

**From:** Butler, Jay C. (CDC/DDID/OD)  
**To:** McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Fitter, David L. (CDC/DDPHSIS/CGH/GID); Eisenberg, Emily (CDC/DDID/NCIRD/ID)  
**Subject:** Re: Faith-based guidance and COVID-19: A history  
**Date:** Sunday, May 24, 2020 7:46:38 AM

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Thank you, Jenni—I appreciate the additional information and so much hard work and midnight oil that went into developing a very good public health document under incredible time pressure, and in getting the original post up Friday with very little notice. I also appreciate everyone’s agile responsiveness in getting the WH version up ASAP last night, as we were directed to do. [REDACTED]

This is not good public health—I am very troubled on this Sunday morning that there will be people who will get sick and perhaps die because of what we were forced to do. Our team has done the good work, only to have it compromised.

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**From:** McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) [REDACTED]  
**Sent:** Sunday, May 24, 2020 7:14 AM  
**To:** Butler, Jay C. (CDC/DDID/OD)  
**Cc:** Fitter, David L. (CDC/DDPHSIS/CGH/GID); Eisenberg, Emily (CDC/DDID/NCIRD/ID)  
**Subject:** RE: Faith-based guidance and COVID-19: A history

Thanks Jay. Appreciate your careful eyes on this, and recognizing that we have all been doing our best under crazy timelines. We truly were working hard to get out what was wanted and needed, and [REDACTED]

[REDACTED] Please be sure that Kyle knows we asked for and received a tracked changes version (provided again here), and that our reconciliation of revisions went from that. And that document [REDACTED]

My comments in red below.

CAPT Jennifer McQuiston, co-lead, Principal Deputy IM, CDC COVID-19 Response  
[REDACTED]

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**From:** Butler, Jay C. (CDC/DDID/OD) [REDACTED]  
**Sent:** Saturday, May 23, 2020 10:49 PM  
**To:** McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) [REDACTED]  
**Cc:** Fitter, David L. (CDC/DDPHSIS/CGH/GID) [REDACTED]; Eisenberg, Emily (CDC/DDID/NCIRD/ID) [REDACTED]  
**Subject:** RE: Faith-based guidance and COVID-19: A history

Thank you, Jenni. I have gone through the posted version and what was sent to us tonight as the cleared version, and I must admit, as someone who has been speaking with churches and pastors on this (and as someone who goes to church), I am not sure is see a public health reason to take down

and replace. I am not seeing some of what they described to me in the 6:45 call as being part of the posted guidance. [REDACTED]

To my reading, most of the text matches verbatim. However, there are differences. Broadly, the differences that I see are:

- A couple of references to the 1<sup>st</sup> Amendment in the WH version— [REDACTED]
- A recommendation to reduce lines and queues is not in the WH version. [REDACTED]
- All references to face coverings are missing in the WH version. [REDACTED]
- The posting had additional text on considering adding additional services to allow in-person worship with less crowding. [REDACTED]
- The posted version reads “consider suspending or at least decreasing use of a choir/musical ensemble...” [REDACTED]
- [REDACTED] The posted version reads “Consistent with the community’s faith tradition, consider temporarily limiting the sharing of frequently touched objects that cannot be easily cleaned between persons, such as...shared cups, or other items received, passed or shared among congregates”. [REDACTED]
- [REDACTED]
- References to considering virtual events are absent from the WH version. [REDACTED]
- Reference to waiting 24 hours, if feasible, before cleaning are not in the WH version (although in many of our other documents on public buildings) [REDACTED]
- The bullet about these recommendations applying if the building is used for non-religious purposes is not present in the WH version. [REDACTED]

- The brief section on the importance of continuing to provide spiritual and emotional care is not in the WH version. [REDACTED]

Thank you for providing the emails. Very helpful to me in understanding what happened. At least at this time, it seems that biggest challenge was that we were not allowed to follow our standard processes prior to posting, including sending all incorporated changes from other parts of HHS and OGC back up again, given that we were [REDACTED]

[REDACTED] Yes, I think this is it exactly. We were working incredibly hard to respond to a rapid demand, and were trying to run multiple clearance streams in parallel, then provided no time to recheck or reshare across the clearance space. The version we had to post tonight does not have answers to a number of the questions that we have been asked by the faith community and lacks a number of recommendations for other settings to support reopening as safely as possible.

