported there before, but reports published after the West Africa Ebola outbreak began showed that Ebola virus antibodies were present in suspected Lassa fever patients in Sierra Leone as early as 2006–2008, suggesting previous circulation of Ebola viruses in the region.⁵⁰ Upstream detection and prediction may be technically challenging, but how many opportunities to do so have been missed simply because we did not try? If paired with subsequent risk reduction, these offer real potential to curb the frequency of outbreaks. We acknowledge that some activities that begin with outbreak response—such as biosurveillance, laboratory diagnostics, and emergency operations management—may indeed work toward prevention or containment of future outbreaks if they are sustained. This reality to some extent, then, blurs the line between response and prevention. But even if these activities were sustained, other areas of prevention remain in need of support.

One of these is R&D. The WHO R&D Blueprint priority pathogens all have close environmental or animal health links, but efforts to develop countermeasures for these pathogens are typically targeted to humans. Even while livestock health is becoming increasingly integrated into health security, and the OIE PVS tool helps identify capacity gaps therein, most livestock development assistance is not optimized for reinforcing functions for health security (such as those that target risk reduction in areas like land use planning or animal husbandry). Investment and standards in environmental health have primarily been focused on reducing pollutant and other chemical exposures. Capacity and resources in environment/forestry sectors are typically severely under-developed at the country level. As a result, wide gaps remain related to wildlife and vector-borne diseases, as well as the environmental factors that may be associated with risks.^{19,27}

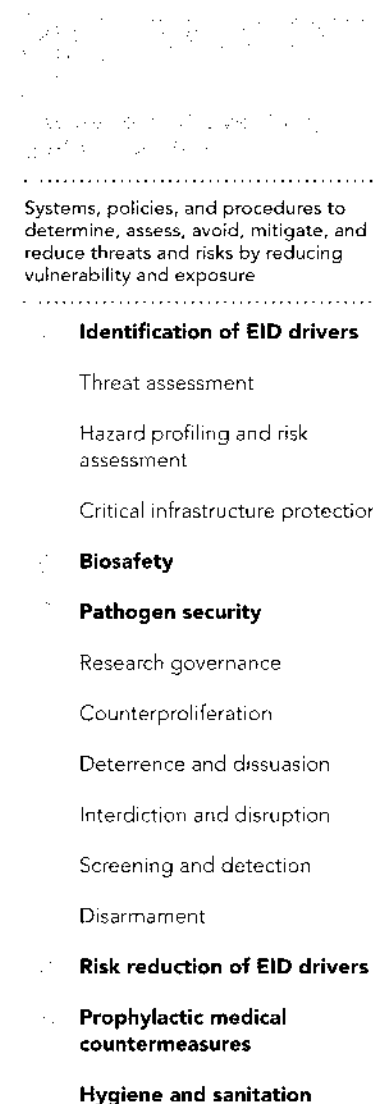
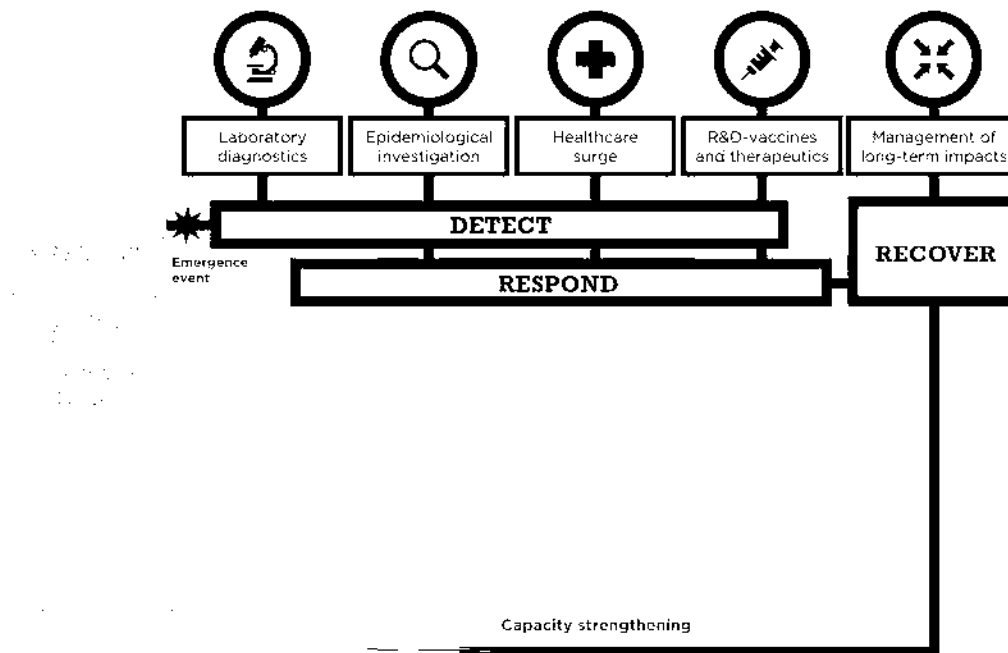


FIGURE 2: EXAMPLES OF ACTIVITIES AND TRAJECTORY OF IMPACTS ALONG THE PREVENT-DETECT-RESPOND-RECOVER SPECTRUM.

The security community uses the term “left of boom” to describe the entry point at which it is optimal to intercede with respect to major security breaches like bombings. We do this on the intentional side of biotreats as well—but prevention of spillover is not yet the prevailing paradigm in managing outbreaks that originate from animal and environmental exposures.



Epidemics and pandemics are often spoken of as inevitable. It is true that we usually cannot know what we have prevented from happening, but this truth does not obviate the need for prevention research and implementation. The value of prevention is well recognized in other sectors, such as reduced speed limits to prevent traffic fatalities, fire-resistant building materials and sprinklers to prevent and slow the spread of fires, earthquake-proof building codes in high-risk fault lines to prevent building collapse, and building restrictions in high flood-risk zones to prevent the loss of homes and other assets. Incentives, too, exist for risk reduction practices in other mission spaces; for example, lower car insurance rates are offered to drivers without accident and speeding histories.

