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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: DEBORAH BIRX

October 12, 2021

The Interview Commenced at 10:02 a.m.

26

Appearances.

27

For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

28

DIEGO DIAZ, Majority Counsel

29

PETER RECHTER, Majority Counsel

30

BETH MUELLER, Majority Chief Investigative

31

Counsel

32

JENNIFER GASPAR, Majority Chief Counsel

33

JIM JORDAN

34

MITCH BENZINE, Minority Senior Policy Counsel

35

CARLTON DAVIS, Minority Counsel

36

ASHLEY CALLEN, Minority Staff

37

38

ROBERT TROUT, ESQ., Schertler Onorato Mead &amp;

39

Sears

40

TARA TIGHE, ESQ., Schertler Onorato Mead &amp;

41

Sears

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

76 (10:02 a.m.)

77 Ms. Gaspar. Good morning. Let's go on the record.  
78 It's Tuesday, October 12 at 10:02 a.m. This is a  
79 transcribed interview of Deborah Birx conducted by the  
80 House Select Subcommittee on the Coronavirus Crisis.  
81 This interview was requested by Congressman Jim Clyburn  
82 as part of the committee's oversight of the federal  
83 government's response to the coronavirus pandemic.

84 I would like to ask the witness to state her full name  
85 and spell her last name for the record.

86 The Witness. Deborah L. Birx. B-I-R-X.

87 Ms. Gaspar. Dr. Birx, my name is Jennifer Gaspar.  
88 I'm chief counsel for the Select Subcommittee Majority  
89 staff. I want to thank you for coming in today for this  
90 interview. We recognize that you are here voluntarily  
91 and we sincerely appreciate that.

92 Under the committee's rules, you are allowed to have  
93 an attorney present to advise you during the interview.  
94 Do you have an attorney present with you today?

95 The Witness. Yes.

96 Ms. Gaspar. Will counsel state their name.

97 Mr. Trout. Robert Trout of the firm of Schertler  
98 Onorato Mead & Sears in Washington, DC.

99 Ms. Tighe. Tara Tighe, also with Schertler Onorato

100 Mead & Sears.

101 Ms. Gaspar. Thank you. Can I have everyone else in  
102 the room please introduce themselves for the record.

103 Ms. Callen. Ashley Callen with the Republican  
104 staff.

105 Mr. Davis. Carlton Davis with the Republican staff.

106 Mr. Jordan. Jim Jordan.

107 Mr. Benzine. Mitch Benzine with the Republican staff.

108 Mr. Rechter. Pete Rechter, Majority counsel.

109 Mr. Diaz. Diego Diaz, Majority counsel.

110 Ms. Mueller. Beth Mueller, Majority counsel.

111 Ms. Gaspar. Dr. Birx, I'm going to go over some  
112 ground rules that will structure our interview today. So  
113 first the structure of the interview itself. The way  
114 this interview will proceed is as follows.

115 The Majority and Minority staffs will alternate asking  
116 you questions one hour per side per round until each side  
117 is finished with their questioning. The Majority staff  
118 will begin and proceed for an hour and the Minority staff  
119 will then have an hour to ask questions and we'll go back  
120 and forth like that until both sides have no more  
121 questions.

122 In this case, we've planned on two days of questioning  
123 and approximately six hours on the record each day. Our  
124 general practice is that if we're in the middle of a line

125 of questioning and we've reached an hour, one side might  
126 end a few minutes earlier, go a few minutes over to wrap  
127 up a particular topic.

128 In this interview while one individual might lead the  
129 questioning, additional staff may ask questions from time  
130 to time. There is a court reporter in the room taking  
131 down everything I say and everything you say to make a  
132 written record of the interview. In order for the record  
133 to be clear, please wait until I finish each question  
134 before you answer. I will likewise wait until you finish  
135 your response before asking you the next question. The  
136 court reporter cannot record nonverbal answers such as  
137 shaking your head, so it's important that you answer each  
138 question with an audible verbal response.

139 Do you understand?

140 The Witness. Yes.

141 Ms. Gaspar. We want you to answer our questions in  
142 the most complete and most truthful manner possible. So  
143 we're going to take our time. If you have any questions  
144 or do not understand any of the questions, please let us  
145 know. We'll be happy to clarify or rephrase.

146 Do you understand.

147 The Witness. Yes.

148 Ms. Gaspar. If I ask you about conversations or  
149 events in the past and you are unable to recall the exact

150 words or details, you should testify to the substance of  
151 those conversations or events to the best of your  
152 recollection. If you recall only a part of a  
153 conversation or event, you should give us your best  
154 recollection of those events or parts of conversations  
155 that you do recall.

