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COMMITTEE ON OVERSIGHT AND REFORM

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

U.S. HOUSE OF REPRESENTATIVES

WASHINGTON, D.C.

INTERVIEW OF: ROBERT REDFIELD, M.D.

THURSDAY, MARCH 17, 2022

The Interview Commenced at 9:23 a.m.



43 Appearances (Continue)

44 For the WITNESS:

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54 Exhibits

55 Minority Exhibit

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57 Me... (page 8)

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58 B - Chapter 1: If Anything Happens to

59 Me... (page 33)

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65 E - Letter from Ranking Members

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70 1 - Order Suspending Introduction of

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72 Where a Communicable Disease Exists

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73 2 - Selection of White House

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102 Exhibits:

103	Majority Exhibit No.	Page No.
104	10 - Email dated 25 Apr 2020, RE:	
105	FLASH CLEARANCE by 9 PM TONIGHT	
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127	15 - Email dated 7/14/2020, RE: Two	
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130	July 14, 2020, Bates commencing	
131	SSCC-0006067	238
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146 20 - Email dated July 28, 2020,

147 Subject: FW: UPDATE: One MMWR

148 COVID-19 Response Early Release

149 Originally Scheduled for

150 July 29, 2020 DELAYED to Friday,

151 June 31, Bates commencing

152 SSCCManual-000059

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153 21 - Email dated 8/9/2020, Subject:

154 FW: Follow up on CDC report on

155 COVID-19 in children hospitalized;

156 see link below, Bates commencing

157 SSCC-0022285

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158 22 - Email dated July 17, 2020, from

159 Kate Galatas

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160 P R O C E E D I N G S

161 [Majority Counsel]. Let's go on the record.

162 Good morning. This is a transcribed interview of Robert  
163 Redfield, conducted by the House Select Subcommittee on the  
164 Coronavirus Crisis. This interview was requested by Chairman James  
165 Clyburn as part of the Committee's oversight of the federal  
166 government's response to the Coronavirus pandemic.

167 I would like to ask the witness to state his full name and spell  
168 his last name for the record.

169 A Robert Redfield, R-E-D-F-I-E-L-D, M.D.

170 Q Dr. Redfield, my name is [Redacted] for the Select  
171 Subcommittee Majority. I want to thank you for coming in for this  
172 interview today. We recognize that you are here voluntarily and we  
173 appreciate that.

174 Before we begin questions, I would like to go through a  
175 standard set of instructions that we read to all witnesses who come  
176 before the Select Subcommittee.

177 Under the Committee's rules, you are allowed to have an attorney  
178 present to advise you during the interview today. Do you have an  
179 attorney or attorneys representing you today?

180 A Yes.

181 [Majority Counsel]. Will counsel for Dr. Redfield please  
182 identify themselves for the record?

183 Ms. Christian. Karen Christian for Dr. Redfield.

184 Mr. Prober. Raphael Prober for Dr. Redfield.

185 Ms. Boyd. Alexandra Boyd for Dr. Redfield.

186 [Majority Counsel]. Can the additional staff in the room  
187 introduce themselves for the record as well?

188 Mr. Barstow. Kevin Barstow, HHS.

189 [Minority Counsel]. [Redacted] with the Republican staff.

190 [Minority Counsel]. [Redacted], Republican staff.

191 [Minority Counsel]. [Redacted], with the Republican staff.

192 [Majority Counsel]. [Redacted], with the Majority staff.

193 [Majority Counsel]. [Redacted], Majority staff.

194 [Majority Counsel]. [Redacted], Majority staff.

195 BY [MAJORITY COUNSEL]:

196 Q The way this interview will proceed is as follows: The  
197 Majority and Minority staffs will alternate asking you questions, one  
198 hour per side per round until each side is finished with their  
199 questioning. The Majority staff will begin and proceed for an hour,  
200 and the Minority staff will then have an hour to ask questions. We  
201 will alternate back and forth in this manner until both sides have no  
202 more questions.

203 We have agreed that if we are in the middle of a line of  
204 questioning, we may end a few minutes before or go a few minutes past  
205 an hour, just to wrap up a particular topic. In this interview, while  
206 one member of staff, likely me, will lead the questioning, additional  
207 staff may ask questions from time to time.

208 There is a court reporter taking down everything I say, and  
209 everything you say to make a written record of the interview. For the

210 record to be clear, please wait until I finish each question before  
211 you begin your answer. I will wait until you finish your answer  
212 before asking you the next question. The court reporter cannot record  
213 nonverbal answers, such as shaking your head or nodding, so it's  
214 important to answer each question with an audible, verbal answer.

215 Do you understand?

216 A Yes.

217 Q We want you to answer our questions in the most complete  
218 and truthful manner possible, so we are going to take our time. If  
219 you have any questions about what I'm asking or if you do not  
220 understand any of the questions, please let us know. We'll be happy  
221 to clarify or rephrase.

222 Do you understand?

223 A Yes.

224 Q If I ask you about conversations or events in the past  
225 and you are unable to recall the exact words or details, you should  
226 testify to the substance of those conversations or events to the best  
227 of your recollection. If you recall only a part of a conversation or  
228 event, you should give us your best recollection of those events or  
229 parts of conversations.

230 Do you understand?

231 A Yes.

232 Q If you need to take a break, please let us know. We're  
233 happy to accommodate you. Ordinarily, we will take a five-minute  
234 break at the end of each hour of questioning. We will also take a

235 longer lunch break. But if you need a break, tell us. We just ask if  
236 there's a pending question, you finish answering before the break.

237 Do you understand?

238 A Yes.

239 Q Although you are here voluntarily and we will not swear  
240 you in, you are required to answer questions from Congress truthfully.  
241 This also applies to questions posed by congressional staff in an  
242 interview.

243 Do you understand?

244 A Yes.

245 Q If at any time you knowingly make false statements, you  
246 could be subject to criminal prosecution.

247 Do you understand?

248 A Yes.

249 Q Is there any reason you are unable to provide truthful  
250 answers in today's interview?

251 A No.

252 Q Finally, I would like to talk about privilege. The  
253 Select Subcommittee follows the rules of the Committee on Oversight  
254 and Reform. Please note that if you wish to assert a privilege over  
255 any statement today that assertion must comply with the rules of the  
256 Committee on Oversight and Reform.

257 Committee Rule 16(c)(1) states for the chair to consider  
258 assertions of privilege over testimony or statements, witnesses or  
259 entities must clearly state the specific privilege being asserted and

260 the reason for the assertion on or before the scheduled date of  
261 testimony or appearance.

262 Do you understand?

263 A Yes.

264 Q Do you have any questions before we begin?

265 A No.

266 Ms. Christian. [Redacted], I have a question. In terms of  
267 reviewing the transcript, will we have an opportunity, after she's had  
268 a chance to type it up, and review it?

269 [Majority Counsel]. So two points about that. We will be  
270 marking exhibits today, but I will need to collect them at the end of  
271 the day and review them while we're here. In terms of the transcript,  
272 we do give you an opportunity to review it and submit an errata.  
273 However, that does have to be performed in camera and we will discuss  
274 how to set that up.

275 Ms. Christian. Okay.

276 BY [MAJORITY COUNSEL].

277 Q Dr. Redfield, what were you doing immediately before you  
278 became the CDC director in March 2018?

279 A I was the associate director of the Institute of  
280 Virology and the director of the Division of Clinical Care and  
281 Research. And I was the vice chair of medicine at the University of  
282 Maryland, and head of infectious diseases and the chair of medicine at  
283 the midtown campus hospital for the University.

284 Q All right. I know that you had a lengthy career before

285 you became the CDC director. I'm not going to walk all the way  
286 through it, but suffice it to say, it's very impressive.

287 So you started at CDC in March 2018; is that right?

288 A Correct.

289 Q While you were CDC director, where were you based?

290 A I had an apartment across from CDC on -- I'm forgetting  
291 the road now right, across from the CDC.

292 Q In Atlanta?

293 A In Atlanta. Literally, I could watch and see people's  
294 license plates to see who came to work early, which I did.

295 Q Did you spend most of your time in Atlanta?

296 A For the first two years, pretty much in Atlanta. When  
297 the COVID outbreak came, at the beginning, I was in Atlanta. And then  
298 as the COVID Task Force came to be, I probably spent initially about  
299 half my time here in Washington, half my time in Atlanta. And then  
300 eventually probably got to be 80/20.

301 Q Washington to Atlanta?

302 A For the last year.

303 Q Generally speaking, who did you work with most closely  
304 within CDC?

305 A Most closely would have been Anne Schuchat, who was the  
306 principal deputy at the time. And I reorganized CDC to bring in a  
307 series of deputy directors, which I largely recruited from the  
308 outside.

309 The way CDC had been organized was that all of the centers, and

310 there were lots of centers, all reported up to the principal deputy,  
311 who was Anne Schuchat. And that principal deputy then reported to the  
312 division director. I reorganized, so that there would be three or  
313 four centers that reported to a deputy director, deputy director to  
314 deputy director.

315 And I ended up recruiting a number of new people in senior  
316 positions to reorganize that. So everything funneled up to one  
317 individual, and then funneled to the other individual. But largely,  
318 Anne Schuchat was the dominant, and the center directors for each of  
319 the centers until that new structure, which really didn't happen until  
320 halfway through my three years, where I put the principal deputies in  
321 between.

322 Q So just to clarify, did the deputy directors report to  
323 Dr. Schuchat and then she reported to you?

324 A No, they reported to myself.

325 Q Okay.

326 A Although they interacted with Dr. Schuchat. We never  
327 really formally changed Dr. Schuchat's role as the principal deputy.  
328 So my entire time I was there, she was the principal deputy. So these  
329 deputy directors obviously interacted with them, but I had them meet  
330 with me also, so I could help give them guidance in terms of the  
331 different centers that they were responsible for.

332 Q And I understand you had a chief of staff as well.  
333 There was a chief of staff as well?

334 A I did have a chief of staff. The initial one was Kyle

335 McGowan, and he had a deputy, Amanda Campbell, both of which came from  
336 Secretary Azar's office to be detailed to CDC.

337 Q How closely did you work with the chief of staff and  
338 deputy chief of staff?

339 A I would say daily. At least, you know, until once there  
340 were these COVID restrictions and people weren't necessarily coming  
341 into the office, it was probably less than daily, but initially daily.

342 Q Apart from the deputy directors that we've talked about  
343 and the chief of staff, anyone else that you worked with on a daily  
344 basis or mostly daily basis?

345 A Well, I think the chief financial officer, Sherri  
346 Berger, who had really been at CDC for multiple CDC directors, and  
347 really was a strong backbone of the agency, I probably worked with her  
348 multiple times a day. Her office was on the same floor as mine.

349 Q How about outside of CDC, how often did you communicate  
350 with other federal officials? Let's start with the Secretary of HHS.

351 Ms. Christian. Is this pre or post COVID?

352 [Majority Counsel]. Well, I would be interested in both.

353 The Witness. Yeah, so pre-COVID, probably interacted, had  
354 meetings with the Secretary at least monthly here in Washington. But  
355 may have interacted, you know, an additional time or two when he  
356 requested.

357 Obviously, I interacted with the head of the FDA, initially  
358 Scott Gottlieb, and then Steve Hahn. Obviously, Collins and Fauci.  
359 And I think those would have been the ones I would have interacted



360 with probably on a monthly basis. Collins less so, but Fauci clearly.  
361 And then Gottlieb and Hahn, when they were there.

362 Post-COVID, things modified substantially because we very  
363 rapidly -- CDC originally started a response team out of the Center  
364 for Immunizations and Respiratory Disease, led by Nancy Messonnier.  
365 But within -- before the end of January, I advanced that to be a  
366 CDC-wide team. And then whoever was appointed as the leader of that,  
367 they would report directly to the director. That's how it worked when  
368 we were having these emergency -- rather than going through the  
369 regular command.

370 And when it came to other agencies, originally the Secretary  
371 Azar was appointed head of the Task Force, which he appointed me to be  
372 on the Task Force, along with Scott -- or in this case, Steve Hahn and  
373 others. And then that got changed in February to the Vice President.  
374 And that increased the timing of the Task Force meetings. What used  
375 to be maybe, initially, once a week, by the end of February, we were  
376 meeting almost daily.

377 Q And we're going to talk much more about that in just a  
378 few minutes.

379 A Okay.

380 Q Before we get to that, how often before the pandemic did  
381 you interact with White House officials?

382 A Really, not very often at all. It really -- my  
383 interactions prior to the pandemic were largely with the Secretary's  
384 office. I would say there was two exceptions. One was -- and if you

385 know my background, I have and still do have a deep commitment to make  
386 an impact on the AIDS epidemic in the world.

387 I was of the view that we had the tools that could bring an end  
388 to new HIV infections in America if we just applied them. And I was  
389 able to make a case for that to not only the Secretary, but then to  
390 the President, that the United States did have the ability to decrease  
391 the annual new infection rate which was running around 35, 40,000 a  
392 year. We could really put an end to that, and bring it down under  
393 3,000. So I met with the President and the White House in trying to  
394 articulate, and OMB, the potential for what we call the Presidential  
395 HIV Initiative, which the President supported and mentioned in his  
396 first State of the Union.

397 The other time I had really meaningful interactions with the  
398 President and the White House, in general, was my concern about the  
399 growing level of use of nicotine products for adolescents and even  
400 elementary school kids. I don't remember the exact numbers now, but I  
401 think we were at over 35 percent, 37 percent of high school students  
402 were now using nicotine products. And I think we showed up to 17  
403 percent of elementary and middle school students.

404 And I felt this was a big problem, and we needed to address it,  
405 largely driven by flavored Juul-like products. I don't know how much  
406 you know about it, but it really is disappointing that the industry  
407 actually took nicotine and created it into a salt. So if I smoke a  
408 cigarette, it's bitter. I usually don't like it, because it's bitter.  
409 The way you get rid of the bitterness is you convert it to a salt.

410           And they converted this to a salt, which now allowed you to  
411 deliver the nicotine of a whole pack of cigarettes in one pod. And  
412 these kids would get addicted. So I made the argument that we needed  
413 to do something about that.

414           And again, the President decided to begin to do something about  
415 that. Largely, it was an FDA function. But from a public health  
416 point of view, I saw this as a serious public health issue for the  
417 kids. Those are the really two times I had any meaningful discussions  
418 prior to the pandemic, that I remember.

419           Q           Okay.

420           A           Just to put that in there. I did try to tell my  
421 counsel, I am 70 years old and you never know what's happening up  
422 here. I'm trying to remember to the best of my ability.

423           Q           Understood. Let me take you back, then, to see what you  
424 remember about the moment you became aware that there was an unknown  
425 respiratory illness spreading in Wuhan, China. Do you remember when  
426 you first heard about that?

427           A           Very much so.

428           Q           Tell me about that.

429           A           Well, it was a very special time for me because it was  
430 the first time ever my wife and I were able to get our five living  
431 children and their spouses, four of them were married, and at that  
432 time, I think my 12 grandchildren, or 11 grandchildren, I think, at  
433 that time. And we rented a house in Western Maryland to all be  
434 together.

435 [Redacted]

436 So -- and we were there, and it was New Year's Eve during the  
437 day, and I received a phone call from CDC, and I think it also  
438 involved CDC China because we did have a CDC in China in Beijing,  
439 aligned with the China CDC. And the gist of that call, when I think -  
440 - and Nancy Messonnier was on that call, was that there were 27 cases  
441 of an undefined respiratory illness or what they called nonspecified  
442 respiratory illness which were linked to a wet market in Wuhan. And  
443 it was not flu, and they didn't have all the other data at the time.

444 Over the next day or two, we learned it wasn't adeno, it wasn't  
445 RSV, it wasn't SARS, it wasn't MERS. It was a new nonspecified  
446 respiratory illness. I had had relationships both -- as CDC director,  
447 but also prior with the CDC director of China, which is a gentleman by  
448 the name of George Gao, who is really an outstanding scientist. And I  
449 had a good relationship with.

450 I called George and first asked him to update me on the  
451 situation from his perspective. Second, to offer full support of CDC,  
452 my Beijing team to help them because they're right there. And third,  
453 to tell him I would be ready to send the CDC team to augment his  
454 ability if he would invite us, which he said he wanted.

455 And what was unusual about it is normally he would just invite  
456 us and we would go. In this circumstance, he told me I had to write a  
457 formal letter because he had to get approval up his chain of command,  
458 which I did as an email I think on the 3rd or 4th of January. When I  
459 returned to the office on Monday, I think it was January 6th, I wrote

460 a formal letter on CDC stationery offering to provide support.

461 Q And you said you knew George Gao before. How did you  
462 know him?

463 A Well, he's a virologist and a good one. His expertise  
464 is corona virology. I had been part of what they call the global  
465 viral network which is a network that my cofounder of my institute  
466 started, Bob Gallo, which involved virology labs from all around the  
467 world, including China, to kind of put the power of virology together.

468 The reality is we all anticipated, and it's one of the reasons  
469 when I prayed about whether I would take the CDC job, I decided to do  
470 it is I was of the belief, as I am now, that our world is at great  
471 risk for pandemics. Now, I assumed it was going to be a bird flu  
472 pandemic, I didn't anticipate a coronavirus, but I thought we were due  
473 for a respiratory pandemic.

474 And George was an expert in coronaviruses. I didn't expect it  
475 to be a coronavirus pandemic because SARS when it came in, in 2003,  
476 2004, that original outbreak had less than a thousand cases, and it  
477 disappeared. This is why a lot of people thought the coronavirus was  
478 going to disappear because they said it's SARS-like. When MERS -- and  
479 today, as we sit here 19 years later, there's been less than 10,000  
480 cases, because the SARS virus never learned to go human to human. It  
481 could go bat to civet cat, civet cat to human, but it never learned  
482 how to go human to human, so the human transition was highly limited.

483 And MERS, when it came in, in 2012-2013, it went from a bat to  
484 a camel. It also never learned to go human to human. Again, nine

485 years later, we're less than 12,000 cases. So most people thought  
486 coronaviruses would cause pocketed epidemics, but not a pandemic,  
487 right? And we thought bird flu -- George was one of the world's  
488 experts in coronaviruses.

489 Q So your initial phone call with George has been  
490 previously reported on quite a bit, and been reported that he denied  
491 that there was evidence of human-to-human transmission at that point.  
492 Is that right?

493 A George, I asked him several important questions. You  
494 know, initially, I think the -- well, let's just answer your question.  
495 My lawyer keeps telling me to answer your question, not to answer my  
496 question. My foot -- she kicked me three times.

497 So your question, again, was?

498 Q I want to talk about your call with George. First,  
499 let's start with, he told you that there was no evidence of  
500 human-to-human transmission?

501 A That's correct. He said that there's no evidence of  
502 human-to-human transmission. He was fairly confident, because he saw  
503 no nosocomial infection when the patients went into the hospitals.

504 Ms. Christian. Is that the first call?

505 The Witness. No.

506 [Majority Counsel]. Let's clarify.

507 The Witness. First call he described 27 cases and that was it.

508 BY [MAJORITY COUNSEL].

509 Q A relatively short phone call?

510           A           Relatively short.  Make me aware, follow-up, we offered  
511 to help, he told me he could use the CDC team that's there.  And I  
512 offered to put together a team to help.  That was pretty much it.

513           Q           Okay.  And so when do you recall talking to him the next  
514 time?

515           A           Probably -- and the other point of that first call,  
516 that's important, is he described the 27 cases.  And he did suggest in  
517 that first call, now that I'm recalling, that he didn't feel there was  
518 evidence of human-to-human transmission, and that all of the cases  
519 came from a wet market and that was it.  We didn't get into any more  
520 detail.

521                       Probably 72 hours -- 48 hours to 72 hours later, we had a  
522 follow-up call, which he had sent me some description of the 27 cases.  
523 And I noticed that three of them were in what we call clusters.  So  
524 like a husband and a wife and a child, or brother and sister, I don't  
525 remember the exact clusters, but I remember out of 27, there was three  
526 clusters.

527           And I said, George, the clusters bother me, because you really  
528 think they all walked by the same animal and all got infected, or do  
529 you think it's possible one of them got infected, and then they  
530 transmitted to others in the cluster?  That was in the follow-up call.

531                       The second thing I asked him, if he could clarify for me his  
532 case definition.  And he said, well, the case definition was people  
533 with a nonspecified pneumonia who came from the wet market.  And I  
534 said, but George, by definition, and everybody had to come from the

535 wet market. I said you're making the same mistake we made early in  
536 AIDS, when we said you might have this new AIDS if you were a gay man  
537 or a drug addict or a Haitian or hemophiliac. So that was the only  
538 place people looked. They didn't look in the general, say, wives or  
539 spouses of many of those contacts in the initial group. So I  
540 suggested to him that he needed to go out and look at unspecified  
541 pneumonia in Wuhan outside the wet market.

542 Q And what happened after that?

543 A A couple days later, he called me back and he said he  
544 did look outside, and there's hundreds of cases, and they had nothing  
545 to do with the wet market.

546 Q So what happened next?

547 A Well, I think I reiterated my willingness to send a team  
548 from CDC, as well as the small team we already had in China. And we  
549 began working on the paperwork to get those people visas to go. But  
550 again, I was told he needed to wait for formal approval, not for us to  
551 send a team.

552 Q Approximately what date was this?

553 A It was probably somewhere between January 6th and the  
554 10th.

555 Q And what -- how many times did you speak with George in  
556 those first weeks of January?

557 A You know, as best I can recall, I don't know, four or  
558 five times. You know, we would be intermittently talking, me kind of  
559 saying where's the invitation? Any response to my letter? You know,



560 we're ready to come. And then, any more update on whether there's  
561 symptomatic or asymptomatic infection? Because SARS and MERS only  
562 give symptomatic infections. So the question was, was there  
563 asymptomatic infection? And any more update on human-to-human  
564 transmission?

565 Q What were you doing with the information that George was  
566 giving you?

567 A It would go to the group at CDC, which would have been  
568 Nancy Messonnier, who at the time in the first week of January was  
569 running the CDC Task Force response, or I can't remember the name they  
570 use now. We have a special name for when I activate CDC to focus on  
571 certain disease initially as a center.

572 By the end, probably by the 20th or so, we went CDC-wide. And  
573 Nancy and you guys can probably have records of this, but I think by  
574 January 1st or 2nd, we issued our first situation report that she  
575 would make available to the Secretary's office, the NSC, everyone, to  
576 know what we knew about this situation. And almost on a daily basis,  
577 those reports were updated.

578 Q Did you make efforts to get information about what was  
579 happening in Wuhan from other channels?

580 A I did with WHO. I did have a number of calls with  
581 Tedros, who was the head of WHO, to understand what WHO knew at the  
582 time.

583 Q How about from elsewhere in the federal government,  
584 intelligence channels, diplomatic channels, otherwise?

585           A           We did brief -- or Nancy briefed or I briefed, I can't  
586 remember who. We did have the situation report that was available to  
587 the NSC. And again, I don't recall this. I'm reflecting there may  
588 have been discussions between us and Pottinger, but I don't really  
589 recall the specifics in those first weeks. I know I didn't get any  
590 information coming to me from the intelligence community. If  
591 anything, we may have given what information we had to the  
592 intelligence community.

593           Q           So you said that you were preparing to send a team to  
594 Wuhan, getting them visas and so forth. What efforts did you make,  
595 other than sending the letter, the formal request letter to Gao to get  
596 that team deployed?

597           A           I asked Secretary Azar to assist, and he reached out to  
598 his counterpart in China.

599           Q           Do you know when that call took place?

600           A           No. It would have been, again, in the first two weeks.  
601 And I have asked Secretary Azar and eventually directly asked  
602 President Trump to reach out the President of China to request it.

603           Q           And did he do that?

604           A           Yes.

605           Q           Did you get reports back on what happened on both of  
606 those calls?

607           A           No.

608           Q           So you weren't told if the call -- if the requests were  
609 rejected or how the conversation went?

610           A           I don't really recall. I mean, the requests were there.  
611 I'm sure we discussed it. I think it was similar to my letter. There  
612 just wasn't a response. That's what I recall. It's not that they  
613 were rejected, it's just that they weren't affirmatively responded to,  
614 and we never got a letter of invitation.

615           Q           What was your, let's say, level of alarm at this point  
616 in time, just the first couple of days and weeks in January?

617           A           Well, as I told you, I took this job because I'm very  
618 concerned about the pandemic threat of respiratory diseases, not only  
619 our nation and the world, I do think it's one of the greatest national  
620 security threats that we have. As you see where we are today, we're  
621 looking at Russia, China, and Iran, and I actually think pandemic  
622 threats are right up there as a national security threat.

623                       So I will say that one of the first, I think, mistakes that was  
624 made by the broader scientific community was to call it SARS-like,  
625 because with SARS-like, it was going to have limited potential to  
626 transmit human to human, so therefore, it would likely -- if you look  
627 at what happened with SARS, it disappeared within a year. So if it  
628 was coronavirus, SARS-like and MERS-like, it looked like it could be a  
629 limited pandemic that would -- and so at that time, my greatest fear  
630 was bird flu and having bird flu change.

631           Q           So is it fair to say then the fact that it was a  
632 coronavirus -- or you soon learned that it was a coronavirus, lessened  
633 the level of alarm?

634           A           Two things. The fact it was a coronavirus like SARS and

635 MERS if we were thinking that way, it meant that it would have high  
636 fatality rate for humans if they happened to get infected, which is  
637 not a good thing. SARS is 8-10 percent. MERS is 30-40 percent, 30  
638 and 35 percent. So clearly, these viruses are a great threat to the  
639 individuals who happen to get infected.

640 But as I mentioned to you, SARS never really went beyond a  
641 thousand people, the first outbreak. And less than 10,000, 19 years  
642 later. And MERS had a limited outbreak, too. And that was a real  
643 problem, because that's why the private sector kind of stayed on the  
644 sidelines because the other two coronavirus pandemics never went  
645 anywhere. They developed diagnostics, vaccines, but then there was  
646 never -- so as long as we thought that this was a SARS-like, and  
647 again, I think it was unfortunate that it was called SARS-like, that  
648 this looked like, yes, it could be a problem, yes, it could be highly  
649 deadly, yes, we need to try to get our arms around it, but it didn't  
650 really look like a virus that was going to have pandemic potential, if  
651 it was a classical coronavirus.

652 Q I want to talk a lot more about that. But first, just  
653 going back to the phone call that Secretary Azar made and President  
654 Trump made to their Chinese counterparts, just to make sure I  
655 understand, you didn't hear back, one way or another, on what happened  
656 on those calls?

657 A I only heard that there hasn't been a response.

658 Q Okay.

659 A I think Secretary Azar, and I don't remember the

660 specifics, but as I reflect on it, I got the -- I know I felt that  
661 there wasn't a response. And I know President Trump made the call, I  
662 wasn't on it, but there was no invitation. And I did follow up a  
663 number of times with George Gao, the first couple weeks in January,  
664 asking for when the invitation was coming and there was no response.

665 Q What steps did you take, if any, to follow up after  
666 those requests to try to get the CDC team deployed?

667 A Well, I had many discussions with Tedros, the head of  
668 WHO, because WHO said they were going to play on the team. If you  
669 reflect on WHO's responsibility by the health treaty, is they're  
670 supposed to be able to go within these countries within 24 hours. And  
671 so I had many discussions with Tedros, was WHO going in? I also had  
672 discussions thinking he would help me go in. Again, I thought he  
673 would help me get in, because he was -- had people in China, and I  
674 wanted him to know, we were prepared to put a team in there right now,  
675 and let's just say at the end of the day, WHO didn't happen to get in,  
676 either.

677 Q The United States had signed a trade deal with China on  
678 January 15th, 2020. Was there any attempt to tie access to Wuhan or  
679 information about the virus to the trade negotiation?

680 A Not that I know.

681 Q Did you have the impression that the President was  
682 perhaps more focused on the trade negotiations than getting  
683 information about Wuhan at that point?

684 A Not that I know.

685 Q Do you think that the trade negotiations may have  
686 impacted his willingness to push them on what was happening in Wuhan?

687 A I really can't speculate on that.

688 Q On January 24th, we're going a little bit ahead now, the  
689 President tweeted, "China has been working very hard to contain the  
690 coronavirus, the United States greatly appreciates their efforts and  
691 transparency. It will all work out well. In particular, on behalf of  
692 the American people, I want to thank President Xi." Do you know,  
693 because that was January 24th -- first of all, did you agree with that  
694 statement at the time?

695 A I wasn't involved in that statement.

696 Q Do you know if that was sent before or after President  
697 Trump asked Xi whether CDC could send a team?

698 A Based on the timing that I recall, it would have been  
699 after.

700 Q Okay. Do you agree independently that China was working  
701 very hard to contain the coronavirus at that point?

702 A Well, the evidence we had, we all had, they obviously  
703 had an enormous containment program. They quarantined a lot of  
704 people.

705 Q Did you have concerns about their containment efforts at  
706 that point?

707 A You know, I became concerned that I didn't understand  
708 the aggressiveness of their containment efforts, if they were  
709 confident there was no human-to-human transmission. But I still had

710 no evidence that there was human-to-human transmission other than the  
711 instincts I told you. And I didn't understand how these three  
712 clusters were present. And we didn't have any evidence at that time,  
713 either.

714 And it's probably worth saying that in our own investigations  
715 for human-to-human transmission in the initial cases that occurred in  
716 late January, we didn't see a lot of evidence of human-to-human  
717 transmission. We only had two cases out of the multiple contacts we  
718 looked at.

719 Q Did it surprise you that China didn't let the CDC team  
720 go to Wuhan?

721 A Yes.

722 Q Why is that?

723 A Because it's irregular. We've worked in partnership in  
724 China in public health for decades. And as I said, our CDC, the  
725 American CDC in Beijing is collocated with the China CDC. And we've  
726 been partners for many, many different public health issues.

727 Q So my understanding is that China wasn't sort of  
728 notoriously not transparent about the early SARS outbreak in 2003. Is  
729 that fair to say?

730 Ms. Christian. They were not transparent or they were  
731 transparent?

732 The Witness. They were not transparent. I don't remember the  
733 exact time line, but it took months before they acknowledged that.

734 BY [MAJORITY COUNSEL].

735 Q With that in mind, sitting here today, do you think that  
736 more could have been done to get information from China in those early  
737 weeks?

738 A You know, I think George was very forthcoming in my  
739 discussions with him. I mean, China did publish on January 10th the  
740 sequence of the virus for the whole world to see, and we knew it was a  
741 new virus. They started us down sort of a false path because of the  
742 molecular sequence, they called it SARS-like, because it shared a lot  
743 of molecular similarities to SARS, which to me is pretty open for them  
744 to rapidly publish the sequence of the new virus, which, again, was  
745 critical, because without that we couldn't develop diagnostic tests  
746 which we did develop within weeks.

747 So I still assumed that they were going to be inviting us in  
748 during that period of time, and I kept -- I kept asking George when  
749 our invitation was coming, and I did keep Tedros, telling him at WHO  
750 that CDC was ready to go.

751 Q Did you communicate to anyone else in the  
752 administration, anyone outside of CDC, that you were expected to be  
753 invited in?

754 A I don't recall. I probably had shared some of my  
755 perspectives with the Secretary's office that I expected we would be  
756 invited in.

757 Q Did you ever express concern, apart from requesting  
758 those two phone calls that we've talked about, express concern about  
759 the need to try to get information from other channels?



760           A           I did express that I didn't quite understand whether WHO  
761 was helping us or not.

762           Q           So let's just shift focus a little bit and talk about  
763 what you started to do internally to prepare for the possibilities  
764 that this virus could come to the United States. So I understand that  
765 on January 7th, and you may have already referenced this, in part, CDC  
766 established an incident management structure to guide the response.

767           A           Yes.

768           Q           What was the original sort of goal behind that?

769           A           Well, it's the manner in which CDC begins to orchestrate  
770 a concentrated response to a threat. So the initial incident  
771 management structure, and that's the word I was looking for before,  
772 that structure was to operate out of the Center of Respiratory  
773 Diseases and Immunization. And the lead incident manager was Nancy  
774 Messonnier.

775           Q           On January 21st, 2020, the incident management structure  
776 was transitioned from center-led to agency-wide. Does that sound  
777 right to you?

778           A           That's right. And I think it's important to focus on  
779 what that move meant.

780           Q           That's what my question is.

781           A           Well, then I'll wait for it.

782           Q           No, I'm going to let you go ahead.

783           A           I'm being kicked again.

784           Q           You anticipated it correctly.

785 A I should have worn my soccer shield.

786 Q So what did the transition mean?

787 A So, in the time that I was CDC director, I only got --  
788 there was only three instances that we had a CDC-wide, and one of them  
789 I inherited which was the eradication of polio, right? The other one  
790 was the Ebola outbreak, the second one on my watch that was in the  
791 eastern DRC. And the third one was -- and it's important, I think, to  
792 emphasize as you mention I think your dates are pretty close, I don't  
793 remember the exact dates, but it was somewhere in that third week of  
794 January, it was either before or when we had the first case in the  
795 country. We already escalated this to a CDC-wide instance.

796 So I just want people to understand what that meant. That  
797 meant we thought this was a -- something of serious potential. And  
798 that we needed to try to get ahead of.

799 Q The first case of COVID-19 outside of China was detected  
800 in Thailand?

801 A That's right.

802 Q On January 13th, I believe?

803 A Probably the second week of January.

804 Q And my understanding is the second case was detected in  
805 Japan on January 16th. So how did the news of those two cases change  
806 your --

807 A Well, the Thai case was really important because there's  
808 no way you can anticipate that came from anything other than  
809 human-to-human transmission. So you could still argue that

810 human-to-human transmission was rare, and I don't remember the exact  
811 specifics, but it was a gentleman that traveled to Thailand to meet  
812 somebody in Thailand, and that individual got infected. So they  
813 weren't in any wet market, all right?

814           So to me, it meant that human-to-human transmission now had  
815 been documented. I didn't mean it was common, but it meant it was  
816 documented. And I think similar to the Japanese case that  
817 human-to-human transmission was not off the table.

818           Q           So what did that news do, in terms of telling you what  
819 steps to take in the United States?

820           A           Well, the thing that the CDC did immediately after  
821 January 10th, and I actually think they should be congratulated for  
822 what they accomplished, rather than all the public criticism they got.  
823 We can get into that later if you want.

824           But in that next seven to 10 days, we developed a test based on  
825 the molecular sequence. And we couldn't have developed that test if  
826 George didn't publish the sequence. And we developed a test to  
827 diagnose COVID if we found out -- the alerts that we put out at the  
828 time were to clinicians across the country to look for symptomatic  
829 illness in individuals with an epidemiological lead to Wuhan, China.

830           So it was fairly restricted. Based on what we knew at the  
831 time, coronaviruses really cause symptomatic illness. They don't  
832 cause asymptomatic illness. And right now, our only evidence of this  
833 virus, even in the Thai case and the Japan case, they all had  
834 epidemiological links back to Wuhan, China. So that was our initial,

835 and that's how we were able to diagnose the first case in Seattle  
836 where an astute clinician and had a patient with symptoms sent the  
837 sample to CDC, and CDC confirmed that we had our first case of COVID.

838 Q I believe that was on January 20th?

839 A I think 20th or 21st.

840 Q When did you first become aware of the possibility of  
841 asymptomatic transmission?

842 A Well, there was a case originally that Tony Fauci came  
843 out, and really we talked about it and pushed, in Germany, where  
844 somebody had dinner with somebody else, and then they later got  
845 infected. But on greater scrutiny, it was showing after the fact,  
846 after there was press all over the place, that there was -- actually,  
847 that patient wasn't actually asymptomatic, and they were actually  
848 taking antiinflammatory drugs at the time, right?

849 So it kind of -- it kind of dampened whether that was true or  
850 not. For me, probably the first area that I became aware that this  
851 may be a greater problem was when the CDC team was completing their  
852 evaluation on the Diamond Princess, which was one of the early ships  
853 that we had a significant outbreak, as you recall.

854 And again, not concluding that it was the most common way as  
855 far as infecting humans, but clearly there was evidence on that ship  
856 that some people were infected that didn't recall they had symptoms.  
857 But I do believe we still believed it was a small component of the  
858 human presentation, that, in general, we were still thinking that it  
859 was driven by a symptomatic illness.

860           The other part of it was between the 20th or 21st, and the  
861 second or third week in February, the CDC had diagnosed now, if I  
862 recall, 14 cases of COVID-19 in the United States, excluding the  
863 people we repatriated from Wuhan. Because remember the State  
864 Department brought back a lot of people who -- a number of which were  
865 infected, and we had on the military bases in quarantine.

866           But if you look at the non-quarantined individuals, we  
867 diagnosed 14 cases. And of those individuals, the state health  
868 departments and us evaluated the contacts, and of those contacts we  
869 only diagnosed two people that had COVID. But it's important to ask  
870 us, how did we diagnose contacts. How did we go after contacts? And  
871 the way we did it is we interviewed the contacts, and there were  
872 hundreds of contacts, for symptoms. If they didn't have symptoms,  
873 they were excluded from further evaluation. Only those that had  
874 symptoms went on to testing. Two of them confirmed.

875           So that started to reinforce that this was like SARS and MERS.  
876 It was not being transmitted frequently. You remember, at the same  
877 time, we were screening everyone who was coming back into the United  
878 States in all of our airports having shut down air travel in January  
879 31st to China, that I think was effective -- I think February 2nd.

880           Q           I think the passenger screening, I think went into  
881 effect on January 17th at three major airports initially, and may have  
882 been extended.

883           A           I don't recall. What I am confident of and it did go  
884 through a series of escalations. So I think we would have to go back

885 and if others have said that, I just don't recall. Initially, it was  
886 three airports, then it was seven airports, and then it was 11  
887 airports. And then of course, on January 31st, I recommended to the  
888 President that we stop air travel in China, to and from China. I  
889 think that became effective February 2nd. But I want you to know  
890 everyone that we screened in the airports, and CDC deployed people to  
891 originally those three and then five and seven, and eventually 11.  
892 They were all screened for symptoms.

893 Q Right. So I guess, so there was a Lancet study that  
894 appeared, it was, I think, just an observational study of a family  
895 cluster on January 24th that noted that there was the appearance of  
896 symptomatic transmission within this family.

897 A I don't recall. Obviously, if it was in Lancet, I read  
898 it, but I just don't recall. And I don't know if that was the case in  
899 Germany or not that I told you was -- I just don't recall. But I'm  
900 sure I would have read it.

901 Q I think this was in China, but you said in a press  
902 conference on January 28th that the Chinese had reported transmission  
903 in the asymptomatic phase.

904 A Mm-hmm.

905 Q But that you had not been given the opportunity to  
906 review the data. Did you still feel, at that point, that the  
907 likelihood of asymptomatic transmission was low?

908 A I thought it was not the major way that this virus was  
909 affecting --

910 Q It was rare?

911 A Yeah, it was not major. I don't know whether it was 5  
912 percent or 1 percent or 10 percent. We were still operating under the  
913 SARS-MERS model.

914 Q Was there ever any discussion -- and let's focus on the  
915 last few weeks of January possibly, when there was still travel from  
916 China, but it was being filtered to or at least the travel from Wuhan  
917 was being filtered to specific airports. Did you consider changing  
918 the screening process to look into the possibility of asymptomatic  
919 transmission?

920 A Not at that time. I mean, I think at that time, again,  
921 obviously, several stumbling blocks there. One is to have the  
922 availability of the diagnostic tests of that magnitude. What the  
923 real, as I've said before, the real first lesson was the scientific  
924 community, including CDC, should not have jumped to call it SARS-like.  
925 And then operated as if it was like SARS. And it took us until the  
926 middle of February, I think, into early March to refocus.

927 And to her credit, Ambassador Birx was one of the outspoken  
928 people that really was concerned about what we called the silent  
929 epidemic. The asymptomatic transmission. And then it became clear  
930 that, unfortunately, that SARS was not -- I mean, COVID was not  
931 SARS-like, and it had a significant component of its transmission was  
932 asymptomatic.

933 Q You mentioned the Task Force previously that first  
934 formed under Secretary Azar's leadership. Tell me about those first

935 few weeks. You said it was only meeting occasionally early on; is  
936 that right?

937 A I don't recall the schedule, but I know it wasn't daily.

938 Q I believe there was --

939 A Because I was still based, I think, initially in Atlanta  
940 largely.

941 Q Were you meeting by phone primarily?

942 A I might have Zoomed in or I would be present. But by  
943 then, my meetings with the Secretary may have scaled up to weekly or  
944 at least every other week. And if I was in town, I -- we would do the  
945 meeting in person. I think most of the meetings occurred still in the  
946 situation room in the White House, even when Secretary Azar was the  
947 chair. I think Mick Mulvaney played a very big role in those meetings  
948 at the time. But I would say it was probably half the time I was on  
949 Zoom, half the time I was in person, when it was led by -- I don't  
950 recall the specifics, I don't want to be held to it, in how often they  
951 happened.

952 Q It's not a memory test. Don't worry. But what I would  
953 like to know about --

954 A I don't want to get my medical records to be changed to  
955 say that I have early Alzheimer's. I still want to have a career.

956 Q Fair enough. Was the Task Force in those early weeks  
957 under Secretary Azar's leadership focused on preparing for a pandemic  
958 that could possibly hit the United States?

959 A You know, I don't recall. Clearly, the focus was how to



960 prepare the nation. But I don't recall specifically what the  
961 priorities we at that moment in time. I think there was still a lot  
962 of perspective that we had a potential to contain this virus. And so  
963 we were in the kind of containment mode. What are the steps that we  
964 need to do to contain this virus? We hadn't made the transition to  
965 realize that containment was no longer in the cards.

966 Q When did you make that realization?

967 A I think that happened in late February, early March. We  
968 realized we had to go to a mitigation strategy.

969 Q The CDC recorded the first instance of community spread  
970 on February 26th. Was that the trigger for the change in strategy?

971 A Yeah, it was a nurse in California. There was actually  
972 two cases that were almost back-to-back, a day apart. We had no  
973 explanation for how they got infected. We couldn't link them back to  
974 any epidemiological link to Wuhan. So we had to come to the  
975 conclusion they acquired it in the community. If I remember, that was  
976 case 15 and 16, but I'm not sure.

977 Q Sitting here now, do you think that community spread was  
978 happening in the United States before then?

979 A Yes.

980 Q How long before then?

981 A Well, I think this is why in March and I don't remember  
982 the date, I'm going to say the 12th, but you probably can validate it,  
983 I went to the President and suggested we needed to shut down all our  
984 travel to Europe, to and from Europe.

985 Q 11th. You were close.

986 A So I still don't have total Alzheimer's. But I -- we  
987 started to see cases in New York and around the country that just from  
988 Italy, they were from Spain, they were from Germany. And we were also  
989 looking globally at what Italy was reporting, what Germany, what  
990 France, and it was clear that Europe was starting to have a lot of  
991 cases in different countries. And it became clear that people didn't  
992 just go from China to America, they went from China to Europe to  
993 America.