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**From:** McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) [REDACTED]

**Sent:** Saturday, May 23, 2020 7:50 PM

**To:** Butler, Jay C. (CDC/DDID/OD) [REDACTED]

**Subject:** Faith-based guidance and COVID-19: A history

This is a note to outline what happened with the Faith-based guidance document for COVID-19.

1. CDC's original community mitigation guidance that was crafted in April, 2020 included guidance for churches and faith-based organizations. [REDACTED]  
[REDACTED] In May, [REDACTED] instructed CDC to publish that document in pieces with the faith-based guidance stripped out. On May 21, President Trump announced to the press that we would be publishing faith-based guidance. Quickly reverting to some of the original "stripped out" language as well as newer language in synch with CDC "Considerations" documents we had been crafting for various settings, we quickly crafted a new document and shared it up for White House clearance on May 21st.
2. *Because this happened so fast, CDC OGC and internal reviews continued in parallel to that process.* We received and incorporated additional revisions that had been requested from CDC OGC and internal SME and leadership review, including changing [REDACTED] per OGC request, adding the word [REDACTED]  
[REDACTED] A history of those emails and decision processes are attached.
3. On May 22, the guidance came back as "cleared" via Kyle McGowan. We were instructed to hold on publishing until we were told otherwise. We requested and were provided a "tracked changes" version from the White House so we could add those changes to the master document we had already compiled with OGC and other changes. In the tracked version from the WH were a number of comments, [REDACTED]  
[REDACTED] The CIAR TF, with PDIM approval, interpreted the "proposed" changes as optional.
4. President Trump announced that he was considering churches to be "essential businesses" at

a press conference at 2pm on 5/22. Scrambling to catch up, we posted the guidance around 3:15pm.

5. *\*Note, the timeline for this guidance was incredibly fast and did not permit usual clearance processes. Even after posting, we continued to receive revision requests from HHS, too late to incorporate. We made a bona fide effort to meet clearance request needs under the timeframe permitted.*

6. Around 6:45pm on 5/23, [REDACTED] and we were told to remove it and put up their approved version. At 7pm, I made the request of the web team.

CAPT Jennifer McQuiston, co-lead, Principal Deputy IM, CDC COVID-19 Response

[REDACTED]

Message

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**From:** Birx, Deborah L. EOP/NSC [REDACTED]  
**Sent:** 8/25/2020 11:56:41 AM  
**To:** Hahn, Stephen [REDACTED]; Fauci, Anthony (NIH/NIAID) [E] [REDACTED]; Redfield, Robert R. (CDC/OD) [REDACTED]  
**Subject:** FW: For Review: Draft POTUS Remarks - Meeting with Medical Experts  
**Attachments:** Medical Experts Roundtable db.docx

I just can't.

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**From:** "Birx, Deborah L. EOP/NSC" <[REDACTED]>  
**Date:** Tuesday, August 25, 2020 at 7:55 AM  
**To:** "Short, Marc T. EOP/OVP" [REDACTED]  
**Subject:** FW: For Review: Draft POTUS Remarks - Meeting with Medical Experts

I can't be part of this with these people who believe in herd immunity and believe we are fine with only protecting the 1.5M Americans in LTCF and not the 80M + with co-morbidities in the populations included the unacceptable death toll among Native Americans, Hispanics and Blacks. With our current mitigation scenario we end up near 300K by Christmas and 500K by the time we have vaccine – close to the 600K live lost with 1918 Flu. We have worked to find a path that is the least disruptive to the economy but moves us under R1 and saves both the economy and American lives. Without masks and social distancing in public and homes we end up with twice as many deaths – we are a very unhealthy nation with a lot of obesity etc – we will never look as good as even Sweden due to our co-morbidities. These are people who believe that all the curves are predetermined and mitigation is irrelevant – they are a fringe group without grounding in epidemics, public health or on the ground common sense experience. I am happy to go out of town or whatever gives the WH cover for Weds. Perhaps do Annapolis and meet with Hogan. Fauci and I could probably do it together – I am open to options. Deb