156 Do you understand?

157 The Witness. Yes.

158 Ms. Gaspar. If you need to take a break, please let  
159 us know. We are happy to accommodate you. Ordinarily we  
160 will take a five-minute break at the end of each hour of  
161 questioning, but if you need a break at anytime, let us  
162 know. We would just ask if there is a question pending,  
163 you complete your response before we take that break.

164 Do you understand?

165 The Witness. Yes.

166 Ms. Gaspar. Next I want to talk about false  
167 testimony. So you are here voluntarily and we are not  
168 going to swear you in under oath; however, you are  
169 required by law to answer questions from Congress  
170 truthfully. This law applies regardless of whether  
171 questions are posed by staff or by members.

172 Do you understand?

173 The Witness. Yes.

174 Ms. Gaspar. If at any time you knowingly make false

175 statements, you could be subject to criminal prosecution.

176 Do you understand?

177 THE WITNESS: Yes.

178 Ms. Gaspar. Is there any reason you are unable to  
179 provide truthful answers in today's interview?

180 The Witness. No.

181 Ms. Gaspar. Finally, I would like to talk about  
182 privilege. The Select Subcommittee follows the rules of  
183 the Committee on Oversight and Reform. Please note that  
184 if you wish to assert a privilege over any statement  
185 today, that assertion must comply with the rules of the  
186 Committee on Oversight and Reform. Committee  
187 Rule 16C1 states, "For the chair to consider assertions  
188 of privilege over testimony or statements, witnesses or  
189 entities must clearly state the specific privilege being  
190 asserted and the reason for that assertion on or before  
191 the scheduled date of testimony or appearance."

192 Do you understand?

193 Mr. Trout. Yes. Let me address that. We  
194 have -- staff has given us some topics that they expect  
195 to question Dr. Birx about. We have discussed those with  
196 the White House. I think the staff was aware that we  
197 were going to be doing that and specifically invited us  
198 to do that in order to anticipate issues of executive  
199 privilege.

200 We have been in touch with the White House, including  
201 representatives of the Trump administration, to sort  
202 through issues of executive privilege and we have  
203 received guidance. I think there's general agreement  
204 about the guidance that we've gotten about what Dr. Birx  
205 should not discuss on grounds of executive privilege.

206 Ms. Gaspar. So just to clarify that for the record,  
207 to the extent that questioning goes into areas that  
208 you've received guidance not to answer, we just ask that  
209 you state the basis of the objection on the record.

210 Mr. Trout. Sure. I will tell you generally that to  
211 the extent that she has specific conversations with  
212 either President Trump or senior advisers to the  
213 president such as Jared Kushner or Mark Meadows, the  
214 chief of staff, or other similar situated senior  
215 advisers, the guidance that we have received is that we  
216 should defer answering questions about specific  
217 conversations with those individuals.

218 Ms. Gaspar. Understood. Thank you for clarifying.  
219 And I think we will address any issues to the extent they  
220 come up as we go through our questions.

221 Mr. Trout. Sure.

222 Ms. Gaspar. Dr. Birx, do you have any other questions  
223 before we begin?

224 THE WITNESS: No.

225 BY MS. GASPAR.

226 Q To start off, I want to talk a little bit  
227 about your background. I understand that before you  
228 became the White House task force coordinator, you were  
229 running PEPFAR, the President's emergency plan for AIDS  
230 relief; is that correct?

231 A Correct.

232 Q How long were you in that role?

233 A Seven years nearly.

234 Q Can you tell us a little bit about what that  
235 role entailed and specifically what you were doing most  
236 immediately before you came to the White House?

237 A So if I can, I'd like to frame that in that I  
238 was a federal employee for the last 40 years.  
239 Twenty-nine of those as an active duty army soldier and  
240 11 as a civil servant. I had worked on HIV, TB, and  
241 malaria and global pandemics for force protection in the  
242 military and then at CDC related to PEPFAR. So I've been  
243 with PEPFAR since about -- for 18 years since its  
244 beginning.

245 And PEPFAR is the translation of U.S. taxpayer dollars  
246 in our commitment to serve others globally. And  
247 originally was very much lifesaving and then it became  
248 clear that we could actually change the course of the  
249 HIV/TB pandemic in Sub-Saharan Africa and throughout the

250 world. And so for the last seven years, we were very  
251 much focused on using data to increase accountability and  
252 transparency and really change the course of the  
253 pandemic.

