

Excerpts from Transcribed Interview with Dr. Deborah Birx

The Trump Administration Changed CDC's Testing Guidance to Reduce the Amount of Testing Being Conducted Across the Country

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.**

Just to be clear, even the 24th guidance I had issues with, because I still believed testing should be much more proactive and I thought there should be much more focused testing

on 18 to 35-year olds looking for the asymptomatic early spread. So I felt even the July one wasn't aggressive enough in endorsing testing because it was still prioritizing symptomatic, and I felt like we were getting to the point with testing supplies that we could be much more strategic and broader than that. So you can imagine my position on the August guidance.

Q: Sure.

A: And I felt that this was -- believing that the July guidance is not aggressive enough on testing, I was very concerned about the August 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: **But the science on testing hadn't changed between July 17th and August 24th, correct?**

A: **No.** If anything, the number of available tests was increasing week over week, and we had both nucleic acid testing obviously and the rapid easy antigen testing.

Q: **So this change wasn't based on science?**

A: **It wasn't based on my interpretation of the science and data.**

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 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. ...**

CDC's Guidance Went Through a Review Process at OMB and OIRA Prior to Issuance

Q So I guess I'm trying to get at, do you know if there was guidance that you didn't review, just public health guidance specifically that was framed more towards the public?

A I think there was guidance that followed -- and I don't really know what it stands for. It sounded like ELIRA or LIRA or something and it went through the Office of Management and Budget, and I didn't have any transparency into that process.

...

Q: If you turn back to the original email at the end at 2:07 p.m. on April 24th, it says -- this is -- he seems to be addressing Dr. Redfield because he says, "Bob, your team, Kyle McGowan is saying that they are not going to send the meatpacking guidance through the normal OIRA channel in order to serve the task force."

Do you know what that might be referring to?

A: **That's that review process.**

...

Q: And what's your personal opinion on others without scientific training editing, removing pieces of guidance like this?

A: I don't know who edited this because I wasn't involved in those discussions. I think very often people reported -- I mean, I'm just -- from what I saw, I would see reports that the White House altered the guidance and I can tell you I didn't alter the guidance. And I think that sometimes it was HHS that potentially altered the guidance.

I don't know, and maybe from the CDC's perspective they don't know, who was changing their guidance and what words were changed. I have no recollection -- **I have no understanding of that OIRA process and who was on that process and what guidance the CDC and changes they received out of that process, because that was parallel to the task force.**

Excerpts from Transcribed Interview with Dr. Christine Casey

Former CDC Director Robert Redfield Instructed CDC Staff to “Delete” an Email Reflecting Political Interference in the MMWR Process

Q: Did you have any reaction to reading this email from Dr. Alexander?

A: Yes.

Q: And what was that?

A: **My reaction to this email is, one, it’s highly unusual and quite concerning for somebody to ask to put an immediate stop on MMWR reports. I don’t think in my memory that has ever happened.** And, to be accused -- because it is accusatory language – that MMWR content is designed to harm our commander in chief, the President. So it’s quite odd.

Q: So when you received this email, did you interpret it as – so you interpreted as Dr. Alexander requesting to stop the publication of all MMWRs and also change reports that had previously been published?

A: Yes. That’s what he’s asking in this.

...

Q: And in your opinion, why would this demand by Dr. Alexander to assert himself be problematic or, I think you said, concerning?

A: I’ll go back to what I said earlier in the first hour, and that is, **the practice that MMWR had for decades, to my knowledge, is that our content during production had a production firewall that the folks who were involved in the development of the report during production would be limited to the authors and the editorial staff and reviewers at the agency who needed to give final approval or have input. And that firewall was in place for this very reason.**

So by sharing content – whether it be the summaries or full reports – outside the agency, **that protection per se was breached** and, therefore, we have the questions that we’re having today from the committee.

Q: So you received this email from Dr. Alexander in response to, I think you said, Dr. Kent’s out of office notification?

A: Correct.

Q: What happened next?

A: So if I recall correctly, this was Sunday. When I looked at it – he sent it Saturday night late right before midnight. When I looked at it on my phone, it was probably 1:30, 2:00 in the morning. ... And I saw this email which, as we've discussed, is of concern.

So I went to my laptop to read it more closely, and then I noticed that on the email string, that Dr. Kent's supervisor was not included. And acting in her capacity, I thought it would be important that he would be – have visibility on it, especially since the director was on the email string as well.

So I made the decision to brief him, and I called him in the early hours and probably simultaneously forwarded the email to him. And that is Admiral Michael Iademarco.

...

Q: **And when you called him [Dr. Iademarco], you said in the early hours. So that's Sunday morning?**

A: **Correct.**

Q: **And that was in the middle of the night around 2:00 a.m.?**

A: **Correct.**

Q: Or when --

A: About 2:00 a.m., I would think.

Q: **And what did you discuss with Dr. Iademarco?**

A: **Well, I began by apologizing for disturbing his sleep. He assured me that that was fine. And I wanted him – I told him I wanted him to be aware that there was an email that I received forwarded from Dr. Kent from Paul Alexander with the question – with these requests, demands I would say, to stop the presses and that we were on a hit for the President, and I wanted to discuss with him the next step.**

Q: And what was Dr. Iademarco's response to your call?

A: Well, he's very methodical as a mathematician as well as a physician, and so we went through the email together. And clearly, **I think we were both of the opinion that we were going to take no action at 2:00 in the morning, and that the request was not reasonable, so no action would be done. And that I wanted to make sure that the director was aware that Dr. Kent was out of the office and that I was prepared to discuss it in the morning.**

So I drafted this email to Dr. Redfield informing him she was on vacation, that I was serving as the acting editor in chief in the acting capacity, and I had consulted

with Dr. Iademarco. So he was aware that he was now in the loop and he was copied, and that we would be available to discuss the next steps in the morning.