994 And so I do believe that there was actually seeding of the  
995 United States from Europe that was occurring late January, February.  
996 You know, we obviously became more aware of it after the community  
997 cases, which did not have linkage to Europe, either. We don't know  
998 how those two California people got infected even to this day, but we  
999 did start seeing, shortly thereafter, in early March, cases coming  
1000 out. There was a lawyer I remember from New York, and his family that  
1001 they come back from Europe, there were people who came back from  
1002 Italy. It was clear that the virus was being seeded into the United  
1003 States from Europe.

1004 Q So let's talk about testing. You mentioned it earlier,  
1005 that CDC had developed their test, I believe, by January 20th. And  
1006 the FDA granted an EUA for it on February 4th. How was testing  
1007 conducted in the U.S. during late January from the time that test was  
1008 developed through February?

1009 A So, CDC very rapidly, as you point out, developed a

1010 test. And we very rapidly shared the sequences of the primer pairs  
1011 that we used, so that other people could just reproduce the test. CDC  
1012 was providing that test to the public health departments throughout  
1013 the country that sent us samples and requested testing. CDC had  
1014 guidance on what samples should be sent, symptomatic illness from an  
1015 epidemiological link.

1016 But contrary to a lot of the press reports, if the state health  
1017 department sent us a sample and requested it be tested, it was tested.  
1018 So some of the media would suggest we refused to test samples. No, we  
1019 had a case definition which we encouraged you to do, health  
1020 departments felt, they sent it to us. Now, sending it to Atlanta  
1021 meant it was going to have a three, four, five day turnaround time,  
1022 but that was available to the nation, I think, if I recall, January  
1023 20th. And that same test was available all through the controversy of  
1024 the challenges. And that test was never flawed, it was available.  
1025 And that test is available today.

1026 Q The test that is conducted in CDC's lab?

1027 A At CDC's lab.

1028 Q Okay.

1029 A And it's based on two primer pairs that were approved on  
1030 that EUA.

1031 Q CDC announced after the EUA was granted that it would  
1032 begin shipping 200 test kits to labs around the country, but the plan  
1033 was just to send the kits to five sentinel cities at first. How was  
1034 that determined?

1035 A Again, probably internal discussions within CDC. I  
1036 don't recall exactly how those five were selected. --

1037 Ms. Christian. Were you part of determining that?

1038 The Witness. No.

1039 BY [MAJORITY COUNSEL].

1040 Q Who was?

1041 A I suspect it was the leadership team, but I couldn't  
1042 tell you that. It could have been the incident commander, which would  
1043 have been Nancy Messonnier. But I don't know. I wasn't involved in  
1044 that decision.

1045 Q Just to be clear, are you talking about the decision to  
1046 --

1047 A Which --

1048 Q Which cities or just the fact of choosing five sentinel  
1049 cities?

1050 A I wasn't involved in how the early test was distributed.  
1051 Okay. There was a decision that was made by the laboratory teams and  
1052 there may have been others involved, that were involved in it, it  
1053 wasn't me, that it would facilitate the public health response to now  
1054 get these test kits to the public health labs, as opposed to having  
1055 people have to send them to Atlanta.

1056 Q Do you know whether or not the decision to just pick  
1057 sentinel cities was based on capacity? I understand that the CDC had  
1058 limited capacity to develop test kits.

1059 A I don't know.

1060 Q Okay. Did you have any role at the time in determining  
1061 whether the U.S. had sufficient testing capacity? Was that addressed  
1062 at CDC or at the Task Force?

1063 A I don't know if I had a role. I mean, I had the  
1064 perspective that once we realized asymptomatic transmission was a  
1065 challenge, that we didn't have the testing capability that we  
1066 required. There was two types of testing we required. Public health  
1067 testing and the rest of the country clinical testing. And there was a  
1068 misperception at the time by many that somehow CDC was the source of  
1069 global testing for the nation, as opposed to our mission of providing  
1070 testing for the public health communities.

1071 Q Why is that a misperception? Didn't CDC have the only  
1072 authorized test?

1073 A We had the ability to have others share our EUA and we  
1074 published the primer pairs. So I spent much of my career obviously in  
1075 infectious disease, clinical medicine. I had a laboratory-based  
1076 program that built diagnostics. And I know this is a sensitive issue  
1077 for some, but historically, laboratory tests, developed tests were  
1078 always used in the practice of clinical medicine.

1079 The FDA in, I think, the Obama years moved away to put a hold  
1080 on laboratory developed tests. I never understood that -- I never  
1081 understood why molecular labs at major hospitals like Mass General,  
1082 Wash U, University of Washington in Seattle, Hopkins, why they weren't  
1083 immediately offering diagnostic tests to patients using the primer  
1084 pairs that we published. And what I learned in late February is

1085 because they were concerned that the FDA was going to hold them  
1086 accountable for using laboratory-developed tests which they said they  
1087 couldn't do. And I did call -- two things happened that would be  
1088 useful to this discussion.

1089         One is, I had a number of calls with my counterpart, Steve  
1090 Hahn, who was the head of the FDA that CDC had tests for the public  
1091 health community but we need tests for clinical medicine. And the  
1092 only immediate source of those tests, as I see it, is  
1093 laboratory-developed tests in the molecular biology labs in all these  
1094 hospitals. And he needs to grant regulatory discretion, so they would  
1095 start to do that, which he did. And there was obviously a lot of  
1096 pushback from some of the career people at FDA that didn't want to see  
1097 that happened.

1098         The second thing that happened, which I think is important, as -  
1099 - and I don't know if it was the Vice President, because now I think  
1100 he was in charge of the Task Force, or the President invited all the  
1101 major diagnostic companies to the White House where they put on the  
1102 table that we need the private sector to step up to the plate. We  
1103 need them to get fully engaged.

1104         And I do think it's worth -- because I didn't understand this at  
1105 the moment, why they were on the sidelines. And I do think there was  
1106 a missed opportunity for BARDA and the FDA not to stimulate this  
1107 testing in the private sector back in January, but I didn't understand  
1108 why. And that's when I became more aware by listening to them what  
1109 happened to them during SARS and MERS, where they converted all this

1110 money and developed these tests and there was no market for them;

1111           So everyone was operating that this was going to be another SARS  
1112 and MERS. This was not going to go anywhere. So there clearly was a  
1113 severe shortage. And I might add, you know, even today, I believe  
1114 there is a severe shortage of the availability of tests that we need  
1115 for public health purposes to confront COVID-19.

1116           Q           You said it was a missed opportunity. What do you think  
1117 could have happened differently if more tests had been developed more  
1118 quickly?

1119           A           Yeah, I think -- again, it goes back to the first  
1120 mistake calling it SARS-like. I think normally, what would have  
1121 happened if it's a new pathogen and we saw a threat is, BARDA would  
1122 have stipulated the private sector to develop these tests. In other  
1123 words, they would have seeded the private sector with money in  
1124 partnership with the FDA to accelerate tests for commercial use. That  
1125 step wasn't -- that wasn't done here.

1126           And there were some people who I do believe misinterpreted  
1127 CDC's success to develop a test for public health purposes, that that  
1128 was the test, okay? And it wasn't the test for public health  
1129 purposes. We were lucky to have enough tests at that time for each  
1130 public health lab, even when we finally solved the manufacturing  
1131 glitch, and got the corrected two primer pair tests out to the state  
1132 labs, most state labs had enough reagents to do 50 tests a day.

1133           Q           Did BARDA have a seat on the early Task Force?

1134           A           I shouldn't say that. The director of ASPR did, and he

1135 oversees BARDA.

1136 Q Was there any discussion, as far as you can recall, at  
1137 the early Task Force meetings, early meetings under Secretary Azar's  
1138 leadership to scale up testing by using commercial diagnostic  
1139 companies?

1140 A The first time I had a serious discussion of that is in  
1141 the Roosevelt Room when the Vice President or the President brought  
1142 the leaders of Abbott and Roche, LabCorp, Quest, Thermo Fisher,  
1143 brought them all in and said, need you to get engaged in this. We  
1144 need to -- we need to develop that.

1145 [Majority Counsel]. We are at our hour, so we will go off the  
1146 record.

1147 (Recess.)

1148 BY [MINORITY COUNSEL].

1149 Q Dr. Redfield, my name is [Redacted]. I'm a counsel on  
1150 the Republican staff. Thank you for being here, and thank you for  
1151 serving as CDC director. I am going to rehash a little bit of what  
1152 [Redacted] asked about on the early days of what you were hearing  
1153 coming out from China and what the reports were saying.

1154 So on December 30th, ProMED released a report that said there  
1155 was an undiagnosed pneumonia in China, Hubei Province. What is  
1156 ProMED?

1157 A What's the date, did you say?

1158 Q December 30th.

1159 A I'm not familiar directly with that publication, but it



1160 sounds like it's a medical publication, but I'm not familiar with it.

1161 Q I have it here if you want.

1162 A Okay.

1163 Q It does viral detection open source reporting, and was  
1164 the first public report of an undiagnosed pneumonia in China.

1165 A Okay.

1166 Q China reported on December 31, and you said you heard  
1167 that day about it as well from the CDC?

1168 A Correct.

1169 Q And later, Dr. Gao. Your first phone call with Dr. Gao  
1170 was December 31st or January 3rd?

1171 A Yeah, it was somewhere between the 31st and the 3rd.

1172 Q Okay.

1173 A I don't remember exactly. As I mentioned, I was trying  
1174 to have probably one of the most momentous holidays that I ever was  
1175 going to have in my life, because I doubt that I'll ever have all my  
1176 grandchildren, all my children, all the spouses captured, you know, in  
1177 the same house.

1178 Now, after that experience, they all agree that they're going  
1179 to rent their own places in whatever town we decide to go. So I don't  
1180 remember, but I would say when George and I talked, somewhere several  
1181 times between the January 31st and the 3rd of January.

1182 Q And you said the first call was kind of just the number  
1183 of cases and that kind of preliminary information. Did he ever tell  
1184 you explicitly that it wasn't SARS?

1185           A           No, he didn't say that at the time. He actually hinted  
1186 to me probably on the third or fourth call, probably after the 6th,  
1187 because they had a lot of sequencing done by then, he told me they  
1188 were getting close to being able to publish the sequence.

1189           Q           Okay.

1190           A           And he said the sequence had a lot of homology to SARS.

1191           Q           Are you aware of the name Jeremy Farrar?

1192           A           Very well.

1193           Q           So he wrote a book, and we'll mark this as Minority  
1194 Exhibit A. It is a page from his book where he recounts a phone call  
1195 from Dr. Gao on December 31st.

1196                                 (Minority Exhibit A was  
1197                                 identified for the record.)

1198           BY [MINORITY COUNSEL].

1199           Q           At the top, the highlighted portion reads, "Very soon,  
1200 George told me, the world would be hearing about a cluster of cases of  
1201 a new pneumonia from Wuhan in China. The cases had already been  
1202 reported to the World Health Organization. It was, essentially, a  
1203 courtesy call from one scientist to another. I remember him telling  
1204 me that we wouldn't need to worry because it wasn't severe acute  
1205 respiratory syndrome (SARS), and that we must keep in touch."

1206           Ms. Christian. Remind me, what day?

1207           [Minority Counsel]. December 31st.

1208           BY [MINORITY COUNSEL].

1209           Q           Do you have any reason to believe why Dr. Gao would tell

1210 Dr. Farrar something different than he told you?

1211 A I think it's similar to what he told me. What's  
1212 different?

1213 Q You said he never told you explicitly it wasn't SARS,  
1214 and he told Dr. Farrar explicitly that it was not SARS.

1215 Ms. Christian. You can speak to your knowledge. What did  
1216 Dr. Gao tell you on the call. I'm not sure if you --

1217 The Witness. Yeah. No, at the time, at the first call I  
1218 talked to -- I think what I tried to say to you both is that he said  
1219 there was molecular homology to SARS. That's different than saying it  
1220 is SARS. He just said, if I remember correctly -- and you can't hold  
1221 me to this -- I think he said 94 percent molecular homology to SARS.

1222 BY [MINORITY COUNSEL].

1223 Q Okay.

1224 A So I do think he's conveying the same thing here. I  
1225 mean, I did have discussions directly with Jeremy Farrar in the first  
1226 two weeks, too, because he was head of the Wellcome Foundation. And  
1227 he always was influential with WHO. And I thought Jeremy, who is also  
1228 a friend, could help lean on Tedros to get his effort to get CDC into  
1229 Beijing, into Wuhan.

1230 Q When did you have conversations with Dr. Farrar?

1231 A Probably the same period of time. Probably between, I  
1232 would say, later than the -- probably between the 6th and the 16th or  
1233 17th. In that timeframe, just you know, get his instincts on where we  
1234 are. The Wellcome Foundation had a lot of energy in China, along with

1235 WHO. So it really was Tedros and Jeremy Farrar and Tony Fauci which  
1236 were the three people I kind of talked to during those first weeks.

1237 Q Was -- what was kind of like a summary of the  
1238 conversations, just trying to influence the WHO?

1239 A Probably initially. Trying to get us into China,  
1240 probably also sharing my own point of view, to see if it got validated  
1241 by Jeremy, that I do believe, because my friend and colleague who I  
1242 trust, George Gao, I think he was just learning about this epidemic  
1243 the same time as I was, and -- and so I just wanted to see if, you  
1244 know, Farrar had any other information.

1245 Q You said early on you had an inclination that there  
1246 might be human-to-human transmission based on some cluster cases.  
1247 Were those cluster cases in Wuhan or outside of Wuhan?

1248 A In the original 27.

1249 Q By January 3rd, there were cases in Hong Kong and a few  
1250 other places. Does that kind of transmission at least imply that  
1251 there might have been more than just wet market affiliation?

1252 A Well, or there was a common pathway. I mean, there was  
1253 a common pathway that could have occurred in addition to wet markets.  
1254 Now, you know, my view is that this didn't start in a wet market.  
1255 Other people do believe that. And we can come back to that if there's  
1256 direct questions. But that the key for me was in the cases that  
1257 George shared with me, there were three clusters in that group. And  
1258 then there's always, as mentioned when we were talking to [Redacted],  
1259 when the Thai case occurred, you couldn't explain it other than

1260 human-to-human transmission.

1261 Q Up until, I think it was January 20th or so, the World  
1262 Health Organization was still saying there wasn't human-to-human  
1263 transmission. Not that they weren't saying it was rare, they were  
1264 saying there was no evidence of human-to-human transmission. Why do  
1265 you think they were saying that if --

1266 A Because I think that's the information they got from  
1267 George. That's what George told me, too. He said that, you know, in  
1268 a sense, rest assured there's no evidence of human-to-human  
1269 transmission. And they relied pretty heavily on what is normally an  
1270 amplifier if you have human-to-human transmission. And that is, when  
1271 you put these people into a hospital, they end up infecting hospital  
1272 workers.

1273 And I remember George explicitly saying we've seen no -- the  
1274 term we use is no nosocomial transmission. And we see no evidence of  
1275 human-to-human transmission. Obviously an incorrect conclusion, but  
1276 it was a conclusion that was put forth. It wasn't a conclusion where  
1277 people said, we're not sure, we don't know, we've got to investigate  
1278 this.

1279 This is why I was aggressive in trying to get CDC in to answer  
1280 two questions that I thought was important for our public health  
1281 response here and the world. Is there human-to-human transmission?  
1282 If so, how common it is. And is there asymptomatic infection.  
1283 Because that would define your public health approach.

1284 Q Do you think -- maybe not Dr. Gao directly, but

1285 leadership in Beijing were restricting information that they were  
1286 sending to the United States or the World Health Organization?

1287           A           Well, what I do think now, I didn't know then, is that  
1288 George Gao was learning about this pandemic at the same time I was,  
1289 okay? I don't think he was holding back on me. I think he was as  
1290 shocked as he was on the follow-up phone calls when he was -- when I  
1291 mentioned this publicly before he's not happy that I say this, because  
1292 he called me about it, but he was distraught. That's not something  
1293 Chinese leadership likes to show in public. But he was distraught  
1294 when he went out and followed up on my request to look at people with  
1295 nonspecified pneumonia that had nothing to do with the wet market. He  
1296 told me, Bob, we have hundreds of cases, it's already out of control.

1297           Ms. Christian. When?

1298           The Witness. January 6th, 8th. The very beginning. I don't  
1299 have any information on this, but I think subsequent information from  
1300 congressional reports that I've read, you know, strongly suggest that  
1301 this virus was circulating in Wuhan long before the wet market,  
1302 probably back in September. Some people think as early as August, but  
1303 clearly in September. And I think George was not aware of that. I  
1304 don't think he was brought in as CDC director until I was brought in,  
1305 until at the same time I learned, he learned. Again, that's my  
1306 belief. I can't prove it, but I don't think George was disingenuous.

1307           BY [MINORITY COUNSEL].

1308           Q           For clarity, brought in as CDC director, do you mean do  
1309 you think the government in Beijing knew in September and didn't

1310 inform Dr. Gao?

1311 A I can't speculate.

1312 Q So you said you had offered directly from you to Dr. Gao  
1313 to send a CDC team into China. Was that on the January 3rd phone call  
1314 or later?

1315 A Definitely by the 3rd, because I believe I have an  
1316 email. But I don't have too many emails, thanks be to God. I never  
1317 learned how to do that. I'm old-fashioned. But I do think I sent an  
1318 email and I think it was dated the 3rd, actually. And then the formal  
1319 letter on the 6th, I know because I've seen that in the press come  
1320 back at me that I wrote a letter on the 6th. That I wrote at the  
1321 request of George, because he said the only way he could get approval  
1322 to bring me in is I had to write an email, which I thought was unusual  
1323 because usually as CDC directors, we just would agree to help each  
1324 other and just get on with it.

1325 Q In your opinion, why do you think he wanted the email?

1326 A Because he didn't have the authority to approve it. He  
1327 wanted me to come in and help, but he needed to have a document that I  
1328 was offering to help.

1329 Ms. Christian. Did he specifically say he didn't have  
1330 authority or that's what you gathered?

1331 The Witness. He specifically told me. And he specifically  
1332 told me, I don't know how this happened exactly, but he was clearly  
1333 not comfortable being the one to request it from his government. He  
1334 wanted me to offer it to his government.

1335 BY [MINORITY COUNSEL].

1336 Q And you never --

1337 A Never got a response.

1338 Q You never got a response from Dr. Gao?

1339 A No, even to this day.

1340 Q And then you testified earlier that you went to  
1341 Secretary Azar, even went the President of the United States to have  
1342 them make a similar request?

1343 A Correct.

1344 Q And you never got a response to either of those  
1345 requests, to your knowledge?

1346 A Secretary Azar did it, and I know he did it. He made it  
1347 clear he talked to his counterpart. But I don't know what his  
1348 counterpart, if his counterpart ever got back to the Secretary. You  
1349 would have to ask the Secretary. And I know the President made the  
1350 call to the President of China, and made the request. I don't have  
1351 any evidence that there was an answer to the President's request.

1352 Q But a CDC team never went to China?

1353 A We never went to China. We had a team ready and you'll  
1354 get more to when the WHO team finally went and we were able to  
1355 participate, but we never were able to do that, nor did they take  
1356 advantage of the CDC people we had in Beijing.

1357 Q In your experience in working with China and the Chinese  
1358 government, why do you think China wouldn't respond to this offer?

1359 A I don't know the answer. It would be speculative. So



1360 it wouldn't be useful, it would just be speculation.

1361 Q You touched on this, but it was reported that Dr. Gao  
1362 told you that I think we're too late in early January?

1363 A Yeah, I don't know if he used the word too late. I  
1364 can't remember. Maybe that's what I said. He told me he has hundreds  
1365 of cases.

1366 Q Okay.

1367 A I think he might have said, I think it's out of control.  
1368 I don't think he used the word late.

1369 Q How did you respond to hearing that?

1370 A I responded by telling him we're ready to come help. I  
1371 said, George, there's two critical questions. Is there asymptomatic  
1372 spread and to what extent is there human-to-human transmission.

1373 Q And again, even though Dr. Gao now recognizes that  
1374 there's significant cases, he still never responded to that request  
1375 for help?

1376 A He let me know that that request, you know, that my  
1377 letter has gone forward through his chain of command.

1378 Q Oh, I'll rephrase. The Beijing government never  
1379 responded?

1380 A I never got a response from anybody at any level.

1381 Q Okay. I want to ask a little bit about the sequence of  
1382 the virus. I think you said it was around January 10th?

1383 A They published, if I'm correct, they put it online on  
1384 the 10th.

1385 Q Okay.

1386 A You can check those dates, but that's my best  
1387 recollection.

1388 Q I think it's the 12th. I'm not going to check your  
1389 dates.

1390 A Good. I have two-year Alzheimer's.

1391 Q That's pretty good. When they first published it, is  
1392 that when you first saw the sequence?

1393 A Yes.

1394 Q What is the importance from a public health perspective  
1395 of having the sequence?

1396 A The sequence was important to understand what we were up  
1397 against. As I said, it was a Catch-22, because I think we made the  
1398 wrong conclusions initially. I think the SARS-like, because I think  
1399 if you look back, and I may be wrong on this, too, I do think it had  
1400 94 percent homology to SARS. So everyone assumed this was a SARS-like  
1401 virus, so we attributed the characteristics of SARS to the virus,  
1402 symptomatic disease, very hard to transmit human to human. Both of  
1403 those were incorrect.

1404 The third thing that they concluded was that this obviously  
1405 came from a bat, and went to some animal they have to find, and then  
1406 came in to humans. So I think that's -- the purpose for us, the  
1407 public health implications which were really critical, so we could  
1408 develop a diagnostic test. We didn't have to -- we could develop a  
1409 diagnostic test, which I will for the record say that I think CDC's

1410 efforts here were really heroic here. We developed a test within two  
1411 weeks.

1412           Since I was on the early AIDS epidemic from 1981, we didn't  
1413 have a test until 1984. The fact that we could develop a test in less  
1414 than two weeks, I think, is remarkable. And I think the men and women  
1415 who did it should be congratulated for it.

1416           Q           Does knowing the sequence tell you anything about the  
1417 virus -- and I'll get into this later, but we hear a lot 8ACE2  
1418 inhibitors and spike proteins and cleavage sites and all sorts of  
1419 things?

1420           A           At that time, I don't think it was that well dissected.  
1421 I think at that time, people looked at the sequence really for the  
1422 purpose of what kind of virus is this? Is this a flu virus, is this  
1423 an adenovirus, is this a respiratory interstitial virus, is this a  
1424 coronavirus? And we learned quickly this is a coronavirus. And  
1425 that's really the extent of -- and then for us at CDC, we immediately  
1426 used that to develop a diagnostic test, which then allowed us to  
1427 diagnose those original cases, which then allowed us to isolate our  
1428 own viruses, so we could begin to understand this virus better.

1429           Q           Is there a difference between the term genome and  
1430 sequence?

1431           A           No, the sequence is the genome.

1432           Q           Okay. Then I would like to introduce Minority Exhibit  
1433 B.

1434                               (Minority Exhibit B was

1435 identified for the record.)

1436 BY [MINORITY COUNSEL].

1437 Q So on the right side, underneath the little  
1438 coronaviruses, actually, it says, "Eddie" -- which is Eddie Holmes,  
1439 which is a virologist in Sydney, Australia -- "has screenshots taken  
1440 from social media in China about the coronavirus sequence. They  
1441 suggest the full genome was known by a genomics company in China by 27  
1442 December 2019. It was reported to both China CDC and the hospital who  
1443 provided the patient sample, on 27 and 28 December."

1444 But China didn't publish it until January 12th, it appears, it  
1445 would appear that the Chinese CDC had the sequence two weeks earlier.  
1446 Would those two weeks have made a difference in the CDC efforts to  
1447 test and contact trace?

1448 A No, that would be very speculative in terms of what we  
1449 were up against here. And particularly, when you put it in the  
1450 context of other information that I think you have.

1451 Q But you didn't know that the virus had been sequenced?

1452 A I didn't know anything about the virus until the 31st of  
1453 December. And at that time, I didn't have the sequence. I did have -  
1454 - one of the early calls, George told me he thought we would have the  
1455 sequence soon, but I don't recall him telling me that we have the  
1456 sequence, that he had it in his hands, that he knows the sequence,  
1457 probably until a day or two before he published it. He said we have  
1458 the sequence to be published online. So maybe he told me on the 10th,  
1459 and published it on the 12th.

1460 Q Why do you think -- this calls for speculation again,  
1461 but you're an expert in virology. Why would they not share the  
1462 sequence when they had sequenced it? Is there a medical reason that  
1463 you might need to sequence it again to figure it out?

1464 A You may want to confirm it. I actually think it's  
1465 remarkable that they published the sequence so quickly. If you go  
1466 back historically, when we had the SARS outbreak, we didn't have  
1467 confirmation of that from the Chinese government for a long time. So  
1468 I think it was pretty remarkable and transparent that they published  
1469 the sequence so quickly.

1470 I think most of us would repeat the sequence a couple times if  
1471 we're going to go out before the scientific community, because the  
1472 last thing we want to do is someone else resequence, and find out we  
1473 made a big mistake and make a big deal out of it.

1474 Q If Dr. Farrar's account here is accurate, does that  
1475 suggest that the virus was circulating prior to China informing the  
1476 WHO?

1477 A Well, I think there's just, you know, lots of evidence  
1478 that that's probably true. I don't know how much you're going into,  
1479 but I think there's clear evidence that it was circulating. I think  
1480 the relevant point to this part is, I think the CDC director of China  
1481 was as much in the dark about what was going on in December and  
1482 November in China as the CDC director of America.

1483 Q Okay.

1484 A That's speculative, but that's my view. Because, you

1485 know, I just want do go on the record, just reinforcing that I have  
1486 confidence in the integrity of George Gao.

1487 Q And I want to make sure I'm not questioning his  
1488 integrity.

1489 A No, I just want to make it very clear.

1490 Q It would just appear that at least the Beijing  
1491 government knew significantly more than they were sharing with their  
1492 own CDC director and what they were sharing with the WHO?

1493 A I think that's a reasonable conclusion.

1494 BY [MINORITY COUNSEL].

1495 Q This is [Redacted]. Dr. Redfield, based on your  
1496 knowledge of China and its sort of scientific infrastructure, do you  
1497 think it's plausible that a genomics company in China could have had  
1498 the virus sequence, as Dr. Farrar says here, on December 27th, 2019?

1499 A Yes.

1500 [Minority Counsel]. Thank you.

1501 BY [MINORITY COUNSEL].

1502 Q So that the first scientist to publish the sequence was  
1503 Dr. Zhang Yongzhen. He ran a lab in China, and he published it on  
1504 January 11th, the Chinese government confirmed it on January 12th.  
1505 One day after he posted it, the lab was shut down by the government in  
1506 Beijing. In your experience, is it common for them to punish or  
1507 silence dissenters?

1508 A That would be speculative for me.

1509 Ms. Christian. Were you familiar with that scientist?

1510           The Witness. I don't know him by name, but I was familiar that  
1511 he presented. I wasn't as familiar with the after actions, but I do  
1512 know that he was the one who originally published the sequence that  
1513 George told me was going to be published. I don't know him  
1514 personally.

1515           BY [MINORITY COUNSEL].

1516           Q           So we talked about one of the most dangerous aspects of  
1517 this virus is asymptomatic spread that you could be walking around not  
1518 knowing you have it and be spreading it to people. You testified a  
1519 little bit, but I just want to make clear, early in January, February,  
1520 March, you thought -- did you think it was a possibility that there  
1521 could be asymptomatic spread?

1522           A           I think there could be. We saw there was early reports.  
1523 I didn't recall the Lancet report, but clearly, there were early cases  
1524 in December, and I think the Chinese government actually acknowledged  
1525 that there was asymptomatic spread. You know, I don't recall the  
1526 article specifically, but you brought it up, or [Redacted] brought it  
1527 up.

1528           So I always thought that there could be, that the issue is, is  
1529 it rare or is it more common? You know, how common is it? And I  
1530 think we clearly had isolated cases of asymptomatic spread that we  
1531 understood in January, but our conclusion was it was still a very rare  
1532 event.

1533           And, you know, I think in retrospect, it was an incorrect  
1534 conclusion. I think part of that was reinforced by our own contact

1535 tracing work. As I said, we've looked at lots of contacts of those  
1536 original 14 cases, and only two people did we prove had COVID. They  
1537 were both spouses. All right? And all 14 cases originally had links  
1538 to Wuhan. It wasn't until what was mentioned before, the nurses in  
1539 California, the 15 and 16 cases that looked like we didn't know how  
1540 they got, it must be community.

1541           So it's -- when we looked at those contacts, we only had two  
1542 that had confirmed to be COVID, but the way that contact investigation  
1543 went was they were evaluated for symptoms. And if they didn't have  
1544 symptoms, they were just followed for symptoms. And if they didn't  
1545 develop symptoms, they were dismissed.

1546           Q           So I think it might have been the first hearing.

1547           A           That was a painful day.

1548           Q           I remember it very well.

1549           A           Not as well as I do. I actually thought Fauci was my  
1550 friend until he threw me under the bus on that one.

1551           Q           So you testified that day that asymptomatic spread was  
1552 possible.

1553           A           Mm-hmm.

1554           Q           And on June 8th, three months later, the WHO released a  
1555 statement that said asymptomatic spread was very rare. So you were a  
1556 clear three months ahead on at least admitting --

1557           A           No great insight, other than I obviously read the paper  
1558 that was alluded to by [Redacted], and we had the Diamond Princess  
1559 investigation which clearly we found asymptomatic cases. No matter



1560 how hard we pushed, the CDC initially thought -- people thought, well,  
1561 maybe they didn't, you know -- the CDC pushed some of these people for  
1562 symptoms, and there were clearly people that got infected that didn't  
1563 have symptoms. So asymptomatic spread was a reality. We didn't  
1564 believe it was the dominant reality, which I believe now it is the  
1565 dominant reality. Particularly with the current virus, Omicron, it is  
1566 the rule not the exception.

1567 Q You alluded to this, but was asymptomatic spread very  
1568 rare in June of 2020?

1569 A Probably not. It wasn't -- again, it wasn't recognized.  
1570 Remember, the only way you would recognize asymptomatic spread is if  
1571 you had an extensive testing program.

1572 Q Mm-hmm.

1573 A And so I think Ambassador Birx, to her credit, I think,  
1574 recognized pretty aggressively by mid-March, and she was now sort of  
1575 the point person for coronavirus that developing expanded testing for  
1576 diagnosing, what she would call the silent infections was paramount.  
1577 And I agreed with her, and -- but I think -- I don't think any of us  
1578 ever felt, even at that time, it was the dominant mode of  
1579 transmission. I will say, as we sit here, particularly with the  
1580 Omicron variant, it is the dominant mode of transmission.

1581 Q I understand there were some complicating factors with  
1582 the WHO, but were you and Dr. Birx in communication with the WHO on  
1583 your thoughts about asymptomatic spread?

1584 A I talked with Tedros, would be my point of contact, and

1585 shared my professional opinion. I don't remember the exact  
1586 conversations and when, but we developed a good partnership with  
1587 dealing with Ebola in the DRC under wartime conditions. And we went  
1588 to those hospitals with UN guards and tanks, you know. So I shared  
1589 with him my perspective, reminding him that I was a virologist, and I  
1590 wanted to share with him our perspective.

1591 Ms. Christian. Did you say timing?

1592 The Witness. I would say, in general, between March and July.  
1593 You know, I will say later on in the pandemic, I didn't have much  
1594 interactions with them. They were -- they were not -- well, they were  
1595 not of the point of view that this was a pandemic when we thought it  
1596 was a pandemic.

1597 And when they eventually put their team together to go into  
1598 China, which I think was the end of February, having turned over over  
1599 20 names, we had one slot. And we are -- CDC was -- and let's call it  
1600 the way it is. CDC is -- again, for the record, CDC is the premier  
1601 public health agency in the world, not just the United States. And we  
1602 were given one slot.

1603 BY [MINORITY COUNSEL].

1604 Q I'll get to this, but I think the WHO denied us some  
1605 slots on other investigatory teams as well, which I'll ask you about  
1606 it later. So it appears that from your testimony and from reports,  
1607 the United States was kind of a couple steps ahead of the WHO through  
1608 almost the entirety of the first six months or so of the pandemic,  
1609 ahead on human to human, ahead on asymptomatic, ahead on calling it a

1610 pandemic, public health emergency. Why do you think that is?

1611 A You know, it would be speculative, but I think since my  
1612 foot's over here, I'll speculate.

1613 Q You're allowed to speculate a little bit.

1614 A I don't want to, because I want to stay strict to you  
1615 guys, so you have information that's useful. It doesn't help -- my  
1616 speculation is what doesn't mean anything. But I do think the WHO was  
1617 much too focused on what China wanted. An example would be the  
1618 initial investigatory team, of which I had over 20 highly qualified,  
1619 and I would say some of the best in the world people go do this. A  
1620 number had done the SARS epidemic in China, all right? When they  
1621 eventually opened up. And the head of my team, all of them. And my  
1622 understanding is that each of the names had to be approved by China to  
1623 be on that team. That, to me, was irregular.

1624 Q Was that -- that was a team to investigate the outbreak  
1625 as a whole, not the origin, correct?

1626 A Well, it was the first team that the Chinese let in from  
1627 WHO. I think it was really focused on the pandemic, in general, on a  
1628 lot of the questions. I think NIH got one slot and CDC got one slot.  
1629 And, you know, the restrictions on that and the whole problem with  
1630 that whole initial thing. We wanted to have that entire investigation  
1631 done before the end of the second week of January, and I had a team  
1632 that could get it completed. They just didn't get access.

1633 Q Do you recall who the CDC employee was?

1634 A You know, I don't. It was an individual on our team who

1635 was, I think, of Chinese descent. Obviously, for the record, that  
1636 could be found out.

1637 Q Do you recall who the NIH person was?

1638 A Yeah, it was Cliff Lane, if I remember.

1639 Q I'm going to shift gears a little bit. PPE turned out  
1640 to be a pretty big issue early on. And particularly stockpiles and  
1641 access to it. Were you involved in the efforts of the Task Force to  
1642 procure and distribute PPE?

1643 A No. I was involved in discussions, but I wasn't  
1644 involved. I think you all know, prior to me being CDC director, the  
1645 stockpile was under the direction of the CDC. But Secretary Azar had  
1646 made a decision when the CDC director was Fitzgerald to transfer that  
1647 stockpile to ASPR. And so by the time I became CDC director, it was  
1648 being transferred to ASPR.

1649 Q So you weren't involved except for tangential  
1650 discussions, like Project Air Bridge or anything?

1651 A Just in the Task Force, just hearing the discussions.

1652 Q Okay. I understand some of these questions might call  
1653 for some speculation, but I'll try them anyway. We just talked about  
1654 a number of things. Do you think the central government in Beijing  
1655 had a concerted effort to downplay the virus?

1656 A I really can't comment. I think you're hard pressed to  
1657 conclude that when they quarantined over -- I think at one point, they  
1658 quarantined 10 or 20 or 30 million people. So I don't consider that  
1659 downplaying.

1660 Q I'm going to shift gears quite a bit now. So you've  
1661 seen it in public reporting, and I'm sure you'll get asked about it  
1662 later. But there was an email that Dr. Paul Alexander sent to Michael  
1663 Caputo and Dr. Charlotte Kent, and you, where Dr. Alexander requested  
1664 that the CDC stop all MMWR productions. Are you aware of that email?

1665 A I don't remember the email, but I remember the subject  
1666 matter.

1667 Q Did you ever meet Dr. Alexander?

1668 A Yes.

1669 Q How many times?

1670 A Probably once in Caputo's office, when I was visiting  
1671 the Secretary, he introduced me to him.

1672 Q Did you garner much of an opinion about him during that,  
1673 what I assume was a brief meeting?

1674 A It was a brief meeting. I can't comment. If I recall,  
1675 he was educated in Canada and Oxford. He was working for Caputo in  
1676 the Office of the Secretary.

1677 Q Were you aware at the time of the number of emails that  
1678 he was sending to the CDC or through Mr. Caputo?

1679 A Not the extent of which I became aware. Only -- but --  
1680 and this has been one of the things that Congressman Clyburn has  
1681 raised before. I made it -- I never said anything about deleting  
1682 emails. And you guys know that my emails aren't deleted. They're in  
1683 the archives forever. And I really was trying to save taxpayer money  
1684 by not writing many emails, okay? But I made it clear at the CDC that

1685 they should just ignore Alexander's emails. And I told Caputo that I  
1686 didn't appreciate him emailing CDC directly. They should go through  
1687 him and the Secretary, if we wants to send emails to the CDC.

1688 Q Thank you. You're anticipating my questions.

1689 A Well, it was in the original letter from Clyburn two or  
1690 three years ago, so I just want to put on the record, I never  
1691 requested anything to be deleted. I requested them to be forwarded.

1692 Q Thank you. I have to ask a few questions about the  
1693 email. So Dr. Alexander requested Mr. Caputo put an immediate stop to  
1694 all the MMWR reports. Who would have the final say?

1695 A I suspect that would be me, and that wasn't going to  
1696 happen on my watch. I think you know that I held the MMWR as an  
1697 independent publication with its own editorial review board, and it  
1698 was going to continue to be so on my watch.

1699 Q So you didn't report to Dr. Alexander or Mr. Caputo,  
1700 they couldn't order you to do this?

1701 A No, I probably told CDC to ignore them, like I told you.  
1702 And I probably told Caputo to tell Alexander to quit sending stuff to  
1703 CDC.

1704 Q And MMWR reports didn't stop being published, did they?

1705 A No.

1706 Q And you already answered this question, but yes or no,  
1707 did you tell anyone to delete that email?

1708 A No.

1709 [Minority Counsel]. I think that's all I have for this hour.

1710            [Minority Counsel]. I have two quick ones.

1711            The Witness. Now, do I get those 24 minutes at the end of the  
1712 day? I look at my good friend, [Redacted]. I think she's adding  
1713 those minutes up for extra time, just in case she needs them.

1714            BY [MINORITY COUNSEL].

1715            Q            I just have a quick question. One of the criticisms of  
1716 the Trump administration early on in the pandemic in 2020 was that  
1717 there was no CDC personnel in China or the virologists or  
1718 epidemiologists that could have been helpful had been pulled out of  
1719 the CDC in China. It sounds like that, based on your testimony today,  
1720 that's not true?

1721            A            Well, for clarity, my predecessor, not Cheryl but the  
1722 one before Tom Frieden had decided to use the Ebola supplemental  
1723 funding to open up 17 CDC global health security bases, anticipating  
1724 that the bipartisan Congress would appropriate all the money you  
1725 needed to maintain those. When I became CDC director, they already  
1726 had made the decision to start shutting down, and it was covered in  
1727 the press, a number of these overseas efforts, because they didn't  
1728 have the funding, one of which was downsizing the Beijing lab, not  
1729 closing it, but downsizing it.

1730            When I became CDC director, one of my initial major efforts of  
1731 review was how was CDC positioned to protect the national security of  
1732 this nation from potential pandemics? And because of my military  
1733 background for more than 20 years, I looked at how the Defense  
1734 Department protects our national security efforts. And what they do

1735 is they have strategically placed bases around the world with full  
1736 capability.

1737         What CDC had is over -- people in over 60 countries, not a  
1738 single country had full capability. So I decided to do a review,  
1739 first, how Tom had picked the 17 sites, and what criteria he used.  
1740 And more importantly, what criteria I thought we should use. Like for  
1741 example, one would be, has a new pathogen for humans emerged from that  
1742 region? I think that would be a reasonable criteria to consider. And  
1743 began to develop a regional strategy that I wanted to operationalize.  
1744 But not to make the same issues that my predecessor did, I argued that  
1745 point before Congress and was able to begin to get support for our  
1746 global regional perspective, bipartisan support.

1747         And as that support was put into hard funding, we began to open  
1748 offices. So on my watch, I opened four new regional -- regional  
1749 offices in Brazil, in the country of Georgia, in the country of Oman,  
1750 and the country of Vietnam. But my goal was to continue to build  
1751 eight to 12 around the world, and have that as the backdrop.

1752         In addition to that, I reviewed the -- all the downsizing  
1753 decisions that were made before I became CDC director. And one of  
1754 them was to downsize China, which they were in the process of doing  
1755 and they removed some people. Didn't close it, but they did remove  
1756 several people as was reported.

1757         And I definitely reversed that, and said we're not downsizing  
1758 China, because my first criteria was a new pathogen come in to humans  
1759 from that region, and China is clearly one of our pandemic threat for



1760 origin of a new pathogen. That's where bird flu is most likely to  
1761 emerge. So I began to reverse that decision.

1762           The same thing for another country was this country called the  
1763 Democratic Republic of the Congo, because they gave us Ebola and  
1764 stuff. But again, I didn't go beyond the extent of the appropriations  
1765 that we had, because I -- one of the hardest things I had to endure as  
1766 CDC director, particularly someone that spent over 20 years in global  
1767 infectious disease, was to be in charge and see decisions by my  
1768 predecessor to shut down our global presence and to reverse it, but to  
1769 reverse it based on hard funding from Congress. I would hope they  
1770 would give us funding for 8 to 12 sites. I believe it is a critical  
1771 national security issue, fundamental to our preparedness. So just to  
1772 set the record straight, it was downsized based on decisions made by  
1773 my predecessors, and I began the process of reversing it, but within  
1774 the scope of resources that we had.

1775           The last thing I'll say for you all who may not be as familiar.  
1776 The way funding comes into CDC, I remember when I was CDC director, I  
1777 went down the first day because, they were supposed to give us 5  
1778 billion, but Congress gave us 8 billion. So even though I had little  
1779 to do with it, didn't stop from letting people give me credit for it?

1780           But I immediately asked my CSO for the budget of the director.  
1781 So I had what discretionary money I had, so I could do what I wanted  
1782 to do in China. And I was informed that I didn't have any budget.  
1783 That all of the budget lines to CDC are specific PPOs authorized by  
1784 Congress. Again, in the future, if you all want to do something that

1785 makes CDC more effective, I do think there needs to be some  
1786 nontargeted funding to be able to respond to stuff like this.

1787 So just to clarify that. I hope I made that clear.

1788 Q That's helpful. The last one is you said you know Cliff  
1789 Lane, who was part of the -- who was the NIH person on the team to go  
1790 over. Did you agree with Cliff Lane's appointment to that?

1791 A Cliff is one of the most -- he is one of the most  
1792 outstanding investigative -- infectious disease investigators we have  
1793 in the country. He's clearly Fauci's right hand. We've been  
1794 colleagues, not only friends, but colleagues for probably over 40  
1795 years. So I can't think of anybody better on the NIH side. I could  
1796 put a lot of better people that could have gone on the CDC side.

1797 Q Okay.

1798 [Minority Counsel]. Thank you. That's all I have. We can go  
1799 off the record.

1800 (Recess.)

