

**Excerpts from Transcribed Interview with Dr. Deborah Birx**

**The Trump Administration's "China Virus" Huddles**

Q: Well, let's look, actually, there's another document that may or may not refer -- two more documents that may or may not refer to the same group, so let's mark these as Exhibits 4 and 5. One of these is -- they both appear to be meeting agendas. The first one is titled COVID Operations Group Agenda. It's dated July 20, 2020. And the second is titled China Virus Huddle, dated January 4, 2020, although I think the context indicates that that's just a typo. It should actually be 2021. So I don't want to focus on these specific dates or necessarily these specific agendas, but do these two agendas look familiar to you?

...

A: Yes. This was an operations group created in July to respond and ensure complete response to the summer surge.

Q: Who created it?

A: **I believe it was created by Jared Kushner.**

Q: Who participated in it other than yourself and Mr. Kushner?

A: Well, Adam Boehler is on the list, Brad Smith, Paul Mango from HHS, representing HHS. Originally the State Department spokesperson came over to help with communications and then was replaced by -- she went back to the State Department -- by Brian Morgenstern and Brad Smith, whose name is here. And Quellie whose name is over here.

Q: On Exhibit 3?

A: Yes.

Q: So how did this group differ from the task force itself?

A: So this was more about specific operationalization of ensuring coordination of all the operational elements as well as the policy pieces. So task force very much focused on coordination, ensuring coordination of policies -- this is my understanding -- as well as comprehensive information exchange on this date of the pandemic.

And this was ensuring that all of those elements were being optimally operationalized. And you can see that the topics were mostly around nursing homes because they were often ground zero; therapeutics, vaccines, to make sure that there was response, as well as hospital capacity and testing; and then ensuring communications.

Q: What do you mean by ensuring communication?

A: Ensuring that we had a group of individuals who agreed on the state of the pandemic

and were communicating those specific elements.

Q: Communicating to who?

A: There was a series -- and you don't have it here, but out of this came the ember strategy to ensure that we could communicate effectively prior to a state and counties becoming a red zone. So proactive mitigation out to local media. In parallel, of course, we were talking to mayors and governors and county commissioners. And I was on the road throughout from the end of June to the different states.

Q: I see. Okay. And so did this structure continue and does Exhibit 5 titled China Virus Huddle refer to the same general group?

A: I think so, but I wasn't -- I didn't pay attention to the name change. But yes, these are the same topical areas that were covered in the operations.

Q: The July 20th document refers to a 30-day strategy and then the January 4th document refers to a 45-day strategy. What was sort of the thinking behind that strategy, having a strategy in that respect? How did that work?

A: This was to ensure that the operational elements for which the federal government could be supportive of states from CMS guidance to ensuring access to Remdesivir and then monoclonal antibodies, to ensure access to testing and testing supplies, and the spectrum of testing supplies that we had from, now, nucleic acid testing all the way to antigen testing.

The hospital capacity was not just hospital capacity. When I refer to the four-pager data daily report that is what this group received on a daily basis, so they got that more executive summary so that people could see precisely where the pandemic was and where, which states were in the red zone and may need additional support within the next 30 days. And so that's why you see a 30-day strategy where we tracked states during their surges and ensuring they had the supplies they needed.

Q: So I'm trying to understand because these functions just seem very similar to the capacities that I've seen on task force agendas and then it seems like the task force would handle. Why have a separate structure?

A: Well, it involved a subset of the task force individuals. **It was mostly -- but it was exclusively -- in my personal opinion, it was much more focused on operational aspects to make sure that Pete Gaynor had everything that they needed to support hospital and hospital capacities.** That included also personnel and resources from the National Guard.

So it was more about is the White House aware of and supporting all of the state-level responses in an effective way, which is different than the policy, more policy-type discussions that occurred at the task force.

Q: I see. And you recall this group being created around the summer surge so it didn't

exist in the first few months?

A: Correct.

### Dr. Atlas's Arrival in the White House

Q: Sure. Do you recall roughly when you first noticed Dr. Atlas in the White House?

A: I think I was asked to meet with him the end of July, somewhere the last week of July.

Q: And who asked you to meet with him?

A: It came to my executive administrative assistant, Tyler Ann McGuffee. I think from --

(Pause.)

It came from a junior and a senior White House staffer; and one of the people was John Rader asked me to go through all of the data that we had from the pandemic, what our interpretation of that data was, and the way forward for the fall as I understood it.

Q: Got it. And it was John Rader. Was he the junior or the senior staffer?

A: Junior.

Q: **And who was the senior staffer?**

A: **Jared Kushner.**

Q: Got it. Okay. And so they asked you to meet in the White House with Dr. Atlas in the last week of July?