And I added, I think, to the email string Dr. Schuchat.

Q: In total, about how long was that conversation with Dr. Iademarco?

A: I'm not really sure, because I see the timestamp of the email going forward as being 5:20 a.m. So I don't feel like it was four hours, so – I can't really anchor it. ...

Q: Regardless, you didn't get a lot of sleep that night, it seems?

A: No.

Q: After the phone call with Iademarco, what happened next?

A: So in the early hours – not this early, but after sunrise Sunday morning I notified Dr. Kent that I was in receipt of the email, because I was concerned, even though she was on vacation, if she were to open it up and read it, that she might have some cause for concern. So I wanted her to know that I had received it and that it was being addressed and that no response or action was needed on her part. And I told her that I had met with the Admiral over the phone and that I had sent an email to the director.

Q: And that initial conversation that you just noted with Dr. Kent, that was via phone call?

A: Yes.

Q: And about how long was that call?

A: Oh, maybe 20 minutes. I don't know. I don't recall.

Q: And by the way, the timestamps on these emails sometimes get wonky or adjusted based on various time zones. So that may be part of the cause for the confusion as to why the email to Director Redfield says 5:26 a.m., if that's contrary to your memory.

A: That would make sense.

Q: But that doesn't jog your memory for about how long the conversation was with Dr. Iademarco?

A: **I wouldn't imagine it being much more than an hour or so. I mean, you know, in terms of going through the email, discussing it and drafting an email to the director.**

Q: So you mentioned that you – back to the call that you mentioned with Dr. Kent that was about 20 minutes. Were there any next steps or follow ups that resulted from that phone call?

A: Sure. So she thanked me for letting her know. She asked that I forward the email to the managing editor of MMWR simply for her awareness. So I did that. And then I told her that I would follow up with her after I knew more.

Q: And what was her reaction to the email from Dr. Alexander?

A: Well, I think we can be in agreement that it was unusual; and I think she was supportive of the tactic of no action and of the notification of the director.

Q: So you mentioned that you called Dr. Kent. Do you recall about what time that was?

A: It was probably at a decent hour of the morning after sunrise. So early morning, maybe 8:00 a.m. But I don't recall specifically.

Q: And did you discuss your phone call with Dr. Kent with anyone afterwards?

A: With [REDACTED], because I called her while either simultaneously or shortly thereafter forwarding the email so that she would have context and that she would be aware of where we were at in the process.

...

Q: And did you have any follow up conversation with [REDACTED]?

A: I did, after having a follow up conversation with Dr. Iademarco.

Q: So maybe it makes sense to go sort of chronologically.

A: Sure.

Q: So you mentioned the around 8:00 a.m. And I appreciate you don't remember the time exactly, but the phone call with Dr. Kent. What happened after your phone call with Dr. Kent?

A: Well, at some point maybe mid-morning or so, not sure, sometime on Sunday the 9th, we connected. And he told me that there was – that we were to do nothing more, and we were to ignore – so essentially, ignore the request.

Q: Sorry, you connected with who?

A: **Dr. Iademarco.**

Q: Sorry. Please continue.

A: That's okay. **And he informed me that he had communicated with the director, and that I was to – that the action of doing nothing was what we were going to do. And he asked me to delete the email, instructed me to delete the email.**

Q: **Dr. Iademarco instructed you to delete the email?**

A: **Correct.**

Q: And I definitely want to come back to that, but I do want to continue hearing about the actions that were taken in response to Dr. Alexander's email.

So you had that conversation with Dr. Iademarco. Did you have an understanding of what time he had his conversation with Dr. Redfield?

A: It's been over a year, and the timing of the – the precise timing within that day is not clear to me. All I can say is that that happened sometime on Sunday.

Q: And you were not part of the conversation with Dr. Iademarco and Dr. Redfield?

A: Correct, I was not.

Q: **With regard to the request to delete the email, do you remember what Dr. Iademarco told you exactly?**

A: **I believe he said that the director said to delete the email, and that anyone else who had received it, you know, should do as well.**

Q: Anything else?

A: In terms of what he said?

Q: Yes.

A: I think that was probably the substance of it, what he said. In terms of my reaction?

Q: Yes. **Well, and first, just to clarify you said that Dr. Iademarco told you that the direction was coming from Director Redfield?**

A: **That's my recollection, yes.**

Q: **So, yes, what was your reaction to that instruction?**

A: **So it made me uncomfortable. I thought it was a little unusual, and I shared that with him.** And he assured me that it would be okay because the director's email box is the agency's formal record, and that things cannot be deleted from the email box. So that it would be inconsequential for it to be removed from my box, I guess.

Q: And I think you mentioned at the start of your answer that the request made you feel uncomfortable?

A: Correct.

Q: And why was that?

A: Well, because this was, as you said, unprecedented with somebody in an accusatory tone requesting to stop the presses.

Q: And I'm sorry, so you were uncomfortable – I meant, why were you uncomfortable with the request to – the instruction to delete the email?

A: Because it – because it felt like it was a consequential email. **It was unprecedented.**

Q: Have you ever in the past been instructed to delete an email?

A: Not to my recollection, no.

Q: Did you discuss the request to delete the email with anyone other than Dr. Iademarco?

A: Yes. **So because I was also instructed to tell the others who had received it to delete it, when I followed up with Dr. Kent later that day, that's what I told her. And I also followed up with [REDACTED] for her to do the same.**

Q: So with regard to your conversation with Dr. Kent, what was her reaction to hearing about that instruction?

A: I believe I recall that she probably had a similar reaction.

Q: And had she heard the instruction from anyone before you told her?

A: I don't believe so, no.

Q: Do you recall precisely what you told her?

A: **I communicated the instruction to delete the email, and that we were going to take no action.**

Q: Do you know if, in response to that instruction, Dr. Kent did in fact delete the email?

A: I don't know, personally, other than what she has said in her testimony before this committee last year.