Some promising prevent-oriented programs have been funded by individual countries, such as those supported by USAID (the Emerging Pandemic Threats program and in particular the PREDICT project) and the U.S. Department of Defense (through the Defense Threat Reduction Agency and the Defense Advanced Research Projects Agency). Analysis reveals that certain species are more common sources of viral zoonoses than others (i.e., bats, rodents, non-human primates) and that habitat loss and exploitation of wildlife are convergent drivers of both species declines and viral spillover risk along with other drivers including agriculture intensification and food industry changes.^{51,52} In addition, environmental factors like rainfall anomalies are positive predictors of climate-sensitive disease outbreaks such as Rift Valley fever.⁵⁴ Climate and weather systems maintained and financed by other sectors can be leveraged by the health security community to anticipate places and people and other animals at greatest risk for spillover events.

BOX 6. CONVERGENT RISK DRIVERS: POTENTIAL IMPACTS OF CLIMATE CHANGE AND URBANIZATION ON VECTOR-BORNE DISEASES IN MAURITANIA

Mauritania faces two critical risk factors for vector-borne disease: climate change and urbanization. While intensifying drought and desertification present threats to health and livelihoods in the central Sahel region, coastal erosion and the potential for flooding increase pressure on the growing coastal cities of this second most rapidly urbanizing country on the African continent.

Vector-borne diseases—those caused by pathogens transmitted through mosquito and tick hosts, primarily—are highly responsive to environmental change, including local changes in temperature, humidity, and precipitation, as well as larger-scale changes in land use due to agriculture and urbanization. Recent cases suggest three vector-borne diseases that may respond to climate change and urbanization: Rift Valley fever (RVF), Crimean-Congo hemorrhagic fever (CCHF), and dengue fever. RVF, which causes abortions in livestock and fever, eye damage and, rarely, death in humans, has shown both range expansion and an increase in the number of cases in Mauritania over the last decade. CCHF, which can emerge from a tick-livestock cycle, has a high case-fatality rate (>30%) and has been reported in Mauritania as recently as late 2017. Dengue, transmitted to people through mosquito bites, is present throughout tropical and subtropical regions of the world; it was first reported in Mauritania in 2014.

While these diseases present problems primarily for local communities, the recent cases highlight the broader threat of these diseases to

Mauritania and to the region. After the 2014 Ebola epidemic, WHO heightened its monitoring of hemorrhagic diseases, and RVF and CCHF both figure prominently in emergency response plans and are included in the WHO R&D blueprint. The distribution and frequency of both diseases are likely to change as livestock move in response to the availability of food and water in a changing climate. Further, the potential for introduction of these diseases into cities and for altered routes of transmission (e.g., hospital-associated) should be considered in the context of routine movement into cities, including the provision of food products for these burgeoning populations. Finally, with the recent introduction of dengue into the capital city of Nouakchott, an increasing burden of disease in this and other growing cities is a near-term challenge that should be proactively managed.

Urban margins—areas of cities with dense human populations, inadequate infrastructure, and irregular access to water and sanitation—are fertile breeding grounds for vectors and the diseases they transmit, and monitoring and possible prevention mechanisms for introductions (particularly of RVF, CCHF, and dengue) into large- and intermediate-sized cities of Mauritania should be considered as a disease surveillance priority. A comprehensive development approach to urban and water infrastructure, coupled with increased human resources for health and agriculture, including entomological surveillance, will be needed to mitigate the vector-borne disease risks posed by climate change and urbanization in Mauritania.

RECOVER

Recovery

Systems, policies, and procedures to restore and strengthen normal operations

- ▲ **Needs assessment**
- ▲ **Health consequence management**
- ▲ **Economic and societal consequence management**
- ▲ **Socio-cultural sequela management**
- ▲ **Health system (re)establishment**
- ▲ **Decontamination**
- ▲ **Remediation**
- ▲ **Mental health**
- ▲ **Bioweapons disposal and decommissioning**

FINDING: RECOVERY IS ALL BUT MISSING

Initiatives to meaningfully and systematically advance recovery planning and implementation are extremely limited. The entire pillar of Recover is not captured by the major extant frameworks, nor are its functional areas nested within Prevent-Detect-Respond. They thus remain the most significantly overlooked.

Disaster recovery efforts are a mainstay for management of many natural hazards such as floods and earthquakes. Post-disaster recovery in such situations tends to emphasize rapid rehabilitation and reconstruction. But for epidemics, prior capacity is typically limited, with little existing platform on which to build. A true focus on building capacity in ways that “build back better” is generally missing for recovery from disasters that result from biological hazards.

Addressing the long-term burden of disease is the most obvious need for recovery efforts, as seen with the Ebola Survivors projects in West African nations, which focus on issues like healthcare services and research on long-term complications, skills retraining, and stipends to address livelihood impacts and social marginalization. Their very existence is a testament to the lasting impacts of outbreaks, but outside of these programs, support for disease survivors of infectious disease outbreaks is not routine. Nor is health system recovery in the aftermath of bio-disasters, including rebuilding the health workforce

which may have suffered huge loss of lives of personnel, reactivation of health services which may have suffered as a result of the emergency, and addressing the overall weaknesses of the system. By effectively addressing lessons learned, investments in recovery could prevent repetitive spending on response reflected in activities like construction of short-term treatment centers, ad hoc animal and ecological surveillance, and the medical supply and healthcare worker influx that often accompany large outbreaks but are frequently not sustained long-term at national levels post-crisis.

The global health security governance community must decide whether recovery is a priority for them and if it is, it should be built into the frameworks, and initiatives in turn must be developed to address it. Recovery has high potential to leverage and optimize investments from other sectors (e.g., energy, education, supply chain development) in ways that benefit future emergency and routine operations. It is also crucial that recovery reinforce functions in the other pillars to address hazards, exposures, and vulnerability in order to avoid repeated devastation.⁵¹ As with other functions, resilient recovery requires coordinated action from a range of sectors in preparation for, during, and following biothreats. Recovery must not merely be based on the return to “normal” but must include prevention activities that prevent future outbreaks or at least mitigate their effects.

BOX 7. CLOSING THE LOOP: FROM AN EFFECTIVE RESPONSE TO EPIDEMIC PLAGUE TO INFORMED RECOVERY AND PREVENTION IN MADAGASCAR

In 2017, an epidemic of plague hit the island of Madagascar. Although cases occur annually—Madagascar is a major focus of plague, routinely accounting for one-third of all cases worldwide—this epidemic represented a more than five-fold rise in the number of seasonal plague cases. In total, 2,348 cases and 202 deaths were attributed to the epidemic.