A: Yes, correct.

Q: Got it. And you did meet with Dr. Atlas at that time?

A: Yes, I did.

Q: Got it. And what did you initially discuss with Dr. Atlas in this meeting?

A: I went through all of our data streams, what we were seeing at the county level. We had worked on getting very granular data; so we had granular case test positivity, hospitalizations, ICU admissions, and we were tracking each of those elements each day. We had created this consolidated report that we talked about yesterday, broken down by age bands. So now we had age, sex, and geographic granular data, which it took us to June or July but that's what we used in Sub-Saharan Africa to make sure that we were responsive to all the clients' needs and being able to see them.

I also went over all the PPE data with them. I went over all the charts and graphics, my interpretation of the pandemic, my concerns for the fall, the evidence base that I had for mitigation and what was working in the field showing that mask requirements or mask mandates, reducing indoor dining, closing bars that were not seated, increasing physical distancing were all very critical in controlling the pandemic and had worked across the sunbelt as they were implemented by governors across the southern part of the United

States.

Q: Sure. And when you presented this data to him, what was Dr. Atlas' reaction to the mitigation measures that you were showing?

A: He just nodded. He nodded and said "interesting." He did not at that time push back on any of my interpretations, any of my strong support of critical mitigation measures. **He was more just absorbing it, I think, in the moment but did not -- and at this time I didn't know of any of his prior engagements with the White House and I didn't know of his position on Fox News at that time.**

Q: Sure.

A: So I didn't have any background. I just met with him at the request and went through all the information.

\* \* \*

Q: ... Did Dr. Atlas have an office in the White House?

A: I think he had an office in the Eisenhower Office Building.

Q: Okay. Did you ever see who he worked with closely in the White House?

A: No.

Q: Was he formally part of the White House coronavirus task force?

A: That's complicated. **I think at one time he was.**

Q: Okay. Can you elaborate on that?

A: **He was attending task force meetings.** I wanted him to be known as the senior adviser to the President rather than the task force because I believed that gave him credibility with the American people, and I didn't want the position of the other physicians on the task force to be linked to his position. That was my personal position.

Q: That is not in fact what happened at times?

A: He came to task force meetings for some time, I would imagine three or four weeks. I was calling into some of those because I was on the road. I didn't miss any of them, but I was not physically present for all of the task force in August.

## Dr. Atlas's Views on the Coronavirus Response

Q: Let's talk about Dr. Atlas' views. You said you had now seen some of his appearances on news channels, some previous correspondence he had. Can you describe for me Dr. Atlas' views on the federal coronavirus response?

A: I can give you my interpretation of his views based on our interactions and what I had read.

He believed -- now, I just want to make a differentiation between theory and practice. In theory, the concept that you could protect the most vulnerable in a country against a virus is -- theoretically can be outlined on a piece of paper.

**But we had learned through the entire summer surge that the majority of Americans that were over 70 and most vulnerable, the 20 plus million of them, were in the community, and often in the community in multigenerational households and often in the community with multigenerational households of essential workers or other workers. So there was no way to isolate the vulnerable family member from the other family members.**

So theoretically you could talk about protecting the vulnerable, but in my mind the only way to truly protect the vulnerable that were to limit community spread -- and this could be also because I have a multigenerational household, so I understand the constant risk of the working individual's exposure and coming home every night to the household.

And so I understood that there was no way to physically separate people you were caring for from your main household. And so whereas we had implemented very aggressive mitigation in LTCF [long-term care facilities] -- and, again, done by Seema Verma of CMS, and I just want to, again, call her out, she worked very hard to protect the nursing homes. But only 1.5 million of our elderly are in nursing homes. Ninety percent of our elderly or 95 percent of our elderly are in the community.

And so although we could work closely with nursing homes and increase their infection control, which they did, and worked hard with nursing homes to increase the testing of their staff, which they did, and worked hard with nursing homes to really test residents and separate and really do very incredible protective mechanisms within the nursing homes, we still had breakthrough infections in nursing homes.

Because even if you were testing staff three times a week, on the days that they weren't tested, they could have asymptomatic spread. And so unless you were testing throughout their shifts, you could never guarantee that someone could turn positive.

**So I knew all of these infection loopholes that existed not only in nursing homes and in the country, and I felt strongly that there was no way to protect the vulnerable of America without stopping community spread.**

And so his conceptual framework, although theoretic and possible on paper to make

statements about protecting the most vulnerable in the United States, **it was not implementable.**

So that's the difference between understanding theory to practice and having worked on epidemics on the ground and, frankly, been involved on the in-the-ground implementation. So I had already by that time been to several nursing homes throughout the United States, so I could see the difficulties in trying to even protect them --

Q: Sure.