1801 [Majority Counsel]. Let's go back on the record.

1802 BY [MAJORITY COUNSEL].

1803 Q I just want to talk very briefly about an issue that you  
1804 referenced in passing which is the contamination that occurred at the  
1805 CDC lab that was developing tests for public health labs. What is  
1806 your understanding of what went wrong in that situation just briefly?

1807 A So CDC developed the original test, developed on two  
1808 primer pairs that would allow their amplification to detect the  
1809 presence of COVID-19. And that's the design of the test that went in

1810 through the original EUA that you've already referenced, and that's  
1811 the test that was used at the CDC and is used today at CDC. Two  
1812 primer pair tests.

1813       There were people at the states, obviously a number of them said  
1814 it would be easier for them if they could do the tests themselves.  
1815 And people at CDC had decided that they would try to facilitate that.  
1816 And this is not something I was engaged in the decisionmaking at the  
1817 time. But the lab group and the incident command group decided that  
1818 the lab team would develop reagents that then they would distribute to  
1819 the public health labs.

1820       In that discussion, somebody -- I don't know who -- decided it  
1821 would be preferential to add a third primer pair because they wanted  
1822 to make sure they prevented false positives. In other words, if  
1823 you're positive, you really had to have three primer pairs. And they  
1824 did that. The decision was also made that CDC would, if you will,  
1825 produce those primer pairs, okay. And it's probably worth noting that  
1826 CDC's not a manufacturing company. And had I been involved in those  
1827 decisions at the time, I would have recommended a contract  
1828 manufacturing company manufacture those, although I may have also  
1829 probably argued against that in the third primer pair, because I  
1830 didn't see the advantage.

1831       But anyhow, that decision was made and the kits were produced.  
1832 They were sent out, if I remember, on a Friday or Thursday night. And  
1833 the way the procedure worked was the states would get them and they  
1834 would have to verify that they worked before they would actually use

1835 them on a patient.

1836           So none of those kits were ever used on patients. But that  
1837 night, I got calls from different or -- I got calls from CDC, I guess,  
1838 to tell me that a number of states were not able to verify that the  
1839 kits worked, okay? And we had a problem. So I told them they had to  
1840 bring all the material back to CDC and we had to investigate what the  
1841 problem was. We involved the FDA, which at times, there's some  
1842 competition between CDC and FDA. But I told CDC that we were bringing  
1843 in the FDA because, you know, they were our partner in getting this  
1844 EUA out.

1845           And the kits came back, the FDA in their investigations felt  
1846 that there was potential evidence for contamination. And that was  
1847 largely -- and there's a report that you guys probably have access to  
1848 that the HHS went through an investigation on this, largely based on  
1849 one of the new laboratory workers that had not performed consistent  
1850 with the containment requirements for doing PR based test assays. You  
1851 don't want to mix primer pairs and pathogens.

1852           So the FDA concluded that contamination was the issue. It's  
1853 hard to prove contamination, just like it's hard for me to disprove  
1854 contamination. What we did do was continue the work on what my major  
1855 hypothesis was, the third primer pair had a design flaw. So if that  
1856 primer pair could self-anneal, it could give what we call high number  
1857 false positives. And you'll see that that also was proven to be the  
1858 case. So I can't say there wasn't contamination and I've always been  
1859 honest about this, but I can also say there was a design flaw with the

1860 third primer pair. So it took about five weeks. We worked with the  
1861 FDA, and our solution to the problem was to get rid of the third  
1862 primer pair and go back to the original test.

1863 I think it's important for Congress and for the American people  
1864 to know that test that was defective was actually never used for  
1865 clinical public health purposes. And, at the same time, CDC never  
1866 took offline the two primer pair tests that we offered. You just had  
1867 to send the samples. So eventually, it was corrected. The tests got  
1868 changed. I feel CDC didn't get treated fairly in the press on this  
1869 one.

1870 I also feel CDC wasn't treated fairly from the point of view  
1871 that somehow there was a sense and sentiment that it was CDC's  
1872 responsibility to provide testing for the whole country. And so any  
1873 how, that's the correct answer. And I've -- you know, I felt strongly  
1874 that it was our job to work cooperatively with the FDA on this. I  
1875 don't publicly say there's no way there was contamination, because I  
1876 can't rule that out. But I can say there's strong scientific evidence  
1877 that there also was a design flaw and the two primer test worked then,  
1878 and works now.

1879 Q My understanding is that the lab is operated by  
1880 Dr. Steve Lindstrom. Is that right?

1881 A Mm-hmm.

1882 Q Who was he reporting to? You said you weren't  
1883 supervising?

1884 A Probably Monroe. I would have to go back, but there's a

1885 command chain. One thing you'll learn about CDC if you go in deep, is  
1886 that it's a very decentralized agency, with leaders that have been  
1887 there for a long time. And one of the things I was trying to do was  
1888 provide a little organizational structure to it. That's why I brought  
1889 in the associate directors. And rather than every individual center  
1890 director rules for themselves, I was trying to put them together in  
1891 groups, so maybe three centers reported to this deputy director, three  
1892 centers to this deputy director. Very hard to make that functional,  
1893 which I hope Congress some day will do, if you don't give the deputy  
1894 directors any funding discretion, because the center directors do  
1895 believe the funding is theirs, and they don't want a deputy director  
1896 or the CDC director interfering with their funding.

1897         They do have a tendency, if you do try to do that, you do seem  
1898 to get phone calls from Washington and usually letters from somebody  
1899 that is a strong believer of that program, whatever that program is.  
1900 So I do think it's a weakness of CDC, again, the structure and how  
1901 it's funded. But hopefully that answers it. It's a personal  
1902 disappointment to me that CDC wasn't patted on the back for developing  
1903 a test rapidly and deploying it.

1904         You know, it would have been better if there were independent  
1905 decisions that had primer pairs based on someone's speculation that  
1906 there might be more false positives. They should have sent out the  
1907 two primer pair test and that chapter would have never happened. It  
1908 did take up a lot of my time, and you know, nobody likes aggressive  
1909 criticism. And particularly when it's not accurately portrayed. But

1910 that's the story.

1911 Q Is it your understanding that the individuals who were  
1912 operating that lab were aware of the possibility of either  
1913 contamination or the design flaw before the tests were sent out?

1914 A I don't think they were. And I don't think before the  
1915 investigation, was there an awareness that one of the new lab techs  
1916 wasn't following the SOP. I mean, I know -- I think everyone was  
1917 surprised by that.

1918 So you can give the FDA credit for uncovering that, you know,  
1919 whether it had to be -- whether the conclusion is correct or not, I  
1920 think is -- you can't prove it, one way or the other. But there  
1921 clearly was -- my understanding, there clearly was one of the newer  
1922 lab technicians was not following protocol. At least that's what the  
1923 FDA concluded. And I think that's what the report that the Secretary  
1924 did concluded.

1925 Q And you said that no contaminated tests were used, but -  
1926 -

1927 A For people.

1928 Q For people.

1929 A For public health, for diagnosis. They were used in the  
1930 labs to try to validate whether the tests worked.

1931 Q Of course. But isn't it true that as a result of the  
1932 flaws and/or contamination, the tests were not available for use for  
1933 an extended period of time?

1934 A Not correct. They weren't available in the state lab.

1935 Q Correct.

1936 A They were available in Atlanta. You just had to send  
1937 the sample to CDC. Because CDC never switched over to the three  
1938 primer pair tests. We used the two primer pair tests that we  
1939 originally developed. But the reason the states were upset with that  
1940 test is that they had to send it to Atlanta.

1941 Q But as a result, there was less capacity in that?

1942 A Well, as a result, like, look at it two ways,  
1943 [Redacted]. Prior to that, there was no capacity at the state level.

1944 Q Okay.

1945 A This was CDC's decision to try to create capacity at the  
1946 state level. But in order for them to be able to operationalize that  
1947 capacity, they had to validate that the tests worked in their hands.  
1948 And it turns out that the states couldn't validate that. And so the  
1949 only capacity they had was the same capacity they had before, all  
1950 right?

1951 Eventually, I think it was five weeks later, all that was  
1952 resolved and the reagents got out to the states, and they developed  
1953 new capacity. So I think it's important. It wasn't as if that  
1954 capacity was there before, it was back to sort of business as usual.  
1955 You have to send it to CDC and there's going to be a three to seven  
1956 day turnaround time, and that's just reality.

1957 And I think, you know, all through that experience, would be  
1958 the polite way to qualify it, it made me more laser focused on why the  
1959 private sector and the hospitals aren't doing these tests, because



1960 there's no reason why Hopkins couldn't be doing these tests or  
1961 Maryland or Columbia or Harvard. These are simple tests. We  
1962 published it.

1963           And contrary to some of the reports that have been in the  
1964 media, CDC never chose to patent this. We made it open, you just use  
1965 it. And I was enormously surprised, having run clinical labs myself,  
1966 that no one picked up on it. And that's when I finally started asking  
1967 questions. And they said, well, the FDA will come after us because  
1968 you can't use these tests. And that's when I started my dialogue with  
1969 Steve Hahn. And it probably went on for a week or ten days, and I  
1970 don't remember the exact date, February 26 through 28, Steve called  
1971 and told me that he was -- the agency was going to issue regulatory  
1972 discretion, so we could get laboratory tests back out there. But even  
1973 then, they were rarely used.

1974           Q           You said a moment ago that this situation took a lot of  
1975 your time. What do you mean by that?

1976           A           Well, there was a lot of inquiring. The Secretary was -  
1977 - obviously wanted explanations on how this happened, the FDA had  
1978 their own issues. I can't remember, you guys mentioned that wonderful  
1979 experience I had with the congresswoman from New York, when there was  
1980 an Oversight Subcommittee meeting. I think that was an enjoyable  
1981 experience.

1982           So it just -- and then trying to get under and figure out, how  
1983 are we going to get testing for the American public? Because this  
1984 view, and I'm not going to -- there were a number of people in the

1985 administration who actually felt CDC's job was to get -- develop the  
1986 test for Hopkins. And, you know, clarify that, and say, no, that's  
1987 BARDA's responsibility, and trying to get testing on board.

1988 And as I mentioned, and this is not a criticism of the current  
1989 administration, just a criticism of how we prioritize testing, in  
1990 general. I don't believe we have the testing we need today for the  
1991 public health response. And we need much more engagement of the  
1992 private sector.

1993 Ms. Christian. You're referring to capacity.

1994 The Witness. We have the quality of tests, you all just took  
1995 them. And I made a big mistake because I wanted to have fun with you  
1996 today. Just the other day, I had a friend take one of those tests and  
1997 it was positive, and I should have kept it in my pocket so I could  
1998 have shown you.

1999 BY [MAJORITY COUNSEL].

2000 Q We would have all quarantined. Okay, well, you've  
2001 mentioned a lot of things that I want to follow up on. The HHS  
2002 Secretary you said you spoke to him. Was he angry about the  
2003 situation?

2004 A Disappointed would probably be a way to say it. I don't  
2005 think I would see it as anger.

2006 Q Did he direct any action? He was already running the  
2007 Task Force?

2008 A I had to make a phone call to him. It wasn't one of the  
2009 more highlights of my CDC directorship, because I had been pretty

2010 optimistic that we were now going to expand this testing to the public  
2011 health labs, only 24 hours later to tell him I was pulling back, it  
2012 didn't work. So his instructions were my instructions, which were  
2013 figure it out and fix it.

2014 Q You also said it was BARDA's responsibility to oversee  
2015 the commercial -- scaling up the commercial testing at that point?

2016 A Responsibility may be a tough word.

2017 Q Okay.

2018 A I think it's BARDA usually was the agency that provided  
2019 funding for developing new technologies.

2020 Q So -- and I know we talked about this a little bit  
2021 before, but was it anybody's responsibility?

2022 A Well, clearly -- I don't think you could say it was,  
2023 because then I think, in general, BARDA was the mechanism that we had  
2024 to seed the private sector to develop countermeasures that we would  
2025 need, whether they were testing, anti-infectives, vaccines, okay? We  
2026 saw that operational, beautiful, in Operation Warp Speed.

2027 No one did the same thing for diagnostics. I didn't understand  
2028 that, looking back. Now, when I say, looking back, I'm looking back  
2029 in February now, under all the scrutiny, right? Until I had the  
2030 meeting in the Roosevelt Room with all the big manufacturers of  
2031 diagnostics. And they explained why they weren't developing  
2032 diagnostics, because they did it for SARS, spent a lot of money, and  
2033 then there was no market. They did it for MERS, they spent money, and  
2034 there was no market. If this is SARS-like, there's not going to be a

2035 sustainable market for COVID testing.

2036 And unfortunately, that was incorrect. And the one that would  
2037 have stimulated it and took on the financial risk, so that the  
2038 companies wouldn't worry about the market is the funding mechanisms we  
2039 have at BARDA.

2040 Q So when you reference Hopkins, for example, you were  
2041 surprised they weren't taking it upon themselves to create and do the  
2042 testing. It doesn't sound like there was anyone saying you should be  
2043 doing this right now?

2044 A Well, I think some of us suggested. I guess I  
2045 originally assumed the molecular biology labs would pick it up.  
2046 That's why we published the primer pairs and the procedures. That's  
2047 why we didn't patent it. And in my discussions asking questions to  
2048 some of the different labs, and I don't remember which ones I talked  
2049 to, but I did talk to a number, I found out that the reason was that  
2050 they didn't want a regulatory -- what's the right word when FDA comes  
2051 after you.

2052 Ms. Christian. Enforcement?

2053 The Witness. Yeah, they didn't want regulatory enforcement.  
2054 And that's why I asked Steve Hahn if he could put out clearly that  
2055 there would be regulatory discretion. But I will tell you, I don't  
2056 think that changed anybody's mode, you know?

2057 And, you know, I don't know that the exact timeline, but it took  
2058 a little while in March and April before we started seeing EUAs from  
2059 Abbott, Roche, Thermo Fischer. And you know, I will say, and I say

2060 this cautiously, you know, there was a focus on how many tests were  
2061 doing all through those early months. I always argued, but I never  
2062 carried the day, the focus should be not on how many tests we were  
2063 doing, but how many tests do we need. Because it always sounded nice  
2064 that we were doing a hundred thousand or half a million or a million,  
2065 but the real question was, how many tests do we need? And I will  
2066 still argue that's the focus that we should have today, is not how  
2067 many tests are we doing, but how many tests do we need and then for  
2068 what purpose.

2069 BY [MAJORITY COUNSEL].

2070 Q Another criticism of CDC at the time was that CDC was  
2071 restricting the tests. And I think this is the tests conducted in its  
2072 lab, but also the recommendations of who should be tested, to those  
2073 who had recently traveled to China or had close contact. Do you  
2074 recall that?

2075 A Yes.

2076 Q Do you think, sitting here today, that that decision  
2077 made it more difficult or delayed the detection of community spread?

2078 A You know, when you have a new disease that could have,  
2079 you know, literally thousands and thousands of people could come in  
2080 with flu-like symptoms. Part of the idea of targeting diagnosis was  
2081 an epidemiological link. And I go back to what we did with the HIV,  
2082 when we started HIV testing. So I mean, I think it was extremely  
2083 reasonable to, as we did, alert physicians across the country if they  
2084 see somebody with the following symptoms complex that recently had

2085 contact with China, I mean, Wuhan, China or was a close contact with  
2086 someone from China, please talk to your health department and get this  
2087 test.

2088           There were some people who were quite vocal that they couldn't  
2089 get this test, wrote about it, got in the media. But as I told you  
2090 earlier, in the last session, that our position was that if a state  
2091 health department decided they wanted a sample testing, CDC didn't  
2092 turn down the state health department to my knowledge, right? We may  
2093 turn down a regular doctor but we told them to go to their local  
2094 health department.

2095           But it was a restricted definition in January and February,  
2096 there's no question about it. Now, that obviously began to change as  
2097 we got into March and April, and realizing that probably for the  
2098 United States, most of the virus now that was sprinkling into the  
2099 United States was actually coming from Europe. And actually, we were  
2100 already into the community spread phase with case number 15 and case  
2101 16.

2102           And I did progressively widen the restrictions but there was  
2103 obviously a lot of criticism of those decisions. I still think it was  
2104 the right decision at the time. Others will disagree. I don't think  
2105 with the limited testing that we had, we could have said we could open  
2106 up and test everybody who had flu-like illness. I think we had to  
2107 link it to the epidemiological risk origin.

2108           Q           It was the right decision because of that lack of  
2109 capacity?

2110 A I think so.

2111 Q On March 6, President Trump visited CDC in Atlanta. Do  
2112 you recall that?

2113 A I remember.

2114 Q He said during that visit, anybody who wants a test can  
2115 get a test. Do you remember that?

2116 A Yes.

2117 Q Was that true at the time?

2118 A Oh, I don't believe anyone who wanted a test could get a  
2119 test.

2120 Q When did that become true?

2121 A You know, I think for some people, it's even -- it's  
2122 even hard two months ago. I mean, I think it's getting easier. The  
2123 Biden administration is sending tests to every household. But I  
2124 think, as I mentioned to you before, I still don't think we have the  
2125 readily available testing. But I think we're close now.

2126 Most people, if you're anything like me, I've ordered -- I  
2127 think I have 40 tests in my house because everyone assumes that I have  
2128 tests, so they come and I have two tests and they want to take my  
2129 tests, so now I have 40 so I can share.

2130 Clearly, as I told you before, one of the challenges I had in  
2131 the first year of the pandemic was comments that were made by leaders  
2132 in the HHS about how many tests we're doing, which I always thought  
2133 was the wrong question. It should be how many tests do we need. So I  
2134 do think we had a shortage of testing -- well, we had a shortage of

2135 testing well into the Biden administration. And I think we're just  
2136 now getting through it.

2137 Q Let's turn to the period that you started to reference  
2138 just a moment ago, that March-April 2020. On February 26th, the Vice  
2139 President had taken over the Task Force from Secretary Azar. Do you  
2140 remember that?

2141 A Yes.

2142 Q What was your understanding at the time of the reason  
2143 for that decision?

2144 A I don't know the reason. I was just informed of it,  
2145 basically, I guess, moments before it happened. I don't know the  
2146 conversation, I don't know the reasons. I just know that we went into  
2147 a meeting and the Vice President was now the chair. I do think that  
2148 there was a perspective, which I happened to think was a good  
2149 perspective, that we were now into the phase that this was an all of  
2150 government response, not an HHS response. So remember how this  
2151 response started it was Nancy Messonnier as -- what did you call the  
2152 term? You used a term.

2153 Q Incident manager?

2154 A You see how fast we forget. I'm going through a little  
2155 PTSD right now. So the incident command with Nancy, that was like the  
2156 7th of January. By before or around the 20th of January, it was an  
2157 all of CDC response. And I think by the next week, it was Secretary  
2158 Azar called it a public health emergency for the country. And I think  
2159 shortly thereafter, the President called it a national emergency for



2160 the country. And I think that there was a view that this was not an  
2161 HHS response anymore. It was an all of government response.

2162 I don't know. You'd have to ask whoever made the decision to  
2163 make Pence the head, I assume it's the President, why the decision was  
2164 made. But I think it symbolizes that it wasn't -- the Secretary of  
2165 Health was probably not in the strongest position to negotiate with  
2166 the Secretary of Defense and the Secretary of Agriculture, and the  
2167 Secretary of Labor, and the Secretary of Education, and how they were  
2168 going to play their role in this response.

2169 I think it might even be referenced in some of the material  
2170 Congress might have even prepared about defense preparedness for  
2171 pandemics, and how they should have been done. I think in that, I  
2172 remember reading the draft at least that they suggested that the Vice  
2173 President would lead the effort. But again, I don't know why that  
2174 decision was made.

2175 [Majority Counsel]. And I just want to pause for a second to  
2176 get the name of the staff member who entered on the record.

2177 [Minority Counsel]. [Redacted] with the Republican staff.

2178 BY [MAJORITY COUNSEL].

2179 Q Well, let's actually just talk about some of the choices  
2180 that confronted the Task Force at that point. So you mentioned a few,  
2181 in our previous hour, that on or around January 30th, you had  
2182 recommended to the President that he should shut down --

2183 A January 31st, I think.

2184 Q Shut down travel from China. Was there a pushback to

2185 that recommendation at that time?

2186 A Well, there were people who didn't agree with it. I did  
2187 personally, because there's a picture of the White House that I have  
2188 that someone sent me, where I was -- had my hands on the desk and the  
2189 President was sitting down, and that's the exact moment when I said,  
2190 Mr. President, it's my public health recommendation, we need to shut  
2191 down air travel to and from China. There were people who disagreed  
2192 with that.

2193 What impressed me about it was, I made the argument, the  
2194 President asked a few questions, and a couple other people who were in  
2195 the room, I don't remember everybody. He came back to me, he called  
2196 me Robert, this is what you think we need to do? And I said, yes,  
2197 Mr. President. He turned to Mick Mulvaney and said we're shutting  
2198 down travel to China. And I think it was operational as of February  
2199 2nd, if I remember. There was no hemming or hawing. He just made the  
2200 decision based on the public health recommendation.

2201 Q Later, after the Vice President had taken over the Task  
2202 Force, I believe there were discussions about the possibility of  
2203 shutting down travel from Europe. It eventually happened, as we know,  
2204 but when did those discussions of the possibility of shutting down  
2205 European travel enter the picture?

2206 A You know, I don't recall exactly. I will obviously say  
2207 in the first week or so of March, because we shut it down, if I  
2208 remember, you said the 11th or 12th, I had the 12th in my head of  
2209 March. We were seeing cases significantly increase in France,

2210 Germany, Italy, initially. There was a lot of debate about whether  
2211 the UK and Ireland were included. A lot of it had to do with  
2212 continuity of land, even though you could argue there's a nice train  
2213 that goes underneath the Channel that seemed to work pretty well  
2214 between Paris and London. So originally, there was concurrence. And  
2215 I don't remember the term they used, it begins with an S for that part  
2216 of Europe.

2217 Q The Schengen Zone?

2218 A The Schengen Zone. The decision was to do that  
2219 initially and exclude the United Kingdom. For the record, my wife was  
2220 quite upset with that. She didn't understand it. But I think several  
2221 weeks later, the UK was included. There was debate, there was  
2222 individuals that had very strong points of view that that would have a  
2223 major economic consequences that could even lead to a depression, not  
2224 just a recession.

2225 But once again, when I presented that public health  
2226 recommendation to the President, there was other people in the room,  
2227 and he did ask the other people their point of view. It was not  
2228 unanimous in support of my point of view. But, again, in that same  
2229 meeting, the President turned and I don't know if it was Mark Meadows  
2230 at the time, or still Mick Mulvaney, and said that we're going to shut  
2231 off air travel to the Schengen Zone. And we made the carveout that  
2232 didn't include cargo, but it did shut down those travels. So these  
2233 were very decisive decisions.

2234 You know, if anything, you've already alluded to it in your

2235 earlier question, I would have loved to make that recommendation two  
2236 to four weeks earlier, because, you know, I do think that there was  
2237 already significant seeding from Europe coming into the U.S. by the  
2238 time we figured that out.

2239 Q Did you try to make that recommendation two to three  
2240 weeks earlier?

2241 A I think I tried to have the discussion, okay, as opposed  
2242 to coming to a firm recommendation. When I was firm on my  
2243 recommendation, and I used to always say, to remind the President and  
2244 people what my role was. My role was to tell him what he needed to  
2245 hear, not what he wanted to hear. And I basically -- and I think you  
2246 said it was March 11th, I think it was March 12th, said we need to  
2247 shut down air travel to and from Europe. And obviously, the Vice  
2248 President and the Task Force supported that and the President did it.

2249 Q My understanding is that the CDC can make  
2250 recommendations or post alerts about travel?

2251 A Yes.

2252 Q Risk of travel?

2253 A Yes.

2254 Q To certain regions, but it's only the State Department  
2255 that can restrict travel; is that right?

2256 A That's right.

2257 Q So there has been reporting that CDC had planned to post  
2258 a global travel alert on March 5th, and even cleared that  
2259 recommendation earlier, but it wasn't posted for another almost week

2260 until March 11th, when the travel restrictions were actually imposed.

2261 Do you recall that?

2262 A I sort of recall the subject. I don't remember the  
2263 exact dates. There was obviously tension between CDC's recommendation  
2264 and the State Department on this issue. And part of that debate  
2265 centered around this thing, Schengen Zone, and do we include Europe,  
2266 the UK. And I know the leader at CDC was frustrated, because they  
2267 wanted to move forward with higher levels of alert, the State  
2268 Department wasn't quite there. And those discussions probably went on  
2269 for a week. And we finally got it all resolved by around the 11th or  
2270 12th of March.

2271 Q Did CDC have to be -- have to have approval from the  
2272 State Department or have to be in line with the State Department?

2273 A I would have to look at the rules, the way I understand  
2274 it at the time, being in the seat that I was in, that we needed to be  
2275 aligned. Clearly, the Task Force and the Vice President wanted things  
2276 aligned, the State Department wanted it aligned. But you probably  
2277 have others that have come from CDC that you've talked to, they can  
2278 tell you more.

2279 But historically, you know, the way -- and this is a big issue  
2280 that you've probably gone through, in general. The way that CDC  
2281 currently gets their recommendations was that we would internally  
2282 clear them. But then they had to go to HHS, and they get cleared, and  
2283 then they had to go to OIRA, I don't know, but OMB. And then it had  
2284 to be circled with all the other agencies, not for them to write it,

2285 but to give them a chance to raise their point of view.

2286           So it wasn't as streamlined as I would like to see public  
2287 health recommendations. People know my view. My view is that the CDC  
2288 should be more like the FBI, you know? You should appoint a director  
2289 there for seven to ten years, and you should allow that director to  
2290 basically be independent of another -- the Justice Department doesn't  
2291 tell the FBI what they can say and not say. The CDC's recommendations  
2292 are all reviewed by HHS. And in this case, with the Coronavirus Task  
2293 Force now, then they were reviewed by obviously the White House, and  
2294 the Coronavirus Task Force.

2295           So it was -- it was a less, I think, direct way. And one of the  
2296 areas that was particularly frustrating was this area you're bringing  
2297 up about escalating the alert of travel. At the time, CDC felt the  
2298 travel alert should be alerted. So if you ever bring in Marty Cetron,  
2299 I don't know if he's one of the people you've interviewed, I'm sure  
2300 he'll go into this in enormous detail, because he was extremely  
2301 frustrated.

2302           Q           I understand that CDC was able to post some country  
2303 specific recommendations?

2304           A           We did. We did country by country. But again, even  
2305 those were reviewed at the Task Force with buy-in from the State  
2306 Department, with the State Department pushing pretty hard that they  
2307 should be aligned.

2308           Q           Did that process start for the first time with this  
2309 crisis and with the Task Force, or change in role of the Task Force?

2310 Or has that always been the case? I just want to make sure what  
2311 you're saying about OIRA being involved.

2312 A Well, it definitely was unique here, because I didn't do  
2313 it for Ebola.

2314 Q Okay. And that's my question.

2315 A And that's where CDC had difficulty because CDC never  
2316 had to function in this new environment.

2317 Q How did the new environment, as you described it, come  
2318 about or how was it communicated to you? Let's start with that.

2319 A Originally communicated by the Secretary that there was  
2320 now a Coronavirus Task Force.

2321 Ms. Christian. Just to clarify, so you mean like the review  
2322 process?

2323 BY [MAJORITY COUNSEL].

2324 Q When did the process really come into play?

2325 A All I remember is when I was CDC director always had  
2326 everything reviewed by HHS.

2327 Q But then at some point, the White House/OIRA came out?

2328 A I think once the Task Force became in operation. I'm  
2329 not sure when it started. Did it start with Azar was still the  
2330 director of the Task Force, since he was head of HHS, or did it start  
2331 once the baton got passed to the Vice President? I don't recall that.  
2332 I will say it was not an efficient, straightforward process.

2333 Q Did it -- do you recall that the first issue that it  
2334 affected was the travel alerts, or did it affect something else before

2335 that, as far as you can remember?

2336 A I didn't even remember the travel alerts until you  
2337 brought it up. But I do think the travel alerts were probably one of  
2338 the first frustrations that CDC had about getting its recommendations  
2339 out to the public.

2340 Q Around this time, just a few days later, you issued a no  
2341 sail order for cruise ships. That became effective on March 14th. We  
2342 have a copy, but I don't think we need to refer to it.

2343 A That, I do remember.

2344 Q Was there pushback on that?

2345 A Well, I mean, like anything, there are different points  
2346 of view that were expressed, all right? For me, this was a decision  
2347 that I made as the senior public health person leading CDC, and I had  
2348 the authority to make it.

2349 I will say, it's not an easy decision because over 500,000  
2350 people lost their jobs. But it was clear the only probably public  
2351 health decision to be made. There were many people that disagreed  
2352 with that decision, but again, that was a decision that was clearly  
2353 under the authority that I had. And I obviously made the Task Force  
2354 aware that I was going to make that decision, and we made that  
2355 decision and I'm glad we made that decision.

2356 Q Did anyone try to stop you from making that decision?

2357 A They really couldn't stop me. It was my authority.  
2358 There were people who made an argument why I didn't want to make that  
2359 decision, but to me, after we understood the Diamond Princess and if



2360 you remember correctly, there were two other ships and we had multiple  
2361 other ships in the sea that we were seeing cases. It was clear that  
2362 it was in the public health interest of the American public that we  
2363 basically terminate cruising until we could do it in a safe and  
2364 responsible way.

2365 Q At that point in time, and later we'll talk about what  
2366 eventually happened with it. But at that point in time, did anyone  
2367 try to get you to delay that decision?

2368 A No. I mean, people made their arguments at the Task  
2369 Force. I would be not truthful if I said that it's a great decision,  
2370 go ahead and do it, CDC director. But it was a decision that I had  
2371 come to the conclusion was the appropriate public health decision at  
2372 the time.

2373 Q Let's talk about another decision that I think was in  
2374 your authority. On March 20th, 2020 -- actually, let's pull this up.  
2375 You signed an order under Title 42 that used CDC's quarantine powers  
2376 to restrict immigration at the border. Do you recall that?

2377 A Yes.

2378 [Majority Counsel]. This will be Exhibit 1.

2379 (Majority Exhibit No. 1 was  
2380 identified for the record.)

2381 BY [MAJORITY COUNSEL].

2382 Q Who drafted this document?

2383 A You know, I don't really know. I assume that some of  
2384 the legal people within HHS or CDC had.

2385 Q Was it drafted within CDC or HHS?

2386 A That, I can't tell you, either. I assume the draft  
2387 initially came out of CDC.

2388 Q Who provided it to you?

2389 A Truthfully, I don't recall right at this moment who  
2390 provided this exact document to me. It would be, most likely, by the  
2391 time it came to me, it came to me by the chief of staff from CDC or  
2392 the deputy chief of staff of CDC.

2393 Q Do you have any knowledge of whether anyone outside of  
2394 CDC or HHS took part in drafting it?

2395 A Not that I know.

2396 Q Before this order, before COVID-19, were you aware of  
2397 any efforts to use CDC's quarantine powers to restrict immigration?

2398 A No.

2399 Q At this point in time, did you believe that this order  
2400 was necessary as a matter of public health?

2401 A Yes.

2402 Q Why?

2403 A We were seeing at the border -- actually, if you go  
2404 back, one of my first things, I can't remember exactly, but I want to  
2405 say December of my first year as CDC director, probably December 18th  
2406 of 2018, we were seeing obviously that there were individuals that  
2407 were spaced in a way that was not optimal for the prevention of  
2408 influenza.

2409 When COVID was coming, it was clear that humans, that I have a

2410 lot of respect for, that were crossing the border that had a potential  
2411 risk were being put in facilities that were probably appropriate, from  
2412 a public health purposes, for maybe 20 people, but they may have 100  
2413 people in them. And the risk of having that put in those facilities  
2414 the risk of potentially getting COVID was real. I mean, the  
2415 percentage that they had COVID positive I don't remember the exact  
2416 number, but it wasn't zero. There were a significant number of people  
2417 that were coming across the border that had COVID infection.

2418         And to co-house them, I thought was not in their personal  
2419 health interest. And put that on top of the fact that many of them  
2420 were not optimally nourished, had malnutrition, there was also concern  
2421 obviously by the border police or Border Patrol and agents that they  
2422 were seeing cases of COVID among themselves, including fatalities, as  
2423 I recall.

2424         So really, this was a decision of mine that I didn't think was  
2425 in the public health interest of these individuals that were trying to  
2426 cross the border, to then somehow be housed in a situation where they  
2427 could get an infection with COVID that in some circumstances could  
2428 even cost their life. And I might add, I think this is, unless I'm  
2429 missing the press, I think this is an order that the current  
2430 administration has continued to use.

2431         So it was a public health decision, I know the press tried to  
2432 argue that it was an immigration decision. I didn't make it as an  
2433 immigration decision, let the immigration group do what they need to  
2434 do, I did this as a public health effort.

2435 Q There has been reporting that Martin Cetron refused to  
2436 sign it.

2437 A I can't comment on that. I can tell you that there were  
2438 clearly people who had different points of view of how this authority  
2439 should be used.

2440 Q Would Dr. Cetron, who I believe was and is the director  
2441 of the Division of Global Migration and Quarantine have typically  
2442 signed an order of this nature?

2443 A Again, I don't know that answer, either. I don't know  
2444 if he would have.

2445 Ms. Christian. You had said previously, you didn't have to do  
2446 an order like this in your time at CDC.

2447 The Witness. I have never done an order -- I think it's a  
2448 pretty decentralized group. I would assume that a lot of these  
2449 quarantine orders happened at that level. I think you'd have to ask  
2450 Marty Cetron that, if you have already done that. I don't know the  
2451 answer to that. I know this was a view that I felt was important for  
2452 the public health interest of the men and women that were crossing the  
2453 border.

2454 BY [MAJORITY COUNSEL].

2455 Q Do you know whether -- did you ever discuss this with  
2456 Dr. Cetron?

2457 A In general terms.

2458 Mr. Barstow. I'm going to step in here. So no specifics about  
2459 the discussion that's internal. I'm going to instruct Dr. Redfield

2460 not to answer specifics about any conversations with Dr. Cetron.

2461 BY [MAJORITY COUNSEL].

2462 Q But the fact that there was a conversation about it?

2463 A I'm sure if you know Marty, he does vocalize his point  
2464 of view. So I'm sure Marty -- I don't remember the session, but I  
2465 would be surprised if Marty didn't take a moment to share his point of  
2466 view, even with the director.

2467 Q Did this discussion take place as far as you remember  
2468 before you signed the order?

2469 A Again, I don't really recall, although I do know that  
2470 Marty -- I mean, almost universally, had a point of view on subjects  
2471 related to this. Anything related to quarantine alerts, Marty had a  
2472 point of view.

2473 Q There has been reporting, separate reporting that White  
2474 House senior adviser Stephen Miller was involved in drafting this  
2475 order. Are you aware of that being the case?

2476 A No, I'm not aware of that.

2477 Q Let's talk about some of the community mitigation  
2478 efforts that started to be considered around this time. I am going to  
2479 hand out a document that we can mark as Exhibit 2 that is a set of  
2480 White House Task Force agendas.

2481 (Majority Exhibit No. 2 was

2482 identified for the record.)

2483 BY [MAJORITY COUNSEL].

2484 Q So we have a compilation here.

2485 A I'm starting to feel sad for the American trees, okay?

2486 Q You have no idea.

2487 Ms. Christian. These are just different agendas.

2488 [Majority Counsel]. I'll describe the document.

2489 BY [MAJORITY COUNSEL].

2490 Q This is a selection of agendas that we have received. I  
2491 can't represent whether they were a complete set of all agendas. We  
2492 know that there are duplicates in here.

2493 A I just want to know who you got them from.

2494 Q We also don't know whose handwriting this is, and I  
2495 don't think there should be any significance?

2496 A None of it's mine, because you wouldn't be able to read  
2497 it.

2498 Q This is the only set we have. So we have -- and the  
2499 agenda at the front is something that we compiled for ease of  
2500 reference. So this is actually a document that we may likely refer to  
2501 again. And I'm bringing it out now just to the extent it might be  
2502 helpful in refreshing your recollection in the timing of some of these  
2503 discussions.

2504 My question is simply, when did the Task Force begin to  
2505 consider community mitigation efforts. So I'm talking about beyond  
2506 China travel or European travel even. Do you recall when that  
2507 discussion sort of entered the Task Force meetings?

2508 A You know, I'd have to look through this, but I would  
2509 say, in general, I would think we started having discussions in the

2510 latter part of March.

2511 Q Well --

2512 A You can tell me if -- because you've looked through  
2513 this.

2514 Q Turn to page 11.

2515 A I don't think they're numbered.

2516 Q There's a numbering which we have also added at the top.

2517 A Okay.

2518 Q Page 11 references the community spread discussion. And  
2519 then on page 13, there's an agenda item, this is now March 9th, where  
2520 that references community guidance from you and Dr. Birx.

2521 Ms. Christian. What was the page?

2522 [Majority Counsel]. That was page 13, on March 9th.

2523 The Witness. I'm trying to look for the word. There it is,  
2524 community guidance. Yeah, again, this makes sense. You know, this  
2525 was all triggered, as you know, by the community spread at the end of  
2526 April that we had and the two nurses originally. I mean, the end of  
2527 February. The end of February. I don't remember the particulars of  
2528 this discussion, but this timing makes sense, that it was somehow -- I  
2529 would say in the second half of March, you're going to tell me a  
2530 little earlier than that, but that makes sense.

2531 BY [MAJORITY COUNSEL].

2532 Q Again, not a memory test. But what I want to understand  
2533 is the -- what was the nature of the types of discussions that entered  
2534 at this point in terms of what community mitigation efforts would be

2535 necessary?

2536           A           I think this was the beginning of recognizing, and some  
2537 people didn't necessarily agree with this, that containment was really  
2538 not going to be a public health strategy that was going to work. And  
2539 I would argue in the last two or three weeks of March, that discussion  
2540 was ongoing, different people had different points of view.

2541                   But Dr. Birx and I, you already know, you've done your  
2542 homework, she worked under my direction multiple years at Walter Reed,  
2543 we're very close. She actually was an employee of CDC on loan to  
2544 PEPFAR and an employee of CDC on loan to the White House.

2545                   We became, I think, pretty convinced as we started this doctors  
2546 conversation that the containment strategies weren't going to work for  
2547 this pathogen, because it was largely -- I shouldn't say largely. At  
2548 that time, there was at least reasonable asymptomatic spread, even if  
2549 it was 5 or 10 percent, it was still going to be a problem for  
2550 containment.

2551                   So the discussions that really went into it were looking at  
2552 what nonpharmaceutical mitigation steps could be considered.  
2553 Handwashing, if you remember that was probably a nice YouTube showing  
2554 you how I wash my hands. My grandkids said they didn't realize I was  
2555 so efficient in washing my hands. This was when we began looking at  
2556 the issue of masking, at least for infected individuals, a limited  
2557 approach because we were masking symptomatic individuals.

2558                   Once you began to realize you didn't know who had infection,  
2559 then you -- if you're going to mask symptomatic individuals, maybe you



2560 have to mask asymptomatic individuals. And this is where a lot of  
2561 that debate and controversy came. We always felt that the purpose of  
2562 masks was disproportionately to protect the infected person from  
2563 infecting a noninfected person, as opposed from a noninfected person  
2564 from becoming infected.

2565           And we had laboratory data in artificial scenarios that we and  
2566 others have done that would show you could reduce the IV50 by wearing  
2567 a mask. And this is where people, Fauci being the most notable,  
2568 really came out heavily about masking, masking, masking, masking. But  
2569 I also was a big advocate of masking for people who might be infected.  
2570 I had less data to support masking for uninfected people.

2571           And that's where they came with the social distancing. There  
2572 was no magic around six feet. It's just historically that's what was  
2573 used for other respiratory pathogens. So that really became the first  
2574 piece. And then of course, the idea of ventilation outside and  
2575 inside. And that led to a big discussion, which eventually led, and  
2576 you're going to tell me when, which eventually led to the decision to  
2577 come out with the 15 days to slow the spread. And then the -- I think  
2578 there was an additional 35 days. So it ended up being 45 days to slow  
2579 the spread.

2580           I will say, for the record, that I was not involved in the  
2581 decision to basically start shutting things down and have that debate,  
2582 that was largely others on the Task Force. I was a proponent of not  
2583 shutting everything down. I felt we needed to learn to do everything  
2584 in a safe and responsible way and keep them open, particularly the

2585 school system, which I felt the public health interest of K-12 was  
2586 going to be much more greatly harmed by shutting down school systems,  
2587 that we should take a pause and figure out how we need to keep the  
2588 schools open in a safe and responsible way.

2589           There were other people who felt very strongly that the public  
2590 health response -- and I might say they weren't necessarily the public  
2591 health leaders -- that we had to go to a broader shutdown. But that  
2592 was all that debate of transitioning. Stage 1 was containment. Stage  
2593 2 was, no, we're going to have to go to mitigation. Stage 3 was  
2594 vaccination, you know? Stage 4, in my view, is revaccination and  
2595 expanded testing. Hopefully, stage 5 is revaccination, expanded  
2596 testing, and greater availability of antivirals.

2597           Q           I want to just jump to another topic, since we're  
2598 getting a little short on time. Let's talk about the role of public  
2599 health briefings, CDC briefings during this time period before the  
2600 pandemic. Who decided when and whether CDC would give a press  
2601 conference or a telebriefing or some sort of public address?

2602           A           It was pretty much internal to CDC in both our  
2603 communication team, which we had a good one, and they had a series of  
2604 standard subjects that they would bring up usually that would  
2605 correlate with an MMWR that they would want to expand on, like  
2606 maternal health. Those, I really don't recall. I assume they still  
2607 had to be cleared public affairs from HHS, but CDC was pretty free to  
2608 give the public health briefings that we needed to.

2609           Q           What was your role as director in the clearance process

2610 before the pandemic?

2611 A I mean, it was usually just concurrence. There's not --  
2612 if we had subject matter experts that had important public health  
2613 messages that they wanted to get into the public, as I said, usually  
2614 they correlated with an MMWR or they correlated -- and I'm forgetting  
2615 the name of the program, but we had another program that once a month  
2616 highlighted a topic and brought all the health reporters together on  
2617 the phone, and had that topic, where it was trying to maybe change  
2618 maternal mortality or looking at changes in tobacco use of high school  
2619 kids.

2620 And then we would -- that would be a real internal decision.  
2621 And it was an important role and you're going to get to it, obviously  
2622 an enormous frustration that that decisionmaking process was no longer  
2623 within CDC.

2624 Q Yes, so I'm going to -- let's talk about that. I'm  
2625 going to hand you one document that I've marked as Majority Exhibit 3.

2626 (Majority Exhibit No. 3 was  
2627 identified for the record.)