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**From:** "Birx, Deborah L. EOP/NSC" [REDACTED]  
**Date:** Tuesday, August 25, 2020 at 7:03 AM  
**To:** Staff Secretary <[REDACTED]>, "Meadows, Mark R. EOP/WHO" [REDACTED],  
DL Chief of Staff Office <[REDACTED]@WHO.eop.gov>, "Philbin, Patrick F. EOP/WHO"  
[REDACTED], "Eisenberg, John A. EOP/WHO" [REDACTED],  
Kayleigh McEnany [REDACTED], "Farah, Alyssa A. EOP/WHO"  
[REDACTED], "Liddell, Christopher P. EOP/WHO" [REDACTED],  
"Rollins, Brooke L. EOP/WHO" [REDACTED], "imt [REDACTED]"  
"Kushner, Jared C. EOP/WHO" [REDACTED], "Dumbauld, Cassidy M. EOP/WHO"  
[REDACTED], "Pataki, Tim A. EOP/WHO" [REDACTED], "Short, Marc T.  
EOP/OVP" [REDACTED], "Smith, Brad M. EOP/WHO" [REDACTED], "Atlas,  
Scott W. EOP/WHO" [REDACTED], "Hicks, Hope C. EOP/WHO" [REDACTED],  
"Kudlow, Larry A. EOP/WHO" [REDACTED], "Swonger, Amy H. EOP/WHO"  
[REDACTED]  
**Subject:** Re: For Review: Draft POTUS Remarks - Meeting with Medical Experts

Best if this proceeds without my presence. deb

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**From:** Staff Secretary <[REDACTED]@who.eop.gov>  
**Date:** Monday, August 24, 2020 at 9:27 PM  
**To:** "Meadows, Mark R. EOP/WHO" [REDACTED], DL Chief of Staff Office  
[REDACTED]@WHO.eop.gov>, "Philbin, Patrick F. EOP/WHO" [REDACTED]

"Eisenberg, John A. EOP/WHO" [REDACTED], Kayleigh McEnany  
[REDACTED], "Farah, Alyssa A. EOP/WHO" [REDACTED], "Liddell,  
Christopher P. EOP/WHO" [REDACTED], "Rollins, Brooke L. EOP/WHO"  
[REDACTED], "Birx, Deborah L. EOP/NSC" [REDACTED],  
"imt [REDACTED], "Kushner, Jared C. EOP/WHO" [REDACTED], "Dumbauld,  
Cassidy M. EOP/WHO" [REDACTED], "Pataki, Tim A. EOP/WHO"  
[REDACTED], "Short, Marc T. EOP/OVP" [REDACTED] "Smith, Brad M.  
EOP/WHO" [REDACTED], "Atlas, Scott W. EOP/WHO" [REDACTED]  
"Hicks, Hope C. EOP/WHO" [REDACTED], "Kudlow, Larry A. EOP/WHO"  
[REDACTED], "Swonger, Amy H. EOP/WHO" [REDACTED]

Cc: Staff Secretary <[REDACTED]@who.eop.gov>

Subject: For Review: Draft POTUS Remarks - Meeting with Medical Experts

Attached for your review are draft remarks for the President for Wednesday's meeting with medical experts.

Please review and send all feedback to STAFF SEC by 11 a.m. tomorrow, August 25.

Thank you,

STAFF SEC

## Medical Experts Roundtable

It is my pleasure to welcome many renowned doctors to the White House as we discuss our science-based strategy to defeating the China Virus.

With us today are Dr. Scott Atlas, along with Dr. Jay Bhattacharya [Bought-A-Charya] from Stanford, Dr. Joseph Ladapo from UCLA, Dr. Martin Kulldorff from Harvard, and Dr. Cody Meissner from Tufts.

As our scientists make incredible progress to develop therapeutics and a vaccine, we are sheltering those at high-risk, and enabling healthy Americans to safely go back to work and school:

- We are sparing no expense to protect the elderly. We are providing over \$10 billion dollars, multiple shipments of PPE, and rapid point-of-care testing devices to 14,500 nursing homes.
- We are preventing hospital overcrowding. The hospitalization rate for the virus has been reduced by half since April.
- 3 vaccine candidates are in their final stage of clinical trials.
- Earlier this week, the FDA issued an emergency use authorization for convalescent plasma, which will save many lives.
- Thanks to advances in treatments, the Virus is 85% less fatal than it was in April.

There are some politicians who are calling for unending lockdowns. That is not a science based approach – and it would inflict grave harm on our children and our entire society.