A: -- let alone the individuals in the community.

\* \* \*

Q: You have one follow-up here on top of Dr. Fauci's email. You mentioned there's a, quote, repeat issue in that Dr. Atlas believes or is convinced that herd immunity had been reached in the northeast, Midwest, and sunbelt.

Just for the record, had Dr. Atlas been raising herd immunity and it being achieved in these areas in this August 20th task force meeting?

A: **He believed a majority of the country had already achieved enough protection to prevent further surges.**

Q: **And did he voice this in task force meetings?**

A: **Yes.**

Q: And at that time, what did the science show about the state of play in terms of herd immunity?

A: Well, they knew there wasn't adequate antibody levels; so there was new literature showing up that suggested maybe there was a large number of people who had T-cell immunity without generating antibodies. Now, that can happen. That is fairly rare because your B-cells, in order to make antibody, need to have helper T-cells work with them, by and large. So there are those rare cases of people who generate cellular immunity without any humoral immunity. It's extraordinarily rare. I thought it would also be rare in this.

And so there were scientists using that potential to explain why the antibody levels that were being detected were not sufficient to explain how they achieved herd immunity. But I knew if our antibody levels were in the 30 to 40 percent range -- and I'm being generous -- at that time, that there wasn't another 30 or 40 percent that had cellular immunity without humoral immunity. I mean, that had never been found in nature at that level.

So sometimes these theoretic arguments -- and again, just like the theoretic position he

took on controlling the pandemic by protecting the vulnerable -- I mean, yes, theoretically that's true. **But it's not implementable and we knew it couldn't be. And this theory that there was this huge number of Americans who had cellular immunity without humoral immunity was just another way to try to get to the concept that everybody had already been infected and protected, which is the concept of herd immunity.**

Q: Sure.

A: But let's be clear for the statement and everything, herd immunity is not usually discussed as it comes to humans. Herd immunity comes out of vaccinating your cows and your pigs. And so in that case you're vaccinating 100 percent of your cows and pigs, and you are assuming you're reaching herd immunity because you assume that 3 to 5 percent of the cows and pigs don't generate an effective immune response but it may be enough to protect the herd. And so you're relying on the herd protecting the small number who, either from genetics or because of the way they're constructed, that they didn't generate an effective immune response.

So that's how herd immunity is discussed. We don't discuss that usually about humans.

## Dr. Atlas's Influence in the White House and Impact on the Coronavirus Response

Q: How influential would you say Dr. Atlas was in the White House?

A: Well, I think his influence began much earlier than his arrival into the White House. It's part of the reason why I wanted to clarify that date of the first week of April, because I think in retrospect -- and this is just personal opinion -- in retrospect, he probably had been providing information to senior leaders in the White House since late March, around his hypothesis and around his belief and his fundamental belief **using some biased antibody data out of California that the virus was much more widespread, and came back to that full circle that the disease was no worse than flu in his conceptual framework.**

Q: And we'll get to that in a second, but one other question here. In a recent book, it was reported that you told Andy Slavitt in August of 2020, quote, "Fighting the virus and Scott Atlas together is the hardest thing I've had to do."

Is that an accurate quote?

A: That is an accurate quote.

Q: **And what were you fighting about with Dr. Atlas?**

A: **The use of partial data to support his theories, the opinions without documentation.** I have a very big belief in comprehensive data and data analysis, not just selecting the data that reinforces your viewpoint. That is, I've always found that very misleading – I'm not someone who uses incomplete statistics to put forward my point.

I am always very clear when the data justifies us being optimistic and I'm always very clear when the data shows clearly what is going to happen over the next four to 12 weeks. **And I felt that he was utilizing incomplete information to make his case, and I think that is always very dangerous.**

Even if people don't want to hear what I have to say, I make sure that I say everything that the data shows; and that was in my daily reports every day, that this is what the evidence base is that I have that enforces my summary both of the epidemic and the recommendations I am making at a federal level and at a state and local level.

\* \* \*

Q: For the record, this is an August 21, 2020 email that you sent to Dr. Fauci, Dr. Hahn, and Dr. Redfield. The subject line is Task Force 20 August. And you begin by writing in this email, quote, "I am more convinced than ever the dangers of Dr. Atlas' views on this pandemic."

So as an initial matter, Dr. Birx, what prompted you to send this email?

(Pause.)