2628 BY [MAJORITY COUNSEL].

2629 Q This is from CDC's website, a list of press conferences  
2630 held by CDC telebriefing, specifically in 2020. This covers the whole  
2631 year starting from the second page, reflects January, where it looks  
2632 like there were about nine or ten, a similarly high number in  
2633 February. And then two in March. And then we don't see any until  
2634 June. So I'm sure you can anticipate my question, but --

2635 A My attorney told me not to anticipate.

2636 Q -- what happened?

2637 A I've said this publicly before, this is one of my great  
2638 disappointments. That HHS basically took over total clearance of  
2639 briefings by CDC.

2640 Q Was it just HHS?

2641 A Well, HHS is where I had to do it. You can ask them  
2642 where they got their guidance. But my issue was HHS. They would not  
2643 clear our briefings. And that all happened, as you all know, you've  
2644 already done your homework, after the briefing that Nancy Messonnier  
2645 did, which I thought was an honest briefing, and I've supported her.  
2646 You can look at my congressional testimony. I've always supported  
2647 her. She's an excellent leader. It was disappointing to me to see  
2648 her leave the agency. And I'm really upset about it, because that  
2649 briefing was cleared by HHS. And the public affairs people. They  
2650 were involved in clearing the briefing.

2651 And after that briefing, basically the HHS, every time we put  
2652 up a request for a briefing, we weren't told per se that you're no  
2653 longer going to get approval, but every approval, and I'm sure there  
2654 are people who can probably provide all the requests we put through,  
2655 they were all not approved. And you can see, it wasn't until -- even  
2656 though it came with its own collateral challenges, until Caputo came  
2657 in as the new public relation person, I told Caputo, I wanted CDC to  
2658 be free to go back and do the regular briefings. And I wanted to  
2659 decide which briefings were appropriate for the American public

2660 whether they were COVID or non-COVID. And for a brief period, and  
2661 you've probably got it here, he was able to get us cleared for, if I  
2662 remember, two or three briefings and then eventually we weren't  
2663 cleared again.

2664 So from where I sat, the ability to make those decisions  
2665 internally at CDC were no longer CDC's decisions, whereas I would  
2666 argue the clearance process prior to Nancy Messonnier's was more  
2667 perfunctory, whatever we put up got cleared. And I assume we still  
2668 had to get cleared, but I don't remember ever not being cleared until  
2669 afterwards that I -- for a while, none of our briefings were approved.

2670 Q Who communicated to you that briefings were not being  
2671 approved?

2672 A Well, my comms people. No one came to me and said your  
2673 briefings aren't going to be approved. We continued to put requests  
2674 up and they continued to be denied.

2675 Q Okay. So during this period where there's --

2676 A And I don't even remember who Caputo's person was back  
2677 then. It's such PTSD for probably six months, but whoever took  
2678 Caputo's place. Whoever was in charge there, whether Bill Hall or  
2679 somebody else, CDC no longer had the ability to do briefings. Now, I  
2680 will say in their defense, which I don't agree with again for the  
2681 record, was that there was no -- not necessary for CDC to do it,  
2682 because the Coronavirus Task Force was doing them every night.

2683 Q You don't agree with that?

2684 A No, I think they should have heard from the public

2685 health leaders.

2686 Q Did you ever intervene to try to change this policy  
2687 within HHS?

2688 A I had discussions about this. I don't remember exactly  
2689 when and where. But clearly, when Caputo came in, it was my big  
2690 thing, because he was a new guy, and said, I wanted to do the  
2691 briefings. And I think probably had comments with the chief of staff  
2692 and probably even the Secretary, saying how important I thought it was  
2693 for CDC to be able to do these briefings.

2694 Q But you don't remember specific conversations with the  
2695 Secretary?

2696 A No.

2697 Q Or staff?

2698 A Just big picture.

2699 Q Did you ever learn that this decision was made at the  
2700 White House?

2701 A No.

2702 Q Did you ever speak with anyone at the White House about  
2703 it?

2704 A You know, not that I recall.

2705 Q Given that the explanation was that the Task Force  
2706 briefings were a substitute, did you ever raise it at Task Force?

2707 A No, I probably did not. I felt, you know, I obviously  
2708 had a free voice to communicate the public health recommendations, but  
2709 I felt strongly about at the Task Force meeting that was always there.

2710 You can talk to other people. There was many times where I was a  
2711 minority voice. But I always felt CDC was totally represented, even  
2712 though the American public may not have seen that. But I got to raise  
2713 the public health efforts at the Task Force meeting, from my  
2714 perspective. And you know, you'll probably find some public podcast  
2715 that other people, including the President, that I spoke my mind.

2716 Q Does this policy apply not only to briefings, but also  
2717 to requests for media interviews and things like that?

2718 A Yeah, denied. Or I shouldn't say denied. I would say  
2719 not approved. So I don't know if there's an active piece on this  
2720 versus just a passive no approval. I know that my communication  
2721 people would say that we weren't approved to do that or not approved  
2722 to do that, or not approved to do that.

2723 Q I know we're just about at an hour, but I just have a  
2724 few more questions. Going back to Dr. Messonnier's remarks on  
2725 February 25th or 26th, which I know you've spoken about publicly in  
2726 the past. What happened afterwards? Did you get any calls from  
2727 anyone outside of CDC to express concern about that briefings?

2728 A Not that I recall. There may have been some  
2729 conversations with the HHS chief of staff or something, just -- but I  
2730 don't recall anything specifically. You know, and it's like I said, I  
2731 can't recall specifically, but I know I voiced my view of the value of  
2732 CDC continuing to do press conferences to different people. I think  
2733 the one I recall most specifically was when Caputo came in, and now we  
2734 have a change of guard, I can try to get him to flip it. And he said

2735 he would and he did approve two or three, and then it stopped again.

2736 Q It's been widely reported that the President was angered  
2737 by Dr. Messonnier's remarks. Do you recall learning about that?

2738 A He didn't say that to me. I would have only learned it  
2739 in the reporting. And I think that's once of the reasons that I stood  
2740 up for Dr. Messonnier, that she was an outstanding leader in the CDC,  
2741 and it's one of the reasons I've expressed to you, for the record, I  
2742 was disappointed that her comments were cleared by HHS. I mean, her  
2743 interview. And you know, you may not agree with her. It turns out  
2744 she was right, and -- but I do think that event led to the curtailment  
2745 of CDC's briefings.

2746 Q Do you recall discussing the blow back from that event  
2747 with Dr. Messonnier?

2748 A No. I've always just tried to support her. I hadn't  
2749 talked to her much, but I hope she hears me in public when I support  
2750 her, that she knows that she had the full support of the CDC director.  
2751 And hopefully, as she moved on to her now job, what a loss that was to  
2752 CDC.

2753 Q Did anyone ever raise to you the possibility of  
2754 employment action against her?

2755 A No.

2756 Q Where did you ever become aware that she was concerned  
2757 about --

2758 A No, but she had my support. And if it had to go through  
2759 me, they were going to have to bypass me.



2760 Q And you said a moment ago that you think the decision,  
2761 wherever it was made to have CDC no longer give briefings, was a  
2762 direct result of this, this particular press conference?

2763 A I think that would be speculative. I just know that  
2764 after that event that I can't -- you have the time line. I can't  
2765 remember us getting approval to do many of our briefings, if any.

2766 Q What do you think the consequences were of CDC's  
2767 inability to provide truthful scientific information to the public  
2768 during this period?

2769 A Well, I think it impacts trust of the American public on  
2770 the agency. I was -- different agency leaders handle this  
2771 differently, and I'm not critical of the current leader. I called her  
2772 when she got nominated. The one thing she wasn't going to hear from  
2773 me was public criticism. I got it every night from my predecessors on  
2774 the nightly news. I said I'm not going to do that to you. That is  
2775 tough job. I'm hear to help. Call me if you can.

2776 But I always felt when I did briefings, when I had the  
2777 briefings, I would say 90 percent of the briefings were other people  
2778 at CDC, subject matter experts. I felt it was important for the  
2779 American public to hear from other people.

2780 And if anything, I would do a two to three minute introduction  
2781 to the people that were really the experts. I think that's the way to  
2782 do it, that the American public sees us as an agency that they can  
2783 trust. And that's not a criticism. I think even if you look at the  
2784 current briefings, most are being done -- were done either by Fauci or

2785 by Rochelle. They weren't being done by the actual workers.

2786 So I think you know, it's an important part of CDC's role.

2787 It's one of the reasons I suggested to you, again, this isn't your

2788 goal, and I know, but I think you've been very professional in this

2789 interaction, and I appreciate that. I think there are ways to improve

2790 CDC's ability to do its mission, and one of those would be to look at

2791 the FBI model, and think about it for this public health agency.

2792 Because I will tell you, CDC was -- didn't really quite know

2793 how to function when every decision they wanted to make had to be

2794 reviewed by multiple different parties, and multiple different this

2795 and multiple different that. I think it would be much more easy if

2796 the public health agency was independent.

2797 Q And that's certainly a goal, and I appreciate that. I

2798 think I'm about six minutes over, so let's go off the record.

2799 (Whereupon, at 12:32 p.m., the testimony in the above-entitled matter

2800 was recessed, to reconvene at 1:00 p.m., this same day.)

2801 AFTERNOON SESSION

2802 (1:19 p.m.)

2803 [Minority Counsel]. We can go on the record.

2804 BY [MINORITY COUNSEL].

2805 Q I want to talk about gain of function research, and your  
2806 thoughts on it, generally, and then some specific questions. It's  
2807 come under the microscope a little bit since the start of the  
2808 pandemic. What are your thoughts generally on the pros and cons of  
2809 gain of function research?

2810 A Well, I think it's a matter of public record. I did  
2811 write an op-ed piece in the Wall Street Journal, which you probably  
2812 read. I feel that we should do a moratorium on gain of function  
2813 research until the community larger than the scientific community can  
2814 debate its merits. And then if it's -- the society thinks it's  
2815 something should be done, figure out how to do it in a safe and  
2816 responsible way.

2817 I do believe colleagues of mine are supportive of it. Dr.  
2818 Fauci would be a good example. I do believe at the end of the day,  
2819 it's going to help prepare science to be able to respond quickly to  
2820 dangerous pathogens that may need a quick response. I've said it  
2821 publicly, I think they didn't ever anticipate that another thing was  
2822 possible, that a pathogen that they created with gain of function  
2823 could somehow actually infect man. They thought, and I call it  
2824 scientific arrogance, that they thought they could contain it.

2825 So my own view, and I argued against this in 2012, 2014, when a

2826 group of scientists had figured out what amino acid changes had to be  
2827 made in bird flu, which is really nonpathogenic for man. And you  
2828 know, we have bird flu now in the United States, H5N1, they have in  
2829 Maryland. There's four different strains circulating in China. They  
2830 all have different numbers behind them, but they all potentially could  
2831 evolve into a highly pathogenic virus for man.

2832 Right now, the ones in China rarely infect man, but they have  
2833 cases. The problem with bird flu right now is it's about 20 to 50  
2834 percent fatal for man, when it does infect man. So these scientists  
2835 figured out how to change it, so that it became highly pathogenic for  
2836 man. So now the virus now can bind with human receptors and infect  
2837 human. I felt that shouldn't be published. Obviously, many people in  
2838 the scientific community disagreed with me, so Nature published it.

2839 So there's actually a recipe right there for anybody who wants  
2840 to take bird flu, and make it highly pathogenic for man, it's been  
2841 published exactly how to do it. I consider it -- again, and I know  
2842 we're on the record, but those who know me know I believe in miracles.  
2843 I think it's a miracle that someone hasn't used that to harm us.

2844 And so I, by no means, think that there was an intent of the  
2845 gain of function research that's being done across the world right now  
2846 to create pathogens that are more pathogenic for man, but I believe  
2847 it's a matter of published record that the Wuhan lab was working on  
2848 making bat coronaviruses able to infect human tissue. And they  
2849 succeeded and they published it.

2850 And I think it should be that that type of research should be

2851 curtailed until there's a broader societal debate. And if the  
2852 decision is it's critical research to be done, which that might be the  
2853 conclusion, then it might be decided how and where it's done, so it  
2854 can be done in a safe and responsible way.

2855 Q Who should be involved in the debate whether or not to  
2856 continue it, beyond scientists?

2857 A I think the leadership of society needs to be involved.  
2858 So, you know, obviously, there's legislative leadership, there's  
2859 business leadership that should be, normal citizens should be involved  
2860 in the debate. This is not a decision that should be made by an  
2861 isolated group of scientists.

2862 And again, I know we're on the record, but I've said this  
2863 publicly, that it's my view that this current pandemic was much more  
2864 likely a consequence of gain of function research in the laboratory  
2865 than it was of natural evolution. And I do believe that we're at risk  
2866 for another pandemic, bird flu pandemic, which they've already  
2867 published the recipe. If somebody wanted to, they could make those  
2868 changes literally for probably less than a half a million dollars, and  
2869 create a virus that's -- and they don't have to go look for the virus  
2870 anymore, because now it's circulating in birds in the United States.

2871 Q Do you think ongoing gain of function research,  
2872 particularly if it's published, causes a national security threat to  
2873 the United States?

2874 A Well, you know, I do think -- I mean, that's -- I do  
2875 think the potentiality of pandemics, as I mentioned to you, and I

2876 hopefully in my post CDC life will have a voice in this space, I do  
2877 think that future pandemics are a greater national security threat to  
2878 the United States than North Korea or Russia or China or Iran. And  
2879 our nation should invest proportionally to be prepared to confront  
2880 those threats, whether it's naturally occurring or now -- and that's  
2881 all I had to worry about before.

2882           Before this pandemic, I never had to worry about anything other  
2883 than nature. Now I also have to worry about gain of function  
2884 research. So I do think pandemics are an issue that we need to be  
2885 concerned, independent of how they evolve.

2886           Q           There's a subset of gain of function, like dual use  
2887 research of concern. Is it possible to weaponize gain of function  
2888 research?

2889           A           Well, I think you could. I want to be clear that I  
2890 don't feel, even though I happen to be one who believes that the most  
2891 likely hypothesis, and again, I'm not saying my hypothesis is right.  
2892 I just think we ought to have a rigorous debate between the two  
2893 hypotheses, evolution versus laboratory, and have it out. Let's not  
2894 try to suppress one point of view versus the other.

2895           I have no evidence in my mind, nor do I believe that any of  
2896 that research was done from a biological weapons point of view. It  
2897 doesn't mean it couldn't be done, but I think if it was done, it would  
2898 be more likely to be done by non-state sponsored terrorists, that  
2899 figure out they're not going to get what they want by hijacking  
2900 airplanes anymore, and they're not able to rent trucks to run them

2901 down Main Street and roll over people. And they're tired of blowing  
2902 themselves up, and have shrapnel all over the place. This is ripe for  
2903 somebody to use this as a terrorist approach, and I think we should be  
2904 much more prepared than we are today to confront it.

2905 Q So putting knowledge base and funding aside, it would be  
2906 possible for a terror group to use published research to create a  
2907 bioweapon?

2908 A I believe that.

2909 Q I'm going to read you a definition for gain of function,  
2910 and just -- if this is a fair definition. A type of research that  
2911 modifies a biological agent, so that it confers newer enhanced  
2912 activity to that agent?

2913 A I think that's a reasonable definition. You've heard  
2914 others testify, but I think that's gain of function.

2915 Q I want to read you --  
2916 Ms. Christian. Where was that definition from?  
2917 [Minority Counsel]. It's from the NIH.

2918 BY [MINORITY COUNSEL].

2919 Q It's a little long, but I want to read you from a  
2920 progress report from EcoHealth Alliance about research that they  
2921 conducted at the Wuhan Institute of Virology. And some of the words -  
2922 - I can produce the actual report, so that you know, but some of the  
2923 words I switched out, just for the record, that are a little more  
2924 layman understanding than how the progress report was written.

2925 So in year 5, we continue to in vivo infection experiments of

2926 diverse bat SARS-related coronaviruses on transgenic mice expressing  
2927 human ACE2. Mice were infected with four strains of SARS-related  
2928 coronaviruses with different spike proteins, including full-length  
2929 recombinant viruses of SARS-related Wuhan Institute of Virology 1 and  
2930 3 chimeric viruses with the backbone of Wuhan Institute of Virology 1  
2931 and spike proteins from the other three.

2932 All the four viruses caused lethal infection in human ACE2 and  
2933 transgenic mice, but the mortality rate varied among the four groups  
2934 of infected mice. 14 days post infection, five out of the seven mice  
2935 with the backbone Wuhan Institute of Virology 1 remained alive, while  
2936 only two out of the eight mice infected with one of the full-length  
2937 chimeras survived. These results suggested that pathogenicity of the  
2938 chimera is higher than the others.

2939 Does that sound like a gain of function experiment?

2940 A Yes.

2941 Q So that study, as I'm sure you're aware from news  
2942 reports, was funded by the National Institutes of Health. Does that  
2943 mean that the U.S. taxpayer funded a gain of function research at the  
2944 Wuhan Institute of Virology?

2945 A Obviously, the NIH leadership has a different point of  
2946 view. From my point of view, those were published and they  
2947 acknowledged NIH for the funding. And I think you're getting into  
2948 semantics. The gain of function research, it was funded, my  
2949 understanding, by NIAID. There was also funding by the Defense  
2950 Department, there was also funding by USAID.



2951           So I think it's really semantics. I would like to say, for the  
2952 record, since this is a sensitive topic, and I may not have another  
2953 opportunity, hopefully, that my own view as a virologist, everybody  
2954 might say a leading virologist, clinical virologist in the world, is  
2955 that this is not something that has isolated culpability to the  
2956 scientists at the Wuhan lab or to NIH and their decision to fund this.

2957           But also, the broader scientific community that agrees, in  
2958 general, that this is critical research that has to be pursued  
2959 aggressively by the scientific community. So I want to make it clear  
2960 that when I make a comment that I believe this virus had a detour from  
2961 nature to be educated to how to infect humans, I do believe those  
2962 experiments are evidence that that's exactly what happened. It was  
2963 these viruses were taught how to go into the ACE receptor with high  
2964 affinity, so they could now infect humans.

2965           That's not just an issue for the Chinese lab and it's not just  
2966 an issue for EcoHealth Alliance, it's not just an issue for NIAID, if  
2967 they funded it or Defense Department or USAID. It's an issue of the  
2968 whole global scientific community that believed this research needed  
2969 to go on. And that's where I called in the Wall Street Journal for a  
2970 moratorium, in that there can -- until there can be a broader debate,  
2971 all right? A broader debate.

2972           And I think it's more important now than ever, because the  
2973 recipe for how to make bird flu pandemic for man, and bird flu when it  
2974 does infect man is going to have mortality rates between 10, 20, 30,  
2975 40, 50 percent. It's going to be much more complicated for society to

2976 deal with people dying across the age groups. I'm sad we lost a  
2977 million people. It's really tragic we lost a million people in this  
2978 country.

2979 But I think -- and the fault is not the Trump administration or  
2980 the Biden administration. The fault is the virus. And we fought hard  
2981 against this virus. And luckily, there's been some progress with the  
2982 Warp Speed in vaccines, and hopefully more with antivirals. But I do  
2983 think it's important to realize that that remains a real significant  
2984 risk that nonevolutionary evolution of pathogens for man are now on  
2985 the playing field.

2986 Q Beyond making -- I'm not a virologist, so -- but beyond  
2987 making like these recombinant chimeras and viruses to see if they are  
2988 more pathogenic in humans, would like serial passage of an naturally  
2989 occurring virus constitute as a gain of function research project?

2990 A I mean, I would determine it that way. That's what we  
2991 did historically, you know, that's how we make vaccines. We take a  
2992 virus, we keep passing it and we change it either to gain function and  
2993 usually the function that we're asking it to gain is the ability to  
2994 replicate in whatever we're trying to replicate it in. Because in  
2995 order to make a vaccine, we need more of it, or -- and frequently,  
2996 when it does that, it attenuates. But if the function that you're  
2997 measuring is replication dynamics, it's gain of function.

2998 Q Does serial passage pose its own similar risks as making  
2999 chimeras?

3000 A Probably much less. It's a traditional technique that

3001 we have used over the last 70 years. And it's how we made yellow  
3002 fever vaccine, it's how we made lots of vaccines. Obviously, when you  
3003 start mixing genetic information and asking it to rearrange itself,  
3004 you're actually creating like new pathogens. And those pathogens may  
3005 have different characteristics.

3006 But it's all a spectrum. And this is where you hear some of  
3007 the controversy. You know, and again, I go on record that I have a  
3008 lot of respect for Collins, I have a lot of respect for Fauci. I also  
3009 have a lot of respect for science embracing difference of opinion.  
3010 That's what science is supposed to do. We're supposed to embrace  
3011 different hypotheses and investigate them rigorously. And, you know,  
3012 the best thing someone can do for me is not prove my hypothesis is  
3013 right as a scientist, but prove my hypothesis is wrong. Because then  
3014 I learn something. If you prove that I'm right, you didn't teach me  
3015 anything. I already knew that.

3016 So I wish there was much more rigorous scientific debate,  
3017 because I do think there's a lot of evidence to strongly support that  
3018 this virus evolved from -- in the laboratory, it took a detour. And  
3019 the evidence that it really evolved in nature has not gotten that much  
3020 greater, even in recent New York Times report of non-peer reviewed  
3021 articles. They don't prove anything really. But there needs to be  
3022 more rigorous debate.

3023 BY [MINORITY COUNSEL].

3024 Q So just continuing down this path. Do you believe that  
3025 there are certain people in the government who suppressed that

3026 rigorous scientific debate?

3027           A           I wouldn't say that. I don't have any knowledge of  
3028 that. I would say I haven't seen that we've had that rigorous  
3029 scientific debate.

3030           Q           So you've told us that you think that there's a strong  
3031 possibility, I will say, that the virus came from the lab or certainly  
3032 human intervention occurred at some point?

3033           A           The hypothesis, as a virologist, that I embrace, and  
3034 again, it's driven by the fact that coronavirus to this day hasn't  
3035 learned how to go human to human. We talked about that earlier. MERS  
3036 hasn't learned how to go human to human. I find it very difficult, I  
3037 used the term biologically not plausible, that this virus somehow came  
3038 into humans and immediately is one of the most infectious viruses.  
3039 And now with Omicron, it may be the most infectious virus to humans.  
3040 I don't know how that happened.

3041                   And the other thing I find biologically not plausible is that  
3042 COVID, too, now is one of the most transmissible viruses for human,  
3043 but that virus can no longer affect bats. I find that very hard to  
3044 say that's just all natural evolution.

3045           Q           I don't disagree. Are there other -- it seems like when  
3046 we look at the broad sort of scientific debate from where we sit,  
3047 you're in the minority on this. You have Dr. Farrar and Dr. Anderson  
3048 and all these other -- and Dr. Fauci's even said, quote, no card  
3049 carrying virologist believes what you believe, essentially. But are  
3050 there people we just don't know about that believe what you believe?

3051           A           Sure, there are people. James Metzl. He used to be big  
3052 on the Democratic side with the NSA. He's written books. There's a  
3053 lot of people that believe that this isn't an open and shut case. It  
3054 is true that there was a view, which I don't necessarily disagree  
3055 with, that Farrar, who I talked to you about, Fauci, who I talked to  
3056 you about, and Tedros, who I talked to you about back in January of  
3057 2009, in 2020, I had conversations with all of them how important it  
3058 was that we address two hypothesis. This evolved from nature, like  
3059 SARS and MERS, or this somehow took a detour in the laboratory, based  
3060 on the published data from 2014 that they succeeded with bat  
3061 coronaviruses to attach to ACE2 receptor. And that we should have a  
3062 rigorous scientific debate to pursue both hypotheses.

3063           I was very disappointed when Jeremy Farrar took the lead on  
3064 writing the article in Lancet, who said that anybody who believed like  
3065 me, didn't mention me personally, but anybody who felt like me was a  
3066 conspirator. That is antithetical to science. Science has rigorous  
3067 debate. We don't take one point of view and say there is no room for  
3068 debate. So I am disappointed by that. The motivation for that  
3069 decision, I don't have any idea. But I do believe that it's not  
3070 consistent with science.

3071           Q           Thank you. So you mentioned Dr. Metzl. Are there  
3072 others, just so we're aware, that you would feel comfortable --

3073           A           I think the number -- you've had congressional hearings  
3074 that I've seen that a number of very good virologists got up and took  
3075 apart the molecular biology of this virus. And a number said that the

3076 smoking gun for this concern that I have is not a person, it's the  
3077 virus. If you rip apart its molecular biology, the furin cleavage  
3078 site, GCC, GC, inserts for arginine, there's a lot of things in this  
3079 virus that make people that really understand virology nervous.

3080 Q Okay. Thank you.

3081 [Minority Counsel]. I want to insert Minority Exhibits C and D  
3082 for the record.

3083 (Minority Exhibits C and D were  
3084 identified for the record.)

3085 BY [MINORITY COUNSEL].

3086 Q The top one is C. So Exhibit C is a screen grab from  
3087 the NIH's website called Gain-of-Function Research Involving Potential  
3088 Pandemic Pathogens. On the last page, it says it was last reviewed on  
3089 July 12, 2021. And the definition of gain of function research in the  
3090 second paragraph is exactly what I read to you earlier, that you said  
3091 you agreed was an appropriate definition of gain of function.

3092 Exhibit D is the exact same website link updated October 20,  
3093 2021, without the gain of function definition on the website.

3094 The experiment that I read to you earlier was revealed to  
3095 Congress on October 20, 2021, the same date the gain of function  
3096 definition was stripped off the website. Do you have any idea why NIH  
3097 would change this?

3098 A I can't speculate.

3099 Q Is it inappropriate to narrow a definition of research  
3100 without any evidence of why?

3101           A           Again, I really can't comment. I think you'd have to  
3102 address that to Collins and Fauci.

3103           Q           We've tried. So I'm going to move on. Between numerous  
3104 congressional letters and public reporting, are you aware of a  
3105 conference call that took place on February 1, 2020 with Dr. Fauci,  
3106 Dr. Collins, and associated virologists around the world?

3107           A           What I've read, all right? What I've read, as I  
3108 mentioned, I had independent discussions with not Collins, but Fauci  
3109 and Jeremy Farrar and Tedros on my concern, as leaders, we should  
3110 investigate the two hypotheses.

3111                    Because at the time, I'll be very honest, that's how I am, I  
3112 didn't have an opinion about which one was more likely in January. I  
3113 have an opinion differently, as I've gathered evidence, as a  
3114 scientist. But at that time, it was one or two possibilities.

3115                    And prior to COVID-19, there really was only one historical  
3116 possibility that we had in history prior to 2012, and it came from  
3117 nature. But since 2012, with the gain of function research, you have  
3118 to know there's another possibility. So I didn't know of the call at  
3119 the time. I was very disappointed to learn of it afterwards, because  
3120 I had a different point of view that at least we should look at both  
3121 ideas. And obviously, I was a leader, the head of CDC, and somehow I  
3122 wasn't included in that call.

3123           Q           So you were not on that conference call?

3124           A           I was not. And I didn't learn about that call until  
3125 probably years later, when it became in public light.





3151 on, which is unusual.

3152           Most researchers don't pull back their data, okay? It was also  
3153 that date that they switched leadership of the lab to the military  
3154 from the civilian. It's also the date they put in a request for a new  
3155 ventilation system. So, you know, as someone who is looking at  
3156 circumstantial evidence, you would say it looks like something  
3157 happened. And that's about the same time that we're starting to see  
3158 unexplained infections in the area. You know, in the September  
3159 timeframe.

3160           So then you have to ask yourself, what does a furin cleavage  
3161 site do? The furin cleavage site, you have a binding protein that the  
3162 virus has, and you have a receptor which the cell has, the ACE2  
3163 receptor. They've got to fit like a glove, a keen glove for them to  
3164 have -- so the normal bat virus binding site looks like this. And  
3165 this is -- I'm making this up, but just for example -- and the  
3166 receptor on the cell looks like this. So they can't snug up. You put  
3167 the furin cleavage site, and it flips the orientation of the binding  
3168 site, so now it looks like this. And so what you have is efficient  
3169 binding of the virus now to the human receptor.

3170           Without the furin cleavage site, you don't have efficient  
3171 binding to the human receptor. So the virus can't bind the receptor.  
3172 If it can't bind the receptor, it can't infect. And I told you one of  
3173 things that I think gets missed in this debate, it's of interest to me  
3174 now that COVID-19, which apparently came from bats, and I believe that  
3175 is true, it did. And then some people believe it went somewhere else,

3176 and then went into man, and became the most infectious thing for man.  
3177 But it doesn't infect bats anymore, because it can't infect if it has  
3178 that furin cleavage site orientation.

3179         So the other thing that bothers, and you guys have had hearings  
3180 on this by very good virologists, because I've listened to the  
3181 hearings. It has at the beginning of this, where this switch is, this  
3182 furin cleavage site, it has a code of a GGC GGC, okay? GCC GCC. That  
3183 codon -- and I might be wrong, it may be GGC or GCC, so don't hold me  
3184 to it. But that codon is a codon for amino arginine. We can take  
3185 multiple different combinations of nucleotides and you end up with  
3186 arginine.

3187         It's interesting that the arginine on flanking this furin  
3188 cleavage site is the preferred arginine codons for humans. So these  
3189 are why your expert -- and I'm not an expert in molecular biology, you  
3190 had four of them. This is why David Baltimore, when he saw this, even  
3191 though he's backtracked a little, but he said this is the smoking gun.  
3192 He can't understand. This is what they're saying here.

3193         Most people don't understand why this furin cleavage site is  
3194 there, and why it's flanked by arginine sequences that aren't the bat  
3195 preference, but the human preference. And this is why it suggests --  
3196 now, that doesn't mean it was directly inserted. It could have been  
3197 part of this chimeric experiment, and it recombined, and this is what  
3198 came out.

3199         But this is the type of evidence, I'd say starts lending concern  
3200 that this virus took a detour, and went from a bat and took a detour

3201 into a laboratory and that detour taught it how to be highly  
3202 transmissible for humans. And then I believe accidentally went into  
3203 humans.

3204         And why it's important -- a lot of people say Bob Gallo, who has  
3205 been my -- we performed in an institute together. I was the Gallo  
3206 endowed professor for translational medicine. A lot of respect for  
3207 Bob. He just wrote a thing in Time Magazine saying it doesn't really  
3208 matter where this came from. Well, in my view, it does matter,  
3209 because once we knew this was highly adapted for man, it meant that we  
3210 are in a race against variants. We're in a race. The variants are  
3211 going to keep coming.

3212         Mark my words, as we sit here today, we're going to have another  
3213 variant that's going to be more infectious than the Omicron variants.  
3214 I said the same thing against delta when people said we weren't going  
3215 to have another variant. No, we're going to have another variant.  
3216 This is what this virus is going to do until the end of time, it's  
3217 going to evolving, be more and more infectious, more and more  
3218 infectious.

3219         Likely when viruses do that, one of the things the virus wants  
3220 to do is become less and less pathogenic, because it doesn't want to  
3221 kill its host, so -- but it's got a head start. If it's like MERS and  
3222 SARS, we don't have a lot of variants, because the only way we could  
3223 have variants is if it first learned how to replicate in man. This  
3224 virus came out of the gate knowing how to replicate in man.

3225         So, yes, as a scientist, and I could be proven wrong, and I have

3226 been threatened, I have got front page stories saying I'm an Asian  
3227 racist, because I present a scientific hypothesis. I have colleagues  
3228 who gave me major awards, write me because what I said about the  
3229 virus, and said the best thing I could do is save the world a problem  
3230 and end my life. They feel very strongly that they don't want to have  
3231 a discussion, a scientific debate about this. I think that's  
3232 incorrect. I think it's antithetical to science.

3233 Q I'm going to come back to this in a second, but you made  
3234 me think of a question. Many of the virologists that -- and  
3235 scientists, in general, point to the fact that SARS and MERS emerged  
3236 naturally as evidence that this did, too. Was there this level of  
3237 virological research going on in 2003?

3238 A Well, there clearly wasn't a position of the broad  
3239 scientific community to support gain of function research in 2003. I  
3240 told you that was really a debate that started between 2012 and 2014.

3241 Q Okay. Thank you. So I'm going back to the same page  
3242 that we were on. A little bit further down, from Dr. Bob Garry, who  
3243 is at Tulane. He says, I really can't think of a plausible natural  
3244 scenario. I just can't figure out how this gets accomplished in  
3245 nature. Of course, in the lab, it would be easy.

3246 He then describes how you insert 4 amino acids, 12 nucleotides  
3247 that all have to be added at the exact same time to gain function. I  
3248 presume he's talking about infectivity. And at the top says, before I  
3249 left the office for the ball -- I don't know what ball it was, but --

3250 A Where is that? Next page? Top, okay.

3251 Q I aligned COVID-19 with the 96 percent bat coronavirus  
3252 at the Wuhan Institute of Virology that later became known as RaTG13.  
3253 Except for the receptor binding domain, the spike proteins are  
3254 identical at the amino acid level, while all but the perfect insertion  
3255 of 12 nucleotides that add to the furin site.

3256 It kind of goes back to what you were saying about the two  
3257 codons and the furin site. Is there anything you want to add to what  
3258 Dr. Garry said?

3259 A No. I mean, I think his conclusion that he did right  
3260 there, that he finds it, I think -- I really can't think of a  
3261 plausible natural scenario where you get -- I mean, I think this is  
3262 what I'm trying to say. It's actually too perfect. This is why David  
3263 Baltimore and those people you had, I think you had four or five  
3264 people at the hearing in the House on this, said the smoking gun is  
3265 the virus. It's not somebody else.

3266 Now, there are many people that will disagree with that, but I  
3267 will say that they're not, you know, they're not high end molecular  
3268 virologists who are looking at this in a non-biased way. There may be  
3269 people that do have some bias, you know, and some of that bias may not  
3270 be conscious. I'll be the first one to say, my view is a hypothesis,  
3271 right? And I told you already that if you proved my hypothesis is  
3272 different than I believe, I thank you because you taught me something.  
3273 But I still think this is an important hypothesis that needs to be  
3274 aggressively pursued.

3275 Q I think you said it earlier, and I'm going to butcher

3276 the name of the coronavirus family that this comes from, but a  
3277 Sarbecovirus, none of them have furin sites?

3278 A There are some beta coronaviruses, as I call, but none  
3279 of the viruses that are in this group, this stands out like a sore  
3280 thumb. And Garry says it sounds like a bigger sore thumb, because  
3281 it's exactly, exactly 12 nucleotides, exactly in the right place, and  
3282 it's using the arginine codes. And that code is more likely in  
3283 humans, not bats.

3284 Q And you've said it a few times here and before that it  
3285 looks like COVID-19 was educated in how to infect human tissue in a  
3286 laboratory. Did these hypotheses and these emails support that  
3287 statement?

3288 A I think it points that there was -- yeah, that there was  
3289 something nonevolutionary from nature to come up with this virus.

3290 Q What was the status of the COVID Task Force on February  
3291 1st? Was it still Secretary Azar or was it Vice President Pence?

3292 A When?

3293 Q February 1, 2020.

3294 A I think [Redacted] gave me the date. He took over the  
3295 end of February that she mentioned, right? So Azar was in charge.

3296 Q Was Dr. Fauci involved when Secretary Azar was in  
3297 charge?

3298 A Yes.

3299 Q Did any of these come up in any Task Force meeting?

3300 A Not that I ever saw. This is the first time I've been

3301 privy to reading actually what these people said. I've only gotten  
3302 the stuff from newspapers.

3303 [Minority Counsel]. So you haven't talked to Dr. Garry at all?

3304 The Witness. No. I think it's better for science to keep an  
3305 open mind than try to control scientists to agree with you. I think  
3306 the way to approach science is rigorous scientific debate, not to say,  
3307 lets all get in the room and decide what we all believe together.

3308 As I said many times, I think that's antithetical to science.  
3309 That's what bothered me the most about learning in the last year or  
3310 so, because I didn't have privy in realtime. But when I saw the  
3311 realtime traffic that came out of NIH to realize these people were  
3312 having private discussions, and I didn't think they were selected for  
3313 a broad point of view. It seemed like they were selected for a pretty  
3314 narrow point of view, and that was somehow published in Lancet.

3315 And if you really want to ask the question, why did Lancet  
3316 publish that letter? Because there's no science in that. It's just  
3317 an opinion. And probably one of the big parts of that letter was the  
3318 gentleman that was actually doing the research in the Wuhan lab for  
3319 EcoHealth Alliance seemed conflicted.

3320 So I'm very disappointed in Lancet. I'm disappointed in the  
3321 scientific group that decided, rather than have an open public debate  
3322 of different points of view, they had private phone calls for a  
3323 consensus point of view. I think that's -- again, I said it many  
3324 times, I'll say it to anybody. I find that antithetical to science.

3325 BY [MINORITY COUNSEL].

3326 Q If these points of view had been made public in  
3327 February, on February 1, 2020, would that have altered the public  
3328 health response to the coronavirus?

3329 A I don't think it would have altered it. I think there  
3330 would -- we would have been on the verge of greater debate, hopefully  
3331 would have tasked NIH to lead the effort to investigate rigorously  
3332 with science the different scientific hypothesis. It might have  
3333 prepared some people that didn't realize the virus got a jump start  
3334 for evolution and variants to take it more seriously, but I think for  
3335 people like me, it didn't. I already was sure that we were in for  
3336 variants and we saw them pretty quickly.

3337 We saw the Wuhan variant go to the UK variant, go to the South  
3338 Africa variant, go to the Brazilian variant. And, you know, by then  
3339 it was clear to me, this virus didn't have problems propagating or  
3340 transmitting to man and we were off to the races. And that's when,  
3341 obviously, as I look back in February and March, say, wait a second,  
3342 maybe this did get educated in how to infect humans.

3343 Q Flipping to page 4. This is an email from Dr. Collins  
3344 to Dr. Farrar, Dr. Fauci, and Dr. Tabak. He says, I share your view  
3345 that a swift convening of experts and a confidence inspiring  
3346 framework, WHO seems the only option, is needed or the voices of  
3347 conspiracy will quickly dominate, doing great potential harm to  
3348 science and international harmony.

3349 You've touched on this a little bit, but does debating the  
3350 scientific hypothesis harm science?



3351           A           No. I think, personally, I'll just go on the record,  
3352 because they know my view. I think the decision to limit debate harms  
3353 science.

3354           Q           Is international harmony or foreign affairs something  
3355 that should be taken into consideration when determining a scientific  
3356 hypothesis?

3357           A           Again, the comment I'll make here is I think the real  
3358 goal should be to pursue scientific truth. And it is the beauty of  
3359 science, and I have a great love for science. My father was at NIH,  
3360 my mother was at NIH. I do kind of hold science sacrosanct.

3361                   I do think the way this was handled was very harmful for  
3362 science. The beautiful thing about science is self-purifying. I come  
3363 up with a scientific hypothesis, if you prove I'm right, you didn't  
3364 help me at all. If you prove I'm wrong, you've purified my  
3365 conclusion. You don't throw me in jail, because I concluded wrong.  
3366 No, it's self-purifying. What should be the basis of science is  
3367 pursuing scientific truth. And it will go through iterations of  
3368 partial truth and eventually you're going to move towards truth.

3369                   So I totally disagree with this. I'm not going to go into  
3370 motivation. You'll have to talk to Collins, Fauci, Giroir, about what  
3371 their motivation was. But this is not helpful to science, it's  
3372 harmful to science.

3373           Q           The call -- after the call, drafts of a paper were sent  
3374 around to the participants that eventually became "The proximal origin  
3375 of SARS-CoV-2" in March of 2020, the first draft was written and sent

3376 to Dr. Collins and Dr. Fauci on February 4th of 2020. And the first  
3377 draft was published February 17th of 2020. The conclusion that paper  
3378 draws, and it was written by four of the members on this conference  
3379 call. Our analysis clearly show that COVID-19 is not a laboratory  
3380 construct or a purposefully manipulated virus.

3381 That directly contradicts what they said on the conference  
3382 call. Is that conclusion something they could have come to at that  
3383 point in time?

3384 A It would be speculating.

3385 Q Does the evidence suggest that it is clearly a natural  
3386 evolution?

3387 A Well, you know, obviously, the way I interpret the data  
3388 is differently. I do think that it is remarkable that within three or  
3389 four days, you can come to write a paper and get it published. I've  
3390 published over 200-something papers. I didn't get them reviewed that  
3391 quickly.

3392 So it does support the idea that someone is trying to get a  
3393 point of view out there, and minimize the alternative for other point  
3394 of views to be expressed, which I've said on multiple occasions, I'm  
3395 offended by because I find it antithetical to science. I'm a big boy  
3396 I can take the bullets. I've been up before the House Oversight  
3397 Committee, so I know what it's like.

3398 But I'm offended by it, because it's antithetical to science.  
3399 And nothing is more harmful, as you all know, we talked about it  
3400 earlier, is for CDC to lose credibility as a public health agency,

3401 which I think we were harmed by not being able to speak to the  
3402 American public. Nothing is more harmful for NIH to be viewed as not  
3403 an honest science broker.

3404 Q Dr. Garry, who we read notes for, made a statement to  
3405 the press after this letter was made public, where he said, the  
3406 consensus on the call was first, don't try to write a paper at all,  
3407 it's unnecessary, or, second, if you do write a paper, don't mention  
3408 the lab origin as that will just add fuel to the conspiracists. Does  
3409 that sound like a scientific debate?

3410 A I think you've already answered this question,  
3411 [Redacted]. I'm very disappointed in my scientific colleagues, who I  
3412 am friends with, and I do have respect for. But I think their  
3413 reasoning for not promoting scientific rigorous debate on this is  
3414 misguided.

3415 Q Is it common for outside publications to be sent to  
3416 government officials for review and editing?

3417 A It depends on whose opinion you want to get. I mean, I  
3418 will tell you, in my life, I've written some papers that could be  
3419 groundbreaking and therefore controversial that I've sent to prominent  
3420 government people, to read and criticize me, to make sure I'm not  
3421 missing something, and to take advantage of it. So I don't  
3422 necessarily find that.

3423 If you're really trying to get, you know, points of view, have  
3424 you overstated or understated your case, I published early papers  
3425 proving that you could change the immune response to people with HIV

3426 infection with actually vaccinating with HIV proteins, which everyone  
3427 said was antithetical, including Fauci, who wrote the editorial as a  
3428 companion to my New England Journal paper. Before I submitted that  
3429 paper, I gave it to some very credible, very high-level government  
3430 people to rip it to shreds, because I wanted to get their feedback.  
3431 So I don't find that surprising.

3432 Q Okay.

3433 A In this field, particularly, that you would seek  
3434 Collins' or Fauci's opinion. I would think, in a way that was  
3435 responsible.

