April 14, 2022

James E. Clyburn
Chairman
Select Subcommittee on the Coronavirus Crisis
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Chairman Clyburn:

It is unfortunate and tragic that you and the Democratic Members of the Select Subcommittee continue to squander this critical opportunity to better prepare America for future pandemics. Instead, your Subcommittee has chosen to propagate innuendos, spread misinformation, and engage in character assassination for partisan purposes – not public health.

Quite frankly, after all of my professional and collegial interactions with you personally, and with Members on both sides of the aisle, I am very disappointed and somewhat shocked by this obvious attempt to strong-arm and intimidate. America will long remember this abuse of power, and the disingenuous and self-righteous manner in which you accuse and besmirch former public servants who were on the front lines of the response – who gave everything they had, solely for the safety of our nation. It is indeed a sad reminder to so many Americans why they dislike and distrust career politicians.

I ask you this: if America's COVID deaths were due to a failed response under the Trump Administration, why have 560,000 Americans died during the Biden Administration, far more than died under the Trump Administration? And how could so many deaths occur under the Biden Administration when it was provided with 900 million doses of safe and effective vaccines and 70,000 vaccine administration sites the day President Biden took office? In addition, I handed the Biden Administration the most robust and diverse testing infrastructure on the planet, with an estimated one billion tests per month that could have been available by fall 2021 if the Biden testing team had just stayed the course.

For the record, Mr. Chairman, from the moment I was selected to coordinate testing, I endeavored to increase testing across the nation – and that effort was supported by both the Administration in general and the President in particular. You falsely claim that there were only 28 million tests available in September 2020; the correct number was nearly 80 million, exceeding my earlier projections to the Committee.

That capacity reached over 170 million tests per month by January 2021. In addition to the 7,700 testing sites directly implemented by the Trump Administration at local pharmacies and health centers, we also implemented emergency surge testing sites beginning in July 2020 – entirely administered and funded by the federal government, to every community that requested such sites. In total, this emergency program established 655 sites in 23 states. Also in July, we announced the distribution of point-of-care tests to every single nursing home in the country in order to repeatedly test staff and protect residents. This unprecedented program

sent instruments and tests to over 15,300 nursing homes and was a godsend to protect our most fragile seniors.

Later, in September 2020, immediately after the BinaxNOW rapid card-based antigen test was FDA-authorized, our Administration purchased all of them – 150 million – and distributed them weekly to the vulnerable in nursing homes, assisted living, hospices, Tribal Nations, HBCUs, and to state governors for prioritized uses within their states.

My message was clear to rapid test manufacturers – make as many tests as you can, as quickly as you can, and the federal government will buy and distribute all of them. And that is what we did, using the Defense Production Act 13-times just for testing, and providing direct assistance to every state through a team of dedicated testing officials from CDC, FEMA, FDA, HHS headquarters, and the White House.

It is no surprise that the Subcommittee Majority ignores the fact that testing only experienced a dramatic and sustained decline after President Biden was inaugurated and neglected the infrastructure and public-private partnerships that we had built. Indeed, average reported test volume plummeted from over 1.8 million per day in mid-January 2021 to approximately 500,000 per day in July. This neglect and de-prioritization led to dismantling of test manufacturing lines, laying off of American workers, and the profound testing shortages America suffered throughout the fall of 2021. These shortages were not caused by the unavoidable time needed to develop and scale the response to a new virus just emerging from China; the 2021 shortages were caused by incompetence and negligence.

Your third paragraph is a complete misrepresentation of both the science and the situation being referenced. The goal of the August 2020 CDC guidance was to ensure that testing was prioritized for those who had the highest need – the elderly, chronically ill, underserved, and other high-risk groups.

It was absolutely correct in August 2020 that those who were exposed but asymptomatic *did not necessarily need a test*, unless they were a member of a high-risk group or advised to be tested by a health care professional or local public health official. The rationale was straightforward and sound: once a person was exposed, that person needed to quarantine for 14-days. A positive test, or several negative ones, did not change the recommendation for a 14-day quarantine. If the person became symptomatic or was in a high-risk group, testing became a high priority because of the potential need for specific anti-COVID treatment. And recall, when this guidance was issued, millions of Americans were being exposed to the virus on a weekly basis, and thus clear prioritization was needed to ensure that tests were used most effectively to save lives. Prioritization is precisely what the CDC guidance provided.