A: So as I discussed in July in my meeting with Scott Atlas where he didn't speak precisely to his position on what I had given him, before August 10th he began -- and I believe that to be true. **Before August 10th, he began to write opposite opinions to my daily report.**

The first several times he took my name off of it, but did a reply all to who I had sent it to and my executive assistant had gotten it. **So I was aware that he was writing to everybody who was receiving the daily report a different interpretation of the data, and that continued throughout August, including into task force meetings.**

Q: Do you recall when you first became aware that he was doing this?

A: I think before August 10th.

Q: Okay.

A: **But that behavior continued.**

\* \* \*

Q: Sure. And I know we discussed your interview earlier this year on Face the Nation, and you had mentioned, quote, "I saw the President presenting graphs I never made, so I know that someone or someone out there, someone inside, was creating a parallel set of data and graphics that were shown to the President." And then you went on to say, "I know by watching some of the tapes that certainly Scott Atlas brought in parallel data streams."

Is the cherry-picked data you were referring to in this email what you were referring to in your interview?

A: I still don't know, I think it was the *Axios* interview that the President gave, which is public knowledge.

Q: Sure.

A: When I looked at what was in the President's hand, those graphics, I have no idea where they came from. **They could have come from Scott Atlas, they could have come from someone in the White House.** I don't know, but what I can tell you is they never came to task force, they were never in any of my daily reports, and I've never seen those graphics before.

**So my assumption is that graphics were coming in to the White House both from outside and potentially from inside, but I don't know who was providing them.**

Q: And you said you saw it in the President's hand. When was that interaction? What was that?

A: No, that was the *Axios* interview that we all saw on TV.

Q: Got it.

A: When he was referring to those graphs that were in his hand.

Q: Sure.

A: I had never seen those, and the task force had never seen them.

Q: Are you aware of any other parallel data or graphics that went to the President?

A: **No. I'm assuming that other went in to the President, because he would make comments in press briefings that were not consistent with the information that I was providing up the chain.**

Q: And what kind of comments?

A: **His comments about fatalities or the issues about children and children not being infected. That I believe came from others within the White House or outside the White House.**

Q: Got it. **So these then tended to downplay the severity of the virus?**

A: **That's how I would interpret it.**

Q: **Do you think these parallel data streams impacted how the President viewed the severity of the virus?**

A: **I absolutely believe that.** And the reason I discussed yesterday about the President comprehending the graphs and figures I was giving to him is because those graphs and figures were used to support the policy of the 15 days to slow the spread and then the 30 days to slow the spread.

And there was clarity of the impact on the economy. I mean, I just want to be clear. As much as I had public health graphics, the brilliant economists that were -- and certainly Secretary Mnuchin was brilliant. I mean, they had their graphics on the impact on the economy. So what was reassuring to me in the moment is the public health threat and the graphic displays of the public health threat was enough to change the policy.

Then subsequently, clearly the policies were changed. **And my interpretation is there was other graphs and data and information being provided to the President.**

And in my mind this is particularly dangerous because, in even traveling around the United States -- because it does create confusion when they have two groups that are providing information that are 180 degrees away from each other, I think as a leader that is very difficult to put that into perspective. And I saw governors also struggle

with that in their states.

And I think in the end, I think the one thing that I had going for me is the projections that I made often for 12 weeks in advance and the response that were needed were borne out over and over again. So people who underestimated the fatalities and underestimated the hospitalizations, they were proved over and over again to be wrong. But I think in the moment, that's very difficult to get people to look into the future.

Q: Sure.

A: And it's a matter of whose data you believe is more compelling.

Q: **Sure. So these alternative or parallel data streams may actually influence the President to take mitigation measures less seriously?**

A: **I believe that to be true.**

\* \* \*

Q: **And would you say that Dr. Atlas' tenure in the White House undermined the work of the task force?**

A: **I think it not only undermined the work of the task force, it undermined the positions I was taking to the states.**

Q: **Would you say that his appointment undermined the effectiveness of the coronavirus response?**

A: **It certainly made it harder to execute.**

\* \* \*

A: I believe if we had fully implemented the mask mandates, the reduction in indoor dining, the getting friends and family to understand the risk of gathering in private homes, and we had increased testing, that **we probably could have decreased fatalities into the 30 percent less to 40 percent less range.** But we were still, despite masking and weekly testing, still losing a large number in our long-term care facilities. So even with those mitigations, there was still breakthrough of virus into those facilities.

Q: You said you thought 30 to 40 percent fewer fatalities.

A: If you had done all of the parameters perfectly.

Q: And that's not a full lockdown; it's the things that you were recommending by the time late fall came?

A: Yes.

Q: So 30 to 40 percent fewer fatalities, is that tens of thousands of people, hundreds of thousands of people?