3436 Q If we go to page 12 of the appendix. This is an email  
3437 from April 16, 2020 from Dr. Collins to Dr. Fauci, Dr. Tabak,  
3438 Dr. Lane, and Dr. Burklow, where Dr. Collins writes, wondering if  
3439 there's something NIH can do to help put down this very destructive  
3440 conspiracy, he's referencing the lab leak article below, with what  
3441 seems to be growing momentum. I hope the Nature Medicine article that  
3442 the scientists on the call wrote on the genomic sequence of SARS-CoV-2  
3443 would settle this. Anything more we could do?

3444 I know we've talked about this quite a bit, but do you think  
3445 it's appropriate for the director of the NIH to attempt, in his words,  
3446 to put down a scientific hypothesis?

3447 A Again, it's disappointing. I mean, it's disappointing.  
3448 You'll have to really ask him what his motivation was. You know, I  
3449 have -- I could speculate six or seven different reasons, but it's  
3450 really not appropriate. I'll let you figure out from him. But this

3451 is obviously, as I said multiple times, this email and this approach  
3452 is antithetical to science.

3453 Q And then [Redacted] had mentioned it, but in response to  
3454 this letter, Dr. Fauci said, if you talk to real card-carrying  
3455 virologists, they feel that the evidence and the circumstances weigh  
3456 very, very strongly that this is a natural occurrence.

3457 You're a virologist and you think differently. I just wanted  
3458 to ask how that statement made you feel?

3459 A Well, I never got issued the card, okay? You know, I'm  
3460 a life long clinical virologist, and this has been asked of me, if you  
3461 listen to the recent podcasts I do with the Vice President, he went  
3462 into detail on this, and he kept asking me how was I so certain from  
3463 the beginning.

3464 He does mention how he drilled Fauci at the Task Force meeting,  
3465 and Tony guaranteed him it had to come from nature. And he wanted to  
3466 know how I was so certain. And it really has to do with the  
3467 infectivity with humans. These viruses do not overnight become highly  
3468 infectious for humans. It takes a long time.

3469 As I mentioned, SARS is now 19 years old, it still hasn't  
3470 figured out how to do it. So this virus had to be helped. And, you  
3471 know, and I would assume that even if I couldn't just pick up the 2014  
3472 paper that shows that in that lab, they actually succeeded in teaching  
3473 bat coronaviruses to bind to receptors on humanized mice. So it's not  
3474 even a hypothesis. They did it. And so it should be at least one of  
3475 the reasonable hypotheses that people consider. And it's

3476 disappointing that, for whatever reason, and I'm anxious to see when  
3477 you get a chance to ask both Collins and Fauci under oath.

3478 Q As are we.

3479 A What their motivation was for those statements. I do  
3480 believe they were good. I do believe they really did believe that it  
3481 was in the science community's interest to maintain harmony. I just  
3482 disagree with their methods.

3483 Q Do you remember the date of the Task Force meeting that  
3484 you just referenced? I'm sure I can sift through the packet.

3485 A I don't. You can listen to Vice President Pence's  
3486 podcast, and hear what he said and maybe ask him. I just remember  
3487 that I always -- because, you know, my own kids gave me a hard time  
3488 for not being in the New York Times in 2020 saying this, and why  
3489 didn't I go out and say it in front of The New York Times and The  
3490 Washington Post? And I said, well, I didn't work for the New York  
3491 Times and The Washington Post. But I did communicate my concerns to  
3492 the Coronavirus Task Force, and the Vice President validated that in  
3493 his podcast on multiple occasions, if you want to listen to it.

3494 [Minority Counsel]. Thank you.

3495 BY [MINORITY COUNSEL].

3496 Q So I think about this as a national security concern,  
3497 too. And you mentioned some countries like, I think, in hour one,  
3498 Korea, Iran, and you listed off some countries.

3499 A Russia.

3500 Q Russia.

3501 A China.

3502 Q Yes.

3503 A Okay. Keep them all in there.

3504 Q Those countries. Do you believe we should fund labs in  
3505 those countries with U.S. taxpayer dollars?

3506 A I think it depends on the nature of the research. You  
3507 know, I've gone on record, it hasn't been heeded, in my Wall Street  
3508 Journal op-ed piece that I did with Marc Siegel, that we shouldn't be  
3509 funding gain of function research. Not only at those labs,  
3510 Pennsylvania, Johns Hopkins, Columbia. We shouldn't be funding that  
3511 research right now. We should do a moratorium on it.

3512 And I feel strongly that it doesn't help the United States to  
3513 do a unilateral moratorium. We need to use other techniques to get  
3514 other countries to realize it's not to their financial advantage to do  
3515 this research. Not that I'm anti-research. I'm very pro-research.  
3516 But I do want to have a societal debate about the benefits and risks  
3517 of gain of function research.

3518 I ultimately think gain of function research will be done, but  
3519 it should probably be done at Fort Detrick, maybe three or four labs  
3520 around the world that have multiple redundancies of containment.  
3521 You've seen this as a public record when I was CDC director, and I got  
3522 a lot of heat for it in the newspaper. One of the first things I had  
3523 to do early in my CDC directorship is, I shut down the Fort Detrick  
3524 lab. And I came out of Walter Reed for 12 years, these people are my  
3525 colleagues.

3526           Now I'm the CDC director, if you will, that crossed over to the  
3527 public health service side and one of the things I had to do was shut  
3528 down Fort Detrick. Routinely, CDC does inspections of containment  
3529 procedures at the containment labs. And if those containment  
3530 procedures, shortcuts are being cut, we don't have to wait until you  
3531 have an accident out in Frederick. We just look if there's evidence  
3532 at cutting corners. And unfortunately, at the Fort Detrick  
3533 inspections, I was presented significant evidence that corners were  
3534 being cut, so I shut those labs down. And I made a few enemies. But  
3535 eventually they got their procedures back and the laboratories got  
3536 opened up.

3537           So that's the kind of thing that has to be in place. I believe  
3538 that there will be some scientific advantage to gain of function  
3539 research. But it has to be in a highly contained, multiple  
3540 containment, what do you call the word, contingencies. So it's not if  
3541 you get through one containment, you can't get through the second, you  
3542 can't get through the third. You sure don't do it in a lab that was  
3543 operating in P2 conditions, which was happening in Wuhan. And I might  
3544 add, not to make you nervous, I'm sure we are in multiple P2  
3545 universities and labs across this nation.

3546           Q           And I would venture to say that a lot of those are  
3547 receiving government funding?

3548           A           I would say almost all of them are. But that's a way  
3549 you can rein it in. You can restrict government funding until the  
3550 debate happens, where we're doing gain of function research.



3551 Q When I was at the Science Committee, we had jurisdiction  
3552 over NSF, and they do very basic not -- basic research, and NSF  
3553 recognized that some of these countries were not our friends always.  
3554 And they had reined in some of the international funding. Is that  
3555 something you think NIH has realized?

3556 A I can't comment about that. I mean, I mentioned already  
3557 that I think what's driving Collins more than Fauci is to maintain  
3558 global scientific harmony, which I think is a positive thing. But not  
3559 at the expense of suppressing scientific debate, because I think  
3560 scientific debate ultimately is harmony.

3561 Think back when the AIDS epidemic started, you know? How many  
3562 people, I remember at the first international conference on AIDS in  
3563 Africa, and they all got up and said there is no AIDS in Africa. We  
3564 had a debate. We kept looking. They learned there was AIDS in  
3565 Africa. You don't stifle debate, you embrace it.

3566 So I'm not trying to restrict government funding for foreign  
3567 countries and science, but I am trying to say that there should be  
3568 some judgment. And right now, it's my view, obviously still a  
3569 minority view among the scientific community, that we need to take a  
3570 pause on gain of function research until we can answer these  
3571 questions. And they shouldn't just be answered by 20 scientists. It  
3572 needs to be answered by society.

3573 Q So we talked about the limited debate on the origin of  
3574 the virus. Do you see this more limiting of debate more generally in  
3575 science or do you think it's this virus which caused a pandemic, in

3576 particular, or do you think it's a more broad problem?

3577           A           I think I've witnessed over my scientific career, and I  
3578 have had a tendency to not get the card, to be the card carrying  
3579 member. Because in the early HIV epidemic, I suggested such  
3580 controversial approaches in medicine that we ought to diagnose the  
3581 infection. And the public health service said they didn't feel that  
3582 you should diagnose the infection in people, you should just test  
3583 blood. But I was a doctor trying to take care of people that were  
3584 sick and trying to figure out why, and I tested people. That's how I  
3585 first recognized the importance of heterosexual transmission, because  
3586 37 percent of my patients, it turned out were women, and 50 percent  
3587 were married.

3588           How did I diagnose women? Well, I didn't use the George Gao  
3589 approach and only go after wet market. I went out with people that  
3590 had certain medical conditions, whether they were men or women,  
3591 whether they were gay or not gay. So there's been a real pressure in  
3592 my career since, say, 1980 that reinforced group think that you either  
3593 think like the group or you're an outsider. Now, CDC eventually  
3594 embraced my point of view that I wrote in U.S. Medicine. You can read  
3595 it. It was a really good piece of work, if I do say myself, in 1986.  
3596 And in 1996, CDC embraced my position.

3597           So I'm used to being on the outside. I'm used to being upset  
3598 about group think. I think there's way too much group think in  
3599 science. And I think the examples that you have shown here is kind of  
3600 the top of the mountain of group think, where we have conversations

3601 and a week later, there's private meetings. And four days later,  
3602 you've got a paper that totally reverses what's on the discussion.  
3603 And then Lancet publishes another letter signed by a bunch of  
3604 prominent scientists, a number of which now don't want their name on  
3605 the Lancet paper.

3606 And you can bring them in and talk to them, Peter Palese, a  
3607 number of them. But I think there's a tendency that -- and this is  
3608 probably one of the challenges the government will figure out how to  
3609 do that, when you have too much government funding that is controlled  
3610 for too long a period of time by the same group, I think you can get  
3611 into group think quickly.

3612 Q So you mentioned briefly that some people don't think  
3613 it's important to know the origins of the virus. You think it is  
3614 important to know. Dr. Birx testified that she thinks we will know.

3615 A I agree with her.

3616 Q Do you agree with that?

3617 A Absolutely. Science will figure it out. People don't  
3618 agree with my conclusion, because I think the Chinese eventually are  
3619 going to sort of come clean on it. They're not going to go there  
3620 quicker if our country says it couldn't happen, and they're all lining  
3621 up.

3622 But I think that we are going to know. And I think if we have  
3623 an open rigorous debate with all the data, even if Congress does that,  
3624 and they see all the data and everyone that has their biases has to  
3625 put them on the table, so you know what everybody's bias is, I think

3626 currently -- it's like a court -- as a doctor, if you're my patient, I  
3627 use all the data to make a diagnosis. Very rarely prove you have what  
3628 I think you have, but I can get to the point of knowing, pretty sure  
3629 you have it, that I want to treat you for it. Or if I'm in a court of  
3630 law, you know, we never really prove someone is guilty or innocent.  
3631 We have the preponderance of the evidence for that.

3632           And I think you're going to see the preponderance of the  
3633 evidence for the origins of COVID-19 is that it didn't come from  
3634 natural origins. That's my own view. But will you ever get a forum  
3635 that will be open enough to let all the evidence on the table? But I  
3636 think at the end of the day, I'm still of the point of view that the  
3637 Chinese will eventually come clean about the virus.

3638           Q           So you think they know?

3639           A           Well, I think there's a lot of evidence that they know.  
3640 You've seen it in your own congressional report that you came out  
3641 with. I don't remember how long ago that was, but there was a  
3642 significant congressional report that I think came up from the  
3643 Minority, I think. I know because I used it as a reference for my  
3644 Wall Street Journal op-ed only to get creamed by the editor, because  
3645 you guys were wrong in the report about how much money they spent.

3646           Ms. Christian. It wasn't this committee.

3647           The Witness. I don't mean you. Somebody was wrong, and had --  
3648 lost a decimal in how much money they spent to redo the -- so I only  
3649 could defend myself to the Wall Street Journal is, I used the report,  
3650 and I passed the buck to you. And it turns out the editor was

3651 Chinese, and she could read the Chinese and she pointed out that it  
3652 was incorrect. So I had a painful couple days. So from now on, I  
3653 don't put specifics when I write an op-ed. A significant amount of  
3654 money.

3655 Q Never trust Congress. I'm joking.

3656 BY [MINORITY COUNSEL].

3657 Q Just to clarify, you said in January 2020, you didn't  
3658 have an opinion either way?

3659 A I thought there were two hypotheses.

3660 Q And you could equally consider both?

3661 A I'm open for both of them.

3662 Q And you communicated that to Dr. Fauci at the time?

3663 A Sure. I made a phone call, and I had a phone call with  
3664 Farrar, and I had a phone call, probably more than one with Tedros. I  
3665 said as leaders, we needed to pursue these two hypothesis.

3666 Q Do you think that led to you becoming an outsider?

3667 A I'm pretty confident. I wasn't invited to the next  
3668 call. I didn't know about it until a couple years later. I was  
3669 offended, since I'm the one who brought this up to them. It wasn't  
3670 they called me and said, I think we ought to bring science into this.  
3671 I called them and said, we ought to bring science into this.

3672 Q And you were removed from the conversation?

3673 A Well, I wasn't included. So I don't know if I was  
3674 removed. I definitely wasn't included. And I think that was probably  
3675 the most disappointing thing to me when all these emails came out, and

3676 I found out it was literally days after our conversation. I had more  
3677 faith in Farrar and Fauci, because they're really good scientists and  
3678 good people, and trying to do the right thing.

3679 I already was a little gun shy with my guy, Tedros, because he  
3680 didn't help me get into China. In retrospect, I think he might have  
3681 helped me not to get into China, so -- but I really expected more from  
3682 Fauci and Farrar. It was really -- again, I always say this.

3683 [Redacted]

3684 This is sort of how I felt bad when I found out they excluded  
3685 me from these discussions, because I was so committed to getting to  
3686 the truth. And then to be excluded and then, worse than that, to have  
3687 the Baltimore Sun call me an Asian racist, and have the State of  
3688 Maryland pass a resolution that I'm a racist and the state of -- the  
3689 Senate passed a resolution that I was a racist. And then to be  
3690 excluded from the discussions. And then to get the death threats and  
3691 the hate mail from my friends, yeah, I felt a little bad about it.

3692 [Minority Counsel]. I think we're at time.

3693 (Recess.)

3694 [Majority Counsel]. Let's go back on the record.

3695 BY [MAJORITY COUNSEL].

3696 Q So I would like to talk about some of the public health  
3697 guidance that came out from the CDC during the pandemic. Before we go  
3698 directly into that, can you just tell me a little bit about what your  
3699 role was in approving or reviewing CDC public health guidance before  
3700 the pandemic?

3701           A           If there was specific guidance that was coming up, it  
3702 wouldn't be unusual for me to review or get an informational copy to  
3703 review. As I mentioned, we used to frequently have media with -- that  
3704 CDC would put on, and it was usually linked to an MMWR that was coming  
3705 out or a guidance that was coming out.

3706           But, you know, in general, I would think most of the guidance  
3707 that we had, as I mentioned before, the CDC is a very decentralized  
3708 organization would go up and each of the centers had their own comms  
3709 people. So we didn't have, like, one comms for all of CDC. So a lot  
3710 of the issues would come up and be orchestrated and approved at the  
3711 center level.

3712           Q           Were you aware if anyone outside of CDC reviewed or  
3713 approved guidance at that time?

3714           A           Well, I really don't know for certain. I assume HHS  
3715 still had those things up for information purposes, but I don't want  
3716 to be held to it. I will say that, and this is probably important, to  
3717 put it in context is, as I mentioned, the centers were their own  
3718 really self-contained organization. And the center directors really  
3719 independently ran their center.

3720           I mean, the CDC director was there, but really, these centers  
3721 were independent. The Global Health Center was run by Global Health.  
3722 Nancy Messonnier, Immunization and Respiratory. What was different  
3723 about, say, Ebola or polio is we had an incident commander. And that  
3724 commander didn't appoint -- didn't -- what's the right word I'm  
3725 looking for. Wasn't accountable to a center director.

3726           When you're in the incident command system for CDC, you're  
3727           accountable to the CDC director. So when we called incident command,  
3728           initially it was under Nancy's center. So Nancy was kind of the  
3729           person, right? But once you got escalated to be CDC-wide, even though  
3730           Nancy may have been the initial incident commander, she now ran the  
3731           stuff through me. So that's how the organization runs.

3732           Q           Was -- as far as you know, did anyone in the White House  
3733           review or approve CDC guidance before the pandemic?

3734           A           I can't comment. Not that I know. I mean, I really  
3735           don't know.

3736           Q           Tell me what -- after the Task Force started, and really  
3737           after it came under Vice President Pence, what was the Task Force's  
3738           role in developing guidance, even just from the perspective of saying,  
3739           we need a certain form of guidance? Did they have a role in that?

3740           A           I think highlighting. Clearly, it was really designed  
3741           to help coordinate what the Vice President would talk about, an all of  
3742           government response. And I think areas would come up that people felt  
3743           needed to have guidance. Obviously, once Ambassador Birx became the  
3744           point person for the Vice President and the Task Force as the overall  
3745           COVID coordinator. Remember, Ambassador Birx spent years at CDC, and  
3746           knew CDC quite well. And of course, she then ran the PEPFAR program  
3747           which CDC was one of the major partners for that.

3748           So I think -- I do think the Task Force got very involved in  
3749           defining what guidance was needed, and again, both Ambassador Birx  
3750           really obviously wanted to have a role in reviewing and discussing and



3751 debating guidance that was coming up.

3752 Q I note, and this is really just for reference. But if  
3753 you look at what we marked as Majority Exhibit 2, for example, page 26  
3754 has an entry item, this is a March 24th agenda, CDC guidance update,  
3755 listing you as well as Joe Grogan, protocols for essential and  
3756 critical infrastructure workers and recommended quarantine periods.  
3757 So I think these are a couple pieces of guidance that you were  
3758 presumably working on at that time. Do you recall, if not this  
3759 specific discussion, this type of discussion happening at the Task  
3760 Force?

3761 A Yes.

3762 Q Why were you paired with Joe Grogan for this item, as  
3763 far as you recall?

3764 A I really don't. Now you're stretching my brain. But I  
3765 will say that it wouldn't have been unusual. Grogan, you know, at the  
3766 time, was the head of domestic policy, and clearly there were a  
3767 variety of issues that related to human capacity, whether it was  
3768 medical, you know, what was our medical capacity. Whether it was  
3769 transportation, what was our transportation capacity? Whether it was  
3770 industry, like meatpacker workers, because we were potentially facing  
3771 a protein shortage. So Grogan would, as the head of domestic policy,  
3772 would obviously have a position there. I don't remember the specifics  
3773 of this one.

3774 I will say that outside of CDC, that it was Homeland Security  
3775 which really had -- and I don't remember the specifics, but they had a

3776 whole thing that helped define this issue of essential workers, right,  
3777 from a national security, Homeland Security perspective. So they were  
3778 also involved.

3779 So I would suspect Joe was the coordinating body for domestic  
3780 policy within the context of the White House.

3781 Q Was there a general process for how guidance would be  
3782 developed?

3783 A I think, in general, CDC would develop the guidance,  
3784 right?

3785 Q Okay.

3786 A And they would develop guidance. It wasn't unusual for  
3787 the CDC, when they were developing guidance, to reach out for  
3788 discussion purposes to groups that may be affected by the guidance.  
3789 That's what CDC did. So, for example, if it's meatpacking or crews or  
3790 meatpacker workers or teachers, they would -- they would get input,  
3791 but they wouldn't have the right to guidance, they would just get  
3792 input to hear, what some of the -- take, you know, take in some of the  
3793 issues and concerns.

3794 Because, ultimately, this guidance had to be operationalized.  
3795 But then that guidance would be written. But then the process got --  
3796 now you're going to put me back in PTSD. The process got complicated.  
3797 Because it had to go to HHS and get reviewed and approved.

3798 But then it also went up to the Task Force, and then it also  
3799 went through interagency circulation, which while they didn't write  
3800 it, they could comment on it. Didn't like this, didn't like this.

3801 Disagree with this, disagree with that. And then it went through OIRA  
3802 and OMB. And we didn't get the approval usually to issue the guidance  
3803 until OMB gave it a thumb's up. I don't understand the whole process.  
3804 If I was there are for another four years, I might have understood it,  
3805 but I don't think I could have survived.

3806 The issue with OMB, at the end of the day, I guess they went  
3807 through a gillion budgetary implications, what does it mean, this and  
3808 that. So outside world dialogue, CDC routinely would talk to state  
3809 and territorial leadership in the states, or if there was a special  
3810 interest group that it was going after, healthcare workers or  
3811 meatpackers or teachers, they would get them set on what the issues  
3812 were to try to listen, and then they would go back and write their  
3813 guidance. And then that guidance would go through a process.

3814 And I will say, and you probably talked to a lot of people from  
3815 CDC, I think CDC found this, onerous would be a polite word. I think  
3816 they really weren't -- they didn't understand why it had to go through  
3817 this process. But, again, CDC never ran a public health response to a  
3818 public health issue that was being run by the Vice President of the  
3819 United States.

3820 Q Did you agree with that perspective on the process?

3821 A I would have liked it much more streamlined. I would  
3822 have liked us to do 24 hour, 48 hour input on our guidance, get back  
3823 to CDC, revise it, and put it out, based on our best judgment. I will  
3824 say that no one ever rewrote the guidance. There was a couple of  
3825 times where it was compromised. You'll probably ask me about one with

3826 the asymptomatics. I thought I outmaneuvered everybody with the  
3827 compromise.

3828 I learned within 48 hours after that, I didn't. And we had to  
3829 change it. There was some arguments where CDC felt very strongly on  
3830 the church guidance that we should tell Jewish faith and the Catholic  
3831 faith and Christian faith and Muslim faith what -- how they can run  
3832 their religious services. I didn't view that was our role. I thought  
3833 our role was to give the principles of how to contain and control the  
3834 infection in their environment, and they needed to learn how to adapt  
3835 it for their services.

3836 So are there are some people at CDC that, I'm sure who talked  
3837 to you or others, and were very angry at me, because I didn't just  
3838 adopt their point of view that there should be no more singing in  
3839 church, there should be no more, you know, this, no more that, no more  
3840 reading the Torah, no more doing that. I said, let's put the  
3841 principles out to the faith community, and let the faith community  
3842 figure out how to use those principles. Difference of point of view,  
3843 as opposed to -- but I will tell you that when I got difference of  
3844 point of view from Labor, from Gene Scalia, or a different point of  
3845 view from the Secretary of Agriculture, we would take their point of  
3846 view under consideration. Secretary of Education.

3847 But their point of view would never write the document. It  
3848 would go back to CDC and have to get -- you know, take their input,  
3849 see what they agree with. Usually go back on some, not all, but some  
3850 would have to go back up to the Task Force, they would be debated.

3851 This is the one, if you you're going to ask about it, fine. If not,  
3852 I'll stop now.

3853 But you know, when we got to the asymptomatic infections, it  
3854 became a big issue that got back to the Task Force, got -- Henry Walke  
3855 and I ended up modifying it, thinking we outsmarted everybody, because  
3856 we said if you're asymptomatic, you don't necessarily need to have the  
3857 test, but you need to talk to your doctor about it, healthcare  
3858 provider.

3859 And we had Atlas and others on the Task Force arguing  
3860 vehemently that you didn't need to have all these people tested. I  
3861 thought I outmaneuvered them because what doctor was going to tell  
3862 them not to get tested? No doctor. But within 48 hours, I realized  
3863 that's now how it was being interpreted, so I had to redo the guidance  
3864 myself.

3865 Q Since you mentioned that, that was not next on my list,  
3866 but I'm going to go to it. Why was that guidance -- so the timeline I  
3867 have shows that CDC had put out guidance on testing on July 17. Does  
3868 that sound consistent with what you remember?

3869 A I don't remember.

3870 Q We'll pull up the document, but this version of the  
3871 guidance read, testing is recommended for all close contacts of  
3872 persons with SARS-CoV-2 infection, because of the potential for  
3873 asymptomatic and presymptomatic transmission. It is important that  
3874 contacts of individuals with SARS-CoV-2 infection be quickly  
3875 identified and tested.

3876 So this is Exhibit 4.

3877 Ms. Christian. This is the final? This isn't a draft?

3878 [Majority Counsel]. It's the final.

3879 (Majority Exhibit No. 4 was.

3880 identified for the record.)

3881 BY [MAJORITY COUNSEL].

3882 Q Do you remember working on the original guidance that  
3883 came out on July 17?

3884 A I don't remember the dates, but I know -- I do remember  
3885 this subject matter.

3886 Q Was this guidance based on the best available science at  
3887 the time?

3888 A Well, if it was CDC guidance, I would argue that it was  
3889 probably based on the view that CDC had of the best at the time.

3890 Q So this guidance was revised on August 27th -- August  
3891 24th, and it sounds like you remember that. The change, which we're  
3892 going to pull up this version, this will be Exhibit 5. It changes the  
3893 earlier guidance to say, if you have been in close contact with a  
3894 person with COVID-19 infection, you do not necessarily need a test.

3895 (Majority Exhibit No. 5 was

3896 identified for the record.)

3897 BY [MAJORITY COUNSEL].

3898 Q "Unless you are a vulnerable individual or your health  
3899 care provider or state or local public health officials recommend you  
3900 to take one."

3901           So what led to that change being made?

3902           A           Yeah, there was aggressive debate, would be a polite way  
3903 of characterizing it, at the Task Force on this, where there were  
3904 certain individuals that felt extremely strongly that we shouldn't be  
3905 testing everybody. There wasn't -- truthfully, there wasn't enough  
3906 tests within the system and -- and I will say, without naming names,  
3907 I'll say that the proponent of this that was -- got in an aggressive  
3908 argument with me on many occasions was Dr. Atlas, and he was emphatic.

3909           And you know, not every argument that happened at the Task  
3910 Force did the CDC director prevail, okay? And there were significant  
3911 people, I'm not going to name them all, because I don't remember, to  
3912 make it clear that Atlas sort of won the debate. That there needed to  
3913 be some curtailment of the amount of testing that was done as relating  
3914 to evaluating people that were exposed.

3915           Now, I thought I outmaneuvered him by adding the idea that you  
3916 talk to your healthcare provider, because I thought healthcare  
3917 providers -- and I wanted that back in, because one of the big  
3918 problems with testing was a lot of it was being done outside the  
3919 health system. And as a consequence, there wasn't the proper contact  
3920 tracing follow-up and things.

3921           So I actually thought I had been clever in the arguments at the  
3922 Task Force of getting health care providers reengaged in testing. And  
3923 at least for the record, appeasing that Atlas won the argument, but I  
3924 didn't think he won the argument, because we said health care workers  
3925 were going to make the decision.





3951 identified for the record.)

3952 The Witness. Yeah, when I presented the rewrite, even though  
3953 the -- before it became public, there was a decision internally how it  
3954 was going to be changed. Because I don't remember the exact dates,  
3955 but that Atlas felt that I didn't have the authority to do it. I had  
3956 to come back to the Task Force approval and his approval. And I  
3957 didn't do that. And I basically said I wasn't going to do this.

3958 BY [MAJORITY COUNSEL].

3959 Q Was this a one-on-one conversation?

3960 A No.

3961 Q At a Task Force meeting?

3962 A Yeah, I didn't talk to him one on one.

3963 Q When did Atlas start attending Task Force meetings?

3964 A I should know, but it was not an easy situation for me.

3965 I was not a big advocate of his expertise. I'm not trying to be  
3966 overly critical. Unfortunately, there was a public article  
3967 overhearing a conversation I had with somebody that was pretty  
3968 aggressive, which didn't make our friendship any easier. And I was  
3969 very against him on his theory of herd immunity. I thought for  
3970 COVID-19, that there is no herd immunity. Tony and I argued about  
3971 this. Him and Atlas said 50 percent, 30 percent, and then through  
3972 this -- or 50 percent.

3973 And that's why they believed the vaccine was going to carry  
3974 this, and it was all going to go away. I understood from the  
3975 beginning, there is no durable immunity to COVID-19. And if you got

3976 naturally infected, you were very much at risk for reinfection  
3977 probably -- initially, probably in six months, now with Omicron,  
3978 probably three months. And that the vaccines' durability was highly  
3979 limited, too.

3980           So herd immunity was a non-optional perspective. But I will  
3981 say, Atlas had successfully got a lot of people within the Task Force  
3982 and the White House to believe that all we had to do was get to herd  
3983 immunity, which was initially 30 percent, then 50 percent. Fauci made  
3984 the comment 70 percent. And somebody asked him, why 70 percent. If I  
3985 said 70 percent, at the time I said 50 percent, the American public  
3986 wouldn't accept it, so I said 50 percent.

3987           I'm a different person. I am going to tell you what I say  
3988 whether you're prepared to hear it or not. This is one of the  
3989 guidances, this initial guidance that got changed was one of my own  
3990 personal disappointments, because I felt that I thought I was being  
3991 clever, and I wasn't. And I had to change it. It took a little  
3992 longer to get changed than I remember. But I had the draft of the  
3993 change probably with Henry and I done within 48 hours.

3994           Q           So I want to just stay on what led to the August 24th --  
3995 the change that you viewed as a compromise. You said that it's my  
3996 understanding that Scott Atlas had only come onboard several weeks  
3997 before this?

3998           A           I remember I think he came in August, but I don't  
3999 remember.

4000           Q           I think that's right. This is August 24th. You said

4001 certain individuals felt very strongly we should not be testing  
4002 everyone. Who else other than Scott Atlas felt that?

4003 A I don't remember. It was -- unfortunately, it was a  
4004 majority of the Task Force, because if it wasn't, I would have never  
4005 conceded. And then I would have never -- and I don't want to say I  
4006 conceded. I would have never reversed trying to be clever.

4007 Scott Atlas had convinced many people in the White House, along  
4008 with other people he brought into the White House, which I was not  
4009 part of any of those meetings. You've heard about different people he  
4010 brought in to convince people that herd immunity was going to save us,  
4011 and this thing was going to go bye-bye. I was not of that point of  
4012 view, and I was never in any of the discussions that Scott Atlas had  
4013 with the President or others in the White House, outside of the Task  
4014 Force. Probably God was protecting me, because I don't know if I  
4015 would have kept my cool.

4016 Q Who communicated to you that this revision of the  
4017 guidance needed to be posted?

4018 A Which one?

4019 Q The August 24th version, let's say Scott Atlas's  
4020 approved version.

4021 Ms. Christian. That's the version talking to your doctor?

4022 The Witness. If it was brought up at the Task Force, as a Task  
4023 Force debate, and the Task Force agreed, and if -- and members of the  
4024 Task Force felt it was critical, and probably the leadership, even the  
4025 Vice President, that we came to an agreement, because Atlas was so

4026 aggressive. And there was a whole bunch of people in the Atlas camp.  
4027 And I think Debbie Birx and I were probably in the other camp, and I  
4028 think Fauci is going to argue he wasn't at the meeting, but he was  
4029 missing in action to weigh in.

4030 BY [MAJORITY COUNSEL].

4031 Q And so other than you and Dr. Birx, it sounds like  
4032 pretty much everyone supported Scott Atlas's view?

4033 A Yes.

4034 Q And you felt compelled to make this change?

4035 A We were asked as a committee to work this out. And I  
4036 proposed language that I thought was clever, that would still not  
4037 change the use by saying talk to your health care provider. Henry and  
4038 I worked on it for a while afterwards, I don't remember exactly, but  
4039 we both thought at the end, if you will, that we had threaded the  
4040 needle. But we learned very rapidly we didn't thread the needle.

4041 Q You referenced before that this view came from a feeling  
4042 that there was a need to curtail testing. Is it fair to say that  
4043 those members of the Task Force who were supporting the change that  
4044 happened on August 24th supported the idea that there needed to be  
4045 less testing in the U.S.?

4046 A Yeah, I don't know what their motivation was, whether it  
4047 was that we needed to do less testing, and you heard a lot of those  
4048 arguments and debate because there were people who felt that. Or they  
4049 felt that we weren't able, because of the limitation of testing, we  
4050 weren't able to prioritize testing for where it needed to be.

4051 Q What do you mean by that?

4052 A Well, let's say you decided that testing needed to be  
4053 targeted for vulnerable people only, like we said in this guidance.  
4054 And it didn't need to go through these drive-throughs where healthy  
4055 people were coming for their third test in a month. All right? You  
4056 know, there was obviously other people who believed, Atlas being one  
4057 of them, there was no value in diagnosing COVID in otherwise healthy  
4058 individuals. Who cares, right? He even was of the point of view that  
4059 the faster everyone gets infected, the sooner we're going to get this  
4060 behind us, as long as we protect the vulnerable. But we disagreed  
4061 with him that herd immunity was operational.

4062 So it was -- I'll end with that, is that the Task Force, he was  
4063 able to win over a majority of people in the Task Force. And as I  
4064 say, as I recall, Fauci didn't weigh in on this in a helpful way.  
4065 Birx did. I did. And Brett Giroir was tasked, since he was the  
4066 testing czar, with really working on finding the revised language,  
4067 which you just read, the 24th, he was kind of -- he had the pen, but  
4068 it ultimately came back to CDC and Henry, and for us to concur with  
4069 the language. And but that guidance to me, I don't think it took me  
4070 more than 48 hours to say -- call Henry, and say we've got to redo  
4071 this.

4072 Q What do you recall Dr. Giroir's views being on this  
4073 guidance and testing, generally, at that point in time?

4074 A I think he was, I think -- I can't remember.

4075 Ms. Christian. Do you know?

4076           The Witness. No. I think I can't speculate. I'm just saying  
4077 that there was not a lot of consensus to support my point of view on  
4078 this.

4079           BY [MAJORITY COUNSEL].

4080           Q           Was Dr. Giroir involved in drafting the language of the  
4081 revision?

4082           A           Of the 24th, he did make suggestions, and went back and  
4083 forth with him and Henry at CDC. The ultimate decision of the final  
4084 language, though, was CDC's.

4085           Q           Do you know why -- you just mentioned it took longer  
4086 than you recalled to post the revision you had drafted within 48  
4087 hours. Any recollection of why it took that long?

4088           A           No. Other than I will say it became very clear from me  
4089 to the Task Force that we were publishing a revision. And the draft  
4090 revision must have been circulating, because I do remember being  
4091 confronted by Atlas at the meeting that I didn't have his permission  
4092 or the Task Force's permission to do this, which I did inform him that  
4093 I didn't need his permission.

4094           Q           You may be familiar with a rally that the President had  
4095 held on June 20, 2020, in Oklahoma, where he said testing is a  
4096 double-edged sword. He said when you do testing, to that extent,  
4097 you're going to find more people, you're going to find more cases. So  
4098 I said to my people, slow the testing down, please.

4099                       Were you ever instructed to take steps to slow testing down?

4100           A           No.

4101 Q Do you think that the change that happened in this  
4102 guidance was, in part, reflective of the President's directive?

4103 A That would be speculative. I do know that Atlas was --  
4104 obviously, had the ear. Debbie Birx and I didn't have the daily ear  
4105 of the President at this time on the issues. I know Atlas was of the  
4106 point of view that we needed to do less testing. I might suggest  
4107 maybe that's where that view came from as opposed to the President.  
4108 But we obviously weren't of that point of view.

4109 Q And apart from this discussion, did you ever hear --  
4110 meaning the discussion about this, that these changes in the guidance,  
4111 did you ever hear others in the administration suggest that fewer  
4112 tests would be a good thing?

4113 A No, we didn't -- from CDC's perspective, you know, I go  
4114 back to what I told you earlier, in that I think we should be asking  
4115 the question of how many tests we need, not how many tests we had.  
4116 And I do agree that we need to prioritize the testing for the  
4117 vulnerable, which is in that guidance, but what I disagree is that we  
4118 need to limit our ability to diagnose this silent epidemic. I thought  
4119 I was clever and it was very rapid. I really do believe in my heart  
4120 that within 48 hours of seeing how this was being picked up by the  
4121 news and some of the calls I got from some of my public health  
4122 colleagues, that this was definitely not interpreted the way I  
4123 intended it, and it needed to be changed. And I know Henry and I did  
4124 work to get it changed.

4125 Q Let's go back to another form of guidance that you had

4126 mentioned earlier involving meatpacking. And so tangentially related  
4127 to this, this was a CDC site visit at a Smithfield Foods processing  
4128 plant?

4129 A South Dakota.

4130 Q In South Dakota. So you remember that. Do you remember  
4131 the memorandum and recommendations that came out of that visit?

4132 A More or less.

4133 Q So I'm going to hand you two documents, I think this  
4134 will be 7 and 8.

4135 (Majority Exhibit Nos. 7 and 8 were  
4136 identified for the record.)

4137 BY [MAJORITY COUNSEL].

4138 Q We have two versions of this memo. The first is dated  
4139 April 21, 2020, and I understand it was a draft. The second is the  
4140 final official memo that is dated April 22nd, the following day.

4141 Do you know why -- 7 is the April 21st, 2020 version of the  
4142 site visit memo and 8 will be the April 22nd version. Do you recall  
4143 either version of this memo?

4144 A Not specifically, but I have an understanding, I think,  
4145 of the subject matter. So related to these memos.

4146 Q Okay.

4147 A I don't have the second one yet.

4148 Q Here you go. So there are many similarities, but the  
4149 April 22nd final official version had some language changes. For  
4150 example --



4151 A If feasible.

4152 Q Exactly.

4153 A I remember this subject. We debated it at the Task  
4154 Force. Again, this is, again, put in the right context, the  
4155 Department of Labor is very involved in this, I think, in addition.  
4156 This was not just CDC. And obviously, you had the National Institute  
4157 of Occupational Health involved. And the discussions that obviously  
4158 happened as this guidance was coming together that involved not only  
4159 Labor that would have been Gene Scalia, but also Agriculture.

4160 And the original document when I reviewed it, so the changes  
4161 were changes that I recommended, and I'll take responsibility for it,  
4162 were written in such a way that you will do this, you will do this.  
4163 And the plant that this one was focused on was such that it wasn't --  
4164 if they did that, the only answer they could do was shut the plant  
4165 down.

4166 And, for example, they required that they have two different  
4167 staircases going in opposite directions, if I remember. Well, you  
4168 couldn't do that. So very, very passionate presentations were made to  
4169 the Task Force by the Department of Agriculture, which is not  
4170 something I was cognizant of.

4171 But between the beef plants, the pork plants, and the chicken  
4172 plants, I don't think the American public know how close we came --  
4173 and you can talk to the Secretary of Agriculture to get his  
4174 perspective, how close we came to a protein shortage in the United  
4175 States. And there was a view that the way this was written was the

4176 only answer was to shut down this plant and potentially other plants.

4177           And so I did make the changes where I added the point, if  
4178 feasible. Meaning, I still thought it was important that we thought  
4179 these things were important steps to do, but I didn't think the nation  
4180 was served by us writing a document in such a way that the only answer  
4181 was we were going to put this plant on hold right now.

4182           So that was a judgment call on my behalf. There were people  
4183 who disagreed with me. It wasn't -- but I also felt that the way it  
4184 was written was not in the best interest of the United States at that  
4185 time. And so I did instruct my view, and again, to add that in  
4186 certain requests to add, if feasible. Afterwards, there was a number  
4187 of people that objected to it, some of them obviously good friends of  
4188 mine, made sure they leaked everything to the press and this became a  
4189 one-sided debate.

4190           But I still think I made the right decision, even though I like  
4191 eating fish, I like vegetables, I really do think no one knows how  
4192 close we came to a substantial protein shortage in this country. And  
4193 it's interesting, too, since you're trying to get at the meatpacking  
4194 plants, the knee jerk response for these plants was to put -- to put  
4195 different mitigation steps into the plant, masking, Plexiglass  
4196 everywhere, separate people on the line. I don't know if you ever  
4197 went to one of these plants, but you'd probably never eat meat again  
4198 if you do. Since I'm still a meat eater, I obviously got through it.

4199           But the real risk to these workers was not because they were in  
4200 the plant. And this was one of the hardest things that CDC tried to

4201 get people to realize. It was these workers lived in congregate  
4202 settings that weren't meant for the volume of people that were in that  
4203 bedroom. These workers went to and from work in vans that were meant  
4204 for six people, but they had 20 people in it.

4205         So I kept arguing, what we needed to focus was on preventing  
4206 infection in the congregate setting and in the vans to and from. But  
4207 I also felt strongly, and I didn't make a lot of head wind there, they  
4208 should make labor standards. Rather than worry about whether we have  
4209 Plexiglass, you should make labor standards on how these meatpackers  
4210 house these people and transmit them.

4211         And we had many arguments about that. My view was to get at the  
4212 cause. You know, it was easy to put up Plexiglass and take a lot of  
4213 pictures. It was harder to give them living conditions that were --  
4214 so I'm responsible for that, if feasible. It was my decision. And  
4215 there were obviously many people who disagreed with me. I still think  
4216 it was the right decision, but I respect other people to disagree.

4217         Mr. Prober. Can I ask a clarifying question? I just wanted to  
4218 ask, because I think this is implicit. But if this is where you were  
4219 going, I think it's important to be clear. Was your concern about the  
4220 protein shortage from a public health perspective?

4221         The Witness. Yeah, of course. If we don't have protein, we  
4222 have a problem. But I wasn't the expert there. I only could rely on  
4223 the presentations of Secretary Perdue that he gave at the Task Force.

4224         BY [MAJORITY COUNSEL].

4225         Q         My clarifying question, my understanding is that this

4226 plant was already shut down?

4227 A This particular one.

4228 Q Okay.

4229 A For this period of time.

4230 Q For this period of time?

4231 A All of the plants that we went into, the first response  
4232 was to shut them down.

4233 Q Right.

4234 A And then we looked at mitigation corrections that they  
4235 tried to have.

4236 Q To try to reopen?

4237 A The first one I had to deal with was in Colorado.

4238 Q Okay.

4239 A And so -- and that's where when I looked at it, I came  
4240 to the conclusion the plant wasn't my problem, how they housed these  
4241 people was the problem, the vans was the problem. But I didn't get  
4242 any traction from Labor on that. But we eventually -- the Colorado  
4243 plants were eventually closed for -- let's say, they were closed for  
4244 four weeks or six weeks.

4245 This document as originally written would have closed the plant  
4246 for a long period of time. We were trying to look at, are there  
4247 things we can do to get this plant up and running, again, in a safe  
4248 and responsible way. And if it was that we had to redo all the  
4249 staircases and redo the building and redo this and redo that, this  
4250 plant was not going to open in the year that this issue was going on.

4251 Q Let me ask you about that, though, because there were a  
4252 few points where the words, if feasible, or similar qualifiers, were  
4253 added that I don't think go necessarily to having to tear down the  
4254 building. For example, the April 22nd version adds, "if feasible" to  
4255 the point, on page 8?

4256 A Which version am I looking at?

4257 Q April 22nd, page 8?

4258 A Okay.

4259 Q To the recommendation that "all employees should wear  
4260 the face covering being used by the company to cover their noses and  
4261 mouth in all areas of the plant."