Agricultural communities in Madagascar are at highest risk of exposure to the bacterium *Yersinia pestis*, the etiologic agent of plague that cycles between fleas and rats and routinely spills over into humans in close contact. However, plague in the 2017 epidemic differed in important ways from seasonal plague. First, unlike the typical concentration of cases in the rural highlands at the center of the country, this epidemic was concentrated in urban areas, including the capital of Antananarivo. Second, rather than transmission through its usual flea-to-person route, the pathogen was transmitted person-to-person through the respiratory route. These two factors fueled the epidemic and posed the threat of wider transmission.

On November 25 of that year, the Madagascar Ministry of Health declared an end of the urban pneumonic plague outbreak, although rural bubonic cases continued to be detected. The epidemic was curtailed by an effective response that included contact tracing and free treatment, supported in part by \$1.5 million in WHO emergency funds.⁵⁵ However, as noted by Bonds et al.,⁵⁶ international responses can quickly fade, without the needed pivot to stabilize the economy after fear-associated closures of businesses and reduction in transport and tourism, maintain essential healthcare capacity and risk awareness campaigns that were established during the epidemic, and scope long-term development investments in the health, agriculture, and urban resilience sectors.

Plague is an example of an endemic disease with pandemic potential, demonstrated by three high-mortality pandemics in the years 541, 1347, and 1894. Even though it is easily treated with currently effective antibiotics, pneumonic plague is highly contagious and invariably fatal without timely treatment. Investing in basic public health services, including urban sanitation and vector control programs, should be a priority to prevent the recurrence of a plague epidemic of this scale.

FINDING: CROSS-CUTTING FUNCTIONS PROVIDE UNDER-UTILIZED ENTRY POINTS FOR PARTICIPATION

The cross-cutting functions described in Table 3 are not relegated to the bottom of the table because they are unimportant—in fact, the opposite. They are architectural elements of the entire structure, without which it collapses. A few deserve special mention here as critically under-resourced.

While our analysis focused on global initiatives, the ultimate capacity for and return from the core functions is embedded within communities. This includes functions related to workforce, detection and reporting, and risk reduction opportunities. Functional approaches must therefore be designed with the motivations of the community and its wider constituents in mind (e.g., private sector entities, media, local government, and other leaders). The private sector has been relatively untapped by governments and major global efforts. The development of strategic public-private partnerships across all four pillars is in its infancy. Yet the areas that require public-private cooperation, as well as the benefits that the private sector could provide, are many, and are directly tied to communities. Business continuity helps each business but also society in general. Local businesses and large corporations alike have roles to play and a particular incentive to contribute to well-functioning societies to minimize business disruptions and may be engaged in novel ways to mobilize resources and convene sectors. Employers are a pivotal entry point for workforce development, risk communication, and pandemic prevention and preparedness. They are embedded in communities and often already involved in multi-sectoral initiatives in their own operations throughout a business's lifecycle.

Risk communication, both for operations within and between institutions and with the public, must underlie all decisions to support awareness of risks and needs and to build the trust of all stakeholders. It also can provide entry points for relevant sectors to ensure correct and consistent messaging and practical solutions. In terms of workforce development and sustainment, the intensive resources required of international responses to epidemics provide a strong rationale for considering ahead-of-time investments in workforce-building for basic public health and medical capacity, including community health workers, that can prepare for and deliver both emergency and routine health services. This investment is generally far more limited than the intensive resources poured into international responses to epidemics, which themselves do not typically support the building of long-term workforces. Global R&D initiatives are largely focused on biosurveillance, biodetection, and medical countermeasure development, omitting an important evidence basis for all of the other functions, notably among upstream prevention and recovery. Finally, information sharing is still deficient across sectors and disciplines and often among different levels of reporting (e.g., from point of care to national and international levels). Optimizing these, especially the latter, is now a major focus of Integrated Disease Surveillance and Response reporting for implementation of the IHR by countries in the African region (and is being expanded to other regions).⁵⁷ However, in general, multisectoral data sharing and interpretation, particularly for diseases before they appear in humans, are not routinely conducted for pandemic threats.

BOX 8: WHERE DOES THE PRIVATE SECTOR FIT IN?

The private sector has suffered significant losses from recent epidemics and pandemics.²⁷ Declines in tourism following disease-related travel advisories or disruptions to supply chains and workforce threaten business continuity and have considerable impacts on businesses. Companies thus have an incentive to invest in and promote healthy populations and the functions that support stable operations.

New channels are being formed for the private sector to link in to pandemic resilience efforts, such as the GHSA's Private Sector Roundtable. The private sector represents a diverse group of entities in terms of industries and scale. Viewing private entities beyond their role in corporate and social responsibility can provide new pathways for their participation at local, national, and regional levels. The human resources required to build and sustain both basic and surge functions are not yet addressed in a sustainable way, particularly at the national level, and the inputs of the private sector are clearly situated to help address this. Further, employers can implement risk reduction policies such as providing reliable food sources to alleviate wildlife hunting pressures, providing education to workers on zoonotic disease risks, and requiring use of personal protective equipment in high-risk settings to prevent disease transmission and spread to employees. As zoonotic

and non-zoonotic diseases can both impose high economic and health security impacts, there are important incentives for many industries to reduce risks. The predominance of the informal or “gig” economy and other aspects of changing workforce paradigms will require new ways for disseminating risk communication and management approaches; links between the private and public sectors can help enable the tools needed to do so which, in turn, can reach countless numbers of people.

Multilateral development banks have committed to mobilizing upwards of 35% increased financing from the private sector within three years, and the World Bank has launched an initiative to maximize private sector financing by considering private financing options, and encourages use of public sector finance to provide an enabling environment. This has great potential to strengthen capacity for some aspects of health security (e.g., private networks of veterinarians), though financing incentives must be in place to engage with the public sector to ensure ongoing contribution to public good. The PEF is facilitating new public-private partnerships through the development of pandemic risk itself as a market, with pandemic catastrophe bonds being assumed by private insurers, with premiums financed by donor governments.

CONCLUSIONS

AND RECOMMENDATIONS

“The global health community should address future threats to health security comprehensively based on deeper understanding of prevention and remediation of human security. Simply taking the International Health Regulations to a next step would be too weak and too narrow an adjustment.”