Our strategy is not based on fear, but on the facts, the science, and the data. Dr. Atlas, would you say a few words? **[Dr. Atlas Speaks]**

**From:** Collins, Francis (NIH/OD) [E]  
**Sent:** Thu, 8 Oct 2020 19:53:51 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Lane, Cliff (NIH/NIAID) [E]  
**Cc:** Tabak, Lawrence (NIH/OD) [E]  
**Subject:** RE: Great Barrington Declaration

Excellent.

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**From:** Fauci, Anthony (NIH/NIAID) [E] (b) (6)  
**Sent:** Thursday, October 8, 2020 2:41 PM  
**To:** Collins, Francis (NIH/OD) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Subject:** RE: Great Barrington Declaration

Francis:

I am pasting in below a piece from *Wired* that debunks this theory.

Best,

Tony

## There is no 'scientific divide' over herd immunity

There's a lot of talk of scientists divided over Covid-19, but when you look at the evidence any so-called divide starts to evaporate



By [Matt Reynolds](#)

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Wednesday 7 October 2020

On October 4, in a wood-paneled room at an event hosted by a libertarian think tank, three scientists signed a document that they say offers an alternative way of responding to the Covid-19 pandemic. The signing of this so-called "Great Barrington Declaration" was greeted with clinking champagne glasses before the signatories jetted off to Washington DC on the invite of White House coronavirus advisor Scott Atlas.



Aside from the three lead signatories, there is little about the Great Barrington Declaration that feels convincingly scientific. Not its website, which boasts that the statement has been signed by 2,780 “Medical and Public Health Scientists” who only had to tick a box and enter a name to be included on that list. Nor the brief declaration itself, which offers little in the way of scientific evidence or even substantially new policy suggestions.

While the science isn’t particularly convincing, the Great Barrington Declaration has been successful in one respect. It suggests that scientists fall into two camps: those who are pro-lockdown and those who think we should avoid lockdowns and allow people to become infected, hopefully building up enough herd immunity along the way. The media has picked up on this narrative of a supposed rift among scientists and has run with it, while simultaneously declaring that no one is talking about it. “[The Great Barrington Declaration] has been almost entirely ignored by the media outlets that spend much of their days presenting themselves as obedient to science,” wrote James Freeman in the [Wall Street Journal](#) on October 6, the same day that stories about the statement ran in [The Guardian](#), [Independent](#) and [Telegraph](#) and ignoring the fact that articles about this supposed divide have been bubbling along for almost as long as the pandemic.

So how much of a divide is there? Let’s leave to one side the fact – as Christina Pagel, director of University College London’s Clinical Operational Research Unit [noted on Twitter](#) – that almost every single major medical body is on the “side” of not allowing Covid-19 to run unrestrained through young people. Instead, let’s look at the substance of the [Great Barrington Declaration](#) itself.

The gist of the declaration is this: lockdown policies have significant negative effects on other health outcomes, and so governments should pursue a strategy that the signatories call Focused Protection – shielding vulnerable people from infection while letting the virus romp through the rest of the population.

On the first point, the signatories are absolutely right. We know that lockdowns disrupt cancer care and other health services, and have a significant negative impact on mental health. No one wants those outcomes. “Current lockdown policies are producing devastating effects on short and long-term public health,” the authors write. And they’re correct. Almost.

The problem is that we *aren’t* in lockdown. Across the UK, pubs, restaurants, schools and universities are all largely open. The kind of lockdown that the Great Barrington Declaration seems to be railing against hasn’t been in place in the UK since mid-June. Even in places like Manchester which are under local lockdown restrictions, pubs, restaurants and schools are still open and it’s hard to find people who are advocating for a return to the lockdown we saw in March. When the Great Barrington Declaration authors declare their opposition to lockdowns, they are quite literally arguing with the past.

So what do the Great Barrington Declaration authors suggest we should be doing? “Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open,” they write. Sound familiar? These are – more or less – the policies that the UK government has been following since September, with the exception that the government advice changed in mid-September that people should work from home if they can.

What is more interesting about the Great Barrington Declaration is what is missing. There is nothing about test and trace or mask-wearing – two interventions that we know are effective at stopping the spread of Covid-19 and don’t require any curtailing of our individual behaviour. It’s not clear why these are absent from this plan, but it might be because they would slow the spread of the virus, while the authors of the declaration generally advocate that slowing the spread upon less vulnerable populations is not necessary, as long as vulnerable people are shielded.



