

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

**Trump Administration Failed to Contact Large Diagnostic Companies  
During Early Months of 2020**

Q: So you're there and you're advocating for more testing. What was sort of the follow-on action from that at that time?

A: Well, we had already had the meeting with our private sector test developers, and so when we weren't a task force, I was obviously calling Abbott and Roche and BD to see what their progress was with the test. At the same time, we were understanding where that equipment was and how much Abbott equipment had. And both Abbott and Roche from the middle of March onward provided me a daily analysis of all of their -- these instruments are in an automated reporting system to Abbott and Roche to see if there's any problem with the instrumentation. So the instruments are talking to the database.

I couldn't see of course any demographics but I could see test positivity by site. That was our surrogate early on until we could get all the hospitals and laboratories reporting, is Abbott and Roche provided me with their site-level data so I could see what the test positivity was. And I had that data probably by the second to third week of March.

Q: Do you know if anyone from the federal government had engaged with them on a similar level before you got there?

A: I don't know.

Q: They didn't express to you that they had?

A: **No. Indeed, they expressed the opposite.**

Q: **They had not heard from anyone?**

A: **(Nodding head.)**

Q: **Is that correct?**

A: **Correct.**

Q: **Okay. Those are the largest, I believe those are the largest test manufacturers or diagnostic in the country?**

A: **For nucleic acid testing, correct.**

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Excerpts from Transcribed Interview of Dr. Anne Schuchat

**Trump Officials Did Not Pay Sufficient Attention to Key Aspects of Pandemic Response  
Due to Narrow Focus on Repatriation in February 2020**

Q: Well, what's your assessment of the extent to which the repatriation effort impacted spread in the U.S. during this early period?

A: **I don't think I can convey how much technical, policy, and human resources were focused on repatriation in February.** As you can imagine, every location, cruise ship, had a jurisdictional issue with multiple departments and state as well as federal level authorities, and a good number of ASPR [Assistant Secretary for Preparedness and Response], CDC, and the leadership, HHS or other departments, were focused on repatriation at a time when the virus was spreading, and the issue of initiating mitigation and other measures in affected communities in the U.S. I believe was a higher priority.

So I think that while bringing Americans home is an important mission and doing it safely and carefully is important, **my personal view is that there were key areas, like scaling up PPE and getting our arms around the supply chain and protecting the healthcare system and so forth, it didn't get sufficient attention because of the leadership and policy time that was going into the repatriation mission.**

**If you think about what's the ASPR role in an emergency response like this, I'm not sure that many of the key duties were being tended to because of the focus on repatriation.** And it's just another sign of how under-prepared we were, you know, frontline public health organizations and on certainly the policy level.

Q: You mentioned ASPR, which I believe was Dr. Kadlec at that time in that role. Were there other authorities whose attention you believe should have been focused on those bigger picture items that you were talking about?

A: I would say the whole of government needed to be focused. And certainly this has been, and continues to be, such a difficult pandemic with so much loss of life and so much disruption. And the first few months were important. Obviously, many, many things were not preventable, **but a smoother, more effective leadership and policy environment would have been helpful, I think.**

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**Excerpts from Transcribed Interview of Dr. Jay Butler**

**Trump White House Officials “Softened” CDC’s Public Health Guidance  
for Faith Communities**

Q: [T]hese are some strong statements at the end of this email. I’ll just read back what you wrote at 7:46 a.m. on Sunday, May 24th. “This is not good public health. I am very troubled on this Sunday morning that there will be people who get sick and perhaps die because of what we were forced to do.”

What did you mean by, “this is not good public health”?

A: Well, as I was saying earlier, **the version that went up the evening of the 23rd, I think softened some very important public health recommendations.** And really, my purpose in that message was to share some of my personal frustration and disappointment in what had been posted. And also to encourage, to try to encourage the team that I was acknowledging that this was, I think, somewhat demoralizing.

I mentioned during phone calls the evening before, people had really put in overnight work to get this guideline finalized and up. And to have it -- **I think I used the word compromised in the email by the language that was used in the cleared version was really pretty demoralizing.**

Q And --

A: Also, I really wanted to communicate to the team, they did the right thing. And while I wasn’t saying it explicitly, **I was doing a lot of soul searching about whether or not I should have agreed to even make the change in the document. Clearly, it was a directive, but that was a real struggle as I felt like what had been done was not good public health practice.**

Q: A struggle, a moral struggle?

A: Sure.

Q: And I think you get into that why in the next part of that sentence, where you say that you were “very troubled on this Sunday morning that there will be people who get sick and perhaps die because of what we were forced to do.” What did you mean by that?

A: Well, again, **the public health recommendations, I felt like were not as strong as they needed to be, as they were in the original document.** You know, again, I am not prone to magical thinking, I don’t think the virus is going to behave differently in a gathering for worship than in any other gathering. Maybe a miracle could occur, but miracles don’t happen very often. I think that’s why we call things miraculous.

So I think our goal is to use the science, develop guidelines that can protect people to be able to worship in the way that’s consistent with their faith and their tradition.

Q: And to put it in those terms, is this something that you honestly -- well, strike that.

I take you to be an honest person. Do you stand by that statement that there will be people who get sick and perhaps die because of the watering down of this guidance?

A: Well, I certainly stand by that expression of that concern. Am I aware of specific data that I can point to, to say, look what happened? No, I cannot do that. **But that concern will haunt me for some time.**

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