– Chen and Takeda 2015 “

The global commitment to building the capabilities needed for an optimal state of global health security is strong. Yet the system in place is not yet at the point where the capabilities—the foundation—fully support the pillars, which in turn do not yet fully support a ready and resilient global health security structure. In general, the system still tends toward reactivity rather than proactivity, toward response rather than prevention. Efforts to counter global biological threats can be characterized largely as ad hoc responses to known diseases, with limited attention to horizon scanning and drivers of emergence of new and unknown diseases (what WHO calls “Disease X”).

Despite the reality that pandemic readiness is a function of the strength of all pillars, globally-organized efforts are primarily directed toward response, with 16 of 22 initiatives notionally or actually addressing this pillar. After-action reviews tend to target response failures, perpetuating this response-oriented mindset. Some might argue that global initiatives are naturally better suited to response than to prevention or recovery, and therefore that limiting our study to global initiatives unsurprisingly biased the results toward response. We strongly question this notion. Global institutions shape priority setting, investment incentives, and best practices that inform where countries emphasize their capacity and activities. That prevent and recovery implementation approaches may require context-specific tailoring, and require participation from and in some cases reliance on some sectors not currently involved in global health security efforts, should not preclude the global community from putting its weight behind efforts to aggressively address and invest in them if global health security is a development goal that extends beyond the health sector.

The global community has regularly generated response initiatives in reaction to outbreaks, and it was our intent to ask, what opportunities to address other fundamental areas might it be missing? The response bias precludes emphases on the other pillars that could provide encouragement, guidance, and cover for countries to take on activities toward those pillars at the national level. It also results in resource-intensive measures to contain outbreaks once an emergency has occurred, in many cases costing lives and leading to widespread societal and economic disruption. Most resources are mobilized downstream once emergencies occur. New major financing mechanisms—notably the WHO CFE and the World Bank PEF—allow resources to be mobilized when a certain trigger is activated. These mechanisms are important for assisting countries in outbreak response to avoid large-scale, international epidemics and potential pandemics or to provide insurance against their economic impacts; the CFE, specifically, provides resources for response to disease outbreaks as well as health emergencies that result from other disasters. However, response infrastructure should build on or lead to investments for resilience across prevent-detect-respond-recover. It should capitalize on opportunities for risk mitigation and early threat detection. In the long run, as demonstrated by the high costs of the recent Ebola and Zika outbreaks, relying on response results in huge loss of lives and damages, poses unsustainable financial costs, and represents missed opportunities for cost-saving risk reduction upstream. The imbalance would naturally be mitigated in a relative sense by a greater emphasis on addressing the other pillars. More importantly, the required investment levels would in absolute numbers go down in the long run if preventive efforts were the fundamental

priority for global health security efforts. Initiatives should also be in place to capture prevention and early warning inputs and celebrate success stories of outbreak prevention.

The gaps and limitations described in this report may provide a roadmap for choosing and prioritizing additional areas of investment of human and fiscal capital, ideally in concerted fashion. The work could take the form of designing a system of partnerships to meet the need, and ultimately implementing such a system. This would allow the community of stakeholders to move beyond ad hoc approaches, and instead operate as a more integrated and systematic global network dedicated to global health security capacity. This will require coordination across sectors, including in the design and tracking of assessment tools, action planning, investments, reporting, and promoting effective and efficient use of resources to ensure functions are sufficiently covered.

The global community can engage productively in all of the pillars. Indeed, the very *attention* of global entities to these pillars would be a huge step that could then support and create downstream activity from regional or national actors. The opportunity now waits in those areas of global health policy and implementation that are addressed insufficiently or not at all.

We believe this study provides a novel lens through which to view needs and opportunities for global health security. Our multidisciplinary findings, especially around the limited attention to date on systematic prevention and recovery, support a more comprehensive approach than is reflected by current health security efforts. We hope that the detail herein is a useful catalyst for further policy discussions and meaningful routes of entry into other sectors. This initial report can be followed up with expanded analyses to precisely map and track specific initiatives, new programs that will complement existing efforts and fill critical functional gaps, and new governance, implementation, and financing structures to ensure their coordination. These findings can be used to empower governments and international agencies to strengthen capacity for coverage of functions along the entire prevent, detect, respond, and recover spectrum of activity defined in the core functions framework. They can directly inform ongoing global initiatives to manage biothreats and future iterations of capacity assessments, as well as orient prospective initiatives to spaces in the global health security landscape for contributions with optimal impact. Between the relative calm after the West Africa Ebola outbreak and the appearance of the next major biothreat—all too certain a short window—lies opportunity to do so.

RECOMMENDATIONS

While additional research will help inform more precise evidence-based preventions and interventions, several activities can be implemented now to strengthen and reinforce global efforts for global health security.

1. Global biothreat initiatives should be more strategically aligned

Coordination and harmonization of dozens of parallel initiatives will help ensure coverage and synergy. While alignment with IHR is important for the health community and some have called for harmonization of multiple standards within it,³⁹ the relevance, entry points, incentives and ownership for other sectors must also be considered and made apparent. This is admittedly challenging without resources dedicated to coordination to establish working relationships between sectors at all levels, especially the sectors that may have limited capacity and resources (and thus may not be conducting the functions they are best served to address).

All of the needed sectors must be at the table to enable whole-of-society preparedness and promote independent thinking, monitoring, and accountability. One of the most important roles of the global community is to identify functional needs agnostic of sector and then create a framework that guides players to focus their initiatives in a way that is mutually beneficial and synergistic with the many other initiatives operating in the global health security mission space. At a country level, National Action Plans for Health Security offer a platform for integrating multisectoral inputs and identifying

shared goals as well as integrating prevention of health emergencies into other sectors' national action plans, such as those for climate change, biodiversity, and urbanization. Related processes, such as WHO's recent multisectoral resource mapping and prioritization workshops, can also help bring stakeholders from various sectors together. However, the long-term success of implementing shared priorities will require new ways of working together and likely new mechanisms for financing multisectoral initiatives. The Global Pandemic Monitoring Board, taking shape now, could potentially bring all of these elements together to ensure coverage and coordination of core functions for health security. And the proposed GHSA 2024 Framework, in which more than 40 partners will reaffirm the need and set the stage for preparedness, could be upscaled to include additional nations or become a global compact. To support translation to country action, establishment of a Global Fund-like entity for global health security, which could be used to fund countries directly to implement their costed National Action Plans for Health Security, could help more systematically and sustainably provide a pathway for needed One Health capacity strengthening.