254 The privilege of that program is it was always  
255 bipartisan, and so I was able to always brief, and all of  
256 our meetings were with both Democrats and Republicans  
257 both in the appropriation and authorizing committee. So  
258 that's my experience with the legislature, is really very  
259 much a bipartisan experience where we together as  
260 American people and U.S. taxpayer dollars and  
261 presidential administrations and the Congress work  
262 together to actually change the course of both HIV and  
263 HIV/TB throughout the world.

264 Q Just specifically, what were you working on  
265 most immediately, let's say, January-February 2020?

266 A So annually we have a comprehensive meeting  
267 where we bring together all the ministers of health,  
268 senior host country officials, community -- community  
269 members impacted by HIV and community members on very  
270 much interested in human rights on the continent and  
271 throughout Asia, particularly LGBT rights. And together  
272 with the agencies, USAID, CDC, Peace Corps, DoD, and  
273 Treasury mostly, we meet with together to actually go  
274 over all of the results from the last year, look at our

275 programmatic gaps, and then move forward with programming  
276 that everybody concurs on; ministries of health and the  
277 host government, but equally the voice at the table of  
278 the community.

279       And that's what's allowed us to have that kind of  
280 joint planning. Global Fund is also there as well as  
281 UNAIDS and WHO. We include all of our multilateral  
282 partners. And so it's very much an opportunity to both  
283 be very transparent and hold ourselves accountable for  
284 our accomplishments, but also be very clear on what the  
285 gaps are and what needs to be done.

286       Because of my devotion to that program, and to make it  
287 clear, even though I was in a political position, I was  
288 detailed from my home agency of CDC. And so I came in as  
289 a technical person to PEPFAR and my agreement with the  
290 White House was I would only come to the White House if I  
291 could maintain my dual hat providing oversight to PEPFAR  
292 as well as the response coordinator.

293       Q           I see. Well, thank you for taking me to my  
294 next topic, which is how you came to join the White House  
295 coronavirus task force. So who originally reached out to  
296 you about that?

297       A           So from the beginning, I was working on the  
298 Africa response obviously because I was very worried  
299 about HIV and the co-infection of COVID in HIV because of

300 the immunodeficiency associated with HIV. So I was in  
301 communication with Yen Pottinger, Y-E-N, and Matt  
302 Pottinger because I'd known them for a very long time and  
303 we were talking about the pandemic from the beginning.  
304 Because both Matt and I had experienced the SARS  
305 pandemic.

306 Q So they reached out to you about the role or  
307 just generally speaking?

308 A No. Reached out to me about what I was  
309 seeing globally, what I thought this was going to become,  
310 and we were communicating primarily around what we were  
311 seeing globally on the pandemic. And more about the  
312 global response than specifically the White House  
313 response.

314 Q But Matt Pottinger eventually started working  
315 on the White House response; is that correct?

316 A I think he was on the original task force.

317 Q So when did the conversations shift into the  
318 possibility of you taking on a role?

319 A The end of January, they were looking for  
320 someone to talk to the American people about the pandemic  
321 and what was being done. I turned them down.

322 Q And this -- the proposal only came from Matt  
323 Pottinger at that point?

324 A Correct.

325 Q You turned him down at the end of January?

326 A Correct.

327 Q What happened after that?

328 A We stayed in communication about the pandemic  
329 and what I was seeing. And I was providing him my  
330 insights, which included both global insights as well as  
331 insights related to the United States and its response.

332 Q So did he raise the possibility again, or how  
333 did that come up?

334 A He raised it multiple times, and I kept  
335 saying no.

336 Q Did anyone else reach out to you other than  
337 Matt Pottinger?

338 A No.

339 Q What made you change your mind?

340 A I could see that the American response was  
341 very much focused on containment. I believe that the  
342 virus was already widespread in the United States. I  
343 felt that asymptomatic spread was being missed, I could  
344 see that clearly on the Diamond Princess. And so he  
345 basically -- Matt Pottinger is a marine in the marine  
346 reserves and so he basically said you owe it to the  
347 United States and this is a mission that you need to  
348 take. And I said you could add my name to the list and  
349 the rest just happened from there.

350 Q Did anyone else reach out to you before you  
351 agreed to take on the role?

352 A A person from the State Department that  
353 worked for the secretary.

354 Q What did you expect -- well, let me ask this  
355 way. What did he tell you about what the role would be?

356 A Actually, no one told me what the role would  
357 be precisely. No, no one told me precisely what the role  
358 would be.

