

Excerpts from Transcribed Interview with Dr. Deborah Birx

Former President Trump Failed to Do Everything He Could to Stop the Spread of the Coronavirus and Save American Lives

Q: ... I don't doubt that you worked very hard during the pandemic and the doctors on the task force as well. Would you say the same thing of President Trump? Did he do everything he could to try to save lives during the coronavirus pandemic?

A: I made it clear to the White House through my time there, and you know how I speak here. I didn't speak any differently in the White House. I've never changed my language based on the situation that I'm in. I find that if you're straightforward and honest, that's the best you can be.

Do I think that we could have done more on unified messaging coming out of the White House? Do I think we could have done more on -- very early on showing the efficacy of masks? Yes. And I think that would have decreased the confusion. Could we have done more to understand people and the adult people's reaction to adult immunizations? Yes. We could have been doing that with the flu vaccine. We could have known precisely who our hesitant vaccinators were and we could have been prepared to combat that.

So there are things we could have done over the last decade and there are things that we could have done over the last 12 months. And together what will be -- what is important to me, and part of the reason why I wanted to be here is together we need to work on those things. We need to fix those things. We need to fix the data. We need to fix who's going to do science. We need to ensure that our academic institutions are fully there alongside us during an outbreak, not just those ones who want to be there, but everybody who wants to be there.

We need to have many more CDC personnel in the field. We need to do real outcomes and impacts for comorbidities that already exist in this country. If out of this we change the course of obesity, hypertension, and diabetes, the sacrifice that others have made will at least result in something good for this country.

And I think it's on all of us who survive this to take this much more seriously and hold each and every one of us much more accountable. ...

So I think, yes, I have a long list. I'm not going to stop working on it. I've been working on it since I left the federal government. ...

Q: Thank you for that response. I do just want to be clear. I don't think I got an answer to the question that I asked, so I just want to repeat it and ask it again. **Do you think that President Trump did everything he could to try to mitigate the spread of the virus and save lives during the pandemic?**

A: **No. And I've said that to the White House in general, and I believe I was very clear to the President in specifics of what I needed him to do.**

...

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 by 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: **But none of the other recommendations or most of –**

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

Trump White House Officials Were Actively Campaigning for the 2020 Presidential Election Instead of Focusing on Combating the Coronavirus

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.

...

Q: ... 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.

**Dr. Atlas Championed a Herd Immunity Strategy at Meetings with
Senior Trump Administration Officials**

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 -- 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 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.

...

Q: Sure. And so I think what you're describing here is a theory that Dr. Atlas has publicly spoken on that's known as focus protection. I think it was articulated in a so called Great Barrington Declaration that was published on October 4, 2020. Is that what you're referring to?

A: Yes. But I think his views were even more specific than that. I think the converse of that, the corollary of that theory is **his strong belief that anybody who was only going to have mild disease or asymptomatic disease should be allowed and actually encouraged to get the virus and spread the virus because that was your pathway, although it's never said that way, to herd immunity. So anybody who wasn't in the vulnerable group should be allowed to increase activities without mitigation because it didn't matter if they became infected with COVID.** And my concern about that was not only community spread, my concern about that is many novel viruses trigger other things, maybe two years down the road, ten years down the road. Viruses are very innovative, and because of the way they have to bind to our cells and use our own cell machinery, they do have side effects and potential long term side effects. And at that

time, we were only five or six months into the pandemic. We already were hearing about long haulers and long haulers occurring from mild disease. So I was very worried, and certainly whenever I went to a college campus and talked to the students, I told them you don't want to get this disease because I don't know -- you're only looking at the short term, maybe the ten days that you're infected. I'm concerned about next year.

Q: Sure.

A: **So I think taking that corollary response that infection of those who would be asymptomatic or mild cases was a pathway to herd immunity was, I think, in my view, reckless when we had vaccines under development to actually prevent infection within.** I mean, we knew that those trials were on track, we knew the enrollment was on track. We knew we'd have a vaccine sometime in the fall, and it all depended on, unfortunately, how bad fall cases would be

Q: Right.

A: -- because you needed those endpoints.

Q: So this approach that you've articulated and explained very well, this is the approach that Dr. Atlas had been advocating the administration to pursue, correct?

A: Correct.

...

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 -- I'm not someone who using 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.

...

