

A HEARING WITH TRUMP WHITE HOUSE
CORONAVIRUS RESPONSE COORDINATOR
DR. DEBORAH BIRX

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
CRISIS
OF THE

COMMITTEE ON OVERSIGHT AND
REFORM

HOUSE OF REPRESENTATIVES
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- * August 11 email Dr. Birx sent to CDC, Director of the FDA Commissioner, and Dr. Fauci; submitted by Rep. Maloney.
- * Staff report, "The Atlas Dogma: The Trump Administration's Embrace of a Dangerous and Discredited Herd Immunity Via Mass Infection Strategy," June 2022; submitted by Rep. Raskin.
- * Questions for the Record: to Dr. Birx; submitted by Rep. Maloney.
- * Questions for the Record: to Dr. Birx; submitted by Rep. Waters.

Documents entered into the record for this hearing are available at: docs.house.gov.

**A HEARING WITH TRUMP WHITE HOUSE
CORONAVIRUS RESPONSE COORDINATOR
DR. DEBORAH BIRX**

Thursday, June 23, 2022

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND REFORM
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
Washington, D.C.

The select subcommittee met, pursuant to notice, at 10:09 a.m., in room 2154, Rayburn House Office Building and via Zoom; the Hon. James Clyburn [Chairman of the subcommittee] presiding.

Present: Representatives Clyburn, Maloney, Foster, Raskin, Krishnamoorthi, Scalise, Jordan, Malliotakis, and Miller-Meeks.

Chairman CLYBURN. Good morning. The committee will come to order. Without objection, the chair is authorized to declare a recess of the committee at any time. I now recognize myself for an opening statement.

As President Biden declared earlier this year in his State of the Union address, the coronavirus, and I quote, “need no longer control our lives,” end of quote. We have been able to move beyond the crisis phase of the pandemic in large part because of the powerful protection from severe illness and death provided by coronavirus vaccines, which now are authorized for all Americans over six months old. I applaud the scientists who developed these lifesaving vaccines, and I applaud the Biden-Harris Administration for distributing them throughout the country effectively, efficiently, and equitably. I urge all Americans who are not currently up to date on their coronavirus vaccinations to get vaccinated and boosted in accordance with the current recommendations.

Even as we move beyond the coronavirus crisis, scientists tell us that there will eventually be another pandemic caused by another new pathogen. That is why we must learn from our experiences with this coronavirus crisis so that we can save as many lives as possible the next time we are confronted with such a deadly public health threat.

That is the objective of the select subcommittee as we continue to investigate our Nation’s response to the coronavirus pandemic, with a particular focus on the period when the American people were most vulnerable to severe illnesses and deaths.

Our investigations have found that the Trump administration engaged in a rampant campaign of political interference in the pandemic response: minimizing, undermining, and eventually even suppressing the work of scientists and public health experts in a

misguided and dangerous attempt to advance the President's political goals.

Our witness here today, Dr. Deborah Birx, has firsthand knowledge of the failures of the previous Administration's pandemic response from her tenure as coordinator of the White House Coronavirus Task Force. This is her first time testifying at any congressional hearing about her experience in that role.

Based on what she observed, Dr. Birx has estimated that more than 130,000 lives could have been saved if the Trump administration had implemented optimal mitigation measures in 2020 and early 2021.

The Trump administration's failures began early in the crisis and persisted for the remainder of their term in office. The Administration failed to take basic steps to acquire critical supplies, develop tests, and prepare for the growing threat in the early months of 2020, leaving our country woefully underprepared.

The President failed to share accurate medical information with the American people, instead spreading dangerous misinformation as we will now see on video.

[Video plays.]

Chairman CLYBURN. Consistent with these dangerously inaccurate statements, President Trump and his advisers sidelined public health experts and sound science in favor of discredited strategies that they believed served his political goals. As detailed in a report released by the select subcommittee earlier this week, senior Trump administration officials embraced a dangerous herd immunity via mass infection strategy that Dr. Birx has described, as I quote, "a true threat to a comprehensive and critical response to this pandemic," end of quote.

President Trump ignored warnings from top scientists throughout 2020, including from Dr. Birx when she anticipated that the Nation would be entering, and another quote, "most concerning" phase of the pandemic in late 2020. Instead of taking lifesaving action to mitigate surging cases, President Trump prioritized his reelection campaign and the Big Lie, leading to the deadliest period of the pandemic to date.

President Trump's contempt for science and his persistent attacks on public health experts have had a lasting harmful impact on our country, undermining many Americans' trust in public health officials and institutions, and contributing to the continued politicization of public health. This damage has resulted in far too many coronavirus deaths, including deaths that could have been prevented through vaccinations. Many preventable deaths have been disproportionately concentrated among those who trusted the former President.

We cannot bring those Americans back, nor the more than 130,000 who Dr. Birx estimates lost their lives before vaccines as a result of the previous Administration's failures. But we must learn all we can about these failures so that we can properly prepare for future threats. Dr. Birx, we look forward to hearing from you today in furtherance of this critical work.

I now recognize the Ranking Member Scalise for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman, and I would like to welcome Dr. Birx, and I appreciate you being here. I would also like to thank you for your four decades of service to our country, including 29 years in the United States Army.

Like Groundhog Day, my Democratic colleagues will use today's hearing to continue their political vendetta against the former Trump administration while continuing to mask the many failures that have occurred with respect to COVID-19 under the Biden administration.

It is our job to perform congressional oversight over the Administration. That is why Republicans on this subcommittee have focused on serious issues like the CDC's school reopening guidance and the emails that prove the Biden administration colluded with union bosses to keep millions of American children locked out of their classrooms. We now know that the social isolation and school closures caused by the COVID lockdowns resulted in serious mental health issues and dramatic learning loss for millions of American kids.

The last time I tried to talk about this incredibly important issue, Mr. Chairman, you had urged me not to look backward, stating, quote, "I would hope we won't spend all our time today talking about yesterday. I am concerned about tomorrow and the day after." He went on to say, "All of us can spend the rest of our lives talking about what happened before COVID-19 or we can spend a little time trying to figure out how best to move forward from whatever mistakes may have been made, whoever may have made them, or we can spend all of our time assigning blame."

Yet here we are today, having yet another hearing with the witness to discuss things that happened more than two years ago, while working for the former President. No hearings with Biden's first COVID-19 response coordinator and Dr. Birx's immediate successor, Jeff Zeints. No hearings with President Biden's current coordinator, Dr. Ashish Jha. And, of course, no hearings in more than year with President Biden's chief medical advisor, Dr. Fauci. In fact, now marks 434 days since Dr. Fauci has testified before any House committee, any House committee. Why are they hiding Dr. Fauci, and why has it been 434 days since Dr. Fauci has testified before a committee?

We have asked for him. In fact, one of the last hearings, we asked him to be our witness on the Republican side, and he told us he would like to have come and be a witness but that the Chairman and the Biden administration would not extend him that invitation. So, we will continue to ask, Mr. Chairman, that you extend Dr. Fauci that invitation, and we would ask the Biden administration to allow him to come testify, not to keep him hidden for over a year now from any House committee.

Of course, I welcome Dr. Birx's testimony today, but I would be remiss if I did not point out the irony of those past statements, talking about the past. It is noteworthy that this subcommittee would focus on the events of years ago while denying our ability to address the failures of the Biden administration that are still going on to this day. More Americans died from COVID during President Biden's first year in office than President Trump's, even though multiple vaccines were available when President Biden

came into office. And we are currently dealing with the serious impact COVID lockdown policies have had on millions of our young children. I am worried the effects will last for years to come on those kids, jeopardizing their future ability to achieve their dreams.

We need a proper investigation into the origins of COVID. Obviously, Mr. Chairman, you are well aware we have been asking for a hearing on the origins of COVID for well over a year now, and we will continue to. And it begs the question, why the select subcommittee refuses to hold a hearing on the origins when the World Health Organization and now a growing list of leading experts in the scientific community all deem this worthy of investigation.

Dr. Jeffrey Sachs of Columbia University, who himself thinks that this virus came from a lab, said, quote, “a blunder of biotech, not a natural spillover.” And now it is being reported that Dr. Tedros—yes, the head of the World Health Organization—is quietly confiding to officials that he believes this pandemic originated in a lab in China. I wonder if Dr. Sachs and Dr. Tedros, to use the Chairman’s own words, are, quote, “using the issue of the origin of the virus to shift accountability from President Trump to Dr. Anthony Fauci,” as we were accused of doing when we started asking for hearing into the origins of COVID. Well, now you see these leading health experts also questioning whether COVID started in the Wuhan lab. We should have that hearing.