Q: I believe you said that you spoke also with [REDACTED]?

A: Correct.

Q: Do you recall what you told her about the instruction to delete the emails?

A: **The same. To delete the email, and that we would have no action to the request.**

Q: Do you recall what her response to that instruction was?

A: That, I don't recall, no.

Q: Do you know whether she in fact did delete the email?

A: I don't know.

Q: **Did you, yourself, delete the email in response to the instruction from Dr. Iademarco?**

A: **So I deleted the email, but first I printed it out to keep a hard copy.**

Q: **Why did you that?**

A: **Because I felt that it was important to keep a copy. If there was ever questions of what had happened, I would have a record.**

Q: **And, I'm sorry, I might have missed this. But why did you feel it was important to have a record?**

A: **Because, again, this is unprecedented.**

Q: And by "this is unprecedented," do you mean the request to delete, or the email from Dr. Alexander?

A: The email from Dr. Alexander.

...

Q: With regard to the conversation that you had with Dr. Iademarco during which he gave you the instruction to delete the email, did you and Dr. Iademarco discuss that instruction at all?

A: Well, I mean, discussing it – again, the question seems circular to me so, I'm sorry, I'm having difficulty answering it; because if you're instructed to do something, you're discussing it. So I'm not sure what –

Q: Sure. So maybe I am misunderstanding, **but it sounds to me that he was communicating the instruction to you and that it was coming from Director Redfield; is that right?**

A: **That was my understanding.**

Q: And did the two of you discuss, for instance, the appropriateness of that request?

A: **I shared with Dr. Iademarco that I was – that that seemed unusual and that it made me uncomfortable.** At that point he assured me that it would be okay because the director's email box cannot be deleted, and that would serve as the record for the agency.

So to satisfy my discomfort, I printed it out and saved it, but I followed the instruction in my chain of command.

Excerpts from Transcribed Interview with Kate Galatas

White House Efforts to Block CDC Media Appearances and Briefings Including on Pediatric Deaths

Q: Can you tell us a little bit about the process by which CDC decides to do telebriefings, and sort of what goes into that, who you pick to handle and all that?

...

A: ... [W]e work with the incident commanders and the JIC leads to identify when and how best to share information. And I say when because, generally, in an activation and certainly in the case of this activation, when there was, in many ways, more that we didn't know than what we knew, I mean, this was a new -- newly emerging virus and a new -- it was very new, the pandemic, from a scientific standpoint. And so in a situation like that, our risk communication principles really have us on a strategy of more routine regular information sharing as a way to do what I mentioned earlier, make sure people understand as we're learning it. I mean, the science is unfolding, right? So here's what we know, here's what we don't know, here's what we're doing about it, here's what you can do to protect yourself and your family.

There's a formula to that, and there's a rhythm to that that is really important to make sure people -- to actually -- from a communication science perspective, that's what we know works to minimize, like, panic, right? The people always think the public's going to panic. What we -- and of course, we know that and what we know works best is not a void of information, but rather a routine sharing of what we know and what we don't know, what we're doing about it. So that they can come to -- there's a certain level of transparency there that allows them to depend on that information and that rhythm of information.

Q: And so do telebriefings -- is that one of your tools to keep that rhythm going?

A: It is. It's the primary one, really, right, because at that point, we're using the media as kind of a channel, a gateway to the public. And it serves a really important purpose in that respect.

Q: Why in particular telebriefing?

A: Because it does a couple of things. It allows -- again, it allows for regular updating and it also allows for our subject matter experts who are the spokes people, that is also a very efficient use of their time. Usually the spokesperson are either the incident commander or a CDC -- other high level CDC director, or deputy director, right?

...

Q: ... One question I have for you is that in your 20 years with CDC, what would be, when you're mobilized for response, what would be the typical rhythm of information coming from telebriefings?

A: In activations such as this, I've seen a rhythm of daily, I've seen a rhythm of three times a week, two times a week. It varies. But it's -- and sometimes I've seen just weekly as well, right? It depends on where we are in the outbreak itself.

...

Q: There was a telebriefing, and I'll just let you know what it is. It's a media advisory and transcript of a telebriefing with Dr. Messonnier on February 25, 2020. And do you recall this telebriefing?

A: I do.

Q: There's been a lot of attention about it and the response from others in government about it. So what do you recall about this particular telebriefing?

A: I recall that that was Dr. Messonnier and CDC doing what we do. So I remember it as what I would have expected.

Q: Did the way CDC communicated with the media and the public change in the period following this telebriefing?

A: I don't know that it immediately changed. I think Dr. Messonnier did another telebriefing, if I'm not mistaken, in early March. So late February to early March. And then, yes, it changed.

Q: So there were two. I'm going back to Exhibit 2.

A: Okay. In March 2020, Exhibit 2?

Q: I'm looking at the bottom of page 1.

A: Okay. Yes, I've got it. The last one being the 9th, yes.

Q: **So the rhythm sort of --**

A: **Changed.**

Q: **-- was nine in January, eight in February, two in March, and then none between March 9th and June 12th. Why was there this gap in telebriefing?**

A: **Because we were not able to gain clearance to have a telebriefing.**

Q: Okay. Obviously, talking about those principles you mentioned, and sort of if you look at the number of deaths between March 10th and June 12th, it's over 100,000 Americans. **Knowing what you know and given your experience, would it have been important for you, given your experience, to maintain that rhythm of information through these telebriefings?**