A: So we lost about 100,000 Americans, close to that -- I'm going to give you just round numbers -- in that March, April, May timeframe because the April hospitalizations can trail into May. In the June, July, August timeframe we lost about another 100,000 Americans, and from September until March 1st, because I'm taking into account the trailing, we lost about another 300,000 Americans.

So all told, by March 1st, if I remember correctly, close to a half a million Americans. And then since March 1st, we've lost another 200,000 Americans.

Q: So taking the period from summer 2020 to you said March 1st due to the trailing deaths, in your opinion 30 to 40 percent of the half a million --

A: No. Of that --

Q: -- of what --

A: The first 100,000 we --

Q: That's right. That's right.

A: **So, really, we're talking about the 400,000. So, yes, I'm talking about a third of those, I think, could have been prevented with optimal mitigation across this country.**

Q: **And you were making those optimal mitigation recommendations?**

A: **Both at the federal and the state level, correct.**

Q: **And you had been making them for months at this point?**

A: **Correct.**

### Dr. Birx's Concerns About Dr. Atlas's Presence in the White House

Q: But sticking with this here, so from the subject line it appears that this draft op-ed regarded lockdowns, quote/unquote. What do you recall about the content of this op-ed?

A: It was talking about -- and I can't really remember because I just immediately said none of this has any science or data behind it.

But I think it was about young people, the fact that the virus had zero risk to young people and it was only a cold -- but all the downsides of mental health, education, and abilities were being compromised because of finding and testing and isolating and quarantining. He considered testing and isolation to be a lockdown.

Q: Okay. And you said your reaction when you read this was that it was not based on science or data; is that right?

A: It was based on his science and data.

Q: Sure. Did you speak with the doctor's group about this?

A: No, I didn't take this to them because -- I mean, it wouldn't have -- everyone was very busy. So I utilized the doctors group to do important things with their agencies and tried not to distract them with Scott Atlas pieces.

Q: Did you speak with anyone about this draft?

A: I probably spoke personally to other members of the White House team staff.

Q: Could I ask you who those were?

[Counsel for Dr. Birx]. Without getting into any details of your conversations, you can state who you spoke with.

The Witness. **Because it was my pattern at times, I probably spoke to the head of staff secretary or his representative, Jared Kushner, Mark Meadows, and Marc Short.**

...

Q: Can I ask, in terms of quantity, how many conversations you had with those folks about Dr. Atlas' op-eds?

A: **I think it's probably easier for me to answer how many discussions I had about Scott Atlas and his presence in the White House.**

Q: Sure.

A: **And I would say that they were numerous. Even though I was on the road, I would say weekly at a minimum.**

\* \* \*

Q: Did the tweet from Secretary Azar that we just reviewed prompt any actions between you and Dr. Fauci? Any discussions?

A: **I was constantly raising the alert in the doctors' meetings of the depth of my concern about Dr. Atlas' position, Dr. Atlas' access, Dr. Atlas' theories and hypothesis, and the depths and breadths of my concern.** And the fact that, you know, in hotspots across the northern plains states -- and I was just coming off of being in Billings, Montana and being in hospitals where -- many of these smaller states and smaller hospitals, despite the fact that they are superb hospitals, they may only have one infectious disease person or one or two intensivists.

And when you're meeting with an incredible intensivist that's taking care of what should be 22 to 24 patients in an ICU that has expanded now to 32 patients distributed through the hospital where you can't as a physician have eyes on all their monitors all at the same time, and watching the sacrifices that they're making to try to care for their patients.

And then you're talking about someone saying that community spread should be allowed when probably at that time, 90 to 95 percent of the patients in the ICU had been infected outside of a long-term care facility. They were infected in the community, they were infected often at birthday parties or at family gatherings.

And so I could see the consequences of what was occurring out across the United States and the severity of the virus among the most ill, and my concern about those who were potentially less ill. **And inside the White House is a person that is basically wanting community spread to increase.**

Q: **And you saw evidence that his approach was gaining steam in the White House?**

A: **Yes.**

Q: Dr. Fauci writes to you here in this email, "This is all part of his theme that infections do not bother healthy people." This email again is from October 16th, 2020.

**This was as the U.S. was ascending up the deadly winter surge that we saw; and at this time, your understanding that, with no vaccine available although vaccines were hopefully imminent by this time, as you had pointed out, Dr. Atlas was still advocating against using the proven mitigation measures that were available; is that right?**

A: **That's correct.**

\* \* \*

Q: We've walked through a series of concerns that you raised about Dr. Atlas primarily to the other doctors on the task force. Did you ever escalate your concerns about

Dr. Atlas with administration officials beyond those doctors?