More than 1 million Americans have died from COVID. We should understand how this virus started, not only because we owe it to those that have died but also to protect against future pandemics. China was doing risky research in a lab that likely caused this pandemic. Did China lie to the world about the virus and how it spread? These are questions we should absolutely know the answer to.

To that end, I know Dr. Birx has told us before that the origins of the virus are detectable if China would be willing to share the earliest sequences of the virus. And Dr. Birx has previously testified or said in earlier statements from scientists, scientific publications, and the media that downplaying the lab leak were premature and not based on data. I am glad we will get the opportunity to hear what she has to say about China’s involvement and how the U.S. and the rest of the world were misled by China and the World Health Organization back in those early days.

I also look forward to hearing Dr. Birx’s suggestions for reforming the CDC. Over the course of the pandemic, Americans have lost trust in what once was a premier public health organization. Their failures must be confronted in order for that trust to be restored.

With that, Mr. Chairman, I am happy to yield back the balance of my time.

Chairman CLYBURN. Thank you very much, Mr. Scalise.

Dr. Birx, welcome to the select subcommittee. Thank you for taking the time to testify. Please rise and raise your right hand.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you, God?

[Witness is sworn.]

Chairman CLYBURN. You may be seated. Let the record show that the witness answered in the affirmative. Without objection, your written statement will be made part of the record.

Dr. Birx, you are recognized for five minutes for your opening statement.

STATEMENT OF DR. DEBORAH BIRX, FORMER TRUMP WHITE HOUSE CORONAVIRUS RESPONSE COORDINATOR

Dr. BIRX. Thank you, Chairman. Thank you, Ranking Member Scalise. I really appreciate the time of the committee and your brilliant staff, who have been working on this issue for more than two years. It is important that we look at both what works and what did not work and address those issues in real-time to save American lives.

If I could have the first slide. Thank you very much.

What we are still missing in the COVID response, and that is lessons learned from battling pandemics around the globe. What I learned as a military doctor and a public servant in working on pandemics around the globe that is an American response really required bipartisan support. PEPFAR had bipartisan support across Presidents and across these committees, ensuring funding over the years, and that is how you have an impact. You have an impact when our two sides of the aisle work together effectively to make a change.

I also learned that plans are great, but they must adapt and continually change based on the data. Tools are great, but they are only great if we use them effectively. So, as we continue to develop new tools, we constantly need to be setting clear goals and utilizing data in real-time to ensure that we are achieving those goals across all of America, both urban and rural areas.

Data in real-time allows us to see who we are reaching and who we are not reaching. Implementation science is core to program improvement. Behavioral science research is core to understanding the structural barriers, whether it is vaccine hesitancy or whether it is hesitancy to attest and to treat strategy. Listening, planning and funding of peer community outreach organizations and community leadership is critical.

The next slide shows the progress that we made by using data in real-time against the HIV pandemic. We increased our data utilization beginning in 2014, and in the countries with the highest incidence and prevalence of HIV, both Eswatini and Lesotho effectively had more than a 50 percent and a 46 percent decline in new infections when you use data and work with communities in real-time.

Next slide.

So, we have to move from hope and sometimes magical thinking to the reality that we have the tools today, between our antivirals, our monoclonal antibodies, and our vaccines, to save lives. But first, we have to ensure that all Americans can survive. As shown in this graphic, those over 70 remain persistently the highest group of hospitalizations, at the highest rate, despite being the highest vaccinated and boosted component of the United States.

Next slide.

Simple conclusions do not address the complex issues that we are facing in America today, and I am going to go quickly through these slides to prove that in rural America. Rural America is older, poorer, has higher comorbidities, less access to primary care, less access to subspecialty care, less access to high-technology care, and a higher death rate from all causes of mortality dating back decades.

Next slide, please.

This slide shows that urban areas are enriched for young people who have much less significant complications from COVID, and the rural areas are enriched for older Americans.

Next slide.

The level of childhood poverty is marked across rural areas of nine states and up through Appalachia as well as our tribal nations.

Next slide.

Levels of obesity are concentrated along our Appalachian, our Southern states, and up into our tribal nations.

Next slide.

This shows accessibility to trauma, whether it is Level 1 or Level 2 trauma. Now that is just a surrogate for the sophistication of hospitalization and access to subspecialty care. In Mississippi, there is one Level 1 trauma. In the New York City area, there are 22. If you look at the map, the light blue areas illustrate that there is no access to either Level 1 or Level 2 trauma by helicopter or by ambulance within that golden hour of 60 minutes.

Next slide.

This slide shows, in the orange and the darker orange categories, compared to the blue, the all-cause, age-adjusted fatalities in the United States. I used 2014 to show that people in rural counties have been dying at a higher rate in the United States for more than a decade. This is an emergency that has been pointed out by this current issue of coronavirus.

And finally, with the last slide, hospitalization rates, and deaths continue in a very high level, both through 2020 and 2021. In fact, the summer surge of 2021 was about 40 percent more deadly than the summer surge of 2020.

Thank you, Mr. Chairman.

Chairman CLYBURN. Well, thank you very much, Dr. Birx.

Each member will now have five minutes for questions, and the chair now recognizes himself for five minutes.

Dr. Birx, you were interviewed by the select subcommittee last October about your role in the Trump administration's pandemic response. During that interview, you were asked whether President Trump had done—and here is the quote—“everything he could to try to mitigate the spread of the virus and save lives during the pandemic.” You responded, “No.”

What should President Trump have done differently?

Dr. BIRX. Thank you, Chairman Clyburn. So, when you do not have tools, when you do not have vaccines, you do not have antivirals, you do not have knowledge of effective treatment, the most important thing you have in a pandemic early on is communication, and clear and concise and repetitive communication about the seriousness of this virus.

I think, from the very beginning, putting this and utilizing a syndromic flu approach, and creating the sense among the American people that this would act and basically have the fatalities equivalent to flu, created a sense among the American people that this was not going to be a serious pandemic, and that continued communication of underplaying the seriousness of this pandemic, that we could already see evidence of high fatality rates, from China into Asia and then early into Europe, that that concise, consistent communication about the seriousness of the pandemic resulted in inaction early on, I think across our agencies, but also created a false sense of security in America where we used words, and it was not just the President. Many of our leaders were using words like “we can contain” and you cannot contain a virus that cannot be seen, and it was not being seen because we were not testing.

Chairman CLYBURN. Thank you very much. You also told us that the consequences of President Trump’s failure in that regard were devastating, and you estimated that 130,000 lives were lost unnecessarily. Am I correct about that?

Dr. BIRX. Yes, Mr. Chairman, and as I write in my witness statement, we continue to lose American lives at a rate that I find completely unacceptable. I think we still are not effectively communicating the effects of this, both antivirals of vaccines. We are not effectively working within rural communities to improve their health care and improve their access and decrease their structural barriers. Many of our rural physicians, when you say to people, “Go talk to your primary doctor,” and they do not have one, and they have been receiving care from emergency rooms 150 miles away, that is not a program. That is not a program that is reaching every American.

And so, yes, I was concerned and did everything I could to combat the issues in 2020, but I remain concerned today, and that is why I appreciate the committee continuing to be concerned about our coronavirus response.

Chairman CLYBURN. Thank you very much for that. You know, one of the things that I have been advocating for, for years, ever since I have been here—well, before I got here—community health centers, and trying to place one within commuting distance of everybody in this country in rural America, as you indicated in your statement. People have been dying and getting sick without treatment for decades, and it seems that every time we fashion a response, we talk as if people are living right down the street from a drugstore or around the corner from a doctor, and we do not seem to take into account the full composition of this great country of ours.

And I thank you so much because we just finished celebrating a new national holiday that came about because of the failure to communicate. Because of the failure to communicate, thousands of enslaved folks remained in slavery for 2 1/2 years because nobody communicated with them. I think that communication is, in fact, the key in so many things, and thank you so much for your ability and willingness to communicate.

I yield the ranking member for questions.

Mr. SCALISE. Thank you, Mr. Chairman. Dr. Birx, when were you the Coronavirus Response Coordinator?

Dr. BIRX. I came on board on March 2 and left, I think, on the 18th or 19th of January, 2021.

