

STAFF MEMORANDUM

TO: SSOCC Republican Members
FROM: SSOCC Republican Staff
DATE: October 21, 2021
RE: Highlights of Dr. Deborah Birx Transcribed Interview

On October 12-13, 2021, Dr. Deborah Birx, former White House Coronavirus Response Coordinator, testified during a staff-led transcribed interview before the Select Subcommittee on the Coronavirus Crisis. Below are key takeaways from this interview.

I. President Biden is not doing everything in his power to prevent deaths from COVID-19.

President Biden and his Administration are not doing everything within their power to control the COVID-19 pandemic, which continues to spread across the country. According to Dr. Birx, some current COVID-19 deaths are preventable:

Q. As I'm sure you're aware, deaths from COVID in 2021 have topped deaths from COVID in 2020.

A. Correct

Q. Are you concerned with the current status of the pandemic?

A. Yes.

Q. **Is the U.S. government doing everything in their power, all mitigation strategies, currently?**

A. **I think neither the federal government or state and local governments are doing everything that they could at this moment.**

Q. **Are there currently preventable deaths?**

A. Yes.¹

The current rate of testing—a key factor in preventing the spread of COVID-19—under the Biden Administration has declined. When President Trump left office, the U.S. was a world leader in testing for COVID-19,² conducting 1.6 million tests per day.³ Under President Biden’s leadership, however, there was a dramatic reduction in testing. One month after taking office, on February 20, 2021, the Biden Administration averaged only one million tests per day, cratering in July with only 500,000 tests per day. This testing reduction has left the U.S. behind and unprepared for a potential winter surge. Dr. Birx stated:

Q. What do you think about, I guess, the accuracy of those at-home tests?

A. So, the accuracy improves with repeated testing... Tests were going up at a continuous slope of number of tests utilized every day from March of 2020 to January 2021. **And after January 2021...the United States fell off dramatically...and so we’re behind now. I’m not sure that we can catch up in time...to be able to get ahead of what could occur in the winter.**⁴

II. President Biden is incorrectly blaming unvaccinated individuals and Republican governors for his own failures regarding COVID-19.

President Biden has repeatedly blamed unvaccinated individuals and Republican governors for the ongoing pandemic. This is misguided. Dr. Birx, who has spent four decades working on vaccine trials and outreach, noted this tactic could cause even more vaccine hesitancy. She said:

Q. Could wider vaccine uptake earlier this year have prevented the majority of deaths that we have been seeing in the latest phase?

A. ...not all of them...**you don’t single out a group and blame what occurs on that group. It is your responsibility to get in with that group, to talk to that group, to listen to that group and come to a place where that group can agree to an understanding on the role of vaccines.**

We should not be stigmatizing and further putting people in a box that implies that they somehow don’t

¹ H. Comm on Oversight & Gov’t Reform, Transcribed Interview of Dr. Deborah L. Birx, at 214 (Oct. 13, 2021) (emphasis added) [hereinafter Oct. 13 Birx TI].

² See Loru Roberson & Eugene Kelly, *Testing, By the Numbers*, FACTCHECK.ORG (May 12, 2020).

³ *Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. TIMES (last updated Oct. 18, 2021).

⁴ Oct. 13 Birx TI at 71-73 (emphasis added).

have - - that they're somehow not processing the information...We never alienate and further alienate individuals in communities by stigmatizing them for being in one position or another.⁵

By blaming Republican governors, President Biden abdicates his responsibility to educate individuals across America at the state and local level. Dr. Birx stated it is “critically important to listen and understand from the governors and from the public health officials, from the tribal chairmen, exactly what is possible and plausible when you're talking about mitigation efforts.”⁶ Instead, President Biden continues to demand governors “get out of the way” while enacting top-down mandates from Washington.⁷ Dr. Birx testified:

- Q. And is it fair to say some of those decisions [to respond to the 2021 summer surge] were made by southern state governors who refused to implement measures in late 2020 as well?
- A. **If you're sitting in Washington [D.C.] and you're not talking to the states but once a week on a governors' call and you don't have people representing you in those states and talking to those governors, then that's on [the Administration].**⁸

III. China misled the United States and the world early on by withholding critical information and gagging those who wanted to tell the world the truth.