A: **Oh, many times as I stated. Probably at least once a week to the senior –**

Q: **To the senior staff?**

A: **(Nodding head).**

Q: **What about to Vice President Pence?**

(Pause.)

A: **So since Vice President Pence chaired all the task force meetings, I believe the Vice President was well aware of my position.**

...

Q: Did you ever raise any concerns to President Trump?

A: **There's a widely reported Oval Office meeting where both Dr. Atlas and I were present with the President and many others, and the President was clearly aware of my position.**

\* \* \*

Q: According to *The Washington Post*, you and the other doctors on the task force decided to stage an intervention as cases started to tick upward in mid-November; is that correct?

A: Well, there were -- I mean, there were multiple times that we used our voice to talk about the pandemic, including the daily reports. I don't think it was the November timeframe.

Q: When did you think that was?

A: In December.

\* \* \*

Q: You mentioned in December that you had concerns. Were those concerns adequately addressed?

A: **To be very straightforward, these concerns that I began to raise in late September and into October and continuing, they continued every single day until January 19th, until actually January 8th where I said I think we have reached our plateau and cases were finally begin to decline. But up to that point the level of concern and the solutions proposed to address those concerns were escalating, not declining.**

Q: So you --

A: **And they were daily.**

Q: **So over this period, you're raising the alarm every single day in your reports?**

A: **Correct.**

Q: **And it's increasing in the level of alarm. Is that fair to say?**

A: **I would say the adjectives used to describe the situation continued to escalate.**

Q: **And were you advocating for more aggressive and broader mitigation measures to try to --**

A: **More mitigation, more treatment, and early use of vaccines to protect the elderly.**

Q: **And were those steps put in place?**

A: I think some of the treatment awareness, which we continued on the governors' call and Seema [Verma] really worked with FEMA and others to really set up these infusion centers and show states examples of how they could be done. It never moved fast enough from my perspective, but there was slow movement on increasing access to monoclonal antibodies.

Q: **But none of the other recommendations or most of --**

A: **Not at the level that I felt they were needed.**

## Changes to CDC's Testing Guidance

Q: Are you aware of whether anyone was ever instructed to take any steps that would limit the amount of coronavirus testing being performed in the United States?

(Pause.)

A: Let me see if I can thread this needle. There was a modification to the testing guidance put out by the CDC over the summer in the August timeframe -- I can't remember the precise date -- that reprioritized symptomatic testing and deprioritized testing for asymptomatic individuals.

Q: We will get to that in a little more detail, but I have one follow-up question, which is just **was it your understanding that that change in guidance was done specifically to reduce the amount of testing that was being performed in the United States?**

A: **That was my personal interpretation of that and that's why Dr. Redfield and I and Henry Walke, we wrote that testing guidance and we posted it two weeks later.**

\* \* \*

Q: While that's being circulated, just for the record and to ground us here, Dr. Birx, as I know you know, prior to August 24, CDC's testing guidance recommended testing for all close contacts of persons with SARS-CoV-2 infections. You mentioned yesterday that there was a change to the CDC guidance. This occurred on August 24, 2020, and the guidance was changed to say, quote, "You do not necessarily need a test unless you are a vulnerable individual or your healthcare provider or state or local public health officials recommend you take one," end quote.

Dr. Birx, do you recall the changes I just described?

A: I do.

Q: Were these the changes that you raised yesterday?

A: Yes.

Q: Who was involved in drafting these changes?

A: I don't precisely know. I know because Brett Giroir presented on this that he was engaged. **I know from statements even before this that this was an intent of Scott Atlas when he came to the White House, to change the testing guidance.**

\* \* \*

Q: Sure. Assistant Secretary Giroir reportedly told *The New York Times* that this draft went through about 20 versions with comments from you, Dr. Redfield, Dr. Fauci, and Dr. Atlas. Does that sound correct?

A: So early on -- remember, I was on the road. **So early on, when the earlier version came through, I again said I want much more of a top priority of testing for asymptomatic individuals to detect the silent spread before you start to see hospitalizations.**

**That version, those corrections were never made. And I personally wrote to Brett Giroir after he went out on the press and said that there was consensus, because I made it clear in task force that I did not agree with the guidance as it was written.** But as the fact that it was CDC guidance and CDC was deciding to post revised guidance, I don't interfere and never interfered with CDC's guidance or their posting. **So if they felt strongly that this was the right public health response, even though I believed it was not, my last statement was: If CDC is going to post it, then I can't stop CDC from posting it. But I do not want it concurred with or put on the White House website.**

Q: Sure. When did you write this -- you sent the email to Dr. Giroir?

A: Yes. Sometime after he did press, and I think it was the 24th or 25th of August.