Mr. SCALISE. Yes, so March 2020 to January 2021. Gotcha. We have had these conversations with some other witnesses, including Dr. Fauci over a year ago when he had come before, about herd immunity. I know Mr. Jordan has asked him, you know, what herd immunity is. He would not even define herd immunity. Was there ever an attempt to look at a herd immunity strategy when you were the coordinator?

Dr. BIRX. Certainly, there were individuals who discussed the fact that infections should be allowed to run through the population in those who are not vulnerable while protecting the vulnerable. But as many other Americans, I live in a multigenerational household, and so of the 35 million Americans that we just discussed, over 70, that are vulnerable still to severe disease, even some of which have been vaccinated and boosted, that when you have community spread you cannot protect those 35 million Americans who live in multigenerational households. Only 1.5 million Americans live in long-term care facilities. And so whatever strategy we have has to speak to all of Americans.

Mr. SCALISE. Yes, and we have even had hearings early off on the nursing home scandal, where you saw some Governors follow proper scientific guidance to protect seniors in nursing homes, and then you saw others, starting with Governor Cuomo at the time in New York, and unfortunately, other Governors followed, where they said you have to leave the hospital and go back to the nursing home, and actually banned them from testing. Did you see that, and were you concerned about that when it was happening? Because we saw thousands of people die from that failed strategy.

Dr. BIRX. You know, as I was assembling the data, and I think—and hopefully in the written testimony, it is clear—what made American vulnerable was the lack of data streams on just common diseases. We were not testing for flu. So, as the U.S. Congress has supported me to bring advanced medical care and diagnostic capacity to the far reaches at the end of the road in Sub-Saharan Africa, I returned to a country that had less access than what I created in Sub-Saharan Africa, less access to routine medical care, less access to testing.

Mr. SCALISE. And obviously, we worked to ramp up testing. When President Biden took office, would you say there was a robust testing plan and apparatus in place to hand over to President Biden?

Dr. BIRX. I think there were two components of that. We were up to about 1.3 million PCR tests a day.

Mr. SCALISE. And growing, right?

Dr. BIRX. And growing. We had put aside half a billion dollars, nearly, to increase 20 Federal surge sites, and left that for the incoming Administration to execute those sites.

Mr. SCALISE. And let me ask you. Were in the Administration when there were reports that President Biden was presented with a more robust testing plan and turned it down over a year ago? We have never had a hearing on that. We have tried to. But were you

working with the Administration when that plan was presented that was turned down by President Biden?

Dr. BIRX. No. I knew, unfortunately, that my 40-year government career would come to a terminal event if I went into the Trump White House. And let me make it clear—

Mr. SCALISE. No. I'm talking about the Biden White House.

Dr. BIRX. Yes. So, I was gone by the time President Biden came to office.

Mr. SCALISE. All right. Well, let me ask you this because you said in your comments earlier, your submitted testimony, quote, "We learned from Governors in Arizona, Texas, New Mexico, Louisiana, Mississippi, Alabama, and Florida about data-driven mitigation to decrease community spread while opening retail and outdoor dining." We have seen many people, from President Biden on down to some of my Democratic colleagues here in Congress, criticize some of those very Governors on the strategies they took early off that turned out to be very effective. Do you think that was a healthy thing to do, to be criticizing Governors who were using that data to protect the vulnerable citizens while allowing kids to be back in school, for example, and other people to be able to go on with their lives without all of the devastating consequences we saw from shutdowns?

Dr. BIRX. I think we were very fortunate to be able to work with a group of scientists at CHOP, in Philadelphia, David Rubin and his team, who modeled for me, what mitigations could be taken while maintaining as much of society open as possible.

Mr. SCALISE. And I know I am running out of time. Do you think it is healthy when the Biden administration is criticizing some of those Governors that you yourself said did things well, before they actually—

Dr. BIRX. The Governors proactively looked at the models and agreed to institute them. We were able to get data that showed the impact of that model in decreasing—in real life, in population-level health—in decreasing new infections.

Mr. SCALISE. Thank you. Mr. Chairman, I yield back.

Chairman CLYBURN. Thank you. The chair now recognizes Ms. Maloney for five minutes.

Mrs. MALONEY. Dr. Birx, earlier this week, the Select Committee released a report on how the Trump White House embraced a dangerous and discredited herd immunity via mass infection strategy, pushed by Dr. Scott Atlas, President Trump's special advisor on the pandemic. We recently obtained—actually, just yesterday—additional documents that shed further light on how Dr. Atlas', I would call radical views, enabled President Trump to prioritize his political prospects, his own election, over America's health.

Mr. Chairman, I ask for unanimous consent to place in the record this August 11 email Dr. Birx sent to the CDC, Director of the FDA Commissioner, and Dr. Fauci.

Chairman CLYBURN. Without objection.

Mrs. MALONEY. And it is up on various places for people to see.

So, Dr. Birx, in this email, you wrote that there was a, quote, "dangerous meeting in the Oval Office," end quote, yesterday. Briefly, what was the meeting you were referring to, and why did you find it so, quote, "dangerous"?

Dr. BIRX. So, my access to the President was quite limited after mid-April, I would say, and so I was called to a meeting that was going to be on vaccine and vaccine development. Dr. Atlas was there. I was there. We were in the middle of a summer surge. I was very concerned about what was happening. Of course, I was out in the field and collecting data, both in real-time but also on the ground. And I went to this meeting, and essentially Dr. Atlas put forward—I used that opportunity to inform the President about the depth and breadth of the viral spread across the South, the rising hospitalizations, and what would follow would be rising deaths, and what could be done, and what I was encouraging the Southern Governors to do and what they were doing.

And Dr. Atlas took that opportunity to make the point that it did not matter what you did, each of these surges would be identical. It did not matter if you tested. In fact, testing young people, and asking them to isolate while they were infectious, was an infringement of their rights and was equivalent to a lockdown.

So, these kinds of thoughts, particularly in any infectious disease, are dangerous. We never encouraged individuals who are infected with a contagious virus, no matter how that virus is spread, to go out and spread that virus to others. That is a basic principle of public health.

And so, I used that opportunity to do my best to push back on his views. Obviously, he became very agitated. But I wanted to make sure that—

Mrs. MALONEY. Reclaiming my time because I want to put on record what you actually wrote. And you wrote that Dr. Atlas displayed, quote, “a very different take on the epidemic,” end quote, your words, and then you listed seven of his core beliefs. For instance, you wrote that Dr. Atlas felt, quote, “No matter what we do, the outcome will be the same. In other words, in most places, the virus has already run its course. There is enough herd immunity to protect the rest of the population,” end quote.

In other words, Dr. Atlas was suggesting that the Nation should stop taking any steps to mitigate the spread of the virus and let it run rampant throughout our communities. And you also wrote that Dr. Atlas believed that, quote, “case identification is bad for the President’s re-election,” in a health conversation, putting re-election over solid health.

Dr. Birx, was it your impression that decisions related to identifying coronavirus cases in the U.S. and otherwise testing were being made around political considerations?

Dr. BIRX. I was never privy to those kinds of political conversations because, obviously, I was not—

Mrs. MALONEY. Well, you just quoted that case identification is bad for the President’s re-election. That is an election statement.

Dr. BIRX. Exactly, and that is what I wanted the other physicians to know what was being said, because I knew that was going to make more work for us in working with Governors and mayors and communities to ensure that we could keep people as safe as possible.

Mrs. MALONEY. Well, did you agree with Dr. Atlas’ diagnosis that you should stop testing because an election is coming?

Dr. BIRX. Of course not.

Mrs. MALONEY. And, in fact, you sent the email to Dr. Fauci, Dr. Redfield, and Dr. Hahn, you wrote, quote, “The conclusion was Dr. Atlas is brilliant, and the President will be following his guidance now,” end quote.

So Dr. Birx, what impact did Dr. Atlas’ dangerous views have on President Trump’s pandemic response? My time is up.

Chairman CLYBURN. You will have a second round, so you may hold onto that question.

Mrs. MALONEY. OK.

Chairman CLYBURN. The chair now recognizes Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chairman.

Dr. Birx, why should Americans believe anything the government says about COVID? I mean, last summer, President Biden said this. Quote, “You are not going to get COVID if you have these vaccinations. If you are vaccinated, you are not going to be hospitalized. You are not going to be in the ICU.”

Dr. Birx, can vaccinated people get COVID?

Dr. BIRX. Yes.

Mr. JORDAN. Have vaccinated people been hospitalized with COVID?