359 Q What did you expect it to be?

360 A I thought that what they probably were  
361 interested in -- and this is just me speculating -- is  
362 that they knew that I had combatted multiple pandemics on  
363 the continent, particularly from avian flu -- in  
364 preparation for avian flu to Ebola to of course the  
365 underlying pandemics of HIV, TB, and malaria, and  
366 understood that I -- I understood how important the  
367 intersection of community and federal and local  
368 government processes were, and that those had to move in  
369 unity, that you can't tackle the pandemics without deep  
370 community engagement and deep community understanding.

371 And I think he felt that that was critical to the  
372 response in the U.S. And he also knew that I was very  
373 intent on testing and that I felt there was widespread  
374 asymptomatic spread that was not being seen just like it

375 wasn't seen because it wasn't -- most of the crew on the  
376 Diamond Princess were most likely infected, but they were  
377 never tested because they didn't have symptoms.

378       So I felt that a significant part of the transmission  
379 was occurring from people who were in the community but  
380 didn't realize they were infected, which is what we see  
381 all the time in other viral diseases.

382       Q           So you've touched on this a little bit, but  
383 what did you see as the most immediate ways in which you  
384 could contribute once you started?

385       A           I wrote primarily that we needed to get the  
386 diagnostic private sector completely engaged and  
387 immediately increase testing and access to testing. We  
388 needed a comprehensive communication plan to the American  
389 people so that they understood the behavioral changes  
390 that would be necessary to combat the pandemic. So it  
391 was a lot about communication. And then also the science  
392 around treatment and vaccines. I wanted to see where  
393 that was, how it could be pushed to be more rapidly  
394 available to the American people.

395       Q           So focusing now on when you actually took on  
396 the role. So you were the coordinator. I think at times  
397 that may have been confused as being the manager or the  
398 director, but it's not. Is that a fair statement?

399       A           I think for everybody on the task force, they

400 knew that the vice president was in charge of the task  
401 force.

402 Q Understood. So how would you describe your  
403 role in terms of your responsibilities within the task  
404 force?

405 A I think I served three purposes. One, to  
406 bring the agencies and the physicians across the agencies  
407 together, because that was the experience I had in  
408 PEPFAR. We were much more powerful when the whole of  
409 government was working in consensus, and that requires  
410 everybody agreeing to what the pandemic is and isn't,  
411 which requires data.

412 So the other big part I knew of my job was going to be  
413 assembling the data in a way that people could understand  
414 it in a clear way. Because oftentimes data is presented  
415 in a way that people can't understand it. And I  
416 really -- I think it's incredibly important that everyone  
417 understands the data because then it's actionable, and  
418 you can't make decisions if you don't understand the  
419 data.

420 So I knew I would have a role in the data piece as  
421 well as helping to coordinate across the agencies. And  
422 then I think the third big piece, just because of my  
423 specific knowledge in that area, was the laboratory  
424 platforms and the assays because I knew those laboratory

425 platforms were the same laboratory platforms that we had  
426 used for the last 25 years in HIV for viral load  
427 detection. So I knew where those platforms were globally  
428 because the United States had bought them. And so those  
429 really became the institutional platforms for the COVID  
430 laboratory response globally.

431 Q I'm sorry, what do you mean by knew where  
432 they were?

433 A So there's the test and then there's the  
434 equipment that the tests run on. So the platforms are  
435 the equipment.

436 Q Sure.

437 A So developing new equipment would have taken  
438 many months. Developing new assays can be done in days,  
439 and then manufactured in days to weeks, not months. And  
440 so because I understood -- spent my time in the military  
441 actually working with teams developing these RNA tests.  
442 So I had a deep knowledge of RNA nucleic acid testing.

443 Q So we will speak about each of those areas in  
444 more depth, but I want to just take a moment and get a  
445 better understanding of what it meant to be a member of  
446 the task force and who specifically you worked with most  
447 closely.

448 So there were quite a few members named over time.  
449 Did different named members have different levels of

450 engagement?

451 A The original significant members always were  
452 highly engaged. There were additional membership added  
453 in May, and those were added really based on people's  
454 recommendations on the task force of where we felt that  
455 there was still knowledge gaps, three to four months into  
456 the pandemic, in the pandemic response.

457 Q So when you say the original significant  
458 members, there's quite a lengthy list and I don't want to  
459 make this a memory test, but I want to get your sense of  
460 who was sort of the core group to the extent there was  
461 one.

462 A So because of COVID precautions, there were a  
463 significant number of people that were in the other  
464 situation room, and so I don't really know them. But  
465 around the table was myself, Dr. Fauci, Dr. Redfield,  
466 Dr. Hahn, Dr. Carson, Jerome Adams, Brett Giroir, Pete  
467 Gaynor from FEMA. Polowczyk was mostly there for supply  
468 chain and then that became Stanford, I'm just going  
469 around the table, Mnuchin and Alex Azar.