4262 So that qualifier was added there. That doesn't seem to be  
4263 something that would have, to your point, required the plant to shut  
4264 down indefinitely?

4265 A No, it would be just as feasible for them to do it. I  
4266 still say it's a question of feasibility. It's not like face shields,  
4267 we believe are actually protecting. Whether it's masks. I told you,  
4268 if you want to be really focused on what needed to be done, which I  
4269 tried to do in my arguments with Labor, was we needed to get to the  
4270 living scenario. So it's just that my view is, I don't think that's,  
4271 you know, the real focus point was exactly how they have to do this.  
4272 You know, whether you're on the line and you're separated from  
4273 somebody by six or 12 feet, do you need to have a face shield and mask  
4274 on the whole time.

4275 So that's really what the intent was there, when I was saying,

4276 if feasible. This is a document that I did read, because I did put in  
4277 the if feasible. I'm not going to punt it to somebody else. It was  
4278 my recommendation. But my recommendation that was impacted by  
4279 significant presentations that I had from the Secretary of  
4280 Agriculture, not privately but in the Task Force, that really made me  
4281 aware of the significance that was going on because of the COVID  
4282 pandemic in beef, pork, and chicken plants across the country.

4283 Q Okay. So --

4284 A And I didn't understand -- just to finish. I didn't  
4285 understand when they had all of these animals ready, what's the word  
4286 when they kill them all?

4287 Ms. Christian. Slaughter?

4288 The Witness. Well, that's one word.

4289 BY [MAJORITY COUNSEL].

4290 Q Cull?

4291 Ms. Christian. Harvesting?

4292 The Witness. They had to be a certain age and they either kill  
4293 them at that age or they trash them. So we had so many pigs that were  
4294 just being trashed, so many cows being trashed. Again, this is not my  
4295 expertise, but when I learned what impact does that have on protein  
4296 capacity for the United States, I became convinced that the Secretary  
4297 of Agriculture's concerns were right, that if this thing goes on too  
4298 long that we're going to have a protein shortage, because we're not  
4299 going to get -- I don't know what the age of the pigs are when they  
4300 kill them, but if we miss that four-week window or six-week window to

4301 kill them, then you don't have those pigs again until next year.

4302           So I don't think the public really understood, maybe you'll get  
4303 Secretary Perdue up on your committee to tell you his view on how  
4304 close this nation came to a protein shortage. But for me, that was  
4305 the intent of those qualifiers that I -- I didn't actually write this  
4306 document, but I had asked to be included in the document. And I took  
4307 a lot of heat for it.

4308           Q           Did anyone ask you to add those qualifiers or even to  
4309 make other changes to the document?

4310           A           No, I -- I'm the one that did it, I'm responsible for  
4311 it. I'm the one who took a lot of heat for it. There were a lot of  
4312 people that didn't like it, even in my own organization. They made  
4313 sure that CNN and the New York Times and everybody got the story. And  
4314 never the complete story, never really talked about protein shortages,  
4315 but this was really not an attempt at all to accommodate the  
4316 meatpacking industry.

4317           This was an attempt to try to minimize the negative impact that  
4318 we could have on what Secretary Perdue had made me astutely aware of  
4319 in the Task Force meetings, was that we really were at risk of protein  
4320 shortage. And as my attorney suggested, I saw that had major public  
4321 health implications.

4322           Q           Did you speak with anyone from Smithfield before this  
4323 memo came out?

4324           A           No. There may have been a call -- there may have been a  
4325 call with some people from the Colorado office, there may have been a

4326 call from people in the San Diego groups, more or less, to understand  
4327 their perspective. But they didn't have any guidance or memo. As I  
4328 said, it wasn't uncommon for CDC to reach out to interest groups and  
4329 at least the get their input. I don't recall it, but I'm not going to  
4330 say it didn't happen. But I can tell you they didn't influence my  
4331 decision on how this guidance came out.

4332 Q Did you speak with Marc Short before the guidance came  
4333 out?

4334 A No, I did not. Someone asked me that before. The only  
4335 time Marc Short would have been involved in this discussion would have  
4336 been in the context of the Task Force meetings.

4337 Q Do you have any awareness of whether he had a  
4338 relationship with Smithfield executives?

4339 A No.

4340 Q I'm going to hand you a document, this is Exhibit 9.

4341 (Majority Exhibit No. 9 was

4342 identified for the record.)

4343 BY [MAJORITY COUNSEL].

4344 Q To be clear, this is several days after the memo was  
4345 written and it's also after the related guidance was issued. So my  
4346 question is not to show you spoke with him before. But it is an email  
4347 between -- well, actually, from you to three Smithfield executives,  
4348 also copying Douglas Trout and Henry Walke at CDC, thanking them for a  
4349 call.

4350 Do you have any recollection of what that call was about?



4351           A           No, other than what I said to you before, it wouldn't be  
4352 unreasonable that I would reach out to special interest groups. I do  
4353 remember talking to the group in Colorado. I don't remember talking  
4354 to the group in North Dakota, but obviously I'm not going to say I  
4355 didn't. Obviously, if I wrote them back, this was probably one of my  
4356 ten emails in my entire years at CDC.

4357                   And even though I don't think I actually typed this email,  
4358 because I don't refer to myself as Bob Redfield, and I don't write  
4359 "peace" with a capital P, I always use a small P. But I could have --  
4360 you know, my secretary could have written this for me.

4361                   Ms. Christian. This looks like it took place after the memo  
4362 was issued. So it went out on the 22nd, it looks like they met on the  
4363 27th, if this email is correct, so after.

4364                   The Witness. Yeah, I don't recall the specifics, other than I  
4365 would say that this was a critical issue at the time. And I know -- I  
4366 do recall -- I don't remember the specifics, of talking to the  
4367 Smithfield group in Colorado, because that was the first one we had  
4368 the face with. And I talked to -- I know some people in Idaho -- I  
4369 mean, what's it called, Iowa, in pigs. And I talked to some people in  
4370 Maryland and Virginia in chickens. But it would really be more of  
4371 just hearing their perspective. So that's what this is probably  
4372 about. And I'll kind of leave it at that.

4373                   BY [MAJORITY COUNSEL].

4374                   Q           Looking back at the memo, either version, they both list  
4375 a set of names on the top. The first name is Michael Grant. Who is

4376 Michael Grant?

4377 A Yeah, I don't know. It says he's at the National  
4378 Institute of Public Health and Safety. So I can say really none of  
4379 these people on this group, I know personally. But they obviously are  
4380 part of CDC and were part of the team that went out there, and were  
4381 out trying to put this memorandum together on what to do.

4382 This obviously was a big priority, as I mentioned to you, to  
4383 try to figure out a path to get these meatpacking plants back open  
4384 again. Because there was a view by the Secretary of Agriculture that  
4385 we could sustain their closure for some period of time, and then we  
4386 would start to seeing protein -- and I have to defer to him in  
4387 understanding.

4388 So this was a pork processing plant, I guess. The one in  
4389 Colorado was a beef processing plant. So it is remarkable how few  
4390 plants we have that control all the meat in the United States. I  
4391 don't know if you guys are advocates of Oink Oink. Did you hear the  
4392 ads for Oink Oink? And they got regular farmers and tried to get  
4393 money from Shark Tank or something. They never did, but she's now  
4394 getting Oink Oink, so she'll provide you grass fed pig and beef. But  
4395 most of our protein is a handful of conglomerates.

4396 That's what I really remember of this. You showed me that I did  
4397 talk to them.

4398 Q Do you remember why you would have connected them with  
4399 Douglas Trout and Henry Walke?

4400 A You know, maybe -- maybe only because Henry would have

4401 been on the call with me. Because Henry was kind of my right hand on  
4402 solving our meatpacking plant. And I don't know Douglas Trout, but I  
4403 maybe he's part of Henry's team on this issue.

4404 Henry eventually became the incident commander, so he was kind  
4405 of in charge of everything. I suspect Trout was somehow on that team  
4406 that was trying to help us respond to the issues when it came to --  
4407 all the packing plants, which, you know, after this we had problems in  
4408 Iowa, we had problems in Virginia, we had problems in Delaware, we had  
4409 problems in Maryland.

4410 Mr. Prober. Just one clarifying comment. There's two  
4411 different memos here, one from April 21, 2020, one from April 22nd.  
4412 Dr. Redfield made comments with regard to a couple changes, including  
4413 if feasible. But I want to note for the record, we haven't done a  
4414 comprehensive side by side of the memos. Just those discrete things,  
4415 he was addressing. So I don't know if there are any other changes.

4416 The Witness. For me the only thing I remember is that I do  
4417 remember the issue of this if feasible. It's something I do remember.

4418 BY [MAJORITY COUNSEL].

4419 Q There is some other qualifying language in the memos.  
4420 For example, the April 22nd version has an extra sentence that says --

4421 A What page?

4422 Q First page. "The recommendations in this memorandum are  
4423 steps that Smithfield Foods may want to consider implementing to  
4424 address the conditions we identified at the plant. These  
4425 recommendations are discretionary and not required or mandated by

4426 CDC."

4427 Do you recall whether that --

4428 A Yeah, I don't think I made that, but I wouldn't say that  
4429 CDC didn't make it. If Henry or others -- I don't remember making  
4430 that recommendation myself. It may have come from Henry or others. I  
4431 do remember making the recommendation that I told you that, if  
4432 feasible.

4433 Q There is a similar recommendation --

4434 A I know where that came from possibly. Because in my  
4435 discussions about authority, it turns out the Department of Labor has  
4436 the authority. And I think I was educated that the CDC didn't have  
4437 the authority, but we would have to go back. That's my vague memory,  
4438 that there was this argument on the issue of authority. But I didn't  
4439 make those changes, the CDC or CDC's lawyers may have made those  
4440 changes based on authority. I was told that Labor had the authority.  
4441 And we could make recommendations. But that's what I vaguely  
4442 remember.

4443 Q Do you know whether this document was reviewed or edited  
4444 by anyone outside of CDC before it was published?

4445 A Not that I know. But, again, I think this is an  
4446 internal theme that we had. So it was reviewed by people that are on  
4447 the team. And it looks like they all -- well, probably Osborne. John  
4448 Osborne because he was Department of Health, he might have had a hack  
4449 at it. But I think this might have been an internal document to the  
4450 individuals there and then to Henry Walke as the incident commander,

4451 and whoever is helping him and me as the CDC director, because this  
4452 became an important issue for public health in the nation because of  
4453 the protein shortage.

4454 Q Did Henry Walke agree with the changes you made?

4455 A I don't think Henry had any disagreement with me.

4456 Q There's another change that's on page 5, I'm looking at  
4457 the April 22nd version. It says the following actions are --

4458 Ms. Christian. What -- I was trying to direct him.

4459 [Majority Counsel]. If you can see mine.

4460 BY [MAJORITY COUNSEL].

4461 Q "The following actions are recommended - to reduce the  
4462 spread of COVID-19 between employees." This is under Recommendations.

4463 A I've got it, the following recommendations should be  
4464 implemented.

4465 Q If you look back, you're welcome to look back at the  
4466 April 21st version, where it says, these efforts are recommended to  
4467 ensure that existing and future control efforts are effective in  
4468 preventing the spread.

4469 So that does seem like a -- I guess I would say, softening of  
4470 language, reduce the spread versus effective in preventing the spread.

4471 A Well, I wouldn't interpret that way, personally, because  
4472 preventing the spread was not a -- prevention was not really an  
4473 operational reality. The operational reality was to do everything we  
4474 could to limit the spread. And as I mentioned to you, the most  
4475 important intervention that really could take place was changing the

4476 congregate setting, living conditions, and the transportation to and  
4477 from the plant.

4478           So I think it probably, if you will, it was a change, again, not  
4479 one that I remember being involved in, but it would be a change just  
4480 for accuracy.

4481           Q           There's also one paragraph above, under Conclusions, a  
4482 sentence that is not present in the April 21st version which says,  
4483 "The following recommendations are steps that the plant may want to  
4484 consider implementing to address the conditions we have identified at  
4485 the plant."

4486           It's very similar to language on the first page.

4487           Ms. Christian. Where?

4488           [Majority Counsel]. Page 5 of the document.

4489           The Witness. Additional --

4490           Ms. Christian. Could you point to roughly where?

4491           [Majority Counsel]. Third sentence of that paragraph under the  
4492 April 22nd version.

4493           The Witness. I don't see a third sentence. Am I looking at  
4494 the wrong version?

4495           Ms. Christian. Let me see.

4496           The Witness. All right, I have the wrong version here.

4497           Ms. Christian. Sorry, the print's small. Page 5. It's about  
4498 halfway through the paragraph.

4499           The Witness. "The following recommendations are steps that the  
4500 plant may want to consider implementing to address the conditions we



4526 starts at the bottom of the first page from Jennie Lichter to several  
4527 names that are redacted, as well as Joe Grogan and Paul Ray. She  
4528 says, "I'm attaching some edits to the faith community guidance, BUT  
4529 what I'd prefer to do is resubmit the combined edits you produced for  
4530 the last round...to CDC as my submission on the faith section. CDC  
4531 appears to have accepted virtually none of the comments or edits  
4532 submitted by me, DOJ, or anyone else on this very sensitive section  
4533 last time, and that is unacceptable."

4534 Ms. Christian. Okay, I just want to make sure. She's talking  
4535 about faith and the subject is meatpacking?

4536 The Witness. We're switching to faith guidance.

4537 Ms. Christian. Okay.

4538 BY [MAJORITY COUNSEL].

4539 Q You did mention a little while before some disagreement  
4540 over the substance of the faith community guidance. So do you recall  
4541 a disagreement between CDC and the White House about the substance of  
4542 it?

4543 A Clearly, I wasn't part of this discussion.

4544 Q Mm-hmm.

4545 A As I said before, when we sent out CDC guidance for  
4546 interagency review, not for them to be able to rewrite the guidance as  
4547 was referred here. They could make their comments and CDC could take  
4548 them or leave them. Obviously, they weren't happy because we left out  
4549 whatever they wanted us to do.

4550 I do recall the faith guidance took way too long to get to



4551 light of day. And again, it goes back to if there is constructive  
4552 change that you all want to help is really trying to get greater  
4553 independence with CDC, when it comes to making public health  
4554 decisions.

4555           But where that hiccup was, was it the HHS or was it the White  
4556 House, or was it the Task Force? With regard to the faith guidance,  
4557 it clearly was within the interagency debate, although it was clear  
4558 that from the HHS perspective that we were not to post any guidance  
4559 that didn't get the go-ahead from the Task Force at that point. This  
4560 guidance, in particular.

4561           And it went through just way too many iterations, took way too  
4562 long to get posted, way too many disagreements. On the one hand, you  
4563 had people that felt that all faith activity should be curtailed for  
4564 public health purposes, and other -- you had people who felt that the  
4565 federal government shouldn't interfere with faith activity. I tried  
4566 to go down the middle and understand what are the key public health  
4567 issues that we need to do on this, in getting the guidance?

4568           CDC wrote the guidance, these guys didn't write it. They  
4569 obviously didn't like everything. There was a couple of contentious  
4570 issues, and I don't even recall how they finally finalized, but one of  
4571 them was, they all had to do with the practice of faith ritual, okay?  
4572 Whether or not the CDC was going to define definitively what faith  
4573 rituals would be accepted or not versus would CDC give guidance about  
4574 the public health principles for the faith community then to figure  
4575 out how to incorporate those principles within their ritual.

4576           And one of the big ones, which was a big bone of contention  
4577 whether people had singing or not. Again, it goes back to my first  
4578 principle, it goes back to my first principle, the issue is not  
4579 whether you sing or not, the issue is how do you sing in a safe  
4580 responsible way. My issue is not what rituals do you conduct, but how  
4581 do you conduct that ritual in a safe and responsible way.

4582           So there was a lot of -- there was some very strong-minded  
4583 people, and I don't know these people, but I will tell you, this was  
4584 probably the most contentious, and I think -- I don't even know if I  
4585 finally lost my cool about the clearance process, because on one of  
4586 these things, I finally did, and told CDC just to do it. I don't know  
4587 if it was this one or another one. It was so frustrating to be hung  
4588 up in OMB and be directly held up from publishing it. I don't  
4589 remember which guidance it was, but there was one, and you guys  
4590 probably know because you probably talked to Kyle McGowan, that I  
4591 finally said, I don't care what they say, put it up. It might have  
4592 been this one, because I was pretty frustrated about this.

4593           So I don't know what they were talking about directly, but there  
4594 was a lot of contention.

4595           Q           It's been publicly reported that a version of this  
4596 guidance was posted on May 22nd. I'll hand you two versions of this  
4597 guidance. So this is -- to go back, this email chain about edits and  
4598 guidance is dated April 25th. A version was first posted on May 22nd,  
4599 and -- you're being handed both the May 22nd and May 23rd versions of  
4600 this guidance, which will be Exhibits 11 and 12, respectively.

4601 (Majority Exhibit Nos. 11 and 12  
4602 were identified for the record.)

4603 BY [MAJORITY COUNSEL].

4604 Q The day after it was posted on May 23rd, the original  
4605 version was taken down, and replaced with another version, which  
4606 removed some references to items that I think you've mentioned,  
4607 including a recommendation that religious communities consider  
4608 suspending or at least decreasing use of choir and music ensembles in  
4609 congregational singing, transmission of COVID-19 through aerosols. It  
4610 also deleted a reference to a shared cup. And the May 23rd version  
4611 added a sentence that said the guidance is not intended to infringe  
4612 upon rights protected by the First Amendment.

4613 So my specific question to you is, do you recall what led to  
4614 the guidance being taken down and reposted in that 24-hour period?

4615 A Yes, the original guidance, I even think it was a Friday  
4616 night. I can't remember, but I had a tendency to get no sleep for the  
4617 three years I was CDC director. And the original guidance was posted  
4618 preclearance. So the CDC people posted the guidance, independent of  
4619 the clearance process, without the approval of the CDC director or the  
4620 approval of Henry Walke or the approval -- they just posted it. They  
4621 were told to post the guidance, which is the follow-up guidance, which  
4622 was the guidance that we had worked on, which had the things that I  
4623 mentioned to you about not having the CDC dictate religious practices  
4624 per se, but giving the principles.

4625 But the CDC person posted the old version instead, which -- you

4626 know, which was not the correct version. They made some excuses to me  
4627 for why and how that happened, that they had pre-entered it into the  
4628 system and they didn't put the new version in the system. So they had  
4629 to then publish the actual guidance.

4630 So the second version was the actual guidance that cleared the  
4631 process, based on the comments I made to you before, that myself, the  
4632 CDC director, again, I take responsibility for it, did not feel it was  
4633 the purview of CDC to tell religious practices exactly what they could  
4634 do and couldn't do. We should tell them the principles, and try to  
4635 give them the tools. And that's the guidance that actually made it  
4636 through the system, but I will go back and say, this was one of the  
4637 most contentious guidance that I had to be involved with, period.

4638 So this isn't the one I finally said, let's not say something I  
4639 shouldn't have said. This is not one that I said, go ahead and just  
4640 do it. You know, this is one that we corrected, got it right. But  
4641 the CDC posted the earlier version when they were supposed to post  
4642 this. And when this went live, I did get notified by a number of  
4643 people, but that's not the version that we cleared. And then I had to  
4644 go back and look at it. And then ask why did they post this version?  
4645 And I got this explanation it was already in the system, you don't  
4646 understand, this and that. But it was posted by mistake.

4647 Q So the reporting indicates that the reason that it was  
4648 posted without the review process that you indicated is because the  
4649 White House insisted that it be posted immediately. Do you have any  
4650 recollection of that?

4651 A No, I don't recall that.

4652 Q Do you otherwise know what led to it being posted  
4653 without going through the full review process?

4654 A My view is it did, but the version that CDC chose to  
4655 post initially was the incorrect version. We had expected that Friday  
4656 for the second version to be posted, because it was ready to be  
4657 posted, and there was no one dictating the timing of it. It was  
4658 finally ready for posting.

4659 I expected to read it on Friday, having gone through this  
4660 relatively contentious period to get this guidance out in the first  
4661 place. And we finally got it the way that the CDC -- particularly  
4662 Henry and I -- were comfortable with. And only to have my phone go  
4663 off the hook that the guidance as posted was not the version. And  
4664 then I looked at it, and saw it wasn't the version. And I tried to  
4665 find out why. And they gave me some excuse that they posted the wrong  
4666 version. And so the next day, we posted the version. So it wasn't  
4667 changed in between, it's just the wrong version was posted by CDC.

4668 [Majority Counsel]. So we are past our hour, so let's go off  
4669 the record.

4670 (Recess.)

4671 BY [MINORITY COUNSEL].

4672 Q Dr. Redfield, we've talked about a lot of things today,  
4673 and I want to keep going a little bit on origin stuff, but more  
4674 tangential to it.

4675 From January 14th, 2021 to February 10, 2021, I understand that

4676 you were no longer -- you were CDC director for a little bit of that,  
4677 but not all of it. The WHO sent a team to China to investigate the  
4678 origins of COVID-19. My understanding is that the team was decided  
4679 prior to that date, so during the --

4680 A Can you clarify the date again?

4681 Q January 14, 2021 through February 10, 2021.

4682 A Okay. My last day as CDC director, if I remember  
4683 correctly, was January -- when did the President -- the 21st. That  
4684 was the last day as director.

4685 Q I think the team was compiled well before that date, and  
4686 then there was some back and forth on how to do that.

4687 A And that's the second team that they sent.

4688 Q Yes.

4689 A Okay. I just want to make sure I follow the question.

4690 Q They produced a report in March. Have you read that  
4691 report?

4692 A Mm-hmm. I don't know how much I recall, but I obviously  
4693 read it.

4694 Q The team was comprised of 17 international scientists  
4695 and 17 Chinese scientists. There was only one American on the team,  
4696 and it was Dr. Peter Daszak, who we talked about before was the  
4697 president of EcoHealth Alliance, and has a significant financial  
4698 relationship with the Wuhan Institute of Virology. Do you think  
4699 that's a conflict of interest that he should have disclosed?

4700 A Yes.

4701 Q Do you think it was appropriate of him to be on the WHO  
4702 investigatory team?

4703 A No.

4704 Q We heard from Admiral Giroir that the U.S. government  
4705 submitted three names to be a part of that study?

4706 A Yes.

4707 Q The U.S. submitted a virologist who was an expert in  
4708 viruses that must be studied in high security laboratories, a  
4709 veterinarian, and an epidemiologist. Does that sound right?

4710 A Sounds right. I don't remember specifics. I remember  
4711 from the first team, we had about 20 names from CDC. And as I  
4712 mentioned, one person got picked. I don't know if they were on my  
4713 team. I don't know the specifics of the names that Giroir put  
4714 forward. He obviously had access to a number of CDC. I don't know  
4715 which ones he finally picked.

4716 Q But to your recollection --

4717 A I just remember Giroir was making the recommendations  
4718 for the group, and I couldn't tell you if it was three or five or  
4719 seven.

4720 Q Okay.

4721 A I wasn't part of that decision.

4722 Q To your recollection, was Dr. Daszak one of those  
4723 recommendations?

4724 A I didn't see Brett's recommendations. He didn't consult  
4725 with me to decide who to send.

4726 Q Do you know if the WHO accepted any of those  
4727 recommendations?

4728 A I don't know.

4729 Q Did you hear reports that the Chinese government had  
4730 veto power over the WHO's investigatory team?

4731 A I heard, I don't know if it's reports, I heard  
4732 conversations that people were of the view that the Chinese government  
4733 had to approve. Probably more related to me was the first group that  
4734 we recommended. I was led to believe that they were decided, based on  
4735 the two people that went, one from CDC and one from NIH, were  
4736 considered acceptable to the Chinese government.

4737 Q Okay. It was also reported that in this investigation,  
4738 the Chinese government insisted on the WHO investigating the COVID-19  
4739 originating at Fort Detrick, or through internationally shipped frozen  
4740 food. Do either of those hypotheses stand up?

4741 A Well, I read it in the public domain. Obviously, I  
4742 don't believe that that's a likely origin of the virus. I think  
4743 there's two major hypotheses. One, it evolved from nature, from bats  
4744 to some intermediary animal yet to be described, and then into humans.  
4745 And then had some transformational change to allow it to be  
4746 effectively transmitted to humans. Or, two, it had a detour in the  
4747 laboratory.

4748 Q It was also reported that the Chinese government was  
4749 given full edit powers over the language of the final report. Do you  
4750 think that's correct?



4751           A           I wasn't part of it, but obviously, I don't have an  
4752 independent report, but I wasn't part of those decisions.

4753           Q           Okay. Thank you. The final report listed four possible  
4754 options, direct zoonotic transfer to humans, as possible to likely;  
4755 introduction through an intermediate host, as likely to very likely;  
4756 introduction through frozen food, as possible; and, a lab leak as  
4757 extremely unlikely. The only one of those four that the WHO  
4758 recommended further investigation -- did not, was on the lab leak. Do  
4759 you think that's the correct decision?

4760           A           Again, I think I've said my own personal view of what  
4761 the two hypotheses are.

4762           Q           The investigators in the interviews after the fact said  
4763 that the Chinese government refused access to raw lab data, the  
4764 original safety protocols, personnel sick logs, experiment logs, the  
4765 Wuhan Institute's viral database and animal breeding logs.

4766           Do you think that data would be important for investigators?

4767           A           It would be useful.

4768           Q           Do you think it could hold important revelations about  
4769 possible origins?

4770           A           Well, I think that data is important to get at the issue  
4771 with the extent of virus transmission was in that laboratory,  
4772 particularly in the fall of 2019.

4773           Q           President Biden's Secretary of State Blinken said,  
4774 quote, the U.S. has real concerns about the methodology and the  
4775 process that went into the report, including the fact that the

4776 government in Beijing helped write it.

4777 Do you agree with that statement?

4778 A I think Blinken's comments are valid.

4779 Q Do you think that the WHO investigation was compromised  
4780 by any of these issues?

4781 A It would be speculation, but I don't think it was, you  
4782 know, an independent rigorous investigation.

4783 Q Okay. And you touched on this earlier, but in the past  
4784 few weeks, it's been major news that two non-peer reviewed preprints  
4785 have come out suggesting that it not only came from the Hunan Market  
4786 in Wuhan, but also that it was two separate viral jumps from animals  
4787 to humans. Obviously, you're aware of these studies. Can you discuss  
4788 a little bit about why they're not dispositive either way?

4789 A You know, I'm always learning my vocabulary. What does  
4790 dispositive mean?

4791 Q That they don't prove something beyond a reasonable  
4792 doubt.

4793 A First, I haven't had a chance to read the studies in a  
4794 peer reviewed session. I have seen some of the drafts. What the  
4795 studies have done is they look spatially, they have bioinformatics  
4796 types that look spatially for presence of virus in environmental  
4797 samples in the wet market. And they, in fact, found environmental  
4798 samples in the wet market, as you mentioned, from two different  
4799 potential viruses that seemed to be similar.

4800 What's lacking for me to really get excited about anything is,

4801 did they do similar studies in the train station, did they do similar  
4802 studies in 20 other wet markets? Because clearly, the virus was  
4803 circulating in Wuhan. So finding the virus in environmental samples  
4804 in the wet market just says that the virus was in the wet market. It  
4805 doesn't say it originated in the wet market.

4806 And I think if you look at more data that has come out and been  
4807 reported by the congressional report and others, that there was  
4808 substantial COVID infection in Wuhan in early December, November,  
4809 October. So you know, if anything, I was at least a little gratified  
4810 that the media didn't go on for 22 days saying that this locks it up.

4811 You know, it's disappointing that there's such a tendency to  
4812 want to just jump on this one hypothesis. Most people wouldn't give  
4813 any credence to two non-peer reviewed articles, such as the New York  
4814 Times or the other reputable newspapers. So it is surprising. So  
4815 until we get the peer reviewed group, and we see, but it showed what I  
4816 think we all know, that if you looked at the wet market in Wuhan, and  
4817 whenever they looked which was after the fact, after there were  
4818 literally thousands and thousands of cases in Wuhan, they found the  
4819 virus in wet market samples does not prove origin.

4820 Q I don't think I've ever seen a non-peer reviewed  
4821 preprint on the front of the New York Times.

4822 A Well, it's irregular.

4823 Q What would the peer review process possibly expose in  
4824 those studies?

4825 A Well, I think it would look into the rigor of the

4826 science behind it. For example, what I said, are the conclusions that  
4827 they made, which were pretty out there as proof that this was the  
4828 origin. You know, obviously, as I said, they would look at ten other  
4829 markets, they would look at the train station, the bus station, you  
4830 know, what evidence do we have that the virus wasn't in environmental  
4831 samples in other parts of the city. Which I assume that if you did,  
4832 you would have found that the environmental samples were in other  
4833 parts of the city, too, since by that time, you know, Wuhan was  
4834 creating 2,000 bed hospitals overnight, and they all weren't stopped  
4835 at the wet market.

4836           So you know, it's one of the reasons you shouldn't jump -- it's  
4837 one of the reasons I'm going to be restrained to my final analysis,  
4838 because I haven't seen the peer review. The peer review process helps  
4839 strengthen the validity of science and helps clarify. And, if you  
4840 will, purify conclusions that people make that may be more biased than  
4841 data driven. So I think what it shows is the virus was in the wet  
4842 market in environmental samples, but that doesn't show that that was  
4843 the origin of the virus.

4844           Q           You talked about this a little bit, that there was -- we  
4845 now know, virus circulating going back months before December. And my  
4846 understanding of the studies is they looked at the first -- it was  
4847 like 170 something cases, which you had alluded to earlier, that the  
4848 Chinese government was only testing epidemiologically linked to the  
4849 wet market cases. So my presumption would be a study that you're only  
4850 looking at cases that are linked to the wet market would show that

4851 there was virus in the wet market. Does that sound right? That was a  
4852 little circular.

4853 A I think they found what they were looking for, but it's  
4854 not to say what they found was the truth of the origin. They found  
4855 what they were looking for.

4856 Just as an aside, because I have to do it, it's very similar to  
4857 what we did in the early AIDS epidemic, where the only people that  
4858 really had HIV infection were gay men, in particular, hemophiliacs, or  
4859 IV drug users.

4860 I got in a big debate with the health commissioner from New  
4861 York, because I had published and shown that the virus could go from  
4862 men to women and women to men. And they told me the only women that  
4863 were infected, the prostitutes in New York that were infected were IV  
4864 drug addicts. This was in front of 10,000 people in Brussels at the  
4865 first international AIDS conference and the health commissioner was  
4866 criticizing my work.

4867 You can imagine, I'm a shy, underspoken kind of guy, so there  
4868 was 10,000 people in the audience, you know, I'm just going to shrink.  
4869 No, I went up to the microphone, and I defended my work. Then I asked  
4870 the health commissioner of New York, how many women that didn't use IV  
4871 drugs did you test for the AIDS virus? And he said, we didn't test  
4872 any, because you know they can't get infected unless they used IV  
4873 drugs. And of course, subsequently, that was a self-fulfilling  
4874 hypothesis. Subsequently, they went back and they tested cocaine  
4875 users and showed that 60 percent of them were infected with HIV, and

4876 they had nothing to do with IV drugs. They got infected from infected  
4877 men.

4878 This is the same thing here. You look for what you want to  
4879 look for and that's what you'll find.

4880 Q Thank you. I want to shift gears and go to the guidance  
4881 process that my colleague was talking about. You had said that it's  
4882 kind of common to have discussions with the final operational users of  
4883 CDC guidance, which makes sense, you want to make sure what's  
4884 practical for them while still maintaining public health.

4885 A And I interrupted you. And you also want their input to  
4886 make better guidance.

4887 Q We had an interview with Dr. Walke a few weeks ago,  
4888 feels like years, and I asked him about --

4889 A He's an outstanding public servant, I would say.

4890 Q I asked him about the reports --

4891 A I want you to send that to him, will you?

4892 Q The reports from last summer that the CDC had sent the  
4893 Biden administration school reopening guidance outside the agency for  
4894 edits to the American Federation For Teachers. And he said that it  
4895 would be uncommon for draft guidance to leave the agency. Do you  
4896 agree?

4897 A I would agree with Henry. It's not uncommon to reach  
4898 out to the agency. It's not uncommon to discuss the guidance and the  
4899 perspectives that are in it. I don't think I experienced where  
4900 actually you would release the entire guidance and have a comeback.

4901 We did it internally. It wasn't unusual for interagency. It was a  
4902 big headache, okay? But it wouldn't be uncommon to get the input of  
4903 the end user.

4904 And I'm not going to say it never happened, because never is  
4905 not a word I like in my vocabulary, particularly when I want to make  
4906 sure I'm always telling the truth. So I would just say that I let  
4907 Henry's words speak for his knowledge of the agency. He's been there  
4908 a lot longer than me.

4909 But I would want to go on record that I don't think it's  
4910 unusual to get input from the end user, as you're trying to figure out  
4911 how this is going to work. I mean, you know, you just gave an example  
4912 of me in the meatpacking plants, where I had discussions to figure out  
4913 how this is going to work. They didn't write the guidance, but I  
4914 wanted to understand better. And so I would view -- but I would  
4915 probably take Henry as much more in sync with what reality is for CDC.  
4916 He's been there for years. He would know better.

4917 Q So you just said it, but in your interactions with the  
4918 meatpacking industry or the cruise ship industry, they wouldn't write  
4919 the CDC guidance?

4920 A No.

4921 Q So in this case, the American Federation of Teachers did  
4922 send line-by-line edits to the CDC to be incorporated into the  
4923 guidance, and they were. So in your experience as director, that's  
4924 not something that is common to the agency?

4925 A Yeah. Again, I don't want to go on that word common,

4926 because my life expectancy at CDC was only three years and the  
4927 agency's been around for a long time. Henry's been there a lot longer  
4928 than I have. And it's not that special interest groups didn't  
4929 contribute their point of view that they would like to be considered,  
4930 but I don't have knowledge where they kind of got a draft copy and --  
4931 but I can't say that for sure, because remember, I circulated all of  
4932 our guidance to the interagency groups and I don't know where the  
4933 interagency groups sent them, you know, whether the interagency groups  
4934 sent them to clear to the meatpacking plants. I don't know that.

4935           So I do think it's important to get input from the end users,  
4936 and there may be certain circumstances where that input escalates to  
4937 the point of allowing the people to see the current -- what's  
4938 currently on the table. What's currently on the table? There may be  
4939 been something close to that where I was trying to switch the no sail  
4940 order to what I call the conditional sail order.

4941           So we had discussions with the industry. We didn't show them  
4942 point by point, but Secretary Leavitt had put a committee together to  
4943 help the industry move forward, if we could come up with a conditional  
4944 sail order. And I tried to flip it from no sail, okay, we will allow  
4945 you to sail, if you meet all these conditions, which most of the  
4946 industry took almost a year. So I don't want to be too definitive, it  
4947 is something that never happened. And I want to say that -- but I  
4948 would, again, I'm going to defer to Henry, because he was at CDC a lot  
4949 longer than I am, and he's going to still be there.

4950           Q           All right. Thank you.



4951 BY [MINORITY COUNSEL].

4952 Q I just want to follow up just one more time on that.  
4953 But to your knowledge, none -- no outside special interest group  
4954 provided verbatim guidance that made it into the final guidance, to  
4955 your knowledge?

4956 A I don't know of any. But you know, I'm just trying to  
4957 say, hey, I don't want to be definitive on that, because my life  
4958 expectancy at CDC was only three years, and the agency's been around  
4959 since 1940-something.

4960 Q I'm going to jump around a lot, because I'm trying to be  
4961 quick. I want to thank you for what you were doing to try to reopen  
4962 schools in the summer of 2020. I think you've been vindicated. And I  
4963 want to just sort of walk through. So schools in certain areas were  
4964 closed for 18 months, and when they did reopen in some places,  
4965 children only went to school for two days a week, and we're seeing now  
4966 extremely negative outcomes.

4967 In Fairfax County, for example, a friend of mine was told that  
4968 fifth graders are expected to be reading at a first grade level now.  
4969 And my own child is a year behind in math. And we're seeing violence  
4970 on the rise in schools, loss of learning. Dr. Emily Oster at Brown  
4971 did a study on standardized test scores, and schools that were virtual  
4972 the majority of the time during COVID have had the worst impact on  
4973 standardized test scores. And we're seeing increased suicide in young  
4974 people, loss of opportunities.

4975 From your vantage point at CDC, what forces do you think were

4976 at work keeping schools closed?

4977           A           Well, I think people's fear, uncertainty. You know, I  
4978 think in a way, shutting down the economy and closing schools was the  
4979 easy answer. I tried to argue that the public health interest of the  
4980 K-12 was better served by keeping schools open. One of the things I'm  
4981 most proud of that I -- and I got a nice award from the City of  
4982 Baltimore, archdiocese in Baltimore, was I worked with Archbishop  
4983 Lori, and we kept all the schools open, and they never closed because  
4984 they had confidence in following my recommendations.

4985           I spoke to the Vice President and the governors on most of the  
4986 coronavirus, we had a weekly call and I was on most of them. And I  
4987 advocated that we should look at how to keep schools open in a safe  
4988 and responsible way. And I advocated that I thought it was not in the  
4989 public health interest not to close schools, for the reasons you said.  
4990 Nutrition in schools, mental health services in the schools, it's one  
4991 of the only ways we detect any meaningful child abuse is in the  
4992 schools. We had the issue of mental illness concerns, drug abuse that  
4993 was a concern. We had the interest in suicide that was a concern.

4994           But my biggest concern was just getting kids off the learning  
4995 curve. It's one thing if you're on the top, I have living 12  
4996 grandchildren, I had 14 grandchildren. One of my grandchild is in six  
4997 AP courses in high school in his third year. Nothing is going to get  
4998 him off of his study. But I have another that still doesn't know his  
4999 A, B, Cs, because he can't see anybody's lips form, because he's  
5000 looking through a mask.

5001           And when I look at some of the disadvantageded kids who are  
5002 barely on the right learning curve, I think they've been knocked off  
5003 the learning curve. Kind of like my physical strength and everything,  
5004 I'm trying to get back and get core strength, so I can get up from a  
5005 chair and stuff like that. But once you get deconditioned, it's a lot  
5006 harder to get reconditioned. And there's so many kids if you've seen  
5007 the things come out of how many kids are in fifth grade that can't  
5008 pass the second grade reading test.

5009           So I think it was a big price, and I hope a lot of decision  
5010 makers take responsibility for the price they caused our kids. Now, I  
5011 believe they did it in their best judgment to do the right thing,  
5012 because they were scared. And you know, as I said, I thought the easy  
5013 answer was just close things down, rather than maybe listening to  
5014 perspectives like mine, that, no, there's going to be a lot of  
5015 consequences. I agree I think the consensus now, I'm very happy with  
5016 the current trends in the Biden administration and the governors that  
5017 everyone realizes we have to keep the schools open.

5018           I would argue the same for our economy. If you look at the  
5019 damage that went to our economy and people's lives and the work, I  
5020 mean, there were certain things that I advocated we should close. I  
5021 didn't think we should have standup bars drinking 45 beers, you know,  
5022 at the bar, turning up the music louder and louder. No, I thought  
5023 bars, move them outside, maybe sit down, maybe have a limit. There  
5024 are some things that I thought should be close, but I thought closing  
5025 business was a big mistake.

5026           The one I fought the most for, and failed, was closing my own  
5027 profession. The number of people that closed preventive health  
5028 service. How many women didn't get their mammograms, and now we're  
5029 seeing more advanced disease. How many people didn't get their  
5030 colonoscopy? How many didn't see their doctor with angina. There was  
5031 a huge price paid for closing down medical facilities. And the  
5032 medical community should have known better. So how can I criticize  
5033 the general public when the medical community did that?

5034           So I'm not pointing fingers. I think it was a mistake. And  
5035 I'm happy that at least I think people have the courage today to  
5036 acknowledge it was a mistake. I don't hear a lot of people advocating  
5037 to close schools anymore.

5038           So that takes courage to shift positions, particularly when you  
5039 took a position that had a major cost, and -- but I did -- I do think  
5040 it's one of the more important things I did in trying to advocate, how  
5041 do we keep life open in a safe and responsible way. I told you, I was  
5042 not an advocate of shutting things down. That was not my voice. And  
5043 I am disappointed that more governors didn't listen to me.

5044           Q           I think you, at some point, told us that you were  
5045 working with the schools, various schools to help them reopen?

5046           A           Told who?

5047           Q           Told us Republicans?

5048           A           Okay.

5049           Q           That you were working with schools to try to stay open  
5050 and help them do it safely. Who was your point person at CDC on that

5051 topic? Who would you have gone to?

5052 A I don't think -- I think my view was not a common view  
5053 at CDC on schools.

5054 Q So is it fair to say you were rowing against the current  
5055 on school reopening at CDC?

5056 A If I knew how to row a boat, okay? I think the general  
5057 CDC view, I mean, even if you look today, and if we go down to Clifton  
5058 Road, and see how many people are actually at CDC, I think there's an  
5059 enormous amount of virtual working.

5060 And how do you set an example that it's ready to go back and  
5061 have kids in school when we don't even have the public health experts  
5062 of this nation going back to facility-based working? So I was very  
5063 critical of CDC to go back when I was director, and I was -- there was  
5064 a lot of pushback by a lot of the people that, you know, they would  
5065 show me the rate per hundred thousand and it was a rate greater than  
5066 X, so therefore stay virtual.

5067 Q There was some summer camp guidance that came out that  
5068 recommended that children mask outdoors. Do you recall that?

5069 A We had a couple guidances. I don't recall the  
5070 specifics. And I know they were controversial, some supported, some  
5071 were against.

5072 Q I think there was a Georgia camp that had some cases,  
5073 and it seemed like that really moved a lot of the CDC personnel to  
5074 take a more Draconian approach to mitigation. And it also -- I think  
5075 this is after you left the agency, but it caused Senator Collins to

5076 say, Sue Collins, to say that she had lost trust in the CDC. And I  
5077 think Republicans think it's important to rebuild that trust. Do you  
5078 have any ideas -- I think we're interested in reform and actually  
5079 solving problems. So what, if any, ideas do you have to rebuild that  
5080 trust?

5081           A           I think it's critical to rebuild the trust. I think  
5082 I've said it several times. For me personally, they ought to really  
5083 look at how to structure CDC, so that it's independent. I think it's  
5084 -- if you had the FBI had to get every decision they wanted to do  
5085 cleared with the Justice Department, the FBI probably couldn't do its  
5086 job. So there's no secret that I would like to see the CDC director  
5087 be Senate confirmed, but not for a single term. More like the FBI,  
5088 for seven to ten years. I would like to see that organization have  
5089 independence in its ability.

5090           It doesn't matter, if you want to structure it somewhere. The  
5091 FBI is in the Justice Department, but the decision rests with the head  
5092 of the FBI. I think that's the way it should be with CDC. I know  
5093 [Redacted] went through a lot of things. And as I say, when I go  
5094 home, I'll have PTSD for the rest of the evening maybe for my whole  
5095 trip to UAE tomorrow. Just trying to get things through the system  
5096 was, in my view, not structured correctly.