Dr. BIRX. Yes.

Mr. JORDAN. And according to your testimony, it was not just President Biden who said things that were not accurate and were not true. In your testimony that you provided the committee, you said, “Beginning in 2021,”—so beginning in the Biden administration, again, these are your words—“agencies provided muddled and contradicting information, or partial information, that implied we knew something we didn’t, which they later had to correct, which accelerated the loss of respect and trust in the Federal Government.”

I will come back to my original question. Why should we believe anything the government tells us about COVID?

Dr. BIRX. Well, to be honest, that is why I wrote the book, and that is why I believe that this is a moment in time where we can increase accountability and transparency and provide that data and information in real-time to the American people, so they are empowered with the knowledge that they need to protect themselves and their families.

We knew, early on, in January 2021, in late December 2020, that reinfection was occurring after natural infection. Once you see that—and I want to make it clear to you all and to anyone that is listening—this is not measles, mumps, and rubella. Those vaccines produce long-term immunity and can create herd immunity.

Mr. JORDAN. I just want to interrupt for a second, Dr. Birx. You said something important. You said in early 2021, January 2021, you knew that people who had been vaccinated could be reinfected.

Dr. BIRX. I knew that people who were naturally infected were getting reinfected, and that was quite evident from South Africa, and I have included it in my slides. But I think the reason I knew that is South Africa did a remarkably good job in measuring baseline antibody with their first surge. So, they knew 50, 60, 70 percent of some of their population had been infected.

Mr. JORDAN. Well, here is what I am concerned with.

Dr. BIRX. And then were reinfected.

Mr. JORDAN. Here is what I am concerned with. Let me ask the question this way. When the government told us, told the American people, that people who had been vaccinated could not get it, were they guessing or were they lying?

Dr. BIRX. I don't know. All I know is there was evidence from the global pandemic that natural reinfection was occurring, and since the vaccine was based on natural immunity, you cannot make the conclusion that the vaccine will do better than natural infection, although it can often do slightly better.

Mr. JORDAN. I mean, you are an expert. You were on the task force. You were part of this effort when you were in the previous Administration. And you are saying in this Administration that you cannot rule out the fact that our government was lying to us when they told us the vaccinated could not get the virus.

Dr. BIRX. I do not know about their discussions that they had in the task force, so I cannot tell you that. I can tell you, as a family member who had individuals that were susceptible, of course, we got everybody vaccinated. But we still used layered protection during surges because I knew potentially the vaccine immunity would wane like natural immunity waned. There was evidence that every four months, reinfection was occurring in South Africa.

Mr. JORDAN. Wow. When the government told us that the vaccinated could not transmit it, was that a lie or was that a guess, or is it the same answer?

Dr. BIRX. I think it was hope that the vaccine would work in that way, and that is why I think scientists and public health leaders always have to be at the table, being very clear about what we know and what we do not know.

Mr. JORDAN. But this is important for the country to know. So, when I asked the question, when the government told us that the vaccinated could not get it, and I asked you if it was a guess or a lie, you said you do not know. You said you think it was hope. So, what we do know is it was not the truth. So, they were either guessing, lying, or hoping and communicating that information to the citizens of this country.

Dr. BIRX. I think they were hoping, but you should know, in those original Phase III trials that were done in this country, that we only measured for symptomatic disease. So, we were not proactively testing everybody in those trials to see if they got infected with mild or asymptomatic disease. And so, people had to present within the clinical trial.

Mr. JORDAN. I am just—

Dr. BIRX. So, we never had the data that it was going to protect against asymptomatic infection.

Mr. JORDAN. I am just struck with the irony. We have got government agencies guessing, hoping, or lying with the information they are presenting to the American people, and this is the same Administration that wants to set up the Disinformation Governance Board and wants to talk about misinformation. They are the biggest purveyors of misinformation, false information, hopeful information, but not accurate and true information, which is, again, the frustration I think so many of the folks that I get the privilege of representing have shared with me.

When the government downplayed natural immunity, was that a guess or a lie?

Dr. BIRX. We are only beginning to—OK, these are complicated answers, so I am going to try to be very brief. Once you are infected, you are putting immune pressure on that virus. We know viruses always mutate, and they mutate to escape something, like immune pressure, virologic pressure, and that is why you always have to be looking for evidence of reinfection so you can understand what epitopes on the virus are under extensive immune pressure so that you can map that and design next-generation vaccines and next-generation therapeutics. You would like to find epitopes that are constant, that the virus cannot mutate from, or it loses its ability to actually infect and replicate.

Mr. JORDAN. Thank you, Dr. Birx. Mr. Chairman, I just think this is amazing that our government, guessing, hoping, or lying, one of those. But what we do know is they were not telling us the truth, were not telling the American people the truth, and it started right with the President of the United States, just 11 months ago, when he told us something that was absolutely false.

With that, I will yield back and look forward to a second round.

Chairman CLYBURN. Thank you for yielding back. That is amazing that the President of the United States just started lying 11 months ago.

With that, the chair yields five minutes to Mr. Foster.

Mr. FOSTER. Thank you, Mr. Chair, and thank you, Dr. Birx, for our service and your talent trying to talk sense to politicians who think that they know the answer when the truth is complicated. You know, trying to explain immune escape to someone who comes into the discussion imagining that they understand it and, in fact, they are just looking for a viral soundbite must be frustrating, and thank you for putting up with that.

You know, as fellow scientists, I know we are both very data-oriented, and we rely on accurate and complete data to make informed decisions on our work. So, as a scientist myself, I really appreciate how important it was to have at least one person in the room with a scientific approach, particularly in the early days of the pandemic.

You recently wrote that when you joined the White House in March 2020, the country was, quote, “dangerous behind the 8-ball when it came to data collection.” You recounted that data collection issues impeded the task force’s ability to, quote, “understand the scope, scale, and spread of COVID-19 in or near real-time” and that the United States had only, quote, “a static, partial, 30,000-foot awareness of the virus.”

So, in what ways were the efforts to collect and analyze data from the emerging coronavirus threat dangerously behind?

Dr. BIRX. A whole series of reasons. One the belief that you could track viral infections diseases, particularly respiratory disease, by following syndromes. That was our pandemic preparedness. We believed that we could track viruses through the eyes of people who were infected that had symptoms. That is always dangerous because we have always known there are asymptomatic viruses and asymptomatic spread, and not everybody has magically the same symptoms.

And so when you base your entire surveillance on syndromic, which we had, through your work and your funding, changed Sub-Saharan Africa, which did the same thing for fever in the 2000's, but because of your investment, we were diagnosing, no matter where you lived, HIV, TB, and malaria. If we had been diagnosing RSV, flu, and parainfluenza, we would have had the lab capacity at every single clinic and every single hospital, no matter if they were community hospitals or large throughput hospitals, we would have been able to diagnose flu, and we would have seen that there was a circulating virus that did not match and any of those laboratory diagnoses, and we would have seen it coming.

Because the CDC believed that they could track syndromes, that is why they made tests only for the public health laboratories because we only test about 0.001 percent of the flu cases to just confirm the strain and its relationship to the vaccine. And that is done in public health laboratories.

And so, I think from the very beginning, CDC believed this could be tracked through symptoms only and did not prepare for an asymptomatic community spread or develop the data and the infrastructure to track that.

Mr. FOSTER. Thank you. You know, I am struck that, let's see, I guess in the United States, we are sequencing only 0.36 percent of the confirmed coronavirus cases, and Denmark was sequencing more than half of them. And so I am just really distressed at how far behind our country has been in just the collection and genomic sequencing alone, and I hope that is on everyone's list of lessons learned.

Are those likely to be general-purpose capabilities that will be useful if the next pandemic is a bacteria or a fungus, and so on? Are there really universal things, or are we going to need sub-specialized ones for every potential pandemic?

Dr. BIRX. No, and this really gets to the work of the committee. So tomorrow, if CMS required that, and community-acquired infectious diseases were definitively diagnosed, we would know precisely who was infected where, with what, and we could combat it with advanced tools. We would have better antivirals. We would have much better local sequencing. All of these things cascade when you require.

It would be like me in Africa, saying to a patient, "I think you have HIV," and treating them for HIV, which we have done for flu for the last four decades. That is unacceptable in the 21st century. We need to make sure that it is unacceptable, and we need to move funding from investments that we are making into these investments that are absolutely required.