A: **Yes, it would have been.**

- Q: And can you tell us a little bit about what was going on specific to telebriefings and the CDC in this period, the three months between March and June?
- A: We were -- we requested to have telebriefings and we did not gain the needed approval to do so.
- Q: Okay. It seems that you're having sort of a reaction to this particular question?
- A: Well, it's just because you reminded us all that, you know, people are dying.
- Q: **This particular way of getting information out, I know this is hard to measure, but in terms of the work you do, where does this stack up in terms of importance of getting the subject matter experts out there to the public?**
- A: **It is a critical piece of any public health response**, is to share what you know, share what you don't know, tell people what they can do to keep themselves and their families safe. That's what we do.
- Q: **Was it communicated to you that CDC wouldn't be getting clearance for telebriefings during this period?**
- A: **There were probably -- there was probably at least one occasion where I can remember us being told no. But other times, we just wouldn't get the clearance. So we couldn't proceed unless we get an affirmative, right? So then we can't do it. So a lot of times, it was just -- we weren't told yes, so we couldn't move forward. There were at least one occasion where I can remember being told no.**
- Q: **Okay. So focusing on that occasion, when was that and what do you recall about it?**
- A: **I recall that that was early April, and I recall at that time, we were -- so the White House task force had been stood up, and we were working through the then Office of the Vice President. And one of the communication leaders there, we were seeking to do a telebriefing in that timeframe. And he said no, and indicated that the White House task -- that he perceived our request to be duplicative of what the White House task force was doing when they had their press briefings.**
- Q: **And do you recall who that was in the Office of the Vice President?**
- A: **Yes, Devin O'Malley.**
- Q: **Okay. What was the subject matter of the telebriefing that you wanted to do?**
- A: **That particular telebriefing in early April, we were -- I am -- I'm pretty sure that that was one of the ones that we wanted to talk about a couple of things. So an update on cases, which is a routine part of what we would do. So update on cases, meaning what we're seeing across the country.**

During that particular one, we also wanted to talk about pediatric cases. And in this case, there were even at that time, three, if I'm not mistaken, pediatric deaths. And so we knew that that was an important piece of information to share.

And that we also wanted to talk a little bit more about the public health perspective on wearing cloth face coverings, which was what we were calling masks then. But the public health perspective on wearing those, and why we were adding that to the recommendations of what people could do to protect themselves and their families.

...

Q: ... So taking a step back, in previous incident responses, where would the clearance have to go? You mentioned it went to ASPA and the White House was involved in previous responses or was this something new?

A: It was certainly new for CDC to be told to communicate directly with the Office of the Vice President, right? So I'm assuming that ASPA, in their normal role, they would, in fact, be engaging different arms of the White House, right, and previously. I wouldn't have been part of that, but that's my assumption of what they're there to do. **But this was the first from my perspective for CDC to be going back and forth directly with, you know, the Office of the Vice President communications folks.**

...

Q: And what would you communicate? First, I'll ask you, do you remember specific times? I mean, we talked about this time with Devin O'Malley. Were there other instances?

A: So there were times when it was either seeking -- it was always kind of in the umbrella of clearance, right? And sometimes that was clearance of news media activities, whether that's interviews or press releases or telebriefings. But then we were also, at that time, being asked to clear content being added to our website, the CDC website for COVID. So there was some elevated kind of clearance protocols for information that was going on the website and some video clearance and it was the -- there was a lot.

Q: Okay. Starting with media, who did you interact with from the Office of the Vice President?

A: My own personal interaction was really primarily I remember Devin. I don't remember that I had any other interaction on the media side.

Q: And what about on the website? Who did you interact with about that in getting things cleared for the CDC website?

A: I remember that we were given particular people or particular aspects of the communication product, but I don't actually remember other names right now, or, like, who we were sending web content to or who we were sending for video clearance. I'd have to go back and look. I don't remember.

- Q: How did that change your work, adding that layer of clearance?
- A: Well, it created big confusion, obviously, because that's not the way we were used to working. And it also created -- it just -- it cost us all more time.
- Q: And tell us what you mean by that, time, in terms of your time, time, in terms of getting the information out to the public?
- A: It was really about the getting information to the public. And during a response of this scale, again, at that time where everything is so new and you want that regular rhythm, delays in being able to share information, I think that matters, you know, so
- Q: Obviously for telebriefings, it was more than a delay. It was just a stop to it for three months. **But in terms of media appearances, what kind of delay are we talking about in terms of time?**
- A: I'd again have to go back and look to know with any certainty. **But I don't know that we were doing that many -- that any of us were doing that many interviews, either, not just telebriefings. So I don't remember a lot of interviews happening then, either.**
- Q: Why?
- A: At least not with our primary SMEs.
- Q: And why were your SMEs not getting out there? I would think there was probably more press interest in what the CDC had to say?
- A: **There was a lot of press interest. And we were trying -- I mean, we were responding to press inquiries. But when those press inquiries needed, you know, on camera SME or something like that, I just -- again, back to -- if we don't get an affirmative, then we can't do it, so --**
- Q: And was your team -- now we're talking, you know, March, April, May. Was your team making a lot of requests and then getting -- not getting the okays during that period?
- A: **It's my recollection that we were putting forward requests for broadcast interviews and not being able to fulfill them.**
- Q: **Who was involved in sort of saying -- or you mentioned some people at the Office of the Vice President, but I guess ASPA is a step before that. Were there people at ASPA as well who were telling your people no?**
- A: I don't, again, recall being told no on interviews things, as much as I remember just not being told yes, so -- and it was -- this is part of the confusing part, because sometimes or some of the time, I think we were working through ASPA to get to the Office of the Vice President, but there were other times we were told go directly to the Office of the

Vice President, and just keep ASPA copied. So I think it just really depended on the timing of things.

Q: Okay. And would requests go unanswered? You said you weren't told no, but you weren't told yes. So tell us, in practical terms, how that worked.

A: We would send up requests, and we would -- I mean, we would wait to see if we got an affirmative back. The affirmative would -- we -- it would always -- it always is, always has been, and we would want it to be in writing. So we were waiting for an affirmative email that said, you know, okay to go, you know, proceed. If we don't get that, we don't proceed.

...