Q: Okay. And is it your understanding that the decision to post this guidance came from CDC or HHS?

A: I don't know. My statement in the task force was if CDC decides to post the guidance, that is CDC, not -- I mean, I'm not going to tell -- I mean, I can't tell them what to do.

No one corrected that when I made that statement.

Q: Okay. **I think you said yesterday that you understood that these changes were done to reduce the amount of testing being performed in the United States; is that correct?**

A: **That's correct.**

Q: And what's your basis for this understanding?

A: I was -- after this guidance was posted, of course we were tracking every day the number of tests performed. **We saw a dramatic decline of the number of tests performed during the end of August and the beginning of September.**

I was also out in the field talking to states. And at the same time, I was trying to get universities to do required weekly testing of both their on and off campus students because I was already seeing from a series of universities that were doing that that it was having and could have a great impact.

So I was pushing for more testing because I believed that it would stop cases. **This document resulted in less testing and less -- less aggressive testing of those without symptoms that I believed were the primary reason for the early community spread.**

\* \* \*

Q: I think you mentioned yesterday the guidance was again changed on September 18th. I think you mentioned that you were involved in drafting this along with Dr. Redfield and Dr. Walke; is that correct?

A: That's correct.

Q: Was there anyone else involved in drafting those revisions?

A: No one else, except if they were in the CDC.

Q: Sure. I think you hinted at it yesterday, but just for the record, **why was this change made of the guidance?**

A: **Because I had seen the dramatic decline in testing at a time when we needed dramatic increase in testing to prevent us from having the depth and breadth of community spread that I knew was coming with the fall surge.**

Q: Did Dr. Atlas agree with this change?

A: I don't know. By that time, I was not having any conversations with Dr. Atlas.

Q: By September 18th?

A: Yes.

Q: Okay.

A: I don't think I physically saw Dr. Atlas after the beginning of September.

Q: **Did anybody else object to the changes you all made on September 18th?**

(Pause.)

A: **There were objections from senior White House personnel.** But because of concerns of executive privilege, I can't go into other details.

## Trump Officials Meet with Herd Immunity Proponents

Q: And while it's being circulated, this is an August 24, 2020 email from the White House staff secretary, again, to officials in the EOP including you. Subject line quote, "For Review: Draft POTUS Remarks - Meeting with Medical Experts."

A: Oh, wow.

Q: The staff secretary writes, "Attached for your review are draft remarks for the President for Wednesday's meeting with medical experts." So you just exclaimed, Dr. Birx, "Oh wow." What moved you to say that?

A: Well, I'm completely blanked out in my response to this. I was shocked you have these internal White House documents.

Q: So we received these for the record from HHS and we're having conversations right now regarding that particular issue.

I will ask you, do you recall what this meeting with medical experts referred to?

A: **This was a meeting that I heard about first in the hallways of the White House that Dr. Atlas was proposing to bring -- and I won't get all their names right -- but another individual from Stanford, another individual from Harvard, and an individual from Oxford to actually discuss the science and data that they saw supported their position of letting the virus infect healthy Americans and protect the vulnerable Americans.**

Q: **Do the names Dr. Jay Bhattacharya, Dr. Martin Kulldorff, or Dr. Sunetra Gupta sound familiar?**

A: **Yes, those are the names.**

Q: Those are the three. **And those are the authors of the so-called Great Barrington Declaration; isn't that right?**

A: **I believe that to be true.**

Q: You said you heard about this meeting in the halls of the White House. Do you know roughly when you heard about it?

A: Somewhere around this time, the third week of August, that -- there were discussions previously, and I think it's clear what my position was. **And I think at this moment, Scott [Atlas] was looking for additional personnel to support his position. So this I believe in his mind was the next step to really cement his interpretation into the White House -- into the White House's response to the pandemic.**

\* \* \*

Q: Okay. So turning back here to this email, we see that there are draft remarks and you do reply here. **“Best if this proceeds without my presence.”**

**I think you’ve alluded to it, but what did you mean when you said this?**

A: **I did not want to be present at the roundtable to give any credibility to the positions being taken.** And I didn’t want it to be inferred that the White House response coordinator, because our response was not going to be as outlined by Scott Atlas, to be taken as the position of the task force or the White House response coordinator.

Q: So you weren’t consulted about this meeting ahead of time?

A: I was not.

Q: Okay. Do you know who else was invited to this meeting besides the three doctors who authored the Great Barrington Declaration?

A: I don’t know.

Q: Hopefully, that the President was invited?

A: I’m assuming. That’s what my admin had heard.