Sequencing is critical, and it allows you to see transmission trends, and that is why I can tell you today, and that is why I went out with the warning for the Southern states, B-4 and B-5 was evident in South Africa. Multiple times now, we have seen that strain move from South Africa, where they are doing sequencing, to Europe, where they are doing sequencing, and arriving in the United States. It is predictable. It is understood. And we are not utilizing that information to act in real-time to combat hospitalizations and death through testing, proactive testing of people over 70, and providing, proactively, Paxlovid.

Mr. FOSTER. Thank you. I yield back.

Chairman CLYBURN. Thank you. The chair now recognizes Dr. Miller-Meeks for five minutes.

Mrs. MILLER-MEEKS. First, I would like to thank you, Dr. Birx, for your service and for coming before the committee to testify today. Like you, as a physician, as a former director of the State Department of Public Health, I am very concerned about the impact of the COVID-19 pandemic, the lockdown, and school closures that have had on adults and children, but like other members here I am also concerned about the loss of trust in our institutions that are so valuable.

And I think that instead of having a committee hearing that is geared to trying to lay blame at the feet of one Administration, we have ongoing mistakes in response to COVID-19, and all of those have to be examined, given my time in the military, having an after-action report so that we know what we did well, what we did not do well, how we could have better-gear testing so that we learn from this because there will be another pandemic, and we do not know if it will be 15 years between COVID-19 and H1N1 or if it will be more rapid than that, and if it will be overseas or if will come here to our shores.

Early in the pandemic, there was a lot of focus on limiting people's interaction with others, which was appropriate. However, by the summer of 2020, I would argue that the risks of keeping schools closed and how to reopen them as safely as possible was, in fact, known, and in Europe and the Scandinavian countries, this was already being done. However, many Democrat-led states, and blue states, kept their schools closed, and the Biden administration listened to the American Federation of Teachers, causing, to me, irreparable harm to our students' mental, physical, and emotional health. And we have seen this in reports, in suicides as young as nine years of age.

In fact, in February 2021, the New York Times found that 86 percent of pediatric disease experts recommended in-person schooling, regardless of vaccination status, and in our State of Iowa, we opened schools to in-person learning in August 2020, without significant repercussions of spread.

Can you speak to the unintended consequences, mental health consequences, of lockdowns and school closures, especially in our younger students?

Dr. BIRX. Let me make two comments quickly. We knew, in July 2020, the already impact of just having the schools closed March, April, May when the head of SAMHSA came to the task force and presented the data about a rapid increase in suicidal ideation. I sent that to the CDC after she told me that the CDC was not utilizing that guidance and would not include it into the school guidance. So, I wrote to Dr. Redfield and said, "I really think your team should look at this and at least include it in the introduction so that school boards and family members can make informed decisions about the whole child."

Second, we had universities—and I just want to thank presidents of universities who planned through the summer and used that time to create an effective plan to reopen. They understood that they were institutions of higher education, that their students

could learn how to protect one another. And those universities that opened, that trusted their students, that worked on a comprehensive plan, opened successfully, and all of them stayed open successfully except for the North Carolina system.

They did that through active testing and making interventions and tools available. But most critically—and I think you do this in your opening—they made the knowledge available to students in real-time about what was happening on their college campus so they could change their behaviors as necessary. And that is still not being done today at a local level to really make sure that every American knows what is happening in their community and how to mitigate against the virus.

Mrs. MILLER-MEEKS. Correct, and I would say more information is always better rather than trying to censor information that we do not particularly like. And as a physician, I was very forthright in my concern that there would be unintended excess deaths from our lockdowns and our, closures and missing routine screens.

Dr. Birx, how much money does the U.S. donate to the WHO annually?

Dr. BIRX. Oh, I do not know. There are the direct assessments, and then there is the additional funding that we provide through a whole series of agencies.

Mrs. MILLER-MEEKS. It is \$500 million. And when did you first suspect human-to-human transmission of COVID-19?

Dr. BIRX. In January, when I saw the social reports coming out of China.

Mrs. MILLER-MEEKS. And when did WHO confirm human-to-human transmission?

Dr. BIRX. Not until the middle to late January.

Mrs. MILLER-MEEKS. So, they wasted some time. Did they parrot the Chinese propaganda, continuing that there was no human-to-human transmission?

Dr. BIRX. You know, what was unfortunate to me is we all experienced the SARS outbreak, and there was a level of transparency and integration of WHO personnel into China. And so we have to investigate why that did not work.

Mrs. MILLER-MEEKS. So, would you say that the WHO got this wrong?

Dr. BIRX. I think very early on, when people should have been preparing, and certainly I was preparing Africa for a very significant pandemic—

Mrs. MILLER-MEEKS. Did you advise President Trump to withdraw from the WHO?

Dr. BIRX. No.

Mrs. MILLER-MEEKS. Thank you. I yield back my time.

Chairman CLYBURN. Thank you. The chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Mr. Chairman, thank you for calling this important hearing. Dr. Birx, it is a pleasure to see you. I want to thank you first for your service in the White House, operating in the face of a lot of propaganda and a lot of obfuscation from people who wanted to tell the public essentially don't trust the scientists, don't trust the government, just trust Donald Trump and whatever comes out of his mouth.

The subcommittee has obtained an August 21, 2020, email that you sent to senior doctors on the White House Coronavirus Task Force, about Dr. Scott Atlas, who was a Fox news commentator with no background in the field of infectious disease, who was hired somewhat covertly as President Trump's pandemic advisor, in July 2020. In this email, excerpted here, you wrote to Dr. Fauci, the CDC director, and the FDA commissioner to warn of the, quote, "dangers of Dr. Atlas' views on the pandemic." You said, quote, "I don't see the President so I don't have a counterbalance opportunity to this Atlas dogma."

What was the "Atlas dogma" you were referring to, and why did you think it was so dangerous for America?

Dr. BIRX. Remember, at that time we did not have a vaccine. We were still ramping testing. So, at that time we did not really have tools to save American lives except for redeliver and some breakthroughs in proning. And so Dr. Atlas' view was anybody who was not going to have severe disease should be allowed to become infected.

I do believe that he thought that there was long-term protection from reinfection, but we did not know that. And it was a team. It was not just Dr. Atlas. There was a team of physicians and PhDs who strongly believed that the virus was innocent to the majority of the American people, and somehow you could magically separate the 50 or 60 million vulnerable Americans from that infection at a high level.

Mr. RASKIN. Which you have emphasized is really impossible. This is the way we live and—

Dr. BIRX. I believe it is impossible, without mitigation.

Mr. RASKIN. Yes.

Dr. BIRX. You could mitigate and it is possible, yes.

Mr. RASKIN. And that is following public health advice and strategies and so on. And the idea that the only vulnerable people are the ones living in nursing homes is ridiculous, is it not?

Dr. BIRX. Correct.

Mr. RASKIN. I mean, how many people live in those homes, like 2 million?

Dr. BIRX. 1.5 million.

Mr. RASKIN. So, the idea that those are the only vulnerable people in the country is just absurd.

So, you led the Federal coronavirus response throughout your time in the White House. You saw the effects of the policies and strategies that Dr. Atlas aggressively promoted, even during the surge in late 2020, when death counts were reaching record highs, hospitals were full and overflowing, and vaccines were not yet widely available.

Do you have any doubt that Dr. Atlas' tenure in the White House undermined America's coronavirus response and jeopardized public health?

Dr. BIRX. Absolutely. It did two things. One, it created the sense that if Debbie, Bob, Tony, and Steve are saying this, and Scott Atlas and these PhDs are saying that, then no one is right and no one really knows. So, it created a sense that anything could be right and nothing was absolutely right.

And I think, at that time, we had enough data, and we were working with Governors, and what it did is it just maybe shift my strategy from this was going to be—not that I gave up on pushing back on Scott Atlas, and you can see I did continuously, but I went directly to the Governors and the IGA staff, Intergovernmental Affairs. And the communications team allowed me to directly communicate to local media and to get out and meet with Governors and mayors and counterbalance this approach.

Mr. RASKIN. Would you agree with me, Doctor, that a critical ingredient to a successful public health strategy is social cohesion? And if that is the case, did the bringing of Dr. Atlas to the White House undermine and work to destroy the social cohesion that is necessary for a successful public health strategy?

Dr. BIRX. Well, it certainly destroyed any cohesion in the response in the White House itself, and I think that then became the ability to unravel the response, state by state. I think we did as good a job as possible at preventing that at the state level. I could not with Florida because he got there before I knew he was going.