Q: **What about the topic of pediatric deaths? Can you tell us a little bit more about what information CDC was seeing at that time and what they hoped to convey during that briefing?**

A: I think the main point then was just to document, to let folks know that we were seeing, although limited, we were seeing spread. And even at that point, we were seeing pediatric deaths from COVID 19, which was -- you know, it's an important piece of the emerging stance of things.

And from a public health perspective, you know, until that point, we had really been most of what we were seeing, of course, was in the older adult population. **And so it's just important to make sure as you see cases emerge that you're able to characterize those, so that folks understand who that risk, and what you could -- again, what you could do to protect yourself and your family.**

...

Q: **Do you recall if the White House coronavirus task force ended up covering the same information that Mr. O'Malley suggested was going to be duplicative of the CDC's planned telebriefing?**

A: **I don't remember that they covered those exact topics at that time, or at the level of maybe the depth that we would have. Again, from that public health perspective.**

Q: What do you mean by that, the level that CDC would have provided?

A: So it's just that the White House, of course, would have multiple topics to cover, right? Where we would have really been -- our telebriefings were only on the CDC specific public health aspects of a response, right?

So in that context, we would have been going deeper, I think, into public -- things that we thought were important from a public health perspective versus I think, you know, having watched many of those White House telebriefings, they just covered other things, and not always just the CDC piece. So that's all I meant.

...

Q: In that period when CDC was not being allowed to perform briefings and interviews and get information to the public, did you think it was important that information was not being provided that perhaps could have kept people safe, and that it was important for CDC to -- it would have been helpful for CDC to be able to speak publicly about these matters?

A: I feel like it would have been, yes. From that public health perspective, I think it would have been important for timely information to be kept coming from CDC.

Q: Do you believe that some of these decisions may have undermined CDC's efforts to save people's lives during the pandemic?

A: What do you mean decisions? Like --

Q: I guess maybe first the decision not to let CDC get information out to the public in the manner that the agency thought best at that time.

A: I mean, I would say, again, I think it could have helped.

Excerpts from Transcribed Interview with Bill Hall

White House Officials Blocked CDC Requests to Conduct Public Briefings

- Q: And you suggest in your e-mail that telebriefings were happening, these thematic telebriefings, in January, February and March, and then they stopped?
- A: Yes.
- Q: Can you -- why was that and -- do you know why they were stopped?
- A: So they -- when the Office of the Vice President took over the coordination of the coronavirus response, as I've said, there -- that office took over the coordination of media activities and outreach, including television interviews and telebriefings and setting up the almost regular daily press conference the President was doing. And so there was a period of time where CDC was not -- did not do these.
- Q: Was that something that was communicated to you from the Office of Vice President, to stop doing those, stop approving them?
- A: So there were several times where we requested or suggested or recommended an opportunity for a telebriefing and in most of those cases during that time period the decision was made that those -- other media outreach was planned and so they wanted to make sure that everything was coordinated. **And so the briefings -- those individual -- those times when those briefings were suggested were decided not to do. They decided not -- we would not do those.**
- Q: Do you recall what those were that had been suggested in terms of telebriefings?
- A: What the topics were?
- Q: What the topics were, yeah.
- A: I don't recall off the top of my head.
- Q: Okay. **And it seems that CDC wanted to continue these. Is that something that folks at CDC communicated to you?**
- A: **Yes.**
- Q: Okay. What had they -- what and who told you that?
- A: The communication staff in our conversations about strategic communications. As items would come up, as I've explained, that this would be a good item for a telebriefing, so we -- that would be a recommendation. It's like, okay, that sounds right. We would pitch that up the chain to see if it was approved to do.
- Q: Okay. And had they -- after sort of March, they had halted altogether? I guess --

A: **Right. They weren't held after early March until -- I don't know when the next one happened.**

Excerpts from Transcribed Interview with Dr. Nancy Messonnier

The Trump Administration's Efforts to Interfere with CDC's Scientific Work

Q: Thank you. On February 25th, at this briefing you stated, quote: "To date, our containment strategies have been largely successful. As a result, we have very few cases in the United States and no spread in the community." However, you also warned, quote, "we expect we will see community spread in this country. It's not so much a question of if this will happen anymore but rather more a question of exactly when..." Do you remember making these remarks at the briefing?

A: I do.

Q: You also explained at the briefing some of the mitigation measures or non-pharmaceutical interventions that might be necessary and warned that quote disruption to everyday life may be severe. My question to you is this. **Did you believe that your remarks were accurate based on the best known information at that time?**

A: **Yes, I believed that my remarks were accurate based on the information we had at the time.**

...

Q: **... It's been reported that then President Trump was angered by your remarks at the briefing. Did you ever become aware of this fact?**

A: **Yes, I became aware of that fact.**

Q: How did you become aware of it?

A: I cannot specifically remember if I became aware of it through my colleagues at CDC or through the media reports at the time which we all heard.

Q: What do you recall specifically about what you learned?

A: Just what you said, that I heard that the President was unhappy with the telebriefing.

...

Q: Okay. Are you aware of whether anyone at the White House contacted CDC or HHS after this briefing?

A: I had several conversations with individuals within HHS about the telebriefing. I don't recall whether those conversations specifically reflected conversations that those individuals had had with anyone else in the administration.

Q: Tell me a little bit about those discussions. Who were you talking to at HHS and what did you discuss?

A: **Well, I had a conversation with Dr. Redfield and I had a conversation with Secretary Azar.**

...

Q: **How did you feel after your conversation with Director Redfield?**

...

A: It's a little hard to specify a year and a half later how I felt at any specific moment. However, in general I can say that it was a very stressful time. There was lots going on in the pandemic, things were moving very quickly, and I felt that my job continued to be doing the best job that I could in the position that I was in.

...

Q: Let's move on to your discussion with Secretary Azar....

...

Q: **... What was your reaction to the call afterwards?**

A: **I specifically remember being upset after the call. Yeah.**

...