Yes, as you indicated, I "had the pen," but only in the sense that I coordinated the recommendations of the White House Task Force doctors and their agencies to create a consensus document for approval. Official HHS emails – which you undoubtedly already have - clearly indicate that although there was debate and discussion over several items, there were **no edits** to the "you do not necessarily need a test" recommendation either by Dr. Fauci, Dr. Walke, Dr. Redfield, or Dr. Birx – although there was ample opportunity for edits to be made.

Indeed, the final document was affirmatively cleared by all the doctors except for Dr. Birx, who made no written comment either way during the final clearance process. To my knowledge, Dr. Schuchat was never on any correspondence, nor did she offer any opinions to the Task Force or to me personally. Once consensus was reached, the document was sent back to CDC for final clearance, at which time CDC could have approved or disapproved the consensus document.

This final CDC clearance step is also clearly documented in HHS emails, as you likely have already discovered. Ultimately, CDC chose to issue the guidance, and did so on its own. Records will demonstrate that I staunchly defended the need for a careful and meticulous consensus process, and to take whatever time was needed in order to provide the best recommendations to the American public.

Finally, the Select Subcommittee's "finding" that Trump Administration officials "implemented public health policies…that had no credible scientific basis" is preposterous – yet another untruth I interpret as mere political scapegoating.

In terms of the Subcommittee's specific requests:

- I am confirming my willingness to appear in Washington DC on May 3, 2022. I request that the interview be fully public with open media access. It is unacceptable for Members to continue to cherry pick phrases out of context – and then to weaponize them for political purposes. To quote the Washington Post, "Democracy dies in darkness." It is time for more light to shine on the proceedings of this Subcommittee.

- In terms of document production, you should already have all relevant documents in your possession from HHS. Per my federal obligations, I only used official communication channels, and carefully controlled and maintained all documents according to the highest legal and ethical standards.

- In addition, as requested, I agree to produce what few documents I have in my possession related to the matters under investigation by the Select Subcommittee as outlined in your letter: the number of tests available in fall 2020 and the August 2020 CDC guidance on testing. I will supply these in an easily accessible manner so they can be reviewed by Members and staff.

- You reference in multiple footnotes several interview transcripts, and suggest these interviews are accusatory of the Trump Administration and/or of me personally. In the spirit of transparency and fairness, I request that you supply to me all referenced transcripts in their complete unedited form in advance of my interview. These transcripts will enable me to fully understand the context of the quotations you reference, and to respond with comprehensive answers.

Not only is it finally time for more light to shine on the proceedings of your Subcommittee- but so too on the failures of the Biden Administration's COVID response. For the sake of public accountability and preparation for the next pandemic, I ask you respectfully, Mr. Chairman, also to seek answers to the following:

- Why did testing decrease by over 70% as soon as the Trump Administration transitioned to the Biden Administration?
- Why was the US keeping pace with the highest testing countries in the world until President Biden's inauguration, when America almost immediately fell far behind and continued that way until the current day?
- Why was the Trump-developed testing infrastructure squandered and neglected, causing the dismantling of assembly lines and loss of American jobs throughout the summer of 2021, leading to the profound shortages of tests in the fall of 2021 – a shortage that would have been entirely avoidable with competent leadership?
- Why has CDC guidance under the Biden administration been so confusing, conflicted, and seemingly politically-driven, delaying public disclosure of important data that were needed by the American people to make informed choices for themselves and their families?
- How is it that Title 42 is to be revoked at the border, allowing non-citizens to enter the country freely; but US citizens returning home can be denied entry into their own country if they do not satisfy an artificial, outdated, and completely useless CDC testing requirement?
- Why did senior vaccine officials at the FDA resign, reportedly because of anti-science pressure on the vaccine authorization process exerted by the Biden White House?

Mr. Chairman, I look forward to the opportunity to demonstrate to the American people the misguided nature of the accusations by this Subcommittee's Majority, and urge you to agree that my interview will be fully public and transparent. Failure to do so would only serve to create more doubt about the integrity of these proceedings.

The American people can judge for themselves right from wrong, truth from lies, and politics from science.

Sincerely,

The Honorable Brett P. Giroir, MD
Former Admiral, USPHS
Assistant Secretary for Health, Department of Health and Human Services
US Representative to the Executive Board of the WHO, Department of State