Mr. RASKIN. Yes, but if cohesion was destroyed in the White House, could there be any cohesion in the country?

Dr. BIRX. It makes it much more difficult. But I want to be clear. Governors did an extraordinary job. Both Republican Governors and Democratic Governors I worked with were focused on the health and welfare of their constituencies.

Mr. RASKIN. Thank you for your service and testimony. I yield back to you, Mr. Chairman.

Chairman CLYBURN. I thank the gentleman for yielding back. The chair now concludes the first round with the recognition of Mr. Krishnamoorthi for five minutes.

Mr. KRISHNAMOORTHI. Hello. Thank you so much, Chair Clyburn, and thank you to Dr. Birx.

On April 23, 2020, during a briefing, then-President Trump said, “I see that disinfectant knocks out the virus in a minute, one minute, and is there a way we can do something like that by injection inside, or almost a cleaning?” Do you remember that moment when he said that, Dr. Birx?

Dr. BIRX. Vividly.

Mr. KRISHNAMOORTHI. And I think to people—I am sorry, the ABC, you said, regarding President Trump’s statements about injecting disinfectant, you said, quote, “I just wanted it to be the Twilight Zone and all go away. I mean, I just—I could just see everything unraveling in that moment.”

What do you mean by that?

Dr. BIRX. We had, I thought, developed pretty strong consensus throughout the White House that resulted in use of data and science to drive our response, resulting in the 15 days to slow the spread, the 30 days to slow the spread, and the carefully selected reopening criteria. And I could see in that moment—and again, he was speaking to the DHS scientist, and just to make clear how far this went off the rails, we had DHS scientists study disinfectant versus sunlight, so that children could get out to playgrounds. That was the sole reason that study was done because most playgrounds were closed across the country. I wanted them open so children could be outside. I thought that was critically important. We knew

that every parent knew what Lysol and Clorox was, and so we thought if we compared sunlight and its ability to inactivate the virus, a disinfectant, mayors and parents would be confident about their children going out.

Mr. KRISHNAMOORTHY. Let me jump in for a second because actually, in that same press conference on April 23, he said, "So, supposing we hit the body with a tremendous, whether it's ultraviolet or just a very powerful light." I think you said, "That hasn't been checked because of the testing," referring to Dr. Bryant at DHS. And then I said, meaning Trump, "Supposing you brought the light inside the body, which you can do either through the skin or some other way," and I think you said you were going to test that too.

Dr. BIRX, what other similar, crazy suggestions did President Trump make in private with regard to treating COVID?

Dr. BIRX. I just want to be clear because I am not sure it was crystal clear in that dialog. The dialog that you are presenting is the dialog that was occurring between President Trump and the DHS scientist.

Mr. KRISHNAMOORTHY. Correct.

Dr. BIRX. That dialog went on for quite some time. The scientist was encouraging him and saying, "We have not looked at that. We will look at that," and then finally he turned to me and I said, "Not a treatment."

I think this illustrates clearly that people were communicating with the President dangerous ideas, whether it was hydroxychloroquine, whether it was hydroxychloroquine combined with azithromycin, which we know has an impact on the heart. These were coming into the White House on a daily basis from different individuals, and I was not there for the majority of those times.

Mr. KRISHNAMOORTHY. Let me reclaim my time, Dr. BIRX. I appreciate that, but let me just ask you this. Did anyone besides you question these particular treatments within internal discussions?

Dr. BIRX. Well, I was not present when that Oval Office meeting occurred between Dr. Bryant and the President prior to that press conference. There were no physicians in that room at the time, and I do not know who was. I know that the physicians on the task force continuously pushed back on misinformation about treatments, in the task force.

Mr. KRISHNAMOORTHY. I understand. You estimated that more than 130,000 American lives could have been saved after the first wave of the pandemic if President Trump had implemented proven mitigation measures. Is that not right?

Dr. BIRX. Through that first year of the pandemic, correct.

Mr. KRISHNAMOORTHY. And Dr. BIRX, is it accurate to say that President Trump's approach, his poor approach, is responsible for the deaths of over 100,000 Americans?

Dr. BIRX. I want to make it clear that I think our starting strategy should always be no American dies from COVID and no American has severe hospitalizations from COVID. And when you start with that zero, as we did with HIV, zero new infections, zero deaths, you drive programming to uncover structural barriers, and you make the changes that are needed on the ground to implement tools effectively.

I think that we were not doing that effectively in that first year, mostly related to communication, and I fear today that we are still not effectively using our tools across all of America, particularly in rural America.

Mr. KRISHNAMOORTHY. Thank you.

Chairman CLYBURN. Thank you very much. That concludes our first round of questions, and to begin the second round the chair recognizes himself for five minutes.

Dr. Birx, I want to begin by asking a question. When we saw, in the clips up there, President Trump saying that the virus would just go away, was that a hope or a lie?

Dr. BIRX. I don't know. I can't speak to what he was thinking. I think a lot of these statements that are made concerning the virus often reflect people's hopeful thinking.

Chairman CLYBURN. Thank you very much. I would like to ask you about the statement that you made to our staff. During your interview with the select subcommittee staff you said that during the fall of 2020, the Trump White House officials spent time campaigning instead of at the White House and that this focus—and I am quoting you here—“took people's time away from, and distracted them away from the pandemic,” end of quote.

What did you observe to lead you to that conclusion?

Dr. BIRX. We had assembled the data and analyses that I believed, and I believe to this day, really pointed out where a virus was and where it was not, and where we need to apply our mitigation efforts. Normally I could find people to have those discussions about what was not going optimally, either in the task force meetings or in direct communications in the hallways. It was very difficult, throughout the summer and the fall of 2020, to find those individuals. That is not to say that I stopped for one minute interacting with Governors and mayors and being on the road, but it is another reason why I went on the road, to ensure the messages were getting out despite the fact that the White House was distracted about its re-election.

Chairman CLYBURN. Thank you. I think we have all been noticing, with the current hearings taking place through the January 6th Committee, that even after the election White House officials were engaged in the President's efforts to overturn the will of the voters.

Dr. Birx, you recently wrote, and I am quoting here, “Aggrieved over the election results, some in the West Wing appeared willing to engage in a dereliction of duty.” What did you mean by that?

Dr. BIRX. So I optimistically, throughout September and October, had created a fall strategy for full implementation. Of course, I wanted to start it earlier, but I believed, and I was given reason to believe that after the election that strategy would be utilized to combat the surge that I knew was coming to the United States throughout that fall and winter of 2020, into 2021.

That strategy was never fully executed in all of its robust and comprehensive approach because the teams were never brought back together, or that strategy, what I thought was endorsed by the West Wing, was never executed. I believe it is because they were distracted by the post-election issues.

Chairman CLYBURN. Thank you very much.

The chair will recognize Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chairman. Doctor, should the United States be in the World Health Organization?

Dr. BIRX. The United States should both be part of the World Health Organization but working with all the member states to create the necessary reforms that are required.

Mr. JORDAN. Did you support leaving the World Health Organization during the Trump administration?

Dr. BIRX. No.

Mr. JORDAN. OK. I'm looking at Dr. Giroir's transcript from his deposition. He said, "I can tell you from the task force, it surprised me, but Dr. Birx was one of the leading advocates for pulling out of the WHO." So, was he stating something that was not true there?

Dr. BIRX. There was a difference between withholding funding versus pulling out of the WHO.

Mr. JORDAN. Oh, well, let's ask it that way. Should we be giving them, like what, \$500 million a year, I think is what we do? Should we be giving them American tax dollars to this organization that lied to us?

Dr. BIRX. I was supportive of withholding funding based on the development of the appropriate reform and to figure out precisely what happened during January. Because a week at the beginning of—

Mr. JORDAN. Well, we are back in it. Have they done the reforms that you were supportive of having them do before we gave them the American people's hard-earned tax money?

Dr. BIRX. I was supportive of reform.

Mr. JORDAN. So, you are comfortable now with the Biden decision to get back into the World Health Organization and pay the money, or not?

Dr. BIRX. I am no longer in government.

Mr. JORDAN. No, I am just asking.

Dr. BIRX. I believe that we should have a clear accountability and milestone associated with the funding that we give to the WHO out of our assessment.

Mr. JORDAN. And I am asking you if that the case now.

Dr. BIRX. I believe that we should do our assessment. It is the dollars above and beyond the assessment, which I think is about 80 percent of the dollars, that we should hold directly to required performance.