Q: Did you believe that your remarks at the February 25th telebriefing scared anyone or were intended to scare anyone?

A: In the weeks before the February 25th telebriefing we thought to convey that there was a threat on the horizon and that public needed to prepare for the possibility of this threat. On February 25th, based on the data we made a conscious effort to personalize the message to really convey to the American public our sense of urgency. **My intention was not and has never been to scare the public but my intention was or our intention was certainly to get the public's attention about the likelihood that COVID was going to be at the U.S. and that it was going to spread and that we thought that there was a high risk that it would be disruptive.**

Excerpts from Transcribed Interview of Dr. Anne Schuchat

White House Efforts to Block CDC Briefings and Media Appearances

Q: On February 26th, 2020, Dr. Nancy Messonnier gave a telebriefing update on COVID 19. During this briefing, she warned about the risk of community spread saying, “We will see community spread in this country. It’s not so much a question of if it will happen anymore, but rather more a question of exactly when.” Are you familiar with this particular briefing?

A: I think it was the February 25th, but, yes, I’m familiar with that briefing when she spoke and used those words, yes.

...

Q: ... Do you believe that Dr. Messonnier’s remarks were accurate at the time based on the best known information?

A: Yes, I do.

Q: It’s been recorded that the President was angered by Dr. Messonnier’s remarks at the briefing, I think it has been widely reported publicly. I’m wondering if at that time you were aware of any feedback CDC received from HHS or the White House?

A: What I can say is that on February 25th, I was in Washington, DC doing some briefings and so forth. And I was not following what CDC had done a briefing on, but I was asked to adjust my schedule so that I could join the Secretary in a media briefing that afternoon on COVID. So my familiarity was there had been a briefing in the morning and then there was another briefing that afternoon that I was asked to be part of. And I didn’t know why, I was just asked to attend.

Q: Did you later find out that there were other reasons for the later briefing?

A: **The impression that I was given was that the reaction to the morning briefing was quite volatile, and having another briefing – you know, later I think I got the impression that having another briefing might get – you know, there was nothing new to report, but get additional voices out there talking about that situation.**

...

Q: So I think following that particular briefing, CDC conducted, I think, four more public briefings in the next few weeks. I’m going to assume they actually happened the day before they are listed here, so February 27th, March 1st, March 2nd, and then March 9th. **I think that my understanding is that on March 9th, Dr. Messonnier also took over the briefing and gave similar warnings. After that point, CDC stopped providing public briefings until about June 11th or 12th, 2020; is that correct?**

A: **That sounds right.**

Q: **Do you know why CDC stopped providing public briefings during that period?**

A: **I think there were two factors. One was a request. We would submit a request to the others to do a briefing and it was declined, and then – or we didn't get approval to be able to do one.** And then at some point during that period the White House task force began doing briefings that were not really – I would say they didn't get carried out exactly the way we would have done them in terms of the content or Q&A or availability. But as a whole of government response, the communication center moved to the task force.

Q: You mentioned having requests denied. Who communicated that denial to you?

A: In general – let me speak generally. When the media would request for me to speak, you know, in a one on one or some sort of – you know, if there was an ask for me personally, I had the CDC media contact a public affairs support person who would submit a request through our office of communication to HHS for the ASPA to let us know. **And so my internal CDC public affairs support person – there were several requests for me personally, and basically she said we didn't get approval or we haven't heard back or it's too late. They either said no or they didn't say anything.**

For telebriefings, it would be a different story that our office of communication would be directly communicating with ASPA. And I wouldn't have seen the back and forth on that. So I'm only familiar with when somebody asked for me, and it got to the point where I was surprised when there was approval. I was, like, are you sure? Did they really say I could do that interview? Let's make sure before I do it. So there were not too many interviews after the February time period.

Q: So just to make sure I understand, in the sense a media outlet, say, requested you for an interview, that request process would run its way up through ASPA. And before this time period, were those requests generally approved and then after they started being denied?

A: That's right.

Q: And were you ever given any explanation of the reasons for the denials?

A: Only one time where I pushed and said, you know, do we know why not? You know, I got the email trail on that one, and it was from the White House communications had said, no, we won't have time to prep her. We've made lots of announcements this week and we can't get her ready by the morning show.

...

Q: Do you recall any specific telebriefing requests being denied?

A: **I do recall the agency asking to do briefings, but I don't recall when and which ones. I know there was a point where they stopped asking because they kept saying no. So**

I knew where there were some we asked, you know, there was enough going on or we had important content coming out.

The typical rhythm was if we had a lot of new science coming out, we wanted to push it rather than just respond or not respond at all and let others be trying to interpret it. And in that March April period, there was a lot of – in the U.S. in terms of the field investigations we were doing and the emerging understanding of the situation both here and around the world.

And so rather than – you know, if we had two or three MMWRs coming out, the ability to explain them as a narrow focus rather than as a policy kind of thing could have helped disseminate that fast moving pace of understanding that was going on. **So, basically, we didn't get approval for most of those, so far as I know.**

...

Q: You mentioned one of the reasons that you were given or that you understood for the CDC not doing the briefings during this period is that the White House task force had taken over that role. **In your opinion, were the White House task force briefings that occurred an adequate substitute for the CDC briefings or other information that CDC would have disseminated through the media?**

A: I should qualify this by saying after a certain point, I didn't watch them anymore. **But my sense of the ones that I saw were that they were not, in general, an adequate way to – you know, there were parts of them that were probably fine, but that the – you know, the intrusion of conflicting points of view from the speakers were – you know, I used the example of the briefing where the policies to recommend masks for the general public, which I think was a critical, essential tool in our toolkit early on in this accelerating epidemic, were at the very same briefing where the scientists were describing these new policies, a politician said that he was not going to use that. That, to me, was a poor way to announce the new policy that had been reviewed and bought into and agreed upon.** So I think the idea of conflicting messaging, even in the same press briefing, let alone insufficient time for media to really ask their questions.