2. Multi-sectoral participation must be recognized as a requisite tenet of the entire global health security enterprise

The participation of many sectors and disciplines in the public and private spheres is vital to achieving a state of global health security. Yet the health sector dominates all others, despite the reality that preventing, detecting, responding to, and recovering from major biological events must employ the efforts of many public sector ministries and private sector industries. Our

review has identified three glaring weaknesses that, if rectified and considered in the context of disaster risk reduction or management, perhaps through a renewed push per GHSA 2024 Framework development, could provide substantial benefit to the health security of global citizens:

Defense and security

Important investments in counterproliferation and counterterrorism have not yet been institutionalized as a co-equal in the fight for health security. Law enforcement, military, immigration control, and other entities can assist with core functions, including protection of critical infrastructure, bioforensics and attribution, logistics of essential services surge, and medical countermeasure distribution and dispensing. The GHSA “Biosafety and Biosecurity” action package is the most explicit in this purpose, with targets ensuring “that especially dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach are conducted to promote a shared culture of responsibility, reduce dual use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing, and pathogen control measures are in place as appropriate.”⁶⁰ This acknowledgement of security is much less evident in the IHR and OIE regulations, and the effort to encourage partnerships among previously distinct sectors was therefore an important specific contribution of the GHSA. All of the action packages can, in fact, be implemented with security in mind if the defense and security sector is considered one among equals. Doing so will require complete engagement of this sector’s representatives at the global and country levels. The GHSA could leverage regional security agreements, such as the North Atlantic Treaty Organization, to address biothreats through the 2024 Framework development process.

Environment

The close link between encroachment on wildlife and ecosystems and disease emergence makes the environment sector a critical partner that has yet to be integrated into health security efforts. This sector can be leveraged to contribute key information for threat detection and sentinel surveillance to enhance disease prevention, as well as intervention options to mitigate disease risks from wildlife and other environmental sources. For example, climate and weather systems and biodiversity monitoring financed by other sectors can be leveraged by the health security community to anticipate places, people, and animals at greatest risk for pathogen spillover events and address risk drivers upstream. In general,

there is a continued need to apply (not just talk about) One Health approaches. Donors can more systematically coordinate with the environmental sector to ensure multisectoral approaches are built into programs prospectively. Working through existing channels and reinforcing dual capacities for emerging and endemic diseases may show immediate value and promote sustainability. These efforts can align with and advance many existing intergovernmental and non-governmental environmental organizations’ efforts to explore biodiversity and ecosystem “mainstreaming” for health.

Private sector

We echo the call to “map the potential contributions of the nongovernmental sector to global health security and identify opportunities to catalyze multisectoral partnerships among the US government, private, and social sectors that will harness new allies, innovations, and investments to bolster pandemic preparedness.”⁶¹ Engagement of the private sector as a partner in preparedness is critical both for early detection and to minimize potential impacts of reported disease on trade and travel, as well as reduce disruption in other facets of society. Global initiatives with multi-national corporation participation, such as the Private Sector Roundtable, can be followed up with more local activities at country and community level where private sector entities are embedded and business continuity may be integral for both companies and wider society. Incentives to reduce risks, such as incorporating economic vulnerability from pandemic risks into country credit ratings, which has been proposed as a strategy to incentivize pandemic preparedness,⁶² should be explored. Others have called on financing institutions to take steps to limit upstream risks to reduce potential liabilities. This can occur, for example, by incorporating emerging infectious disease risk in development project safeguards or partnering with industry to promote alternatives to high-risk practices to reduce risk and impact potential negative externalities.⁶³ Such approaches could tie into risk reduction efforts in the environment sector as well. We recommend the development of aggressive, early, and transparent partnerships between government agencies charged with global health security and the private sector. The private sector’s unique health security functions should be defined, mapped to global health needs, and fiscally supported.

3. Strategic gaps at the margins must be aggressively addressed

Of the four pillars that define global health security in our construct, two are woefully under-addressed:

Prevent

Implementers should embrace Prevent as an area of need and target investments accordingly. Prevention programs could potentially tie into existing and sustained programs in place on the ground, such through Community Health Worker networks, which feature front-line public health workers with trusted relationships and strong understanding of the communities they serve, and by broadening the scope of other initiatives currently focused on specific communicable diseases (e.g., Roll Back Malaria partnerships). Some innovative approaches have been proposed to target gaps in Prevent, such as the Global Virome Project, which would enhance surveillance and characterize mammalian viral diversity to inform the global health community about potential risks and guide the development of preparedness measures in areas like spillover risk reduction and vaccine and therapeutic inputs.⁶⁴ The use of modeling and risk profiling and prioritization to predict disease emergence is still in its infancy, particularly with respect to incorporating elements of human behavior and risk drivers outside the health sector. Improved prediction and prevention science will require new approaches and financing to sectors that at present have limited health security engagement to address proximal and distal drivers of disease emergence. It will require factoring outbreak risk and risk reduction into land use planning, climate action, food production practices, anti-terrorism sanctions, and trade and travel. The GHSA's next iteration should include metrics that measure prevention of spillover not only in terms of surveillance efforts, but of other behaviors, policies, and practices that minimize that spillover.

Recover

Health threats should be managed as a continuum, from Prevent to Recover to Prevent. During Recover, the main focus should not only be to return to "normal" but to prioritize the instillation of policies, plans, and activities to Prevent. Best practices for recovery are extremely limited for biothreats. Granting these functions attention similar to that available with other types of disasters will promote a more systematic understanding of needs and should strengthen functions to prevent, detect, and respond to future risks and impacts. Financing must be sustained through the recovery phase, eliminating rapid shifts to the next outbreak that leave a debilitated country primed for another biothreat event. There is increasing recognition that humanitarian and development agencies must collaborate, recognizing the underlying vulnerabilities to hazards in conflict and fragile states and the need for sustained engagement to promote stability. Nascent programs in this area that contribute to global health security should be strongly supported.

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From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6) DTRA Ft Belvoir CT List CT DAG (b)(6)
Cc: (b)(6) DTRA Ft Belvoir
CT List CT BT Taskers (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance
Date: Friday, October 1, 2021 1:52:00 PM

(b)(6)

(b)(6)

(b)(5)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, October 1, 2021 1:49 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir
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Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Hello sir,
DAG only tasked BT.