Mr. JORDAN. OK. We will take that. I disagree with 80 percent of the money that is going there from the United States.

How about gain-of-function research? Should that be allowed?

Dr. BIRX. I don't know all the details of gain-of-function research. I think the decision has been made, with certain countries we do not do gain-of-function research.

Mr. JORDAN. So, definitely limit it with certain countries. Should the American tax dollars be used to fund gain-of-function research?

Dr. BIRX. Well that is a very big blanket statement, and it is difficult. I mean, there are—

Mr. JORDAN. Well, there has been legislation introduced in the U.S. Congress to say that it should not happen. Some people even—we have got some doctors who are members of the U.S. Con-

gress who are saying that we should not fund it at all. It is just way too darn dangerous. And particularly in light of we have seen with this pandemic over the last two years I tend to share those views. I am just asking, do you think we should not have American tax dollars funding gain-of-function research.

Dr. BIRX. The trouble is there are Class 4 agents that we work with that are very deadly, that we have worked for years to try to improve countermeasures. That is not solely done within the United States, and obviously that would be part of gain-of-function because you are making changes to the virus to work on countermeasures to control those viruses.

And so I would hate for our ability to utilize the great minds of science in allied countries.

Mr. JORDAN. How about the more basic question. Should we be sending American tax dollars to labs in China to do any kind of research?

Dr. BIRX. There are critical investigations that we have supported in partnership with China, from HIV, and to really work on controlling the pandemic in Asia through our work with epidemiologists, and CDC in China.

Mr. JORDAN. So you support—

Dr. BIRX. I think it was—

Mr. JORDAN [continuing]. Sending American tax money to China to do essentially gain-of-function research or other research.

Dr. BIRX. Not gain-of-function research.

Mr. JORDAN. Not gain-of-function research. So, we should definitely not do that. That is one place you will draw the line.

Dr. BIRX. Correct.

Mr. JORDAN. No tax dollars going to China to do gain-of-function research.

Dr. BIRX. Correct.

Mr. JORDAN. Yes. But I think that is what happened in this situation. I think that is what happened at this lab in Wuhan. It was actually gain-of-function research. I believe it came from the lab. The idea that it was, you know, a bat to a pangolin to a hippopotamus, to people, whatever they say, I just do not buy that. But, I mean, who knows.

The last thing I would say is this. In your testimony, you said, being critical of the Biden administration, you said, “They shouldn’t base decisions about pandemic response on polling.” I mean, one of the things we hear from the other side is, “Oh, the Republicans are interested in the politics.” Well, actually, it is just the opposite. Typical thing—Democrats always accuse us of what they are doing. They are basing it on polling, that people who trust the science are the ones who trust the science. Joe Biden is the one who said if you have these vaccinations, you are not going to get COVID. That is just a flat-out lie. And according to your testimony, the government already knew that was not the case, but he made the statement anyway.

So, we support the science, not the polling, not the lies, not trust the government, as the Democrats always want to do. We actually want to trust the science and the facts and the data versus trusting the government.

With that, Mr. Chairman, I am over time. Thank you. I yield back.

Dr. BIRX. Mr. Chairman, just to clarify, what I said was we did not know at that time whether the vaccines would provide that protection or not.

Mr. JORDAN. Well, actually, I think what you said is I asked you the question when the government told us that the vaccinated could not get the virus, I asked you if that was a guess or a lie, and you said, "I don't know." That is what you told us.

Dr. BIRX. I don't know.

Mr. JORDAN. And then Joe Biden told us last summer—he said that at the start of calendar year 2021, and this is July 2021, so seven months later, where the President of the United States says, "If you have the vaccinations, you are not going to get COVID." Totally false statement. That is what you said the first round of your testimony.

Dr. BIRX. Just to be very clear, there is a period of time that we believe, after immunization and after boosting, that people do have protection from infection. That does wane, though, and wanes rapidly.

Mr. JORDAN. Have people who got the vaccine gotten COVID, Dr. Birx?

Dr. BIRX. Yes.

Mr. JORDAN. Yes.

Chairman CLYBURN. I think all of us remember that debate very well, and I think we all were following the scientists when they continued their research and came to the conclusion that we could.

The chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Mr. Chairman, thank you. The January 6 Committee has determined that Donald Trump has knowingly, deliberately lied—it is obvious from all of the evidence—about who won the Presidential election. So, that just seems irrefutable to me. He continues to lie about who won the Presidential election. So, Mr. Jordan's line of questioning makes me wonder when he was out talking fake medical cures, like hydroxychloroquine or injecting yourself with bleach, were these knowing lies, or was this expression of a hope?

Dr. BIRX. I don't know. My only speculation is that there were people, including physicians, telling the President that these items would work outside the White House.

Mr. RASKIN. Physicians outside of the White House. People would write to him or call him up. What about when he would say, "It is going to disappear," by Easter, or it is going to disappear. Was that based on any advice you were giving him or any of the scientists within the White House or the CDC?

Dr. BIRX. No. Even with that first surge, that estimate of 100,000 to 240,000 Americans lost, that was only that first surge. We had not even modeled out what was going to happen in the summer or the fall.

Mr. RASKIN. So, do you have any idea where that came from, the idea that it was just going to disappear on its own?

Dr. BIRX. No. I think there were individuals communicating with the White House. I think Dr. Atlas was one of them who believed that if you infected enough people that you would have herd immu-

nity. There was no evidence—in fact, there was evidence to the contrary—that there was potential—

Mr. RASKIN. I got you. So, you basically had the equivalent of “team normal” on the election, on the inside, like you, and then people from the outside who were feeding him lies and superstition, and that is what he wanted to go with. He wanted to run with that.

Look, you did warn, on November 1, 2020, that we are entering the most deadly phase of this pandemic. You were extremely concerned at that point. You called for much more aggressive action by the Administration. But you just testified a moment ago that the President failed to act on it because they were interested in the politics of trying to, well, win the election first, but then overthrow, subvert the election, describe themselves as the winners.

One of the things that has come out in the January 6 hearings is the idea that Trump knew that he would get more voters showing up on Election Day because he was telling them not to use mail-in balloting, his supporters. He was telling them to go and vote. And he knew that he would lose very badly in the mail-in balloting.

Do you think that there is any connection between these two things, that he wanted to listen to the people who were telling him, like Dr. Atlas, just to let COVID-19 run wild because that would then increase the number of votes and presumably his margin on Election Day, because as they thought, the Democrats were not willing to go and vote in person because they were afraid of COVID and they would use mail-in balloting?

Dr. BIRX. I was not part of any of those discussions. I have no idea. I know, within the task force itself, that was never discussed.

Mr. RASKIN. Well, why do you think they did not follow your advice, as the lead COVID-19 advisor, to take much more aggressive action to avoid the most deadly phase of the pandemic yet, and they acted as if you had never even written that.

Dr. BIRX. I think that they believed the counterfactual points that were never supported by data, from Dr. Atlas and his team.

Mr. RASKIN. Is this the period when you think we lost so many people—I think you have estimated more than 130,000 people—or is that cumulative of the irresponsibility of the entire response?

Dr. BIRX. That is cumulative for those 11 months. Well, actually 12. Well, from January 2020 through January 2021.

Mr. RASKIN. Well, we have lost more than 1 million Americans, and had the scientific advice been heeded by the Administration how many people might we have saved?

Dr. BIRX. Well, that is where the 130,000 comes from. But I want to make it clear to this committee that we have lost 175,000 Americans since January 2021.

Mr. RASKIN. Yes.

Dr. BIRX. We have to—

Mr. RASKIN. And that is just what you were warning about. That is what you were warning about in the memo, right? You were saying it is coming, we need to act now.

Dr. BIRX. Yes. But we are still losing Americans today at, I find, a very unacceptable rate, when we have the tools to prevent it.

Mr. RASKIN. Thank you so much for your service, and I yield back, Mr. Chairman.

Chairman CLYBURN. I thank the gentleman for yielding back. The chair now recognizes Mr. Foster for five minutes.

Mr. FOSTER. Thank you, Mr. Chair. Since the beginning of the pandemic I have pushed for greater flexibility and speed in the way that we research and authorize treatments, as free as possible from political interference and based on a thorough, rational, yet as prompt as possible analysis of the risks and benefits.