China's delay in providing truthful information to the U.S. and World Health Organization (WHO)—including accurate case and fatality data, evidence of human-to-human transmission, and the viral genome—likely hampered the U.S. response to the COVID-19 pandemic. Dr. Birx stated:

- Q. Dr. Fauci last spring said that China's delay probably hampered the U.S. response. Would you agree with that statement?
- A. **I absolutely agree**, because when you imply that there's not human-to-human transmission, and it wasn't just China. WHO [World Health Organization] also took weeks to say that there was human-to-human transmission.⁹

⁵ *Id.* at 214-215 (emphasis added).

⁶ *Id.* at 69.

⁷ Zeke Miller & Darlene Superville, *Biden chides Republican governors who resist vaccine rules*, ASSOC. PRESS (Aug. 3, 2021).

⁸ Oct. 13 Birx TI at 217-218 (emphasis added).

⁹ H. Comm on Oversight & Gov't Reform, Transcribed Interview of Dr. Deborah L. Birx, at 66 (Oct. 12, 2021) (emphasis added) [hereinafter Oct. 12 Birx TI].

For weeks, at the beginning of this pandemic, China misled the U.S. and the world by withholding critical evidence of human-to-human transmission. This delay inhibited the U.S. response and allowed COVID-19 to spread uncontrolled. Dr. Birx stated:

- Q. Did [Matthew Pottinger]¹⁰ think China lied to us about [COVID-19] from the get-go?
- A. He had been in China during SARS and he felt China was being as nontransparent as they were during SARS.
- Q. Is non-transparency lying to us?
- A. Well, certainly misleading.
- Q. **So, you would agree?**
- A. **That we were misled early on? Correct.**
- Q. How exactly did they mislead us? How exactly were they not transparent?
- A. ...I saw the social media posts from physicians and the number of people who were in the hospital. And you just don't overrun hospitals... without a lot of community spread.
- Q. Okay.
- A. **And so, I believe that there had to be evidence of human-to-human transmission weeks before the WHO or the world was notified.**¹¹

China disregarded the need for a comprehensive global approach to the COVID-19 pandemic by failing to be forthright with the World Health Organization (WHO) and others. In some cases, they likely provided false information to international public health officials. Dr. Birx stated:

- Q. **So, do you think China was providing the WHO with false information that led to a couple week delay in confirming [human-to-human transmission] to the world?**
- A. **I do**, because I believe that there were physicians and nurses on the ground that were trying to get out that information beforehand. So, if they were trying to get it out to the public,

¹⁰ Matthew Pottinger was Deputy National Security Advisor from Sept. 22, 2019 through Jan. 7, 2021.

¹¹ Oct. 12 Birx TI at 66-67.

I am sure they were also getting it to their national Chinese officials... I would imagine even as early as late November, early December they were noting that this was an unusual flu season.¹²

Further, to cover up this malfeasance, China likely issued gag orders to local doctors:

Q. Do you believe the local doctors that were tracking what was then an atypical pneumonia, I think is how it was characterized, were put under gag orders by the Chinese government?

A. I'm assuming that to be so.¹³

IV. The origins of COVID-19 are discoverable but requires cooperation from China.

The origins of COVID-19 are detectable if China is willing to share the earliest sequences of the virus. Dr. Birx confirmed that early statements from scientists, scientific publications, and the media downplaying the lab leak were premature and not based on data. Dr. Birx testified:

Q. Do you think the most likely scenario is from a lab or back to a pangolin to people?

A. I don't know, but I know we will know.

Q. How long do you think it will take?

A. It all depends on the number of sequences that [researchers] can get from China. Because you have to get the sequences from the origin...¹⁴

On March 7, 2020, Dr. Peter Daszak, President of EcoHealth Alliance, Inc. (EcoHealth), orchestrated and published an article in the Lancet that stated, “[t]he rapid, open, and transparent sharing of data on this outbreak is now being threatened by rumors and misinformation around its origins. We stand together to strongly condemn conspiracy theories suggesting COVID-19 does not have a natural origin.”¹⁵ Dr. Daszak’s article was the basis for much of social media to censor information regarding the lab origin hypothesis. Dr. Birx stated:

Q. The Lancet published a piece..., March 7, 2020,... ‘we stand together to strongly condemn conspiracy theories suggesting

¹² Oct. 13 Birx TI at 44-45 (emphasis added).

¹³ *Id.* at 45.

¹⁴ Oct. 12 Birx TI at 69-75.

¹⁵ Peter Daszak, et. al., *Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19*, THE LANCET (Mar. 7, 2020).

COVID-19 does not have a natural origin.’ Do you agree with that statement?

- A. **I believe that they couldn’t have known the final answer to that when it was written.**¹⁶

V. Dangerous gain-of-function research was occurring at the Wuhan Institute of Virology and should no longer be funded by U.S. taxpayers.