V/r,

(b)(6)

CTR A&AS Support Contractor

Reez Allen Hamilton

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Sent: Friday, October 1, 2021 1:46 PM

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Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Thanks (b)(6) Was DTRA RD also tasked? If so, what response did they submit?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 1:43 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir
CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Sir,
The suspense on this task is 1200 on Friday, 1 OCT.

V/r
(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Friday, October 1, 2021 1:28 PM
To: (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

(b)(6)

What's the suspense on this task?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 4:50 PM
To: (b)(6) Pope, Robert
S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT
Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAAs Appeal-Prohibit Funding of EcoHealth Alliance

Attached is BT's response to the below tasker for Front Office review.

V/r,

(b)(6)

CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Unmanaged Mailbox, DTRA TMT <noreply.dtra@mail.mil>
Sent: Tuesday, September 28, 2021 5:14 PM
To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAAs Appeal-Prohibit Funding of EcoHealth Alliance

Classification: Unclassified

This Tasker was accepted by CT-BT (b)(6) on 09/28/2021 17:13 (GMT-05:00) Eastern Time
(US & Canada).

To access this Tasker assignment, click the following link – DTRA-210928-YGVH

<https://dtra.tmt.army.mil/main.aspx?ctn=ava_tasker&id=ac0f05a6-9420-cc11-81a1-00505681367b&pagetype=entityrecord>

TMT Home <<https://dtra.tmt.army.mil>>

Classification: Unclassified

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6) DTRA Ft Belvoir CT List CT DAG
Cc: (b)(6) DTRA Ft Belvoir
CT List CT-BT Taskers
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance
Date: Friday, October 1, 2021 1:28:00 PM

(b)(6)

What's the suspense on this task?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 4:50 PM
To: (b)(6) Pope, Robert
S SES DTRA COOP THRT REDUCT (US) (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT
Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Attached is BT's response to the below tasker for Front Office review.

V/r,

(b)(6)

CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Unmanaged Mailbox, DTRA TMT <noreply.dtra@mail.mil>
Sent: Tuesday, September 28, 2021 5:14 PM
To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Classification: Unclassified

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To access this Tasker assignment, click the following link : DTRA-210928-YGVH

<https://dtra.tmt.army.mil/main.aspx?cm=ava-tasker&id=ac0f05a6-9420-cc11-81a1-00505681367b&pagetype=entityrecord>

TMT Home <https://dtra.tmt.army.mil>

Classification: Unclassified

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6) DTRA Ft Belvoir CT List CT DAG
Cc: (b)(6) DTRA Ft Belvoir CT List CT BT Taskers
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance
Date: Friday, October 1, 2021 1:46:00 PM

Thanks (b)(6) Was DTRA RD also tasked? If so, what response did they submit?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 1:43 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Sir,
The suspense on this task is 1200 on Friday, 1 OCT.

V/r,

(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Friday, October 1, 2021 1:28 PM
To: (b)(6) DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

(b)(6)

What's the suspense on this task?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 4:50 PM
To: (b)(6) Pope, Robert
S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT
Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAAP Appeal-Prohibit Funding of EcoHealth Alliance

Attached is BT's response to the below tasker for Front Office review.

V/r,
(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Unmanaged Mailbox, DTRA TMT <noreply.dtra@mail.mil>
Sent: Tuesday, September 28, 2021 5:14 PM
To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAAP Appeal-Prohibit Funding of EcoHealth Alliance

Classification: Unclassified

This Tasker was accepted by CT-BT (b)(6) on 09/28/2021 17:13 (GMT-05:00) Eastern Time
(US & Canada).

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<https://dtra.tmt.army.mil/main.aspx?etn=ava_tasker&id=ac0f05a6-9420-ec11-81a1-00505681367b&pagetype=entityrecord>

TMT Home <<https://dtra.tmt.army.mil>>

Classification: Unclassified

From: (b)(6)
To: (b)(6) Pope, Robert S SES DTRA COOP THRT
Cc: REDUCT (USA); DTRA Ft Belvoir CT List CT DAG (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance
Date: Friday, October 1, 2021 2:47:08 PM

Tracking and standing by.

V/r,

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 2:46 PM
To: (b)(6) Pope, Robert S SES DTRA COOP
(b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
Cc: (b)(6) DTRA Ft
Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Thank you, ma'am.

V/r,

(b)(6)

CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 2:45 PM
To: (b)(6) Pope, Robert S SES DTRA COOP THRT
REDUCT (USA) <robert.s.pope12.civ@mail.mil>; DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>; (b)(6)
Cc: (b)(6) DTRA Ft
Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Hi (b)(6) - we are updating the appeal draft submitted yesterday; will send track changed version separately.

The doc you just attached was for the 1:1 discussion with Dr. Pope, please do not upload that to TMT.

v/r,

(b)(6)

Department Chief
Biological Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 2:22 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir
CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
(b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Sir,

In the interim, would you like for BT to replace the version currently in TMT with the attached version?

V/r,

(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton
(b)(6)

-----Original Message-----

From: (b)(6)
Sent: Friday, October 1, 2021 1:56 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir
CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6) (b)(6) Michael R CIV (USA)
(b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Yes, sir, I will investigate.

V/r

(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton
(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Friday, October 1, 2021 1:53 PM
To: (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil> (b)(6)
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers

<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH , NDAA Appeal-Prohibit Funding of EcoHealth Alliance

(b)(6)

(b)(6)

- It looks like the DTRA Chief of Staff also tasked RD, but RD didn't respond if I'm reading TMT correctly. It also looks like someone has cancelled CT's routing and closed the task. Can we find out what's going on with the task? I don't want DTRA LA using the paper BTRP uploaded -- I did not approve it.

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)

Sent: Friday, October 1, 2021 1:49 PM

To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6) DTRA Ft Belvoir
CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Cc: (b)(6)

(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers

<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH , NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Hello sir,
DAG only tasked BT.

V/r,

(b)(6)

CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)

Sent: Friday, October 1, 2021 1:46 PM

To: (b)(6)

DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

Cc: (b)(6)

(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers

<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH , NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Thank (b)(6) Was DTRA RD also tasked? If so, what response did they submit?