A: I was concerned about giving credence to his positions in forums where the majority of the people in the room were not epidemiologists, not infectious disease experts, and may misinterpret his statements. And so I made it clear that I would not attend meetings where he would be present kind of to create a line in the sand, because I couldn't, as you noted in conversations with Andy -- which were personal conversations but it's okay as you stated them. **I didn't want him to be the -- for people to perceive him as a credible source of information when it came to either the COVID pandemic or our response to the COVID pandemic. And I felt like by my presence and my discussions with him, by even legitimizing my responses to him, that I was giving his theories credibility.** I had given him at request all of the information that outlined the comprehensive data we were collecting and what that data was clearly showing across age groups, both rates of infections across age groups and the importance that I believed in controlling community spread to prevent impact on our vulnerable Americans. Because he didn't believe as I believed, he used every opportunity then to push back on those statements; and I felt that that was not going to result in him changing his mind and further confuse agency staff and others that were on the task force that may not understand how to interpret what he was saying. Critically, he was a physician, and so I think when you're a -- when you step back to agency leaderships that are not physician, to their mind, this is Debbie Birx, a physician, saying this, and this is Scott Atlas, a physician, saying that. So what it really means, as neither of them really know and both of them are hypothesizing, what is actually happening. And so it allows, essentially, people to say, how could we have these completely opposing views about the same pandemic and allow people to say either I believe one or the other or I believe neither, and that shows how no one really knows what this pandemic is doing. I thought all of that was quite dangerous.

...

Q: Okay. You mentioned that you were concerned about lending credibility to Dr. Atlas' views. Why were you concerned about that?

A: When you're dealing with complicated numbers, and -- I have been dealing with pandemics for a long time. So the numbers create a picture for me that's very clear. But to others, they're very much reliant on your interpretation of that picture; and so that takes on a much higher level of responsibility that you have to be very clear and very careful on your data, your analysis of your data, and what you say about the data. You cannot ever be flippant about data, particularly in a pandemic. **And I just felt that it gave people in the White House an alternative position and data source** that would allow them to say, again, here's Debbie Birx, a federal employee for 40 years, here's Scott Atlas, an academic, a physician, a thinker versus a technocrat; and **I just felt like that was going to make it even more difficult to get across how severe I felt the fall and winter was going to be. And it was my concern over the fall and winter that I didn't want a 180 degree voice present at critical decisionmaking meetings.**

...

Q: ... And the other doctors you mentioned in the doctors group, did they share your concerns about Dr. Atlas?

A: Yes. I think they may -- some of them may have been more diplomatic than I was by that point, but I had already had a four week experience now with the individual, and they had a much different experience with him because they weren't in the White House.

...

Q: Sure. Do you have a rough sense for how many op eds you saw from Dr. Atlas?

A: I thought there were at least two op eds and a roundtable with, I'll call them, scientists. Because I just want to be clear, the scientists that were supporting this and supporting Scott's position were brilliant statisticians or epidemiologists from other fields. I mean, they had done really incredible cancer work or other work. So these were very accomplished individuals. And so that's -- there was a proposed roundtable as well as this op ed.

Q: Got it. I think we'll touch on that I think in a second, too. 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 -- 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.

...

A: 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.**

...

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 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.**

...

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: **How did you feel after having conversations about this meeting with Mr. Short?**

A: **I think it was common knowledge in the White House my position on the science, the data, and what was occurring; and that it was in direct opposition to Dr. Atlas' position and what he was proposing for the country to do.**

...

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: ... 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: Sitting here today looking back, who in the administration would you say enabled Dr. Atlas to operate as he did?

A: Well, the fact that -- I mean, this is my personal opinion. The fact that he was brought in and given a title of senior adviser to the President, I'm assuming that most of the senior advisers supported him being there because he remained there for a number of months.

...

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.

More than 130,000 American Lives Could Have Been Saved During the Trump Administration Had Proven Public Health Measures Been Implemented

Q: And what was the impact of the failure to implement the measures to the extent that you felt was needed?

A: Well, it's difficult to give you a statistical answer on that and a number. But when I start looking at states that had some of the different mitigation pieces utilized, when they had very similar demographics across states and looking at states that are similar, ones that had mask mandates versus those that didn't have mask mandates, **there was about anywhere between a 10 to 15 percent increase in fatalities for those without a mask mandate. ...**

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. ...

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.

...

A: So, really, we're talking about the 400,000 [deaths after the first wave]. **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.