Q: I think you might be referring to the President's comment on April 3rd, he said, "The mask is going to be really a voluntary thing. If you do it, you don't have to do it. I'm choosing not to do it, but some people may want to do it, and that's okay." Is that what you're referring to generally?

A: Yes.

Q: I believe – and we will talk about this a little bit more – I believe the CDC had put out guidance on face coverings that same day.

A: That's right. And the way that guidance was announced was in that press conference, because we didn't do a press briefing ourselves. It was through the task force essentially.

Q: So is it your opinion that comments like that at those briefings undermine the government's response to the pandemic?

A: I think that that was potentially confusing to the public and may have reduced use of a preventable tool that we had before we had vaccines or many other means to reduce spread. And particularly at a time where a number of – where a lot of thought was going into how some settings could reopen or could partially open, the masks were a key tool in that toolbox. And so that mixed messaging or contradiction of the message was unfortunate.

...

Q: I'm guessing your colleague has spoken to the media often, not by name, but there are some quotes that they have made about CDC's authority to communicate to the public during this period of time. **I think one quote reported in CNN in May 2020 said that CDC officials say they've been, "muzzled and that their agency's efforts to mount a coordinated response to the COVID 19 pandemic were hamstrung by a White House whose decisions are driven by politics rather than science." Do you agree with that assessment?**

A: **That is the feeling that we had, many of us had.**

Q: **Do you think that allowing CDC to speak publicly – or perhaps a better way to say it is, is having clear, consistent, and accurate messaging, regardless of the speaker, particularly in that early stage of the pandemic, could or would have resulted in fewer infections and deaths in the U.S.?**

A: **Yes, I do...**

Trump Officials' Interference with CDC Public Health Guidance

Q: ... On March 20th, 2020, there was an order under Title 42 suspending the introduction of certain persons from countries where a communicable disease exists. In other words, there was an order to close borders and to support unaccompanied children in asylum.

There's been public reporting about the way in which this order was instituted. Do you have any knowledge about how it came to be instituted at this time?

A: I don't have knowledge about the final decision. I'm familiar with the CDC's presentation of data about the relative risks of disease in different sides of the border. And at that time, there was a lot more disease in the U.S. than south of the border. But the decisionmaking process that led to that I wasn't familiar with, but that case wasn't based on a public health assessment at the time.

Q: Do you believe that that order was necessary to prevent the spread of coronavirus in the U.S. at that time, at this specific time, March 20, 2020?

A: No.

Q: Why not?

A: The focus on reducing spread on our side of the border was critically needed. And, again, the – that’s what I would say.

Q: It’s been reported that Mr. Cetron refused to sign it. Did you ever discuss that with him?

A: ... I did have some discussions with Dr. Cetron about the issue, yes. Is that the question?

Q: That was actually the question. I’m just wondering if he told you the reasons why he wouldn’t sign it.

A: Dr. Cetron takes the regulatory authority for quarantine very seriously and weighs – you know, the typical issue is, the least restrictive means possible to protect public health is when you exert a quarantine order versus other measures. **And the bulk of the evidence at that time did not support this policy proposal;** that there was focus on trying to improve the conditions in the facility during – where individuals were housed to reduce the risk. There were CDC recommendations to ICE and to ACF and everything about how to make the transit of individuals less problematic.

But his view was that the facts on the ground didn’t call for this from a public health reason, and that the decision wasn’t being made based on criteria for quarantine. It may have been initiated for other purposes. So I don’t think he was comfortable using his authority to do that because it didn’t meet his careful review of what the criteria are.

...

Q: Do you know why Dr. Redfield made the decision he decided not to render his opinion?

A: No. **I imagine that Dr. Redfield was put in many impossible situations over the course of his position.**

Q: By impossible situations, you mean the pressure from a political perspective?

A: I would agree with that.

...

Q: So the next three exhibits, in that case, might be documents that you have less familiarity with, but I still want to make sure because they were widely reported. It is Exhibits 15, 16, and 17, and they are each titled Overview of Testing for SARS-CoV-2, COVID 19.

Exhibit 15 is dated July 17, 2020, Exhibit 16 is dated August 24, 2020, and then Exhibit 17 is dated October – hold on, I’m sorry – September 18th, 2020.

The version that was updated on August 24th changed a statement in earlier guidance which recommended such change for close contact of persons with concerned coronavirus infections. It says, “You do not necessarily need a test unless you are a vulnerable individual or your healthcare provider or local health officials recommend you take one.”

First of all, I just talked a lot, but are you familiar with these changes that took place at the time?

A: When the August 24th document was posted and released, I was contacted by a partner, an expert who was concerned about the guidance and wondered, what was the rationale? What were we thinking? And I wasn’t familiar with this before it came out, and so I looked into it and spoke with the leadership of the response to understand what happened? That doesn’t seem to follow.

...

Q: Who did you then go to obtain the information about what had happened?

A: I went to our incident manager.

Q: Who?

A: **So Dr. Henry Walke was the incident manager for the longest period. Really I think from July 1st until this past week. So I went to him to say, do you have a sense of what happened here? And he shared with me kind of this point by point review of the evolution.**

You know, this was an important work. Admiral Brett Giroir, who was the testing czar, was convening the big picture of testing, because so much had been learned, so many tools were available. There was a need for a big picture, everything you need to know about testing in one place.

So this document was developed over several weeks at least with several of the HHS entities contributing, reviewing, and revising. And then this last version that went out, I don’t think either – in media reports, Admiral Giroir distanced himself from the final piece.

Dr. Fauci, he commented on the earlier draft. He was having surgery when the thing was finalized, and, of course, it was updated later without that change.

So this wasn’t – sorry, I don’t even remember the question.

Q: No, I think the question was who you went to find out

A: Yeah. I went to Dr. Walke to ask his brief summary, and he shared with me a written one.