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----
From: (b)(6)
Sent: Friday, October 1, 2021 1:43 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (US) (b)(6) DTRA Ft Belvoir
CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH , NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Sir,
The suspense on this task is 1200 on Friday, 1 OCT.

V/r,

(b)(6)

CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (US) (b)(6)
Sent: Friday, October 1, 2021 1:28 PM
To: (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT-BT Taskers
<dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH , NDAA Appeal-Prohibit Funding of EcoHealth Alliance

(b)(6)

What's the suspense on this task?

V/r,

Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 4:50 PM
To: (b)(6) Pope, Robert

(b)(6)
S SES DTRA COOP THRT REDUCT (US

DTRA Ft Belvoir CT List CT DAG

<dtra.belvoir.ct.list.ct-dag@mail.mil>

Cc: (b)(6)

DTRA Ft Belvoir CT List CT-BT

Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil>

Subject: RE: Tasker Assignment Accepted by CT-BT

(b)(6)

| SUSP 09/30/2021 21:00 (UTC) |

DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Attached is BT's response to the below tasker for Front Office review.

V/r,

(b)(6)

CTR A&AS Support Contractor

Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Unmanaged Mailbox, DTRA TMT <noreply.dtra@mail.mil>

Sent: Tuesday, September 28, 2021 5:14 PM

To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>

Subject: Tasker Assignment Accepted by CT-BT (b)(6)

| SUSP 09/30/2021 21:00 (UTC) |

DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Classification: Unclassified

This Tasker was accepted by CT-BT (b)(6) on 09/28/2021 17:13 (GMT-05:00) Eastern Time (US & Canada).

To access this Tasker assignment, click the following link – DTRA-210928-YGVH

<https://dtra.tmt.army.mil/main.aspx?etn=ava_tasker&id=ac0f05a6-9420-ec11-81a1-00505681367b&pagetype=entityrecord>

TMT Home <<https://dtra.tmt.army.mil>>

Classification: Unclassified

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA)
To: (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH | NDAA Appeal-Prohibit Funding of EcoHealth Alliance
Date: Thursday, September 30, 2021 5:13:00 PM

Thanks!

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 5:05 PM
To: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Cc: (b)(6)
Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
(b)(6); DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>;
(b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

Yes, sir. Will have this ready for you in time for our 1:1 at 1100.

v/r,

(b)(6) PhD
Department Chief
Biological Threat Reduction

-----Original Message-----

From: Pope, Robert S SES DTRA COOP THRT REDUCT (USA) (b)(6)
Sent: Thursday, September 30, 2021 5:01 PM
To: (b)(6)
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
(b)(6) DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) | SUSP 09/30/2021 21:00 (UTC) | DTRA-210928-YGVH NDAA Appeal-Prohibit Funding of EcoHealth Alliance

(b)(6)

Please provide a short (no more than 1pg) list of current BTRP projects with EHA and let's discuss the impacts and potential work-arounds tomorrow morning (b)(5)

(b)(5)

V/r,
Rob

Robert S. Pope, Ph.D., SES
Director
Cooperative Threat Reduction

-----Original Message-----

From: (b)(6)
Sent: Thursday, September 30, 2021 4:50 PM
To: (b)(6) Pope, Robert
S SES DTRA COOP THRT REDUCT (US) (b)(6) DTRA Ft Belvoir CT List CT DAG
<dtra.belvoir.ct.list.ct-dag@mail.mil>
Cc: (b)(6) DTRA Ft Belvoir CT List CT-BT
Taskers <dtra.belvoir.ct.list.ct-bt-taskers@mail.mil> (b)(6)
Subject: RE: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
DTRA-210928-YGVH NDAAs Appeal-Prohibit Funding of EcoHealth Alliance

Attached is BT's response to the below tasker for Front Office review.

V/r,

(b)(6)
CTR A&AS Support Contractor
Booz Allen Hamilton

(b)(6)

-----Original Message-----

From: Unmanaged Mailbox, DTRA TMT <noreply.dtra@mail.mil>
Sent: Tuesday, September 28, 2021 5:14 PM
To: DTRA Ft Belvoir CT List CT DAG <dtra.belvoir.ct.list.ct-dag@mail.mil>
Subject: Tasker Assignment Accepted by CT-BT (b)(6) SUSP 09/30/2021 21:00 (UTC) |
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Classification: Unclassified

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(US & Canada).

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<https://dtra.tmt.army.mil/main.aspx?etn=ava_tasker&id=ac0f05a6-9420-ec11-81a1-00505681367b&pagetype_entityrecord>

TMT Home <<https://dtra.tmt.army.mil/>>

Classification: Unclassified

From: Williams, Rhys M SES DTRA DIR (USA)
To: Kuliasha, Michael A SES DTRA RD (USA); Hann, Ronald K Jr SES DTRA RD (USA)
Cc: Pope, Robert S SES DTRA COOP THRT REDUCT (USA); Lutinsk, Hunter F SES DTRA SJ (USA)
Subject: RE: UK Article on DTRA funding of Virus
Date: Monday, June 7, 2021 7:36:19 AM
Attachments: The Pentagon funneled \$39million to a charity that funded Wuhan lab _ Daily Mail Online.pdf

Plus Rob and Hunter - see attached.

Mike,

Thanks. This is not the first time this has arisen. I was asked about it during recent congressional testimony (I've cut/pasted the draft response that is going back to the Hill this week). The EHA work was funded by CTR and has been reviewed very closely to assure that funding was properly conducted and overseen.

Rhys

QFR submitted by (b)(6)
Subcommittee on Intelligence and Special Operations
Reviewing Department of Defense Strategy, Policy, and Programs for Countering Weapons of Mass Destruction for Fiscal Year 2022
Tuesday, May 4, 2021

Question for The Honorable Jennifer Walsh: According to USA Spending, DTRA has provided EcoHealth Alliance grants for research to support its Biodefense mission. EHA in recent years has chosen the Wuhan Institute of Virology as a research partner in recent years through an NIH grant. As noted in the State Department Fact Sheet of 1/15/21, the Wuhan Institute of Virology has troubling links to the Chinese military. Is EHA still a grantee of DTRA? What type of risk analysis does DTRA do to ensure that its research dollars are wittingly or unwittingly funding a malign actor such as China? Has EHA's relationship with the WIV and China disqualified it as the partner of choice for DOD and DTRA?