According to the National Institutes of Health (NIH), EcoHealth and the Wuhan Institute of Virology (WIV) “generate[d] SARS-like or MERS-like chimeric coronaviruses.”¹⁷ According to Dr. Birx, the process of intentionally combining—making recombinant or chimeric viruses—viruses in a laboratory qualifies as gain-of-function research. Dr. Birx stated:

- Q. Combining [creating recombinant or chimeric viruses] viruses in a lab intentionally for research, do you consider that to be gain of function?

- A. Yes. Intentionally recombining.¹⁸

Dr. Birx believes the U.S. should not provide taxpayer funding for gain-of-function research. She stated:

- Q. **Should U.S. taxpayers fund gain-of-function research?**

- A. **Because of the work that I was doing in the military with very serious pathogens, I could not support that because I understand the depth and breadth of serious infectious diseases out there.**¹⁹

VI. The CDC and WHO suffered institutional failures while responding to the COVID-19 pandemic.

During the course of the pandemic, career officials at the U.S. Centers for Disease Control and Prevention (CDC) operated remotely instead of in their offices or out in the field. Dr. Birx testified:

- Q. In your experience, while you were in government during the pandemic did the CDC operate remote or in-person?

¹⁶ Oct. 12 Birx TI at 77-78.

¹⁷ Letter from Hon. Francis Collins, Dir., Nat’l Inst. of Health, to Hon. James Comer, Ranking Member, H. Comm. on Oversight and Reform (July 28, 2021).

¹⁸ Oct. 12 Birx TI at 88.

¹⁹ *Id.* at 71 (emphasis added).

A. They were remote.²⁰

According to Dr. Birx, the CDC should have worked in the field instead of being remote:

Q. And should [CDC] be [remote]?

A. ...In a pandemic where many things are fluid, what you want is your public health actors in the field.²¹

Dr. Birx explained CDC needs to be held accountable to actual outcomes and impact, including its failures, in future pandemics. Dr. Birx stated:

Q. ...Would just love your opinion on how we can better the CDC.

A. ...The CDC should be held specifically accountable to outcomes and impact...so that there can't just be money dislinked from outcomes and impacts. **[The CDC has] become very attached to [its] computer...CDC needs to be held to very specific results and improvement...**²²

Both the CDC and the WHO failed to respond quickly and appropriately to novel aspects of COVID-19, including human-to-human transmission and asymptomatic spread. For the CDC, this likely led to mass confusion regarding testing practices. For the WHO, its reliance on China for information significantly delayed the truth from being disseminated to the rest of the world. Dr. Birx had the following exchange:

Q. When did you first suspect human-to-human transmission?

A. In January, when I saw a social media post from one of the hospitals.

Q. Do you remember the date in January?

A. No. Sometime - - I would say the first week or two of January, it came from media reports, not [from] anything that I was seeing through standard public health analysis.

Q. When did the WHO first confirm human-to-human transmission?

A. I think it was around January 19th or 20th.

²⁰ *Id.* at 129.

²¹ Oct. 13 Birx TI at 59.

²² *Id.* at 133-138 (emphasis added).

Q. Why do you think there was a delay in your suspicion versus WHO confirmation?

A. ...They would be completely reliant on China providing data.

Q. So, do you think China was providing the WHO with false information that led to a couple week delay in confirming [human-to-human] transmission to the world?

A. I do...²³

Dr. Birx stated that she always suspected COVID-19 was transmitting between asymptomatic patients, but this view was not shared by the WHO or CDC for months:

Q. When did you first suspect asymptomatic transmission?

A. I suspected it all along...²⁴

According to Dr. Birx, the WHO and the CDC presented mixed messaging to the public on asymptomatic virus transmission:

Q. When did the WHO confirm asymptomatic transmission?

A. Even as late as June they were discounting the role of asymptomatic transmission.

Q. Why do you think that is?

A. I don't know... I think even our own CDC really believed that the number of asymptomatic cases was not a significant contribution to the community spread. And I believed it was...²⁵

Dr. Birx struggled to place her data-driven recommendations on asymptomatic spread into CDC guidance. As a result of career CDC officials ignoring these requests, the public was not adequately informed of the dangers of asymptomatic spread. As a result, state and local public health officials likely did not implement measures to mitigate early spread. Dr. Birx had the following exchange:

Q. When did CDC adjust their stance and confirm

²³ *Id.* at 43-44 (emphasis added).