5097           The fact that the CDC director has no discretion how to  
5098 reinvest public health dollars when the priorities are hid in the  
5099 agency at the time. So, you know, I would like to see the agency  
5100 repositioned with greater independence. Now, you're not going to do

5101 that if Congress doesn't trust the agency. Nobody gives an agency  
5102 independence that they don't trust.

5103 A lot of people blame me for losing credibility for CDC when I  
5104 was there, but I was always proud we had 70, 80 percent credibility  
5105 with the American public. So I think it does hurt the agency where  
5106 there's a loss of credibility.

5107 Now, in defense of the agency, the science is changing. This  
5108 is where I think you tell the truth. I don't want to criticize my  
5109 colleague and friend, Tony Fauci, but when he made the decision to buy  
5110 into herd immunity, and then went public and said if we got to 50  
5111 percent, we had herd immunity. And a couple months later, he said 70  
5112 percent, and somebody asked him, well, why did you say 50 percent  
5113 before. And he said, I didn't think the American public could absorb  
5114 70 percent. They would push back. Well, tell the truth. You tell  
5115 the truth. You know, I don't know the answer.

5116 One thing I learned, one important thing I could say as a doctor  
5117 that teaches other doctors, when I get questions that I don't know the  
5118 answer, the most important thing I could say is, I don't know. Let's  
5119 go look it up. Worst thing I could do is tell them something that's  
5120 not true, and then they learn that, and that's how they practice  
5121 medicine.

5122 So it's going to be an effort. I think the agency needs a lot  
5123 of change. I do think CDC has become -- I'll give you one story, and  
5124 I know my attorney wants me to move, so we can get out of here by  
5125 6:30, but I want to tell this one story, because it's my opportunity

5126 for both the Minority and the Majority to hear this.

5127 My very first briefing as CDC director in April of '18, I asked  
5128 it to be on opioid-related death. Now, I did that for two reasons,  
5129 three reasons. One, I had 80,000 deaths as CDC director. It seems  
5130 like an important public health issue. Secondly, the President made  
5131 it a priority and was putting money for us to turn it around. And  
5132 third, I almost lost one of my four boys from, as I mentioned, from a  
5133 fentanyl overdose, right?

5134 I did not believe as CDC director, who trained my entire life in  
5135 infectious disease that I finally get the job of my dreams, and the  
5136 first epidemic I would have to confront was not an infectious disease,  
5137 it was drug use disorder. And I will tell you, even though I worked  
5138 in Baltimore as a physician for years taking care of HIV patients, and  
5139 over 60 percent of my patients used heroin or cocaine, right? And I  
5140 had my own Division of Addiction Medicine in the department where I  
5141 was chair of medicine, I had no idea about addiction of cocaine in my  
5142 own family and the complexities with it.

5143 So I got briefed, and I had a great briefing by CDC. And at the  
5144 end of the briefing, and this is like the first week or second week of  
5145 April, I asked the briefer, what was the data through? And the  
5146 briefer, with a straight face, and told me, March 2015. And I said,  
5147 but it's April 2018. And he said, well, director, you don't  
5148 understand the complexity of getting data from the states and  
5149 assimilating it.

5150 And I said, what I didn't understand was I thought when I came



5151 here, the premier public health agency of the world, and I'm saying  
5152 this for the record, for the world, I thought I was coming down here  
5153 to use data to make an impact on public health. And you're telling me  
5154 what I really am is, I'm a medical historian. And they didn't  
5155 appreciate it, but it's true.

5156           The culture at the agency is not a response agency, it's a we  
5157 collect data, and tell you what happened. The agency needs to become  
5158 a response agency, which is why I worked with Congress and hope you  
5159 guys will go back, the Minority and Majority party, one of the first  
5160 things I argued with was the modernization of data, public health  
5161 data. They finally got \$1 billion, but I wanted \$25 billion. We  
5162 don't have an integrated system in this country.

5163           So what you have is a premier public health agency, which is not  
5164 a response agency. And what that public agency needs to be is a  
5165 response agency.

5166           Q           Thank you. Dr. Birx agrees with you. She thinks CDC  
5167 needs better data. That was her -- when I asked that same question of  
5168 her, she said data was what was lacking.

5169           A           You can't respond if you don't have the data. This is  
5170 not a minor issue. This year, it's 100,000 people died from drug  
5171 overdose. I don't need to know what the problem was three years ago.  
5172 I need to know today and tomorrow. And the only way is realtime data.  
5173 But you need a culture that wants to do that. And most of the people  
5174 at CDC, which I respect, but they've learned how to lull into feeling  
5175 like they're an academic medical science, an Emory II. They're

5176 supposed to be a public health agency.

5177 I'll leave as the last thing, when I got my Ebola outbreaks, I  
5178 had three during my three years as CDC director, more than any other  
5179 director, right? And I personally was in the Congo in those Ebola  
5180 outbreaks multiple times. But every time I wanted to get CDC  
5181 involved, I had to ask CDC for volunteers. I don't need volunteers.  
5182 I need to be able to assign people to the response.

5183 But the agency has got a culture that's a different culture.  
5184 And it will take five to ten years to change the culture. But the  
5185 culture is not going to change unless the structure changes. And the  
5186 structure is it not going to change unless you build it so the  
5187 director at CDC, whether it's he or she, has greater independence to  
5188 make decisions for the country.

5189 Q Would a model like DARPA work, where you have PMs and  
5190 it's a constant churn, where you've got three years and you're out?

5191 A I think it's too little. It's a complex organization.  
5192 I had 20,000 people, 23,000 plus. People in every state of the  
5193 country almost. I had six people in 60 countries around the world. I  
5194 had a gillion different independently, independent funded projects by  
5195 Congress that I had very little flexibility with. It's a complex  
5196 agency. It's really, in my view -- I don't mean this in a negative  
5197 way, it's almost a disservice to put somebody in there for three  
5198 years. So I said a seven to ten years assignment. Whoever is  
5199 President at the time, just like the FBI or the Comptroller of the  
5200 United States. I don't think this is a job for someone for three

5201 years. I mean, I just was learning how to get my hands around it when  
5202 I was asked to leave.

5203 Q You raised Ebola, and I've had the pleasure of working  
5204 on the Hill a really long time during Ebola. And we've done hospital  
5205 acquired infections, H1N1, and every time Dr. Fauci came to the Hill,  
5206 he told Congress masking doesn't work. Do you have any insight into  
5207 his evolution of thinking?

5208 A Well, Tony's a scientist. I do -- one thing that people  
5209 have to understand is data does change policy, which is a positive  
5210 thing. If data didn't change policy, that would be a negative thing.  
5211 So Tony believed, as many, that there was an appropriate role for  
5212 masking for symptomatic people, because he, like many, believed,  
5213 including myself, that this virus caused symptomatic disease.

5214 Once Debbie and I learned clearly this was not the issue, then  
5215 if I believe a mask prevents me from infecting you, but I don't know  
5216 if I have it or not, then that means the only public health response  
5217 from me was everyone wear a mask. Now, a lot of people still  
5218 misinterpret that, that you wore the mask to protect yourself. No, I  
5219 wore the mask to protect you. There's a limited protection for you.  
5220 There's a bigger protection for me. And I did studies here not far  
5221 from where we're sitting now, where I had chambers where we were  
5222 looking at the impact of masks, if they -- but they were artificial  
5223 systems. The most important thing was not the mask, the most  
5224 important thing was how much ventilation is in the room.

5225 But masks clearly do work. And I testified before Congress, I

5226 took some heat from it, where I said -- took out the mask and showed  
5227 it, and said, this is a powerful weapon, more powerful than the  
5228 vaccines if you don't respond to the vaccine. Many misunderstood  
5229 that. I didn't say it was more powerful than vaccines. No, it's more  
5230 powerful if you don't respond to a vaccine.

5231         So we did evolve broader use of mask for everyone. I happened  
5232 to be of the point of view that the 2022 answer is not to -- like we  
5233 did with AIDS, where the idea is you didn't need to know if you were  
5234 infected or not, as a sexually active man. You just needed to know  
5235 that you could wear a condom and act like everybody was infected. No.  
5236 Where we are in 2022, you need knowledge of infection. What does  
5237 knowledge of infection mean? We need to know who is infected and who  
5238 isn't.

5239         This is why people like me have advocated that we do routine  
5240 testing in schools twice a week, so we can remove the asymptomatic  
5241 kid, get him out of the school, go to test, get him returned. As  
5242 opposed to just act like everybody is infected and everybody wear a  
5243 mask.

5244         So Tony evolved, but we all evolved. And you know, I know he  
5245 gets a lot of heat, he is a friend and a colleague, and he's a  
5246 respected scientist. We disagree obviously on the origin. We  
5247 disagree on the scientific debate about the origin. But I think a lot  
5248 of what he's trying to do is figure out policy based on data. Where I  
5249 disagree with him, I think he tries to package it in pieces that he  
5250 thinks you can hear, and then he repackages it later when he thinks

5251 you could hear more, rather than just tell you the truth.

5252 Q It's helpful. Staying on masking, you alluded to the  
5253 fact that it is affecting children's speech development, you think.  
5254 Do you have -- is that clinical or anecdotal or have you seen like  
5255 real data on that?

5256 A I've only seen it in my own life. I'm sure you've got  
5257 experts to look at the learning disabilities that have happened. I  
5258 read the newspaper like everybody about the number of kids that are  
5259 graduating from Baltimore schools now that still are struggling to  
5260 read. So I think this virtual learning for 18 months, and I think the  
5261 nation's taken a big hit, because there are some kids that I think are  
5262 off the learning curve for the rest of their life.

5263 You've seen studies that have shown what the virtual learning  
5264 for 18 months did. And I don't remember the studies, but I saw them,  
5265 and they're substantial. But I think there's some kids that will  
5266 never get back on the learning curve, and that's tragic. And then you  
5267 go a step further, where I'm personally very bothered by, because when  
5268 you look at special needs kids that have finally made enormous  
5269 progress, particularly if they have autism, and then you see what's  
5270 happened by them being pulled out of their special need programs, and  
5271 how fast they regress and how long it takes to go back. I don't have  
5272 any personal experience, I only watch the news and the stories that  
5273 I've seen, but I think we paid a huge price.

5274 And, again, I'm not here to point fingers and blame people. I  
5275 do believe everybody made the best decision that they thought was in

5276 the best interest of children. I do get upset a little when everyone  
5277 says follow the science, but then no one kind of looks at the science,  
5278 or recognizes that the science is changing.

5279 Q So we've had more deaths in 2021 and in 2022 than we had  
5280 in 2020, and we have three vaccines and all the mitigations and  
5281 President Biden has said it's a pandemic of the unvaccinated.  
5282 Dr. Birx testified that she didn't think it was helpful to sort of  
5283 demonize certain populations, but you needed to reach out and  
5284 understand their concerns, and that she -- what are your thoughts on  
5285 that? Because we grapple to understand why?

5286 A A couple things, I would say first, to make it clear.  
5287 That the enemy here is the virus. I think we did the best we thought  
5288 we could with the weapons we had. And I'm glad we made some new ones  
5289 like Operation Warp Speed, which I was on the board. The Biden  
5290 administration, their issue is the virus and the virus is dynamic.  
5291 It's disappointing that more people died in the year after, but that's  
5292 just what the virus has done. I'm not saying it's directly related to  
5293 this policy or this administration's policy.

5294 I was particularly taken back, and you've heard this when I was  
5295 briefed in February 2020 by CDC, they told me that we were going to  
5296 have 2.2 million people dead by September 2020. That was their  
5297 estimate. I didn't sleep very well that night. I went back and  
5298 reread *The Great Influenza*, if you haven't read it by John Berry. I  
5299 looked at the pictures at fire stations with bodies laid out. Because  
5300 that's what we were looking at.

5301 I'm sad that in September, we had a little less than 200,000  
5302 deaths, still a lot of deaths, but it wasn't 2.2 million. I'm not  
5303 going to say we prevented 2 million deaths, but we made an honest  
5304 effort to use the tools we had, and we made the ones, particularly in  
5305 the vaccines in Warp Speed, and I believe the Biden administration is  
5306 doing the same, they're trying to use the tools, the best they can.

5307 But I do agree with Debbie that this is not an epidemic of the  
5308 unvaccinated. I happened to be the senior public health adviser for  
5309 the State of Maryland, and at least 30 to 50 percent of the people  
5310 getting infected are vaccinated. If you look at the people who die in  
5311 the State of Maryland in the last six months, over 30 percent were  
5312 fully vaccinated with a booster. So I don't think it's helpful to  
5313 blame it on the unvaccinated.

5314 I really think people should get vaccinated, but I also think  
5315 that the administration and the previous administration and this  
5316 administration, people were making a mistake that they don't also  
5317 embrace natural immunity, because if I get naturally infected and I  
5318 have an immune response comparable to what I get with a vaccine, I  
5319 don't understand why that doesn't mean anything. So we should embrace  
5320 immunity, independent of whether it's vaccine induced or not. And the  
5321 problem with both natural and vaccine immunity is it doesn't last.

5322 So I do think it's not helpful to point fingers. We ought to  
5323 come together that we have a common enemy, it's COVID-19. It's not  
5324 going anywhere. When you're as old as me, you're still going to be  
5325 dealing with it. It's -- and we're going to learn how to live with

5326 it, and hopefully there can be an Operation Warp Speed for antiviral  
5327 development where we get the private sector to have 5, 6, 7, 8, 9, 10,  
5328 20 different therapeutic options. Expanded testing, we need it,  
5329 particularly for the silent epidemic which Debbie and I would agree.  
5330 Continue vaccines to maintain immunity with additional boosters. And  
5331 you're going to need a third or fourth or fifth booster with the  
5332 current vaccines and we need antiviral drugs. But this virus is part  
5333 of life for the duration.

5334 Q How about children? Do you think children will continue  
5335 to need boosters?

5336 A I think it's a question that has to continue be debated  
5337 about the risk/benefit of vaccinated children. Of my grandchildren,  
5338 of the 12 that are living, of the ones that are 5 or over, they've all  
5339 been vaccinated. So I believe there's an advantage to vaccinated  
5340 children. But you have to be truthful that the vaccines were approved  
5341 because they prevent serious illness, hospitalizations, and death.  
5342 They weren't approved because they prevent infection.

5343 So if kids don't have serious illness, in general,  
5344 hospitalization, and death, you can see where some parents will say,  
5345 do I vaccinate the kid or not? And some of us will say vaccinate the  
5346 kids to protect the vulnerable. Well, you've got to maintain your  
5347 credibility, what's the data you prevent infection? And the current  
5348 vaccines have not shown they prevent infection. Not to the extent  
5349 that you can say that.

5350 I'm an advocate of children being infected because there's



5351 another concern I have for children, as I do for adults. And it's  
5352 called long COVID.

5353 Ms. Christian. Children being vaccinated. You said infected.

5354 The Witness. No, I have a concern of COVID's ability to cause  
5355 illness in children, even though they don't get serious illness,  
5356 hospital, and death.

5357 There's another thing that happens, long COVID. When you lose  
5358 your taste and smell, how does that happen? There's only one way that  
5359 happens. This virus is replicating in your brain, right? This Nature  
5360 Medicine just published a paper a couple weeks ago, showing you how  
5361 people with COVID have brain rot. So your brain actually is no longer  
5362 the same as someone without COVID, okay?

5363 Now, it's not everybody, but we know right now, probably one in  
5364 five people develop some type of long COVID symptoms. So I want my  
5365 grandkids to go to MIT. Nothing personal.

5366 Q Is that where you went?

5367 A No, I wasn't smart enough. I want them to have -- we're  
5368 supposed to get smarter. That's what human evolution is. But I don't  
5369 want them to end up -- I don't want them to have viruses replicated in  
5370 their brain. And even though they may still get infected, I think,  
5371 again, this is the virologist in me, I believe that you can modulate  
5372 the replication dynamics that occurs in the body if you have some form  
5373 of immunity.

5374 But if parents don't want to do that, I'm not going to lie to  
5375 them and tell them that they're going to prevent grandma from getting

5376 infected by vaccinating kids. If you look at CDC data from the very  
5377 beginning, the most common group that we got infected per hundred  
5378 thousand were kids 12-18. The next, 5-11. They always were the  
5379 number one, they just didn't get sick.

5380           So respiratory viruses are always going to infect children. If  
5381 we had a more durable vaccine that prevented infection, I would be  
5382 very aggressive with parents. I'm still aggressive. All my grandkids  
5383 have been vaccinated. I still try to tell them, long COVID is real.  
5384 Your kid may be meant to attend Harvard, but may end up at community  
5385 college with long term COVID. I have friends that got infected New  
5386 Year's Eve that can't remember my name. And these are  
5387 multimillionaire business people and they can't function because there  
5388 is evidence that long COVID causes what we call an early accelerated  
5389 Alzheimer's disease. I don't want that.

5390           We have to be honest with parents, though, to say X, Y, and Z.  
5391 But hopefully, we'll have better vaccines that we can say prevent  
5392 infection. And when we have those vaccines that prevent infection,  
5393 then we've got to get all the kids. I'm going to argue for kids to  
5394 get them vaccinated. I'm going to ensure my grandkids are vaccinated,  
5395 but I'm not going to badger somebody and say they're the bad guy  
5396 because they didn't vaccinate their kids.

5397           Q           So RSV, if you have a baby during a certain season, your  
5398 baby is highly likely to get RSV.

5399           A           It's bad news, they could die from it.

5400           Q           Or end up in the hospital. Do you think there's going

5401 to be a point where COVID is going to be RSV?

5402           A           There's no doubt the children born -- in the first six  
5403 months of life have a poor outcome in RSV, the same as influenza. I  
5404 think our greatest risk, and the importance about the efficacy with  
5405 masks. If you look at what happened with the flu in 2020 and 2021, it  
5406 was like this. We didn't have flu. Why didn't we have flu? Because  
5407 masks work in preventing flu. What happened to RSV? I can show you  
5408 that we didn't have any RSV, because masks work. Masks didn't work as  
5409 good for COVID, but they worked probably to some degree. I believe  
5410 they do. And we have data that supports it. But they're not an end  
5411 all. They didn't stop COVID, like they did flu and RSV.

5412           Now you're going into 2022, this fall, which I anticipate is  
5413 going to be a very painful fall. All right? That's my own opinion,  
5414 okay? For the record. Because we have now a less immune population  
5415 for flu, because we haven't seen it for two years. We have less  
5416 capacity for RSV because we haven't seen it for two years. And we're  
5417 going to have a new COVID variant probably hit us as, the sixth surge.  
5418 But what you're probably going to see is kids getting hospitalized  
5419 because they got RSV and COVID, flu and COVID. And the illness is  
5420 going to be worse.

5421           And so, again, I'm going to continue to advocate parents to do  
5422 everything we can to protect their children, which I still believe  
5423 there is still some benefit from vaccination, even though I can't  
5424 prove it stops infection, I do believe that having immune regulatory  
5425 mechanisms in my body when they get infected are going to modulate the

5426 replication dynamics, and that will probably modify how likely the  
5427 virus is to get into my brain.

5428           So it's going to be -- it's going to be a rough fall. It's  
5429 going to be a rough winter, in my view. And people who want the idea,  
5430 it's all over, don't worry about it, we're done, I think is wrong.  
5431 That's why I like to see that you all who have influence, I don't mean  
5432 the Minority only, but the Majority has the upper hand on influence, I  
5433 would really like to see a much more aggressive private-public  
5434 partnership to develop antivirals. We should have the same aggressive  
5435 Warp Speed approach. It shouldn't be viewed as a public-public  
5436 partnership.

5437           So my friend, Tony Collins, said give the billion dollars to  
5438 NIH, they'll take care of the antivirals. That's not my view. Give  
5439 them a task to say, we want ten new antivirals on the market within  
5440 ten months. Because it's the antivirals that are largely going to  
5441 allow us to live with this virus for the long haul. The vaccines will  
5442 be a piece, but they're not the whole answer. Testing will be a  
5443 piece, but not the whole answer. Antivirals that work, whether they  
5444 work to treat you if you get infected or more importantly used  
5445 chemoprophylactically, so you don't get infected and block  
5446 transmission, that's the future.

5447           And we need that future by which -- I wish we had that future.  
5448 I'm very disappointed that we have the Pfizer drug, you know, which  
5449 the administration bought 20 million doses and we should get the first  
5450 10 million in June, and the second 10 million before the fall, but my

5451 brother-in-law needed it two months ago. When we did remdesivir, I  
5452 was in the Roosevelt Room and the head -- we brought in all the  
5453 antiviral companies, either President Trump or Vice President Pence  
5454 invited them. I think it was President Trump.

5455           And we drilled down on where they were with their monoclonal  
5456 antibodies, which the President ultimately got in Lilly and Gilead  
5457 with their remdesivir, they said he was finishing phase II trials.  
5458 The question was, what did they need to be ready to make sure we could  
5459 distribute it to all the hospitals in America when they finished with  
5460 phase III? And they had discussions afterwards how to do that.

5461           So Debbie Birx took the lead on this, but one of the realities  
5462 is after remdesivir was approved, within 12-24 hours, that drug was  
5463 available throughout the United States. But it's been approved for  
5464 months, and we're told we were going to have the doses that we wanted  
5465 by mid-summer or early fall.

5466           So what I'm trying to say --

5467           Q           What's the difference?

5468           A           You've got to have a private-public partnership that  
5469 accelerates the ability to deliver the product. What Trump did, when  
5470 the vaccine was going into phase III trials, the decision was made to  
5471 buy a billion dollars worth, so that if it worked, the company already  
5472 had the ability to manufacture. So we spent billions of dollars which  
5473 could have been Seward's icebox, because we could have owned billions  
5474 of dollars of vaccines that proved not to work. We need the same  
5475 approach.

5476           And I'll take a minute on this, because this is one of the  
5477 things that you both, the Minority and the Majority party, could push  
5478 on. I think the greatest need right now is much more aggressive  
5479 engagement with the private sector in antiviral drug development. It  
5480 will work, but if you go and say public development is give the money  
5481 to NIH and they'll develop it, no. You need to get the private sector  
5482 involved. And the only way you're going to do that is you've got to  
5483 stimulate it the same way we were able to do with famciclovir,  
5484 remdesivir, and the same that was done with the vaccines.

5485           It was an enormous accomplishment, initially three, then four  
5486 of the vaccines that we invested in got improved. AstraZeneca not in  
5487 the United States, but overseas. And hopefully Novax, that would be  
5488 the fifth one we invested in. And I think you'll see the GSK Sophie  
5489 Pasteur get approved in the late spring early summer.

5490           So all of them are going to make it through the goal line. And  
5491 when the goal line was sent to us, initially prominent people said it  
5492 would take three to seven years for any vaccine to happen. And the  
5493 reality is, you got four in eight months, and probably six within 18  
5494 months, which is exactly now what we need for antiviral treatment.

5495           Q           Okay. Last question going back to the loss of learning  
5496 that we talked about. Because you're engaged in the medical community  
5497 and the scientific community, I understand you're not an educator, but  
5498 do you hear anyone talking about what we're going to do to fix the  
5499 loss of learning, so that all kids can go to MIT? Because I don't  
5500 hear anybody talking about it.

5501           A           I hear some discussions and I obviously have a number of  
5502 grandkids that are in school. So there are some programs, I would say  
5503 one of the high schools the other day to see my son, and one of the  
5504 grandsons in one of the plays he's in. He did a great job, but they  
5505 had a big office for Saturday night learning.

5506           You know, I had other schools that are looking for expanded  
5507 summer school classes. I think there are other schools that are doing  
5508 much more critical rigorous review of, do you really have the skills  
5509 in math and reading that you need? I think, in general, the schools  
5510 have a tendency just to brush it off. But I think you're going to see  
5511 a number of schools being -- offering accelerated opportunity for kids  
5512 that are behind the eight ball. But it will depend on the quality of  
5513 education in those school districts.

5514           Q           And that's state by state?

5515           A           State by state.

5516           Q           And you're speaking to Maryland?

5517           A           I'm speaking to Maryland and more disproportionately,  
5518 speaking with the archdiocese schools.

5519           [Minority Counsel]. Thank you. Thank you for your time.

5520           (Recess.)

5521           [Majority Counsel]. Let's go back on the record.

5522           BY [MAJORITY COUNSEL].

5523           Q           So we had been talking about some public health guidance  
5524 CDC put out. And there were several other pieces of guidance I had  
5525 wanted to talk about. We're going to skip those for today in the

5526 interest of time, but I do want to just ask you, generally speaking,  
5527 where, apart from the incident where the -- regarding the asymptomatic  
5528 testing that we discussed, were there other instances where the Task  
5529 Force or let's say the majority of the Task Force argued for changes  
5530 in guidance that you disagreed with?

5531           A           Well, we did the one. There was obviously rigorous  
5532 debate, I mentioned already about the faith guidance, which took a  
5533 long time. There was rigorous debate about my view on extending the  
5534 no sail order, which I, again, tried to figure out a path, and I had  
5535 an epiphany to rather than do an extension of the no sail order, I had  
5536 a conditional sail order. I was telling the industry that they could  
5537 sail, provided they met a series of conditions, which I had Secretary  
5538 Leavitt was working what they call -- some panel he was doing on  
5539 behalf of all the industry, which listed like 74 things they had to  
5540 do.

5541                   And if you looked at those, and I looked at them, we had two  
5542 CDC observers on that panel, none of the industry was going to be able  
5543 to get them done unless -- in less than probably more than a year. So  
5544 I decided to repackage my no sail order for the extension, because I  
5545 saw it in some of the notes you sent me here already, originally the  
5546 end of September. In October, they gave me an extension to October  
5547 31st, and I wanted an extension to, like, March.

5548                   And to be honest, I was prepared to step down as CDC director  
5549 if that issue got prevented because I felt so strongly about the no  
5550 sail order. And I came through with the idea of a conditional sail



5551 order. And we wrote that guidance, and that guidance actually the  
5552 rigor of the debate against me subsided with that. And so those were  
5553 the only ones I really remember.

5554           You know, I'm sure if I think about it more, I'll remember a  
5555 couple others, but those are the ones that were the most rigorous, was  
5556 the one about the asymptomatic. Obviously, the angst that people had  
5557 over the meatpacking, which we've already gone through, and the  
5558 faith-based guidance. And I think initially my desire to continue the  
5559 no sail order where the Task Force did not give me support to go to  
5560 the spring, and they went for, like, a month. And in that time, I  
5561 came up with a new idea which was the conditional sail order. So I  
5562 think we got the objective done.

5563           Q           So you did that as sort of a compromise.

5564           A           Actually, I think it was a better answer of doing it.  
5565 That I wasn't telling the industry they couldn't sell anymore. Fine,  
5566 get ready for business, but here's everything you have to do to get  
5567 ready. And by the way, you're going to have to prove to us that not  
5568 only that you did all the things, but then you have to do the pilot  
5569 runs with crew only, and show there's no infection, and then nonpaying  
5570 passengers to show there's no infection. So I think we came out to a  
5571 better answer than my answer.

5572           Q           The original no sail order was extended?

5573           A           Until the end of October, I think, right.

5574           Q           Yes, but a couple times before that, actually, that the  
5575 extension which was signed on September 30th to the end of October.

5576 What was the argument that you were given about why it couldn't be  
5577 extended further than that?

5578 A I think there were people that were against it in the  
5579 first place. And they were continuing to argue. I mean, I say this  
5580 for the record, because it's true, that if -- I was signing the no  
5581 sail order, right? Even if the Task Force said I wasn't signing it, I  
5582 was signing it.

5583 And if that meant that I was resigning or being fired as CDC  
5584 director, that was going to happen. And my wife was very excited  
5585 about that. But then I came up with this idea that maybe I could do a  
5586 conditional sail order, and change the impetus of getting back to  
5587 regular business, and put that requirement on the industry.

5588 And Secretary Leavitt, who was the previous Secretary of  
5589 Health, had a committee that he was paid for, for the industry at  
5590 large, and had a bunch of ex-CDC people on it. And they really came  
5591 up with a great document that said, there's 74 things the industry  
5592 needs to have in place in order to do this safely and responsibly.  
5593 And that's what led me to say, that sounds good, let's put a  
5594 conditional sail order, provided you do -- and you know, I think CDC  
5595 wanted to add a few more things besides the ones that were there. And  
5596 that became the document that until I think January of this year, CDC  
5597 operated under. And now it's voluntary for them to go back.

5598 But those were the ones. The one that was the most significant  
5599 for me was the no sail order. I was not going to not renew the new  
5600 sail order.

5601 Q Why did you feel so strongly about it?

5602 A Because I think human life was dependent on it. The  
5603 average person that goes on those ships is not a 22-year-old college  
5604 kid. These are highly vulnerable people, all right? And we already  
5605 saw what happened. And I don't remember the data now, because it's  
5606 been too long. But you know, I think at one time, 80 percent of the  
5607 ships in the Caribbean had active outbreaks. This was not going to  
5608 happen.

5609 And I just wasn't going to approve it on my watch. And I will  
5610 say there was a lot of people that were angry. Obviously, your  
5611 Florida Senators, your Florida governor, you know, and they weren't  
5612 unreasonable, they just wanted to challenge, do you really need to do  
5613 that. And I would say, all of them listened to my arguments, and all  
5614 of them accepted my arguments.

5615 But I do think there was pressure from CLIA. There were  
5616 certain -- some of the ship lines were more aggressive. But I wasn't  
5617 going to budge on that, and I think people knew my view. Other than  
5618 my wife, I think having the conditional sail order and coming together  
5619 with that, so that we extended that, and beyond October. But I felt  
5620 strongly about it. I didn't want to see elderly, vulnerable people go  
5621 into what I thought was an unsafe environment.

5622 Q Who on the Task Force was opposed to it?

5623 A I don't really recall. I just think, you know -- I  
5624 don't think people felt as strongly as I did. I mean, Birx obviously  
5625 felt as strongly as I did. She had two elderly parents alive at the

5626 time. We saw this as something that we needed, and Hahn was very  
5627 supportive. I think Fauci was largely silent on the issue. But I  
5628 think we all knew it was the right policy. And Henry, of course, knew  
5629 it was the right policy.

5630           And I just -- I just decided that I wasn't going to be -- I  
5631 think this was after I already made the concession on asymptomatic  
5632 spread, and had to reverse that, that I wasn't budging on this. And  
5633 if it meant a Corona White House Task Force said we weren't going to  
5634 extend it, as CDC director, I was going to sign it and extend it, and  
5635 assumed this would be the last thing I did as CDC director.

5636           Q           It was reported that it was the Vice President who told  
5637 you that the no sail order would not be extended; is that correct?

5638           A           Well, he was the -- what do you call -- he was the head  
5639 of the Task Force. And when we -- when I requested it to be extended,  
5640 I think through March, the Vice President made the decision, the Task  
5641 Force made the decision, of which he was the chair, that it would be  
5642 extended through the end of October.

5643           Q           Just a general question about the operation of the Task  
5644 Force. When there wasn't -- if there wasn't consensus about a given  
5645 issue, did the Vice President ultimately make the decision?

5646           A           Well, no one did a vote, right? It was just a general  
5647 discussion. To the Vice President's credit, having been in  
5648 government, you know, a large part of my life, either state or -- I  
5649 respected the Vice President enormously, and his leadership, because  
5650 he never tried to curtail difference of opinion, which a lot of people

5651 tried to curtail because they didn't want to have different opinions  
5652 expressed. I think I even complimented him on his podcast, when I was  
5653 with him recently, that I appreciated his openness to diverse opinion  
5654 to be expressed.

5655 But at the end of the day, he was the head of the Task Force.  
5656 Usually if there was -- there may be somebody else that voiced the  
5657 opinion, Fauci, Birx, I'm trying to think who else might have.  
5658 Obviously once we got Scott Atlas out, he didn't voice that opinion  
5659 anymore. He's the one that messed up the asymptomatic discussion.

5660 The Vice President would usually ask us to work among  
5661 ourselves, and try to come to an agreement. That's how the issue came  
5662 out with the asymptomatic. But on some issues, there was no  
5663 agreement. But for me, not extending the no sail order, there was no  
5664 -- I was not going to not re-sign it, and I felt very strongly about  
5665 that. To the point that my wife and I discussed it. And if it meant  
5666 that I was gone, I was gone.

5667 Q Okay. Let's switch gears. I want to talk some more  
5668 about MMWRs. I know you spoke about them with my colleague this  
5669 morning. I want to start with MMWR that was drafted, the sole author  
5670 was Dr. Schuchat, it was published on May 1, 2020. And it was about  
5671 the early spread of the pandemic in the United States. I can hand you  
5672 a copy, but --

5673 A I vaguely remember it, and I think she highlighted what  
5674 she thought were missed opportunities, if I remember.

5675 Q I think that's right.

5676 A Yeah.

5677 Q Are you aware that Dr. Schuchat received a call from  
5678 Mark Meadows at some point?

5679 A Only through follow-up discussion. I was not aware at  
5680 the time. But I was informed, and I don't remember who informed me  
5681 whether it was just scuttlebutt from the 12th floor at CDC, whether I  
5682 learned it from -- I don't know where I learned it. I didn't learn it  
5683 from Anne -- I mean, I didn't learn it from her. But I did hear that  
5684 the chief of staff had made a call and there was discussion. But I  
5685 really don't know the substance of it.

5686 Q Did you come to the understanding that the chief of  
5687 staff or perhaps others in the White House were maybe upset or  
5688 concerned about the MMWR?

5689 A I definitely got a sense that there were people at HHS  
5690 is where my direct interactions were, were not happy about the MMWR.

5691 Q How did you become aware of that?

5692 A I received a phone call.

5693 Q From who?

5694 A From the Secretary and the chief of staff from HHS.

5695 Mr. Barstow. I'm going to step in here. I think that's fine,  
5696 but I'm going to instruct him not to answer any questions about the  
5697 details of that conversation.

5698 [Majority Counsel]. So I'm going to ask more questions. You  
5699 can lodge any objections.

5700 BY [MAJORITY COUNSEL].

5701 Q How soon after the publication did you receive that  
5702 phone call?

5703 A It was quite memorable. I told my counsel that I was  
5704 celebrating one of my grandchildren's birthday parties, and I remember  
5705 it. I don't remember which birthday, but I think it was very  
5706 temporally associated.

5707 Q Did they seem angry?

5708 A My own impression was they were not happy.

5709 Q Did they question you about how the MMWR came to be  
5710 published?

5711 Ms. Christian. I think we're getting into the line here.

5712 Mr. Barstow. I'll instruct him not to answer the question.

5713 The Witness. Realize it's not my privilege that I'm  
5714 protecting. We're protecting somebody else's privilege.

5715 BY [MAJORITY COUNSEL].

5716 Q Understood. Did the process of reviewing MMWRs change  
5717 as a result of this MMWR?

5718 A No.

5719 Q Did it otherwise change around this time?

5720 A No.

5721 Q Did personnel outside of CDC become involved in the  
5722 review of MMWRs around this time?

5723 A Not as it relates to whether they were published or not.  
5724 We had this discussion about Alexander, or whatever his name, was  
5725 interfacing on some MMWRs. But my position was this, and I was clear,

5726 and I expressed it to those who had concerns.

5727 Ms. Christian. I think you're fine.

5728 The Witness. That under my watch, the -- and I said it in  
5729 Congress and congressional testimonies, because people would ask these  
5730 questions. That the MMWR was an independent publication with an  
5731 independent editorial board. And under my watch, it's going to  
5732 continue to be independent. When people were asked, why I didn't  
5733 interfere with certain publications, I would just say, it's an  
5734 independent publication. It has an independent review board. And  
5735 it's not the purview of the CDC director to interfere with  
5736 publications.

5737 BY [MAJORITY COUNSEL].

5738 Q So at some point around this period, did personnel from  
5739 -- let me strike that, and ask a different question.

5740 A That sounds awful legalese, let me strike that.

5741 Q So I understand that before this period, personnel from  
5742 CDC outside of CDC typically did not receive copies of MMWRs, or  
5743 summaries of MMWRs before they were published; is that correct?

5744 A I can't answer that question. I would say it's not true  
5745 since the editorial board is largely people outside of CDC. Many of  
5746 the people in the independent editorial board are not CDC employees.  
5747 And I would sense that MMWRs would, if nothing more, courtesy copies  
5748 were probably going out to the Secretary of Health, long before I came  
5749 into life.

5750 Q Do you know that?



5751 A No, I said I would assume. I don't know it.

5752 Q Okay. Were Michael Caputo and Paul Alexander brought in  
5753 to the MMWR process around this time?

5754 A I wouldn't say that. I would say Michael Caputo came in  
5755 as Assistant Secretary For Public Affairs. I think I already told you  
5756 that my discussion with him was to try to get him to focus on getting  
5757 CDC back to doing our regular briefings.

5758 Paul Alexander seemed to self-insert himself into -- since the  
5759 MMWRs went up to HHS, you know, for clearance or review, and I think  
5760 they really were more informational copies, not looking for critical  
5761 input. Paul Alexander -- Paul Alexander chose to begin to start  
5762 giving critical input. And you know, that eventually led to the  
5763 comments that I made that became part of the controversy, when I said  
5764 to delete his emails, and I told people to ignore it. So that was  
5765 definitely not something I had experienced prior to Caputo and  
5766 Alexander.

5767 Q Just one more question about Dr. Schuchat and MMWRs.  
5768 Did anyone suggest the possibility of taking employment action against  
5769 her?

5770 A Not to me.

5771 Q Did you understand that -- actually, I'm going to move  
5772 on. Did she seem concerned about retaliation around that time?

5773 A Not that she related to me. Anne had been there a long  
5774 time. She had been acting director of CDC at least twice. I assumed  
5775 she was going to be acting director when I left, if not director, but

5776 Biden made an appointment before, so there were no lapses for  
5777 Rochelle. She seemed to be very positive. And I'm not aware of any  
5778 direct conversations that she had, although I did hear, but I don't  
5779 remember how, that there was some conversation, which I think was Mark  
5780 Meadows, I'm not sure.

5781 [Majority Counsel]. Let's hand out a document, Exhibit 13.

5782 (Majority Exhibit No. 13 was  
5783 identified for the record.)

5784 BY [MAJORITY COUNSEL].

5785 Q This is an email chain that you're on. It's dated May  
5786 25th, 2020 between you and Michael Caputo, but it starts out with --  
5787 Ms. Christian. What is this one?

5788 [Majority Counsel]. 13.

5789 BY [MAJORITY COUNSEL].

5790 Q It does start out with an email from Paul Alexander.  
5791 And I don't know if it's actually referring to an MMWR. He attaches  
5792 some documents that he references, some documents that we don't  
5793 actually have attached here, but I presume it is.

5794 So he says, if you look at the first email chain which is on the  
5795 second page, "The issue I raise is that here you have the CDC  
5796 officially stating that the cases from Europe were a likely cause or  
5797 contributed to the spread in the US."

5798 He goes on to say, "The media and naysayers would ask, why did  
5799 the President not close Europe at the same time he closed China,  
5800 January 31...or why not soon after? Why wait till March? I know the

5801 WHO declared a pandemic on March 14th and this is why the President  
5802 immediately acted on Europe. But the issue is this 1.5 month period  
5803 from when he closed China and March 14th will be the focus and the  
5804 reports are saying that it is during the time that cases came from  
5805 Europe."

5806 So then if you go further up, Michael Caputo asks you, "What you  
5807 think of Paul's flag here?"

5808 And you write, "I agree with Paul."

5809 What did you agree with?

5810 A I don't recall. I can tell you the only thing I can  
5811 think, and this is speculation, was that whether there was need for  
5812 balance. Clearly, the virus was coming in through Europe. Clearly, I  
5813 went to the President, March 11th?

5814 Q 11th.

5815 A To tell him to shut down all travel. And I would say, I  
5816 really don't know because I can tell you, you know, in general, I  
5817 rarely have ever agree with Paul Alexander, unless he pointed out a  
5818 spelling error. And so it must -- in looking at this, it would have  
5819 been whether there was overemphasis or speculation that wasn't  
5820 supported by the data.

5821 But not that I didn't agree that the virus was coming in,  
5822 obviously, through Europe, and not that it had started probably  
5823 earlier, because I mentioned to you, I did go to the President, and  
5824 say we had to shut down travel. And, you know, just I will say that  
5825 if I -- if anything, I would have liked to have gone to him earlier to

5826 shut down travel from Europe, but I hadn't come to the conclusion.

5827 Ms. Christian. But looking back two years later, you don't

5828 know what you're referring to?

5829 The Witness. I definitely wouldn't have referred to

5830 everything. I don't know what I'm referring to.

5831 BY [MAJORITY COUNSEL].

5832 Q So my read of Dr. Alexander's email, he seems to be

5833 suggesting that the scientific article be edited to highlight a policy

5834 decision made by the President. Is that how you read it?

5835 A I don't know, but I would say just, my position is that

5836 the -- Paul Alexander and Caputo was going to have no editorial impact

5837 on the MMWR. It was an independent publication, and it was going to

5838 stay independent on my watch. So I don't really know what he's

5839 pushing at here, and I sure don't know what I agreed to at the time.

5840 I really wish I could answer, because I -- it's making me nervous that

5841 I agreed with anything that he said.

5842 Q Before this, do you recall of a political appointee ever

5843 asking you to edit a scientific article to highlight a policy more?

5844 A I don't know.

5845 Q Do you think it's inappropriate?

5846 A Once I understood what he was doing, was just to ignore

5847 his emails. And I requested Caputo to discontinue sending them to

5848 CDC. And if he had something to send, to send it through his office

5849 and send it down to us.

5850 Q When did you send that request?

5851           A           I don't know, but you're probably getting into the time  
5852 zone.

5853           Q           Let's look at a few more documents here. This will be  
5854 Exhibit 14.

5855                                 (Majority Exhibit No. 14 was

5856 identified for the record.)

5857           BY [MAJORITY COUNSEL].

5858           Q           It's a June 28th email from Alexander to Caputo and you.  
5859 And it's about -- you'll get a copy in a second. It's about a list of  
5860 underlying medical conditions that increase a person's risk of severe  
5861 COVID. And Alexander says in the second paragraph of his email at the  
5862 top, "I would like to talk to you and Dr. Redfield for this is very  
5863 substandard, and is very poor quality in this serious matter. I know  
5864 Dr. Redfield's expertise and top most quality, and I am willing to bet  
5865 he does not stand with the methods or how this is written."

5866                                 He then offers to train CDC in research methods.

5867                                 Do you recall -- I know you told us this morning, you met him  
5868 once, you believe. Do you recall having a discussion with him?

5869           A           The tone of this email could easily be what precipitated  
5870 me to call Caputo and say, I don't want him emailing us anymore.  
5871 Because obviously he's Oxford trained, that's what he told people. I  
5872 never did due diligence to prove it. We didn't need him to train CDC  
5873 in research methods.