Q: **Dr. Scott Atlas?**

A: **Oh, yes.**

Q: **And he was the one who was organizing this meeting, correct?**

A: **Correct.**

Q: So after responding to this email here, you do forward it with the attachments to Marc Short, who was Vice President Pence’s chief of staff.

**Why did you forward the draft remarks to Mr. Short?**

A: **Because I thought this was dangerous. I thought giving any credibility to these individuals’ position was dangerous, and I wanted Marc Short to know my feelings on this. And that I felt that any credibility given to these individuals in this moment while we were headed into the fall would be dangerous for our overall response and ability to contain the virus.**

Q: **Did you -- besides this instance -- frequently tell Marc Short about your concerns about Dr. Atlas?**

A: **Yes.**

\* \* \*

**The Trump White House Was “Complacent” Toward the Pandemic While Campaigning  
Ahead of the 2020 Presidential Election**

Q: Moving on slightly in time. During your January 24th, 2021 *Face the Nation* interview, you mentioned the election several times, including remarking, quote, “The worst possible time you could have a pandemic is in a presidential election year.” And you also noted, quote, “It was difficult in the run up to the election.”

What did you mean by that?

A: Well, even across the country, the governors and mayors and others that were campaigning, as well as the White House that was campaigning, just took people’s time away from and distracted them away from the pandemic in my personal opinion.

Q: **Did you also feel that the election was taking people in the White House away from working on the pandemic?**

A: **That was my feeling, that they were actively campaigning and not as present in the White House as previously.**

Q: You also mentioned in that interview that there was a point where you felt like you weren’t, quote, “getting anywhere,” unquote. And that right before the election you wrote a detailed communication plan of what had to happen after the election; and you were asked whether the election was a factor in the communication to the public about the virus and you answered yes.

What did you mean by that?

A: Well, I wonder what I meant by that. I don’t know whether I was referring back to the length of time people were -- spent campaigning and out across the country at campaign events.

**The other piece that you mentioned, it was very important to me and it was my personal interpretation that people would be more available the day after the election.** And I wanted to make sure that there was a comprehensive plan that all of the doctors and the White House would agree to up front, even prior to the election, for how to proceed immediately after the election, because I felt like there was still time to have an impact on the degree of community spread.

Q: Why do you feel you weren’t getting anywhere?

A: I just felt that the message that I needed to get out was not reaching everyone who needed to reach it. And although I was out in states carrying that message, I just felt that we needed everybody out saying the same thing in a way that resonated with each of the different groups so that we could spur people to greater action.

When I was out, I just felt like people were traveling more. Remember, I had been out in the pandemic since the summer. So throughout the fall, I really got the sense that people

were letting down their guard and I could see that this was going to be the most intense time of viral spread.

I knew that Thanksgiving and Christmas and Hanukkah and Kwanzaa were coming and I just felt like, in general, people had gotten somewhat complacent and **I felt like the White House had gotten somewhat complacent through the campaign season, and I wanted to make sure that as soon as everyone was back the day after the election, that people would comprehensively reengage.**

**Q: How did you feel as though the White House folks had gotten complacent? What did you mean by that?**

**A: Just that they weren't there and we weren't having COVID meetings continuously.**

Q: Were there any actions that you thought needed to be taken that weren't taken?

A: They were in the daily report. It was -- as well as the summary of the critical actions to take. Obviously, you know, some of them were around testing as well as the mask mandates as well as trying to get people to be more virtual for Thanksgiving and Christmas. And if they wouldn't be virtual, to at least mask.

We added household masking to the governors' report trying to encourage people and to get the message out that you can still see grandma, but please mask, please test. That there was a way to be engaged, but it needed to be done safely. And I felt like we had better technology, we had much better masks. I mean, by June or July, I was able to get surgical masks. Before that, I couldn't.

So I was able on all of my trips to wear surgical masks throughout my entire visits, and I felt like if I could get them, other people could get them. So I was very much encouraging people to upgrade their masks and to wear masks when they were even with family indoors in order to see one another.

Q: I just want to make sure that I'm clear. My question was, were there any actions that you felt needed to be taken that weren't taken, and then you said they were in the daily report.

**So just to be clear, were there actions that you were recommending that were not actually implemented during that period?**

**A: Yeah, there were recommendations around on availability of treatment, ensuring that monoclonal infusion centers were available across the country so that people had access to the monoclonal antibodies. They were not being utilized at the rate that they should have been utilized.**

**I made recommendations about compassionate use of vaccines into the long term care facilities, aggressive testing from what we had learned from the schools to ensure the 18 to 35 year olds were tested before they gathered, if they were going to gather, and of course then masking; and a communication plan around the critical elements of each of those mitigations.**