Dr. Birx, you wrote in your written statement that emergency use authorizations helped streamline the regular process for evaluating potential coronavirus treatments, and unfortunately we also saw that President Trump and members of his Administration abused this process by pressuring FDA scientists to authorize EUAs for things that were unproven and turned out to be ineffective.

What are the tools that you would like to see to rapidly knock down claims of treatments that turn out to be ineffective, at the same time maximizing the speed at which we identify ones that are truly effective, both for in-hospital and on an outpatient basis?

Dr. BIRX. What was frustrating to me is we learned how to deal with this with HIV. And what the NIH did is they moved research money into the community. Because when you do community-centered trials with new agents, and you create that community advisory board, you bring everyone in the community up to that shared knowledge. And they also can bring products forward that they think are warranted to be tested. And so there is a dialog, a partnership, between the scientists and the communities.

I think right now, in the next budget, what would be very appropriate is we have 20 percent of Americans living in rural areas. We are failing in rural areas, and I think we all can admit that. We are failing for general population-based diseases but also specifically COVID. We should move 20 percent of the research dollars to research in our rural areas, to really create that partnership between communities and physicians, and actually retain physicians and nurse practitioners in our rural areas, because they will be able to do groundbreaking and critical research that will save their communities.

Mr. FOSTER. Thank you. I remember sort of halfway through the whole sequence there was a very interesting set of clinical trials that caught my attention, one out of St. Louis University, that were outpatient trials, very simple ones, where you tested positive, you went back home to isolate, someone knocked on your door and deposited a bag of treatments or placebos. You took them, you called in on your cellphone every day for a couple of weeks. Very simple things that could easily be implemented in rural areas.

And so it seems like having that capability in place at the start of this would have been tremendous.

Dr. BIRX. And there is still the opportunity to do that. We can change things overnight with investment of resources and human capacity, and you change everything. If you are worried about misinformation in the rural areas you combat that by working on the ground with communities and community groups. You want to combat vaccine hesitancy? We should have been doing that under flu.

Instead we just measured it every year. We just said, you know, Black and brown people in rural areas and white people in rural areas do not get vaccinated at the same rate, and we treated it like it was a gas price. You know, it meant nothing.

It meant everything, and that kind of behavioral science and partnership between the Federal Government, the local government, science, and communities is a game-changer. We have proved that with HIV. We know that as a roadmap that is effective. The community groups that advocate for HIV and work among and with communities are enormously successful.

Mr. FOSTER. You mentioned in your written testimony the need for next-generation COVID vaccines with enhanced protection, and you mentioned specifically the need for intranasal vaccines with durable IgA mucosal immunity. And it is my impression, in just trying and failing to convince people to get vaccinated, that there is a big difference between asking someone to get injected and having something spritzed up their nose. And did we make a mistake in not putting more effort into oral vaccines and intranasal vaccines early, because we did not anticipate the vaccine hesitancy problem?

Dr. BIRX. Just like testing. We should have anticipated the vaccine hesitancy problem because we had clear data going back 30 years that adult vaccine hesitancy existed, and it was evidence-based in flu. We did have an intranasal flu vaccine and it was not really studied in behavioral science and implementation science to show that it was more acceptable.

And so there are simple things that we can do today that do not cost a lot of money, but engage communities in a real way, where you develop trust.

Mr. FOSTER. Thank you again for your service, and I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back. The chair recognizes Ms. Maloney for five minutes.

Mrs. MALONEY. Thank you, Mr. Chairman.

Dr. BIRX, I asked you earlier about an email you sent in August 2020. You were describing an Oval Office meeting with President Trump and Dr. Atlas. You said in that email that Dr. Atlas told the President, quote, "No matter what we do, the outcome will be the same," end quote. You also wrote that Dr. Atlas advised President Trump, quote, "Testing is very overrated," end quote, and that, quote, "case identification is bad for the President's re-election," end quote. And you said that the conclusion of the meeting was, quote, "Dr. Atlas is brilliant and the President will be following his guidance now."

After that meeting in the fall and winter of 2020, America experienced some of the deadliest months of the pandemic. We lost the most lives during that period. Dr. Birx, do you believe that Dr. Atlas' recommendations, including his focus on the upcoming election, had an impact on President Trump's pandemic response?

Dr. BIRX. Absolutely, and I believe that went on for months prior to that meeting.

Mrs. MALONEY. How so? How did it have the impact?

Dr. BIRX. Because starting in April and May, I felt like there were parallel streams of data coming into the White House and parallel analyses that I was not privy to. They would show up in

statements. It was subtle at the beginning, but it was very clear when the President did the Axios interview that he was holding up graphs that I had never seen or created. And so they had to come from someone. Someone had to request them, or someone was generating them.

And I think it gets back to Mr. Raskin's point that it is great to have a debate, and it is good to have a scientific debate, but you have to agree on the data being the data, and you have to fundamentally move from that place. It is why we wrote the Governors Reports. We wrote the Governors Reports so that the Governors and the White House could be exactly in the same place in interpreting what was happening, county by county.

And when you no longer agree on what is actually happening in the country, and what needs to be done, and there is not consensus on that, then you lose the ability to execute in the maximum efficient and effective way.

Mrs. MALONEY. Well, do you think if the President had followed your recommendations and your data instead of two sets of data and responding in a different way to Dr. Atlas' recommendations, do you think it would have saved lives?

Dr. BIRX. Absolutely. And I look forward to all those emails and reports. I wrote an analysis of the epidemic daily for over 320 days. It clearly shows that the task force and everyone in the West Wing was clearly aware of what the pandemic was doing and the predictions on what would happen, and the solutions to combat this. Because I had something, fortunately, that many of the others on the task force did not have, is I was grounded in working at the community level, to really understand that it is great to talk from a microphone in Washington or Atlanta, but you have to see the reality on the ground so that you can really support the reality on the ground and enforce the ability to really implement those changes that would support people thriving and surviving COVID-19.

And I know a lot of people focus on the million dead, and I will just say this very quickly. Hospitalizations in people over 70 is not benign. It is not benign. So, let's not just say—I mean, hundreds of thousands and millions of people above that million who died have significant what we call morbidities from being hospitalized. So, this is not a benign illness, and hospitalizations in someone who is older is not a benign moment in time. We will still see rising, in other, cardiovascular and other infectious diseases, in those individuals who have those prolonged hospitalizations. And I know everybody focuses on the deaths, but I want to make it clear many more Americans have suffered really significantly from being hospitalized, and another whole group still has long COVID.

And so, you know, this is not trivial. This virus is not trivial and should not just be immediately discarded as we are doing fine. We are not doing fine yet.

Mrs. MALONEY. Well, my time is almost up, but Trump himself indicated at the time that he wanted less testing. True?

Dr. BIRX. Correct.

Mrs. MALONEY. And you, at the same time, thought we needed more testing.

Dr. BIRX. Correct.

Mrs. MALONEY. And you believe more testing would have saved lives.

Dr. BIRX. Correct.

Mrs. MALONEY. My time has expired. Thank you. Thank you for your service.

Chairman CLYBURN. Thank you very, very much.

I think that we have exhausted our second round.

Mr. RASKIN. Mr. Chairman?

Chairman CLYBURN. Yes, and I yield to the gentleman.

Mr. RASKIN. Mr. Chairman, I would like to ask unanimous consent to introduce this excellent staff report called "The Atlas Dogma: The Trump Administration's Embrace of a Dangerous and Discredited Herd Immunity Via Mass Infection Strategy," June 2022.

Chairman CLYBURN. Without objection.

Chairman CLYBURN. As a student of history, I often quote George Santayana's admonition that those who cannot remember history are condemned to repeat it. But in order to remember the past we must first learn what happened. And I want to thank you, Dr. Birx, for appearing before us today to help us learn the history of the Trump administration's failed response to the coronavirus pandemic, so that, hopefully we can avoid any repetition.

We have learned, and will remember, how the Trump administration's failures resulted in many thousands of preventable American deaths. We have learned, and will remember, how politics was prioritized over science. We have learned, and hopefully remember, how damaging it is when people in positions of authority undermine public trust in those like Dr. Birx, with lifesaving medical expertise.

We cannot change the terrible history of the coronavirus pandemic but we can remember it so that no future administration is condemned to repeat the Trump administration's failed response and its deadly consequences.

With that, and without objection, all members will have five legislative days within which to submit additional written questions for the witness to the chair, which will be forwarded to the witness for her response.

This meeting is adjourned.

[Whereupon, at 11:43 a.m., the select subcommittee was adjourned.]