5874           Q           So this was in late June. I'm going to show you a few  
5875 emails that he continued to send.

5876 A When did he finally leave the agency?

5877 Q Mid-September.

5878 A So it still took a while. I will say that I advocated  
5879 to Caputo, probably around this time, that he should get rid of this  
5880 guy. He's not helpful.

5881 Q So in July, there are quite a few emails and I'm going  
5882 to show you a few of them. We don't need to talk of them in any level  
5883 of detail. He started to send them directly to Charlotte Kent about  
5884 the substance of various MMWRs. This will be 15 and 17.

5885 (Majority Exhibit Nos. 15 and 17

5886 were identified for the record.)

5887 [Majority Counsel]. Here is 15.

5888 The Witness. Yeah, go ahead.

5889 BY [MAJORITY COUNSEL].

5890 Q Do you recall having -- I'm not asking you about the  
5891 substance of these particular emails at this point. But do you recall  
5892 having any reaction at this point to the frequency of the emails that  
5893 he was sending?

5894 A Only what I finally told you. And I don't remember the  
5895 timing of it. That I made it very clear that I wanted people to  
5896 ignore his emails and I told Caputo what I told you. I wanted him to  
5897 stop emailing me. So obviously, I must have made this thing with  
5898 Caputo after these emails. But I found these emails inappropriate,  
5899 not helpful, and I wanted them routed through his office and the  
5900 Secretary's office. I wanted it clear through the CDC, although

5901 Charlotte was being polite, that they should be free to ignore his  
5902 emails.

5903 Q Did anyone --

5904 A And I did tell Caputo in multiple occasions that he  
5905 wasn't reflecting well on the Secretary's office, and I thought Caputo  
5906 needed to not have him in the Secretary's office. And he was not  
5907 helpful to the CDC, and I didn't want him bothering the CDC people  
5908 anymore.

5909 Q Did anyone on CDC's staff, any CDC courier or employees  
5910 come to you, and complain about him at any point?

5911 A I don't think anybody complained. I think I probably --  
5912 I can't remember. I know I had some conversation with Charlotte, and  
5913 I think at some point, just told her, I wanted her to keep the MMWR  
5914 sacrosanct on her watch. And you know, probably reiterated, although  
5915 I don't remember directly the conversation, but what I said is to  
5916 ignore this guy. And I told Caputo he needed to get rid of him, but  
5917 he didn't work for me, he worked for the Secretary.

5918 Q I'm going to hand you another document here. This will  
5919 be Exhibit 18.

5920 (Majority Exhibit No. 18 was  
5921 identified for the record.)

5922 BY [MAJORITY COUNSEL].

5923 Q This is a July 27th email about a draft of the MMWR that  
5924 I think was referenced earlier. And we do have the final available,  
5925 if it's helpful, but it was about a report about a Georgia summer

5926 camp, so you might remember it. And if you look at the --

5927 Ms. Christian. Do you remember it?

5928 The Witness. No, I don't remember the MMWR. I do remember  
5929 that there was a Maine camp and a Georgia camp. And I think MMWRs  
5930 about a Maine camp and there was an MMWR about a Georgia camp. I  
5931 don't really remember the specifics of either of them.

5932 BY [MAJORITY COUNSEL].

5933 Q I will hand you a copy of the Georgia one.

5934 A Okay.

5935 [Majority Counsel]. It will be Exhibit 19.

5936 (Majority Exhibit No. 19 was

5937 identified for the record.)

5938 BY [MAJORITY COUNSEL].

5939 Q Charlotte's email on July 27th, the second page of  
5940 Exhibit 18, which is Bates stamped SSCManual-000062 and 63, says,  
5941 "There is tremendous interest at HHS in this report. Here's the  
5942 current draft. The report is being finalized before a proof is  
5943 developed later this evening."

5944 A Where are you reading?

5945 Q On the second page.

5946 A Okay.

5947 Q July 27, 1:12 p.m. You're on this email. Do you have  
5948 any memory of what was driving the tremendous interest that she refers  
5949 to?

5950 A No.



5951 Q The next email up the chain, and I think you got removed  
5952 at this point, says -- it's directed to Mr. McGowan. It says there  
5953 was an HHS request to see a draft of the MMWR. She asks for  
5954 permission to share it, essentially. And then at the top of the  
5955 chain, skipping to the very top, she says to Michael Iademarco, "Birx  
5956 requested we publish quickly. She had questions about, in meeting  
5957 with Redfield this morning."

5958 So two questions about this. And the first is just whether --  
5959 and perhaps you've already answered this, it was unusual for HHS to  
5960 request to see a draft?

5961 Ms. Christian. I don't remember you saying that, specifically,  
5962 but go ahead.

5963 The Witness. Yeah, it wasn't unusual for us to send them, you  
5964 know, MMWRs during the COVID time, in particular, prior to  
5965 publication. Because, as I said, in general, it wasn't for them to  
5966 make changes, it was really more of an awareness for them.

5967 BY [MAJORITY COUNSEL].

5968 Q Do you have any recollection of the meeting that  
5969 Charlotte is referring to at the top of this chain involving Dr. Birx?

5970 A No. Birx requests we publish any questions about, in a  
5971 meeting this morning. Can you call. I don't -- I don't even recall  
5972 and I don't recall when you say people were interested, maybe it was  
5973 Birx's interest. I don't really -- I don't recall this. Yeah, to be  
5974 honest, I don't recall it.

5975 Mr. Prober. Just to be clear for the transcript, Dr. Redfield

5976 is reading from the email. Those are not his words.

5977           The Witness. Yeah, I don't recall. Of all of the issues that  
5978 we confronted in the three years, I really don't. And I don't  
5979 understand why Dr. Birx was interested or not interested. I just  
5980 don't recall.

5981           BY [MAJORITY COUNSEL].

5982           Q           And just perhaps a little bit of context. I believe  
5983 it's several days before this MMWR was published, CDC had published  
5984 pieces of guidance for schools reopening on or around July 26. So  
5985 there had been a lot of discussion about schools reopening and  
5986 transmission among children around this time. So I don't know if you  
5987 think that might have been driving this specific interest?

5988           A           I don't know. I really can't remember. This is one  
5989 that I just don't remember at all, particularly -- you know, normally,  
5990 I would remember conversations I had with Dr. Birx, but I don't  
5991 remember that at all. And I don't remember what her issue was, or  
5992 what her interest was. Maybe she told you that when you guys  
5993 interviewed her but I don't remember that.

5994           Q           Well, another thing that was happening that week is you  
5995 were scheduled to testify before the Select Subcommittee on July 31st,  
5996 2020. Do you remember that hearing?

5997           A           No. Which one was it? Oversight?

5998           Q           Mr. Clyburn?

5999           A           Was it Oversight? Was it my first Oversight meeting?

6000           Q           No, it wasn't that one. It was the Select Subcommittee,

6001 chaired by Mr. James Clyburn?

6002 A I don't remember, but you're going to remind me, I  
6003 guess.

6004 Q Before I do that, I'm going to hand you yet another  
6005 document.

6006 Ms. Christian. Was he testifying with anyone else or on his  
6007 own?

6008 [Majority Counsel]. Dr. Fauci and Dr. Giroir.

6009 This is Exhibit 20.

6010 (Majority Exhibit No. 20 was  
6011 identified for the record.)

6012 BY [MAJORITY COUNSEL].

6013 Q So this email chain also relates to this MMWR. I just  
6014 want to pause here, actually, and ask another process question. If  
6015 you look at the second page and third page of this email chain, so  
6016 this is --

6017 A The one you just gave me.

6018 Q Yeah, Exhibit 20, it's a July 28th, 2020 email Bates  
6019 stamped ending in 59. So Charlotte Kent sends out a summary to a  
6020 large group of recipients, some at HHS, some at CDC, I think there are  
6021 a couple EOP email addresses in here as well. Was it always Charlotte  
6022 Kent's practice to send out summaries of MMWRs?

6023 A Pretty regularly. I mean, she was the chief editor  
6024 here, and the guy in charge of that was Michael Iademarco, was in  
6025 charge above her.

6026 Q So going back to the questions I was asking you earlier  
6027 about the process. At some point, were personnel from outside of CDC  
6028 added to the summaries that hadn't been before?

6029 A I can't really comment. Clearly, Ambassador Birx was  
6030 brought into the loop. We know that. Normally wouldn't be brought  
6031 into the loop. And clearly, HHS was brought into the loop. But as I  
6032 said before, I thought they really had more titular awareness, whether  
6033 they decided to take that position differently, as you saw with Caputo  
6034 and Alexander, where they seemed to want to become CDC experts, but I  
6035 think Birx would have been someone that normally wouldn't have been in  
6036 the loop.

6037 But, again, I would have advocated them sharing it with her if  
6038 it was relevant to her job as coordinator. But, again, if she had  
6039 comments, she may or may not make them. But I made it clear for  
6040 Charlotte, and she knew that she was in charge of the editorial  
6041 process of the MMWR.

6042 Q It does appear that most of Mr. Alexander's reactions,  
6043 if you look through these series of emails that I realize I handed you  
6044 quite quickly, are, in fact, to these summaries?

6045 A Okay.

6046 Q So this email at the top, Charlotte Kent writes to  
6047 Dr. Iademarco, "Amanda called me to say, requested delay by  
6048 Dr. Redfield and HHS. Delay will make for better timing."

6049 Presumably Amanda is referring to Amanda Campbell?

6050 A Yeah, I don't know. They obviously changed it from the

6051 29th to the 31st. I really can't tell you what drove that decision.  
6052 I wouldn't think that it had anything to do with me testifying, since  
6053 I -- you know, I'm very comfortable telling people the truth when I'm  
6054 asked to testify. So I really don't remember what that was about.  
6055 Maybe Amanda does. I don't remember.

6056 And if it's HHS, I don't know who that means, but I suspect  
6057 that means Caputo. I wouldn't have -- normally, I wouldn't give Paul  
6058 Alexander any credibility, but I must have felt that, you know, rather  
6059 than publishing on Wednesday, publishing it on Friday was a better  
6060 decision. I don't remember.

6061 Q Well, Charlotte Kent, when we spoke to her, when asked  
6062 about it, said, and I'll just read you a little bit from the  
6063 transcript of her interview. "I think on Thursday, there was an  
6064 interview with the congressional Oversight Committee, and there were  
6065 some very important things that they wanted to convey during that  
6066 meeting." And then when later asked a clarifying question, if it was  
6067 referring to your testimony before the Select Subcommittee, she said -  
6068 - well, actually, I'm going to jump ahead to a different -- she said,  
6069 "possibly, yeah, yeah. So that's probably it."

6070 Ms. Christian. What day was it? These emails are over the  
6071 weekend. What date was the hearing?

6072 [Majority Counsel]. It was a Friday.

6073 Ms. Christian. Friday the --

6074 [Majority Counsel]. 31st.

6075 The Witness. The same day, as opposed to the 29th. I really

6076 don't remember this. To be honest, I don't remember. I may have been  
6077 so absorbed about looking forward to the Select Subcommittee on  
6078 Coronavirus that I was going to appear with Dr. Fauci, hoping that he  
6079 doesn't throw me under the bus again. So I don't remember this.

6080 BY [MAJORITY COUNSEL].

6081 Q Looking at the topic about Georgia summer camps, do you  
6082 think that you or perhaps others were concerned that you might be  
6083 asked about it during the hearing?

6084 A I can't speculate. I don't know. I would hope that  
6085 they wouldn't be concerned, because I would answer the question  
6086 honestly if they asked me. So it is what it is. It's going to be  
6087 published the next day, or it was published that day. So I really  
6088 don't know what the first line is talking -- Amanda called and said  
6089 she was pressing for delay. I just don't know, you know. And I don't  
6090 know if it was Redfield and HHS or if it was HHS, but I read what they  
6091 have here. I will say, for the record, that they did save my life.

6092 Q How so?

6093 A Well, when I was with the -- I have to have a little  
6094 relief. Is that all right?

6095 Ms. Christian. Yeah.

6096 The Witness. So when I was working on the Ebola outbreak in  
6097 eastern Congo, that -- and I was with Tedros in a war zone, which one  
6098 of the hospitals was actually attacked that morning, right before we  
6099 got there, and people were harmed, some may have even been killed.

6100 After I finished the work for the day in the war zone, Tedros

6101 and I got on a helicopter to get back to Goma to catch an Ethiopian  
6102 airline to Addis. And we shared dinner together at the Addis airport,  
6103 and I was supposed to fly on to Nairobi, but CDC had changed their  
6104 mind because they knew I had one of my big hearings coming up. And  
6105 they were worried I wasn't prepared to the degree they wanted me, so  
6106 they rearranged my travel schedule to go from Addis to Paris back to  
6107 Atlanta, right? So I had a couple days to prepare for the hearing.  
6108 And decided not to have me go to Nairobi.

6109 And so I had dinner with a bunch of people from the World Food  
6110 Program and my friend Tedros, and I went on to Paris. And the next  
6111 plane to take off to Nairobi crashed and everybody died.

6112 Now, they had rescheduled me before I got into Addis, but my  
6113 wife didn't know, and a lot of people thought I was probably dead,  
6114 okay?

6115 So, you know, I just wanted to bring that up for a little  
6116 relief.

6117 Q That's an unbelievable story.

6118 A So it is possible some people in the agency were making  
6119 decisions related to issues, but I can tell you, I didn't make that  
6120 decision because when it comes to hearings, you know, I assume let  
6121 them go how they're going to go, and what we have, we have. And I  
6122 answer them honestly, and if I have to say, I'll get back to you, I'll  
6123 get back to you.

6124 Q I'm very glad you made it.

6125 A I wondered if you were disappointed.

6126 Q No, not at all.

6127 A But I want to say it was a tough thing because the  
6128 people I had dinner with at the World Food Program, they were all  
6129 dead.

6130 Q But I do have to continue in the interest of time here,  
6131 so I want to turn your attention to a document that was referenced  
6132 earlier this morning during some questions by the Minority. This is  
6133 21.

6134 (Majority Exhibit No. 21 was  
6135 identified for the record.)

6136 BY [MAJORITY COUNSEL].

6137 Q This is an email that was dated August 9, 2020 from  
6138 Christine Casey to you, copying a whole bunch of other folks, and the  
6139 Bates stamp ends in 22258. You can take a second and look through  
6140 this chain, but in summary, it contains a very long email starting on  
6141 the second page from Dr. Alexander to Charlotte Kent and others, where  
6142 he implores that Michael Caputo put an immediate stop to MMWR reports.  
6143 Do you recall receiving this email at the time?

6144 A No, but I heard this earlier today, and I didn't even  
6145 recall that this event happened. But you all talked about it earlier.  
6146 Ms. Christian. He sent it late on a Saturday night.

6147 The Witness. And, again, as I said multiple times, I -- my  
6148 position with Alexander is for CDC to ignore anything he wrote. This  
6149 obviously, you know, and I shouldn't say this, but I probably will.  
6150 This obviously suggests significant pathology, you know, from



6151 Alexander.

6152 Q Do you recall what happened after Dr. Alexander sent  
6153 this email?

6154 A No, but we didn't stop publishing MMWRs.

6155 Q Understood. At the top of this email chain, Dr. Casey  
6156 writes to you that Charlotte Kent is on vacation that week, and she  
6157 had been serving as the acting editor-in-chief. She said that she  
6158 consulted with Dr. Iademarco shortly after receiving this email from  
6159 Dr. Alexander, and makes clear that she is available to discuss next  
6160 steps with you and --

6161 A Iademarco.

6162 Q Yes. So do you recall having any discussions with her  
6163 or Dr. Iademarco afterwards?

6164 A No. And the only thing I would recall if I talked to  
6165 Mike Iademarco, is what I said before, just ignore anything you get  
6166 from Alexander. I don't remember, though. That's just, you know, I  
6167 just know that that's where I was with that guy. And let me see the  
6168 date on this to see if I was starting to make progress to get rid of  
6169 him. Yeah, so I don't recall it at all, but I will tell you it had no  
6170 substantive impact on CDC or anyone with MMWR.

6171 Q You're probably familiar with the fact that Charlotte  
6172 Kent told our committee that she was told by Dr. Casey that you had  
6173 told Dr. Iademarco to tell them to delete the email?

6174 A That's right. I heard that statement, although  
6175 Iademarco, I'm told, subsequently said that that's not what happened.

6176 And I told you what happened. I told people to ignore the email.

6177 Q Do you think that it's possible that you used the word  
6178 delete, meaning ignore?

6179 A No, I'm not stupid. You might think I am, but I'm not.  
6180 Plus one of the things I knew from the very beginning that my emails  
6181 aren't deleted. They're permanently archived. That's one of the  
6182 reasons I chose not to write a lot of emails, because I'm a big tree  
6183 lover, okay?

6184 But, no, I did not say that. I think this is -- I don't know  
6185 what you all do in legal, but this is he said/she said/I said. I did  
6186 not say that. I said to ignore the emails. And my understanding is  
6187 Iademarco has said that -- clarified that. I don't know if Casey ever  
6188 clarified it. He or she may still believe I said that, but I didn't  
6189 say that.

6190 Q Dr. Casey did, in fact, speak to our committee as well,  
6191 and she told us that her understanding from Dr. Iademarco, obviously  
6192 not from you directly, was that the instruction was to delete the  
6193 email and that she should move on.

6194 A That's fine. I'm just saying that that's not what I  
6195 said. I said ignore the email.

6196 Q Understood. Do you recall discussing the incident with  
6197 Dr. Schuchat after press reports about it came out?

6198 A No. All I recall is that CDC -- I think the chief of  
6199 staff of CDC produced the emails, because I think we got a letter from  
6200 the congressman and they produced the emails, copies of the emails to

6201 show that they were never deleted. And I made a statement that I  
6202 didn't say delete emails. I said ignore them.

6203 Q Understood. And for the record, I don't think you're  
6204 stupid at all.

6205 A Okay.

6206 Q That's what they told us.

6207 A Yeah.

6208 Ms. Christian. But just to be clear, I don't think you marked  
6209 those as exhibits, but Iademarco said that didn't happen.

6210 [Majority Counsel]. Confirmed, basically, what you told us,  
6211 and Dr. Casey confirmed what Dr. Kent told us.

6212 Ms. Christian. Okay.

6213 BY [MAJORITY COUNSEL].

6214 Q So does this incident refresh your recollection of the  
6215 possible timing of your discussion with Michael Caputo with Dr.  
6216 Alexander?

6217 A Pardon me?

6218 Q Does this incident, looking at the email, refresh your  
6219 recollection of the timing of your discussion with Michael Caputo?

6220 A No, other than I think Caputo knew during the summer --  
6221 I don't know when I started telling him that I didn't want this  
6222 gentleman interfering with CDC or communicating, and originally  
6223 Michael Caputo looked like he may be helpful to my primary goal, which  
6224 was to get CDC to briefings again. As I mentioned, he got two or  
6225 three of them scheduled and then that stopped. And I did share my

6226 view with Michael Caputo that I felt that Alexander was reflecting  
6227 poorly on him and the Secretary, and they ought to let him go.

6228 Q Do you think that Dr. Alexander's efforts to impact the  
6229 MMWRs had an impact on CDC personnel, even if they didn't have an  
6230 ultimate impact on MMWRs?

6231 A No.

6232 Q Do you think they impacted morale?

6233 A No, I don't think so. You'd have to ask, but I didn't  
6234 get that sense. I think if you interacted with him, I think you would  
6235 realize that this is not an individual that you should take his  
6236 comments with any credibility whatsoever.

6237 Q At various points throughout the day today, you have  
6238 told us your views about how to maintain CDC's independence. Is this  
6239 incident one of the reasons that you think -- and I don't mean this  
6240 specific email, but the overall situation, one of the reasons why you  
6241 think that's necessary?

6242 A I think it's just critical for the American public to  
6243 have access to unfiltered public health advice from the leading public  
6244 health in the country. I don't think it needs to be filtered, I don't  
6245 think it needs to be modified, I don't think it needs to be digested  
6246 by others. Just like I said with the FBI, I don't think they have to  
6247 have their stuff filtered. I think CDC needs unfiltered access to the  
6248 American public. And you know, I hope one of my predecessors  
6249 eventually gets that opportunity.

6250 Q Just talking a little bit more about Michael Caputo for

6251 a few minutes. We'll just look at a few more documents here. In  
6252 fact, I think there are a few incidents that summer not involving  
6253 Dr. Alexander, where Mr. Caputo reacted to various actions from CDC  
6254 employees. Do you have recollection of those?

6255 A Yeah.

6256 Q Let's talk about one of them.

6257 (Majority Exhibit No. 22 was  
6258 identified for the record.)

6259 BY [MAJORITY COUNSEL].

6260 Q Looking at Exhibit 22 here. This is an email dated July  
6261 17, 2020. It's from Kate Galatas to you and Kyle McGowan, also copies  
6262 Michelle Bonds and Nina Witkofsy. If you look through the email  
6263 chain, Ms. Galatas relays an incident -- or her email reflects details  
6264 of an incident where an unapproved interview took place and also where  
6265 data had been removed from the CDC website. Do you recall the  
6266 incidents at issue here?

6267 A Not specifically. I do recall --

6268 Ms. Christian. Who is interviewed? I'm starting at the  
6269 bottom.

6270 [Majority Counsel]. I'm here.

6271 Ms. Christian. But who was interviewed.

6272 [Majority Counsel]. Dan Pollock.

6273 BY [MAJORITY COUNSEL].

6274 Q She explains if you look through the chain, but it seems  
6275 there was a press officer who inadvertently -- who had authorization

6276 to approve an interview on dengue work, but inadvertently approved an  
6277 interview about this data removal at the same time.

6278           A           I vaguely -- and this is at a high level, what I  
6279 remember. That Caputo was being very aggressive at our comms team.  
6280 Galatas was the point person that they wanted the name, serial number,  
6281 address, and phone number, whoever did this. And because he was -- he  
6282 was in a way, overreacting. And I think Galatas was not comfortable  
6283 doing that, because she didn't believe that Caputo was not going to be  
6284 targeting her for -- or him, I don't know who it was, in a negative  
6285 way. This is all I kind of remember about it.

6286           I do think Caputo was inappropriate and he got into this issue  
6287 of -- I don't how he referred to it, but he got a feeling there was a  
6288 lot of people at CDC that were, I don't know, I can't remember the  
6289 term he used. You know, deep state, I think is the term he used.

6290           And I told him to back off. This is a great agency, and I  
6291 don't remember how this was resolved, but I do know that Kate Galatas,  
6292 who is, you know, a very reliable individual, was very uncomfortable  
6293 about Caputo's aggression to her. And my view was, again, that HHS  
6294 needed to back off and no longer be deciding what press conferences we  
6295 do or don't do. And this situation, as I recall, was an honest  
6296 mistake by an honest individual and it should have been dismissed as  
6297 such.

6298           Q           I think this wasn't the only incident.

6299           A           No, I don't think so either. I mean, I don't know about  
6300 this person, but I didn't buy into the view that it was HHS's

6301 responsibility to take over comms at CDC. But, again, I didn't have  
6302 the freedom to independently define our comms anymore because HHS made  
6303 the decision that everything had to be cleared at HHS. And, again, I  
6304 don't know and I look at my attorney there. I don't know who made  
6305 that decision.

6306 Ms. Christian. You don't know.

6307 The Witness. I don't know who made that decision, but it was  
6308 an HHS decision.

6309 Q Did you try to address with anyone else at HHS how Mr.  
6310 Caputo was addressing CDC employees?

6311 A I don't recall, because, initially, I thought Caputo was  
6312 going to be an asset, not a non-asset. I think I probably made it  
6313 clear that I didn't appreciate that approach. I probably did suggest  
6314 to the chief of staff and maybe even the Secretary that it would be  
6315 advantageous for CDC to have the ability to independently do our  
6316 briefings, and that I was comfortable in taking on that  
6317 responsibility. I was never given that authority.

6318 Q Who would have been able to give you that authority?

6319 A Well, theoretically, the Assistant Secretary if he had  
6320 the authority to give it to me. And if he didn't have the authority,  
6321 the Secretary.

6322 Q Did you ever talk to the Secretary about it?

6323 A I can't recall. I really can't. I wouldn't be honest  
6324 with you if I did. I do think I made it probably clear at different  
6325 points to different people in the Secretary's office, the chief of

6326 staff, maybe the Secretary. It would be an advantage to have CDC out  
6327 there.

6328 Caputo got distracted, then, you know, I think afterwards. And  
6329 as you probably know, he said it in public. I had lunch with him to  
6330 try to get him to get CDC's back to have the authority to make our own  
6331 decisions. And over lunch, I noticed he had a big lump in his neck  
6332 which obviously I didn't make him feel well about it. I'm a very  
6333 observant doctor. And I told him that -- I felt it, and I told him  
6334 that's not a normal lump. And of course, you know, afterwards he  
6335 found out he had neck cancer and things got distracted. He thanked me  
6336 for the early diagnosis. He doesn't blame me for it, but --

6337 Q I understand.

6338 A Some patients would blame you, some would blame you. He  
6339 thanked me. I understand it probably saved his life.

6340 Q I understand he's recovered, in remission?

6341 A Still didn't give me permission to have the press  
6342 conferences I wanted. And you can imagine from my personality, I  
6343 tried to tell him, I thought it should have some value. I did  
6344 potentially save your life, give me my conferences back.

6345 Q How often did you try to intervene with him about those  
6346 press conferences?

6347 A Not that many times. I probably saw Caputo -- my entire  
6348 time with him, if I met with him more than four or five times, that  
6349 was probably the extent of it.

6350 Q I know we went over this earlier, but do you recall



6351 raising it with anyone else specifically?

6352 A Meaning, raising --

6353 Q The issue of having approval to have press conferences.

6354 A I probably expressed my view, you can get the sense of  
6355 it, people that I thought would be in the public health interest to  
6356 get CDC independently out there again. But I can't tell you who I  
6357 spoke to. I just don't remember. But obviously, I was extremely  
6358 disappointed by the restrictions and obviously have said over again  
6359 that's one of the reasons I think it's so critical that CDC be  
6360 independent.

6361 Q I want to turn to an issue that is relevant to one of  
6362 the areas that Mr. Caputo was angry about, which was the removal of  
6363 data from NHSN. You recall this?

6364 A Oh, yeah.

6365 Q So before 2020, how did CDC collect coronavirus related  
6366 hospital data?

6367 A You're stretching me now.

6368 Q Sure.

6369 A I would have done this before. We had a system that was  
6370 in the hospitals that would collect data from people that were in the  
6371 hospitals, and it came from our antimicrobial system looking at drug  
6372 resistance. Ambassador Birx was not a happy camper about it, because  
6373 it was partially -- partially it was like many things CDC did, was  
6374 actual data collection, and the other half that was missing was  
6375 models.

6376           And as we got antivirals coming in, like remdesivir, we didn't  
6377 want model data, we wanted actual data. And there was a lot of back  
6378 and forth about CDC getting actual data, not model. And I don't  
6379 remember the exact numbers, but let's just say CDC had people  
6380 collecting data in 65 percent of the hospitals. CDC modeled the other  
6381 35, and came up with data.

6382           I agreed with Dr. Birx that this is why I advocated for the  
6383 modernization -- public health data modernization from Congress. We  
6384 needed it, unfortunately. And I'm glad they put the billion dollars  
6385 in, but it needed to be 25 billion. And we needed an integrated  
6386 realtime system for America.

6387           Once remdesivir became available, and Debbie got the lead for -  
6388 - the Coronavirus Task Force lead, she wanted to make sure it got to  
6389 the hospitals where they needed it. And she didn't want to see it go  
6390 to hospitals where they didn't need it. So in order -- we needed  
6391 realtime data, not model.

6392           And as I said, she worked for me for years, I helped train her,  
6393 I tried to remind her that I was her mentor for years. She became  
6394 very aggressive in that point of view, and worked to get the data with  
6395 HHS, Paul Mango, the Secretary's office to bring in this other data  
6396 system, so that the people could get access.

6397           It doesn't mean CDC didn't still get the data. We still got  
6398 the data, and they still did their things, but it really was an effort  
6399 pushed by her as the coordinator to guarantee people got access to  
6400 antiviral therapy. And it was a big controversy at CDC because they

6401 obviously didn't like it. And yet, I think Birx was correct in trying  
6402 to make sure we got accurate data in realtime that people could get  
6403 access to the drug. And she would get up at -- I don't know what time  
6404 she got up, but I assume at 3:00 in the morning to run the data.

6405 And this is to remind me that I have a very quick call that I  
6406 have to take at 6:00.

6407 [Majority Counsel]. We are at our hour, so why don't we go off  
6408 the record, and you can take that call.

6409 (Recess.)

6410 [Majority Counsel]. Okay. We are on the record.

6411 BY [MAJORITY COUNSEL].

6412 Q Just this issue with the hospitalization data, going  
6413 back to that July 31st testimony we talked about, you were asked by  
6414 Representative Waters during that hearing when you first learned that  
6415 the administration planned to move the data from CDC to a different  
6416 portal run by HHS, and you said we weren't directly involved in the  
6417 final decision.

6418 A If I said that, it's probably correct. I think this was  
6419 a decision that was developed by Birx and HHS. But I do think it was  
6420 misrepresented in the press that somehow CDC wasn't getting the data  
6421 anymore. We still had the database in the system that we had, but  
6422 they had another system, I don't know what they called it. And that  
6423 system was not calculated. That system was real data for all the  
6424 hospitals.

6425 And Birx is the one who made it happen with HHS. And

6426 obviously, CDC people weren't happy and CDC advocates obviously caused  
6427 a lot of media spray over this. And of course, I got caught in the  
6428 middle of it. But it was a decision that was made in the Secretary's  
6429 office and with Birx, the coordinator. And we weren't involved in the  
6430 actual decision.

6431 Q I do think it was clarified that CDC did still have  
6432 access, or regained access.

6433 A We always had access.

6434 Q But there was still concern about the way that the  
6435 decision was made, and the suddenness for the hospitals. Is that  
6436 something you concurred with?

6437 A Listen, when you run an organization with 20,000 people,  
6438 you would like to have things done smoothly, okay? And you would like  
6439 -- the organization would like to feel they had a voice in the  
6440 decision, all right? That said, it was a decision that was made at a  
6441 higher level than me.

6442 Q Okay.

6443 [Majority Counsel]. Let's go off the record.

6444 (Recess.)

6445 [Majority Counsel]. Let's go back on the record. Okay.

6446 BY [MAJORITY COUNSEL].

6447 Q I want to just ask you very quickly about the ACIP  
6448 recommendations that came out in December, so going way forward in  
6449 time as far as 2020 goes. On December 3rd, CDC published an early  
6450 release MMWR titled The Advisory Committee On Immunization Practices

6451 Interim Recommendation for Allocating Initial Supplies of COVID-19  
6452 Vaccines. This is detailed recommendations on how to allocate initial  
6453 limited doses. Do you recall this MMWR?

6454 A Yes.

6455 Q Prior to its release, did you speak with any  
6456 administration officials about ACIP's recommendation?

6457 A No.

6458 Q Do you recall if you spoke with Secretary Azar about the  
6459 recommendations?

6460 A Not prior.

6461 Q After?

6462 A After.

6463 Q What --

6464 A My position, to be very clear, my responsibility as the  
6465 CDC director was either to accept or reject their recommendations, and  
6466 to advise the Secretary of my decision. And I did that.

6467 Q What was the Secretary's position?

6468 A He doesn't want me to say anything.

6469 [Majority Counsel]. If there's an objection, can you note it?

6470 Mr. Barstow. I'll instruct Dr. Redfield not to answer that  
6471 question.

6472 BY [MAJORITY COUNSEL].

6473 Q What ultimately happened?

6474 A The ACIP recommendations were published in the CDC MMWR.

6475 Q So, sorry, I thought you said that the call happened

6476 afterwards.

6477           A           The call happened after I made the decision to accept  
6478 the recommendations. The way I read my responsibility was to accept  
6479 or reject, not to modify, but to accept or reject the recommendations  
6480 of ACIP. I chose to accept it. And the second part of my  
6481 responsibility was to inform the Secretary of my decisions, which I  
6482 did.

6483           Q           Did the Secretary direct you not to accept the  
6484 recommendations?

6485           Mr. Barstow. I'll instruct Dr. Redfield not to answer that  
6486 question.

6487           BY [MAJORITY COUNSEL].

6488           Q           Did you have any other discussions with administration  
6489 officials, other than this one call with Secretary Azar, about whether  
6490 or not to accept the recommendations?

6491           A           There was probably more than one call with HHS related  
6492 to my position to accept the recommendations. But just to lead to the  
6493 conclusion, the recommendations were accepted and the MMWR went out  
6494 the next morning, accepting the recommendations as I had accepted  
6495 them.

6496           Q           Who else was on that call or those calls?

6497           A           Probably my chief of staff.

6498           Q           At that point, Witkofsy?

6499           A           It would have been. I think she was on -- I don't want  
6500 to swear to it, but I think she was on some of those calls.

6501 Q Was anyone else on HHS's end?

6502 A Yeah, I think -- so I think the chief of staff for the  
6503 Secretary and his lawyer, Bob Charrow. And I don't know if Bob was on  
6504 the call when the Secretary called me. The chief of staff probably  
6505 was. But I know the follow-up call, Charles and the chief of staff  
6506 were on the call to express their point of view.

6507 Q How long did the calls last?

6508 Mr. Barstow. You can answer.

6509 The Witness. I think the first call probably lasted 20  
6510 minutes, and the second one over an hour.

6511 BY [MAJORITY COUNSEL].

6512 Q What was the Secretary's demeanor towards you during  
6513 those calls?

6514 Mr. Barstow. You can answer that.

6515 The Witness. He was upset.

6516 BY [MAJORITY COUNSEL].

6517 Q Just going a little bit backward in time. And we are  
6518 close to wrapping up here. I do want to talk about some of the  
6519 communications you may have had or perhaps actions you considered,  
6520 anticipating a surge of coronavirus cases in the fall and winter of  
6521 2020 and 2021.

6522 A Mm-hmm.

6523 Q So by late summer, I think it's fair to say, or perhaps  
6524 early fall, that there was a lot of discussion that a winter surge was  
6525 likely. Do you agree with that?

6526           A           Yes, and I expressed concern that we get a co-epidemic  
6527 with flu and potentially RSV, which didn't happen, as I mentioned  
6528 already, that the mitigation steps that we took for COVID really  
6529 knocked out flu and RSV. I am worried about the one we're about to  
6530 have. But it is true, I was worried about co-epidemics, as well as  
6531 COVID. The COVID did come, but the flu and RSV did not.

6532           Q           Did you try to take any action to mitigate the potential  
6533 surge that you anticipated?

6534           A           Well, obviously, Operation Warp Speed, and really trying  
6535 to accelerate vaccine development which was something we thought was  
6536 really important. Obviously, to continue to advocate for expanded  
6537 testing. Obviously, to try to continue to articulate the importance  
6538 of mitigation, as being something that, in fact, was effective against  
6539 flu and RSV. Obviously, trying to continue to advocate that this the  
6540 public health system particularly at the state, local, tribal,  
6541 territorial level got the resources they need. There was an  
6542 additional funding that came in that was critical.

6543           So you know, and to continue to try to -- we did form the CDC  
6544 Foundation. I opened up the CDC Foundation with resources that state,  
6545 local, territory, tribal health departments to hire additional public  
6546 health people through the foundation to augment their capability, so  
6547 that they had extra human capacity and they didn't have to put that on  
6548 the state ledger, because the CDC would hire them through our  
6549 foundation, and detail them to the states, based on their request.

6550           So there was a number of actions like that that we took to try



6551 to beef up the public health department. I did -- and I'm glad it  
6552 didn't happen. I did think that we were going to be in for a real,  
6553 real co-pandemic between flu and COVID. We ended up with a bad COVID,  
6554 but luckily, flu stayed on the sidelines. I am not as confident for  
6555 this winter.

6556 Q There was a report in the Washington Post that said that  
6557 you and I think what you described as the doctors group, Dr. Birx, Dr.  
6558 Fauci, and Dr. Hahn went to Mark Meadows at one point in November, to  
6559 try to warn about the coming surge and get the administration to take  
6560 more action. Do you recall that?

6561 A Not specifically, but I'm not saying it didn't happen.  
6562 I don't recall that specifically, and having a meeting with Meadows.  
6563 Birx may have had the meeting and we may have talked about it. I  
6564 don't remember meeting with Meadows on this issue.

6565 Q Did the Task Force start meeting less regularly at some  
6566 point?

6567 A Yeah, I think it did. I will say that it started  
6568 meeting more regularly early on. I mean, literally, it was seven days  
6569 a week. We were coming in on the weekends, and Pence kept us pretty  
6570 engaged. I do think, come the summer, that it was probably -- and you  
6571 have records of it, but I would say it looked like it was more twice a  
6572 week, three times a week. We didn't come in on weekends anymore  
6573 usually, unless it was a special situation.

6574 Q Did you feel that there was, at any point, a lack of  
6575 attention or concern about the pandemic from others in the

6576 administration?

6577           A           No, I thought that, again, you know, I was a strong  
6578 advocate of the Vice President's leadership on this. I really thought  
6579 he was, you know, exceptional in allowing the CDC -- this whole  
6580 conference, this whole discussion how important I think diversity of  
6581 opinion is. And the Vice President really encouraged diverse opinion,  
6582 and he was able to manage it, in general. Not always, but in general.

6583           Q           Do you think that more could have been done to save  
6584 lives during the surge that happened, I guess, two winters ago now?

6585           A           I think that's speculative. I've heard what Dr. Birx  
6586 has said publicly. I really do believe in all earnestness, that it's  
6587 a speculative decision, just like I don't want to take credit for  
6588 saving 2 million lives when we only had 200,000 deaths rather than 2.2  
6589 million because that's not true. So it's speculative.

6590           Q           One more issue that came up last fall. You testified on  
6591 September 16, 2020 before the Senate Appropriations Committee, during  
6592 which you were asked about a public service advertising campaign that  
6593 was being asked by HHS to defeat despair and inspire hope. And I  
6594 believe you said CDC wasn't involved in the actual campaign. You're  
6595 nodding, so I'll take that as a yes?

6596           A           Yes, we were not involved. And I think the only  
6597 involvement, I think, that HHS was requesting that money got  
6598 transferred from CDC which I was not supportive of.

6599           Q           And that was my question. What was the reason that was  
6600 given to you for why CDC needed to transfer the money?

6601           A           I don't think a reason was given to me. I don't think  
6602 that that was the point of view that those that made the decision felt  
6603 that they had to give me a reason.

6604           Q           Who gave you the direction that you had to transfer the  
6605 money?

6606           A           I think I got it from my financial chief of staff, who  
6607 told me that there was a request that we provide funding for this.

6608           Q           Did you push back on it in any respect?

6609           A           I think I did. I don't remember the specifics of it,  
6610 but obviously, I wasn't a happy camper reprogramming money from CDC  
6611 for another initiative.

6612           Q           Did you speak with the Secretary about it?

6613           A           I don't think I did. I may have spoken to Caputo about  
6614 it. I don't recall. But I -- and I don't think at the end of the  
6615 day, they ever got the money. So I don't know that, but I think we  
6616 got the -- I think we got it killed before they got the money. I  
6617 don't know, though.

6618           Q           We can check that. I thought that they had, but I was  
6619 going to ask you where the funding came from, if you know.

6620           A           Sherri Berger would have the answer to that question.  
6621           [Majority Counsel]. Did your financial chief of staff say who  
6622 conveyed the request?

6623           A           No, probably they told me the Office of the Secretary.

6624           BY [MAJORITY COUNSEL].

6625           Q           Our understanding is that the transfer went through.

6626 A Okay. And it didn't come back?

6627 Q I don't know the answer to that.

6628 A I don't know the answer. I know that this is not  
6629 something that people ask us our opinion.

6630 Q I think it was. Were you asked to otherwise participate  
6631 in the campaign or asked to have CDC participate rather?

6632 A No, I think earlier when they were talking, they  
6633 discussed they may get different people to participate in a campaign,  
6634 which I never saw develop. So, you know, I never saw any concrete  
6635 implementation plans for the campaign, nor was asked to participate in  
6636 anything that was concrete.

6637 [Majority Counsel]. Okay. Let's go off the record.

6638 [Whereupon, at 6:36 p.m., the taking of the instant interview  
6639 ceased.]

6640 CERTIFICATE OF REPORTER

6641

6642 UNITED STATES OF AMERICA ) ss:

6643 DISTRICT OF COLUMBIA )

6644 I, Desirae S. Jura, RPR, the officer before whom the foregoing  
6645 proceedings were taken, do hereby certify that the foregoing  
6646 transcript is a true and correct record of the proceedings; that said  
6647 proceedings were taken by me stenographically to the best of my  
6648 ability and thereafter reduced to typewriting under my supervision;  
6649 and that I am neither counsel for, related to, nor employed by any  
6650 parties to this case and have no interest, financial or otherwise, in  
6651 its outcome.

6652

6653

6654 Desirae S. Jura

6655 Notary Public in and for

6656 The District of Columbia

6657

6658

6659 My Commission expires: 1/31/2025

**Errata for the Transcribed Interview of Dr. Robert Redfield dated March 17, 2022**

<b>Page</b>	<b>Line</b>	<b>Change</b>
15	320	CHANGE “where” TO “when”
16	335	CHANGE “which” TO “whom”
17	364	CHANGE “immunizations” TO “immunization”
17	370	STRIKE “the” BEFORE “Secretary”
18	396	CHANGE “first” TO “third”
31	725	CHANGE “collocated” TO “co-located”
36	836	STRIKE “and” AFTER “clinician”
36	836	INSERT “and” BEFORE “sent”
41	961	INSERT “had” AFTER “we”
46	1097	CHANGE “happened” TO “happen”
47	1110	CHANGE “;” TO “.”
49	1181	CHANGE “January 31st” TO “December 31st”
70	1691	CHANGE “forwarded” TO “ignored”
88	2155	CHANGE “PSD” TO “PTSD”
96	2350	CHANGE “only probably” TO “only, probably,”
99	2413	CHANGE “that” TO “them”
109	2677	CHANGE “PSD” TO “PTSD”
129	3163	STRIKE “a keen glove”
154	3796	CHANGE “PSD” TO “PTSD”
155	3804	STRIKE “are”
164	4037	INSERT “provider” AFTER “care”
174	4277	INSERT QUOTATION MARK BEFORE “if”
174	4277	INSERT QUOTATION MARK AFTER “feasible”
196	4834	CHANGE “stopped” TO “shopping”
206	5094	CHANGE “PSD” TO “PTSD”
209	5156	INSERT QUOTATION MARK BEFORE “we”
209	5157	INSERT QUOTATION MARK AFTER “happened”
222	5488	CHANGE “Sophie” TO “Sanofi”
225	5565	CHANGE “sell” TO “sail”
263	6505	CHANGE “Charles” TO “Charrow”