²⁴ *Id.* at 45.

²⁵ *Id.* at 48 (emphasis added).

asymptomatic spread?

- A. I got it in some of the guidance, but it was always several bullets down. I never could get it to a place where the first bullet said: We believe, in young people, the majority of the spread is occurring with people who don't feel like they have symptoms associated with infectious disease...I could never get the [CDC] to that place.²⁶

VII. Andrew Cuomo violated federal guidance when he directed nursing homes to accept potentially COVID-19 positive patients.

On March 25, 2020, former New York Governor Andrew Cuomo issued guidance that stated, “[n]o resident shall be denied re-admission or admission to the [nursing home] solely based on a confirmed or suspected diagnosis of COVID-19” and “[nursing homes] are prohibited from requiring a hospitalized resident...be tested for COVID-19 prior to admission or re-admission.”²⁷ This order violated CDC and Centers for Medicare & Medicaid Services (CMS) guidance and likely led to thousands of unnecessary deaths. Dr. Birx stated:

- Q. On the bottom of page 4 of this CMS guidance it gives guidance on how to return a resident diagnosed with COVID-19 back to their nursing home; and it says it should be done if a facility can follow CDC guidance for transmission-based precautions. First, what would those transmission-based precautions have been?
- A. So that would require isolation and gowning, masking, and ensuring no contact with any other residents.
- Q. [CMS] Administrator [Seema] Verma said about this guidance, ‘under no circumstances should a hospital discharge a patient to a nursing home that is not prepared to take of those patient’s needs.’
- A. Correct.
- Q. If we turn now to the New York Guidance...Does that have the same qualifier of able to take CDC precautions as the CMS guidance required?
- A. No.

²⁶ *Id.* at 50.

²⁷ Memorandum from the New York State Department of Health to Nursing Home Administrators, et. al., *Advisory: Hospital Discharges and Admissions to Nursing Homes* (Mar. 25, 2020) (on file with Comm. Staff).

Q. So, would [New York state’s] guidance have violated CMS guidance?

A. Yes.²⁸

Dr. Birx spoke about the negative effects of readmitting potentially positive COVID-19 nursing home residents:

Q. Do you think admitting potentially positive COVID-19 nursing home residents back into the nursing home without the ability to quarantine or isolate them is dangerous and could lead to unnecessary deaths?

A. Yeah, I think that’s why the CDC guidance was very clear about precautions needed to protect them. And I think that’s why [CMS Administrator] Seema [Verma] was proactively working on these infection control guidance.²⁹

VIII. The Biden Administration prematurely reversed masking guidance to meet an arbitrary political deadline.

On April 3, 2020, the CDC recommended all Americans wear cloth face coverings to stop the spread of COVID-19.³⁰ On April 27, 2021, President Biden announced July 4 as a “target date to get life in America closer to normal and to begin to celebrate our independence from the virus.”³¹ Two weeks later, on May 13, 2021, the CDC dropped its mask recommendation for fully vaccinated Americans.³² That same day, President Biden tweeted, “Vaxxed or Masked.”³³

Dr. Birx expressed doubts about the CDC decision to reverse mask guidance:

Q. In terms of public health, was it a mistake to reverse that mask guidance?

A. I think it was premature. It may not be a mistake in the future, but it was too early to change that guidance.³⁴

Dr. Birx further elaborated on her doubts regarding the CDC decision:

Q. You said earlier about the new masking guidance for

²⁸ Oct. 13 Birx TI at 119-121 (emphasis added).

²⁹ *Id.* at 123 (emphasis added).

³⁰ Laura Geggel, *Everyone should wear face ‘masks’ in public, CDC now recommends* (Apr. 3, 2020).

³¹ Remarks by President Biden on the COVID-19 Response, THE WHITE HOUSE (Apr. 27, 2021).

³² Erika Edwards, et. al., *Fully vaccinated? You can ditch the mask, CDC says*, NBC NEWS (May 13, 2021).

³³ President Biden (@POTUS), Twitter (May 13, 2021, 6:53 PM).

³⁴ Oct. 13 Birx TI at 117 (emphasis added).

vaccinated individuals, that you thought it was premature. Can you elaborate on that?

- A. ...We knew the [D]elta variant was coming. It had already gone from India in the beginning of December 2020 to the UK, and that's how the original variant came to us was through Europe. **So, you knew the [D]elta variant was coming, you could see how infectious it was, and we didn't have data on protection from infection with the [D]elta variant.**³⁵

³⁵ *Id.* at 116 (emphasis added).