While the Defense Threat Reduction Agency (DTRA) has provided funding to EcoHealth Alliance (EHA), no portion of any funds awarded by DTRA to EHA are for work at the Wuhan Institute of Virology (WIV) or for any other activity in the People's Republic of China (PRC).

DTRA will continue to execute the requirements-based Chemical Biological Defense Program (CBDP) and Cooperative Threat Reduction (CTR) missions with sound program management practices. For each grant DoD awards to support CTR's biological threat reduction mission, the Program engages with applicants early in the project development process to ensure they understand there can be no transfer of funds to parties other than those DoD authorizes as sub-recipients. DoD CTR's program managers, who are certified DoD acquisition professionals, carefully review each grant proposal to ensure that no prohibited activities (technical or fiscal) are included as any part of a funded project. Additionally, DoD performs regular oversight of all grants through required financial and technical reporting, meetings with stakeholders, and site visits to ensure that research is conducted only as authorized.

Rhys Williams, PhD
Director (acting)
Defense Threat Reduction Agency

-----Original Message-----

From: Kuliasha, Michael A SES DTRA RD (USA) (b)(6)
Sent: Monday, June 7, 2021 6:56 AM
To: Williams, Rhys M SES DTRA DIR (USA) (b)(6); Hann, Ronald K Jr SES DTRA RD (USA) (b)(6)
Subject: UK Article on DTRA funding of Virus

Rhys/Ron:

(b)(6) came across this article that alleges that DTRA was involved in funding gain of function experimentation at the Wuhan lab that created the Corona virus. For your SA.

Mike

From: (b)(6)
Sent: Monday, June 7, 2021 6:29 AM
To: (b)(6)
Subject: Virus

Sir,

Here it is.

(b)(6)

Sent from Yahoo Mail on Android <Caution-https://go.onelink.me/107872968>
bid-InProduct&c=Global-Internal-YGrowth-AndroidEmailSig-AndroidUsers&af_wl-ym&af_sub1=Internal&af_sub2=Global-YGrowth&af_sub3=EmailSignature

----- Forwarded Message -----

From: (b)(6)
To: (b)(6)
Cc:

Sent: Sun, Jun 6, 2021 at 15:01

Subject: Hmmm.....

So, I warned the PAO and the front office and Chem/Bio about this before I left DTRA. An intrepid blogger had discovered this connection in late January 2020 and posted it on a popular blog (Zerohedge) along with grant numbers, certifying officials, etc.)

In short, DTRA was funding gain of function experimentation in bat coronaviruses in Wuhan. I suspect, even the money that went from NII may have originated from DTRA.

DTRA may get its 15 minutes of fame.

Perhaps you would like to alert DTRA PAO. The link is to the RedState blog article which has a link to the Daily Mail (UK) article.

Money quote from RedState:

"Research papers published by the two on coronaviruses identify the grant funding as having come from USAID and PREDICT. But that limited attribution didn't reveal that the funding distributed through PREDICT had, in part, come from the Defense Department — specifically the DOD "Defense Threat Reduction Agency.""

Why Was the US Department of Defense Funding Bioweapons Research at Wuhan? - RedState <
Caution-<https://redstate.com/shipywrecked/news/2021/06/06/why-was-the-us-department-of-defense-funding-bioweapons-research-at-wuhan-n391796> >

From the Daily Mail:

Sub headline that reads:

* Grants from the Pentagon included \$6,491,025 from the Defense Threat Reduction Agency (DTRA) from 2017 to 2020

The article states, "Grants from the Pentagon included \$6,491,025 from the Defense Threat Reduction Agency (DTRA) from 2017 to 2020 with the description: "Understanding the risk of bat-borne zoonotic disease emergence in Western Asia."

The Pentagon funneled \$39million to a charity that funded Wuhan lab , Daily Mail Online < Caution-<https://www.dailymail.co.uk/news/article-9652287/The-Pentagon-funneled-39million-charity-funded-Wuhan-lab.html> >

<Caution-<https://s.yimg.com/hq/storm/assets/enhanceV2/23/logos/dailymail.png> >

The Pentagon funneled \$39million to a charity that funded Wuhan lab

Josh Boswell

Federal data seen by DailyMail.com reveals The Pentagon gave \$39 million to charity EcoHealth Alliance (EHA), w...

I would NOT assume anyone in PAO is doing anything about this or is even aware. I would urge you to make them at least aware, and (b)(6) as well.

(b)(6)

They have also published papers describing how these bat viruses have interacted with human cells.

US Embassy staff visited the lab in 2018 and 'had grave safety concerns' over the protocols which were being observed at the facility.

The lab is just eight miles from the Huanan wet market which is where the first cluster of infections erupted in Wuhan.

The market is just a few hundred yards from another lab called the Wuhan Centers for Disease Prevention and Control (WHCDC).

The WHCDC kept disease-ridden animals in its labs, including some 605 bats.

Those who support the theory argue that Covid-19 could have leaked from either or both of these facilities and spread to the wet market.

Most argue that this would have been a virus they were studying rather than one which was engineered.

Last year a bombshell paper from the Beijing-sponsored South China University of Technology recounted how bats once attacked a researcher at the WHCDC and 'blood of bat was on his skin.'

The report says: 'Genome sequences from patients were 96% or 89% identical to the Bat CoV ZC45 coronavirus originally found in *Rhinolophus affinis* (intermediate horseshoe bat).'

It describes how the only native bats are found around 600 miles away from the Wuhan seafood market and that the probability of bats flying from Yunnan and Zhejiang provinces was minimal.

In addition there is little to suggest the local populace eat the bats as evidenced by testimonies of 31 residents and 28 visitors.

Instead the authors point to research being carried out within 300 yards at the WHCDC.

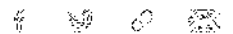
One of the researchers at the WHCDC described quarantining himself for two weeks after a bat's blood got on his skin, according to the report. That same man also quarantined himself after a bat urinated on him.

And he also mentions discovering a live tick from a bat - parasites known for their ability to pass infections through a host animal's blood.

'The WHCDC was also adjacent to the Union Hospital (Figure 1, bottom) where the first group of doctors were infected during this epidemic.' The report says.

'It is plausible that the virus leaked around and some of them contaminated the initial patients in this epidemic, though solid proofs are needed in future study.'

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