Q: At the time, he was familiar with the advice having been changed to advice about testing asymptomatic close contact?

A: He was familiar with what had happened and shared the version evolution with me. So he was aware, and also he knew that this was the final that had gone out and that that was how – and our team just tried to document what are the inaccuracies so that if we did get a chance to update it, we could fix those.

Q: Did he tell you who had instituted these changes that were inaccurate?

A: I believe it was just the White House. I don't know who.

Trump Administration Officials' Efforts to Alter MMWRs

Q: Let's turn to some other specific MMWRs, ones that you did not draft, but I think were part of the approval team for. We have one marked here as Exhibit 28.... This is titled SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp, in June 2020. Do you remember the circumstances surrounding the publication of this MMWR?

A: Yes. Yes.

Q: I believe this was published on August 7th.... This is an email chain dated – the date at the top of the chain is July 27, 2020, and at the very end of the chain it includes a summary of this MMWR scheduled for early release.

A: Mm hmm.

Q: Your next email in the chain after the summary from Dr. Kent is a long list of items of questions and some feedback from Dr. Alexander about the MMWRs. He explains his reaction asking them both questions. And then he goes on to explain he thought the MMWR contradicted CDC's guidance on schools. Do you remember seeing this before?

A: Yeah. Okay, I do remember Mr. Alexander sending a lot of comments about this and several other MMWRs, yes. Charlotte would share with the senior leaders both in the science chain about when she had questions about how to handle some of the inputs.

Q: **You referenced that this is something that Dr. Alexander had, I guess, started a practice of doing, you might say – is that fair to say – providing feedback?**

A: **Yes, that's right. He was in the public affairs office, and typically our MMWRs are they're scientific products and they don't go through our communication office or ASPA for review or clearance.** You know, they are developed, reviewed, and cleared if

they're a single agency or with State through our science chain. So he was not sending comments on the actual MMWRs, he was sending comments on title or brief drafts, you know, summaries of the general content. But I don't think he understood that what he was sending comments on was not in the actual article.

...

Q: So further up on this email chain where you are no longer copied, this is on the first page, Michael Beach says to Charlotte Kent -- and Henry Walke is copied here -- "Folks on the HHS Secretary's call want to see this MMWR -- do we normally do this, how do we do this? Here, they're asking for -- people from the Secretary's office are asking to see the original summary?"

A: Yeah. My interpretation is they want to see both what we would call the proof and then the full report with its tables and figures. You know, it may not be the absolute final, but it would have not just the abstract or the summary.

Q: Ms. Kent responds at 10:05 a.m. "We do not normally share. Done once before after discussion with Dr. Schuchat. Only comfortable if she approves." First of all, why would Charlotte Kent say that they don't normally share?"

A: **There's a longstanding practice that the MMWRs are scientific products of CDC, and that there's a firewall between the editorial production and political levels.** So a proof might be -- you know, the authors might include FDA or there might be a state health department that would be reviewing the proofs. **But the proofs don't usually go outside of the author and the agency, so we wouldn't be sharing the full content outside. And that's longstanding for every administration that I'm aware of.** I can't say that's never been breached, but that's the practice that the agency's had.

...

Q: I want to refer back to your comments a moment ago about why CDC wouldn't normally share these reports. You talked, I think, about the MMWR being scientifically independent. **So I just want to ask, when you saw that these political issues with Mr. Caputo, Dr. Alexander in the communications department at HHS were starting to be included in the summaries, did it give you pause or cause you any concerns?**

A: **Yes. Yes, it gave me many concerns.**

Q: What concerns did it raise?"

A: It seemed important for us to double our efforts to protect the scientific independence and integrity of the MMWR. One of the roles that the senior leaders who review it and clearance take is to assure that we're not making new policies, so we really are independent and we need to clear and confer. But on scientific results, there's an extensive internal review process like a competitive peer reviewed process on other journals that is meant to assure the scientific integrity and quality of the articles. And it

didn't seem appropriate for political appointees in communication to be involved in that effort from any administration.

...

Q: I want to actually skip up to the 11:22 p.m., now on August 26. This is on the first page, the second one down. Dr. Kent writes to you and Michael Iademarco saying that she received the communication from Dr. Alexander and she doesn't know how to respond. She's looking for guidance. Do you remember what you said, if anything?

A: Yes, I do remember this well. When I received Charlotte's email, I believe I called Dr. Iademarco or perhaps Dr. Iademarco called me. But we had a conversation; and I recommended that Charlotte not send this email, that Dr. Iademarco speak with Dr. Redfield and have Dr. Redfield follow up with HHS. I didn't think it was appropriate for Charlotte to offer this very polite draft response and didn't think we should wordsmith her polite response. **I thought this was an inappropriate offer on his part and that we should have Dr. Redfield follow up.**

...

Q: I just want to ask one more clarifying question about some of what we talked earlier about Charlotte Kent, and the requests, I guess, you could say she was receiving from Dr. Alexander. I think your testimony was, in summary, and her testimony was as well, was that she feels, and you said that she was able to protect the scientific integrity of CDC's work ultimately; is that right?

A: Yes. My understanding is that her – you know, that she was able to. And I would say that senior leadership did our part to try to help protect that integrity and always improve the quality, we can always improve, but to try to not let our work be compromised. And so the MMWR, we had more control over, I guess, than some of the others.

Q: **Now, just because you were successful in your efforts doesn't mean that there weren't attempts by others – particularly Dr. Alexander, perhaps under the direction of Mr. Caputo – to compromise the scientific integrity of CDC's work.** Those are two – I just want to clarify that those are two distinctive things, that attempts happened without the work ultimately being compromised; is that fair?

A: **I would say that's absolutely true, and that it took great effort to protect that integrity. It took active effort on the part of Dr. Kent and others to make sure that the attempts were not successful.**