This is where things start to feel really wobbly. For a start, we don't know enough about Covid-19 immunity to say that having the disease does offer long-term protection. But even more crucially it's not clear who exactly the authors mean by "vulnerable". Yes, older people are at a significantly higher risk of getting seriously ill or dying after contracting Covid-19, but the illness has a very serious impact on people across all age ranges. Just ask the people who are suffering months after initially falling ill with the lingering symptoms of Long Covid. Are they vulnerable?

Yet the authors don't offer us any way of categorising vulnerable or non-vulnerable people. Many scientists have pointed out that completely shielding vulnerable people is practically impossible, but the Great Barrington Declaration authors don't even make an effort to indicate how this shielding might work. In a video interview with *UnHerd*, Jay Bhattacharya a professor at Stanford University Medical School and one of the declaration's authors, [struggled to explain](#) how a school age child living with a grandparent should actually change their behaviour to protect people.

It seems fairly obvious that no government could effectively seal off every single vulnerable person in a given population, yet the Great Barrington Declaration signatories don't indicate how the impact of the disease will change depending on the level of shielding achieved. Researchers at the Max Planck Institute in Germany have, however, and they concluded that long-term shielding would be impossible for a number of [reasons outlined here](#).

But the media reports about this great "scientific divide" are right about one thing. The lead signatories are prominent, successful scientists. Martin Kulldorff is a professor of medicine at Harvard University, Sunetra Gupta a professor at Oxford University and Jay Bhattacharya a professor at Stanford University Medical School. So why are they relying on press releases and champagne-clinking events with libertarian think tanks rather than following the scientific method of testing their hypotheses in a rigorous way and publishing their findings for critique?

A quick look at the preprint server medRxiv shows that these three lead signatories have been publishing papers related to Covid-19, but they haven't – to the best of my knowledge – published any modelling that puts their shielding theory to the test. In May, Gupta published a study suggesting that coronavirus may have infected half of the UK population already. She was wrong – in London the proportion of those infected seems to be [close to 18 per cent](#) – but that's how science works. You allow your results to be scrutinised, you adjust and you try and get closer to the truth next time. With this declaration, the three lead signatories are positioning themselves on one side of a manufactured scientific debate, but they're not putting the science front and centre at all.

On Twitter, the economist and [statistician Tim Harford](#) noted the "scientists divided" theme featured prominently in the campaigns of tobacco firms keen to delay action on smoking-related disease and climate change deniers. We should be careful about how we interpret any so-called divide when it comes to Covid-19. And when we're weighing up whether one approach is better than another, we should be extremely clear about what is science, what is supposition and what is just surface.

*Matt Reynolds is WIRED's science editor. He tweets from [@mattsreynolds1](#)*

**Anthony S. Fauci, MD**

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**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Thursday, October 8, 2020 2:31 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E] (b) (6)  
**Cc:** Tabak, Lawrence (NIH/OD) [E] (b) (6)  
**Subject:** Great Barrington Declaration

Hi Tony and Cliff,

See <https://gbdeclaration.org/> This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that on line yet – is it underway?

Francis



**From:** Fauci, Anthony (NIH/NIAID) [E]  
**Sent:** Tue, 13 Oct 2020 22:43:53 +0000  
**To:** Collins, Francis (NIH/OD) [E]  
**Subject:** RE: Story online on "focused protection" and the Great Barrington Declaration

They are too busy with other things to worry about this. What you said was entirely correct.

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**From:** Collins, Francis (NIH/OD) [E] (b) (6)  
**Sent:** Tuesday, October 13, 2020 3:36 PM  
**To:** Myles, Renate (NIH/OD) [E] (b) (6); Burklow, John (NIH/OD) [E]  
(b) (6); Tabak, Lawrence (NIH/OD) [E] (b) (6) Fauci, Anthony  
(NIH/NIAID) [E] (b) (6)  
**Subject:** Story online on "focused protection" and the Great Barrington Declaration

My quotes are accurate, but will not be appreciated in the WH.

FC

[https://www.washingtonpost.com/health/covid-herd-immunity/2020/10/10/3910251c-0a60-11eb-859b-f9c27abe638d\\_story.html](https://www.washingtonpost.com/health/covid-herd-immunity/2020/10/10/3910251c-0a60-11eb-859b-f9c27abe638d_story.html)