470 Ms. Gaspar. Let's mark Exhibit 1.

471 [Exhibit No. 1 was identified  
472 for the record.]

473 Ms. Gaspar. It seems to be a chart of the table that  
474 you are referring to. And once you get a copy of it --

475 BY MS. GASPAR.

476 Q Please take a look and let me know if this is  
477 what you're talking about generally. This document,  
478 which has been marked as Exhibit 1, is a White House  
479 situation room, I believe is what WHSR stands for, JFK  
480 conference room West Wing. The date is March 18, 2020.  
481 It seems to be representing a 9:00 a.m. meeting.

482 I don't want to focus on this particular meeting in  
483 any specific way. I just want to get a sense of whether  
484 you've seen this type of document before and this appears  
485 to be what you were just describing to us.

486 A I've seen this document, but I can't tell you  
487 that these specific people were in these chairs on that  
488 day.

489 Q Sure. Generally speaking, does it seem like  
490 a typical setup for a meeting in the early months?

491 A I think so. Veteran Affairs was often on the  
492 telephone. Secretary Mnuchin was almost always on the  
493 telephone or in person and it doesn't look like he's  
494 represented here and he was often --

495 Q There seems to be --

496 A -- physically present.

497 Q Understood. There seems to be a space at the  
498 top for VTC participants. So I think that allows the  
499 possibility for others on what I assume is a screen; does

500 that sound right?

501 A The screen wasn't ever used, I don't think,  
502 unless FEMA was off site, because they were the only ones  
503 who had a secure sit room option, I think.

504 Q There seemed to be some staff listed on this  
505 list as well. So I just want to briefly touch on which  
506 staff were most consistently engaged in the task force's  
507 work either on this list or otherwise.

508 A That's a complicated question.

509 Q Well, let's break it down.

510 A Okay. Of the people on this list, and I'm  
511 just thinking of routine task force meetings, Doug  
512 Hoelscher from IGA was nearly always present as well as  
513 Keith Kellogg, Olivia Troye, through July, Katie Miller  
514 or Devin O'Malley. Marc Short was present most of the  
515 time. Bob Kadlec was often in the accessory room.

516 Now, some of these other individuals I didn't really  
517 know. I mean, remember I only knew Matt Pottinger in the  
518 White House and a little bit of Joe Grogan from the work  
519 we had done outside of the White House. Russ Vought was  
520 often there as well as the people around the table. Mark  
521 Meadows and Jared Kushner were not always present. Chris  
522 Liddell was not always present. And I don't remember  
523 ever seeing Dan Scavino or Hope Hicks. Kellyanne Conway  
524 was often present.

525 Q Going back to the members. I understand that  
526 different members had different areas of focus either  
527 based on their expertise or, for example, I understand  
528 that Admiral Giroir was eventually named the testing czar  
529 so to speak. Were there other sort of core functions  
530 delegated in that way?

531 A Well, Seema Verma was the lead not only on  
532 CMS, but very much in our nursing home and long-term care  
533 facility engagement. Bob Redfield, who is not on this  
534 picture and I don't know why, was at all of the task  
535 force meetings. He was very much focused on obviously  
536 CDC guidance and policy, and Steve Hahn very much on our  
537 therapeutic and vaccines. So I mean, they were respected  
538 as subject matter experts for their personal expertise as  
539 well as their agency's expertise.

540 Q Were there anything like subgroups or working  
541 groups, or did you always meet as sort of the full task  
542 force whoever was available?

543 A The only time that we created subgroups that  
544 I can remember was during the reopening America and  
545 making sure that we had comprehensive guidance for each  
546 of the areas that matched the bullet points that were in  
547 the opening of America safely guidance from the middle of  
548 April. That's the only time that there were specific  
549 subgroups created out of the task force.

550 Q We will go back to that. For now, I'd be  
551 interested in getting an understanding of which staff you  
552 worked with most directly. I understand that you had two  
553 staff working with you directly; is that correct?

554 A I had one staff person who was  
555 administrative.

556 Q Okay. Who was that?

557 A Tyler Ann McGuffee.

558 Q Was she already in the White House and  
559 assigned to you?

560 A No, she was assigned to me probably a week or  
561 week-and-a-half in.

562 Q And she did administrative work, you said?

563 A (Nodding head). Yes.

564 Q And then I understand you brought somebody on  
565 as well; is that correct?

566 A When I realized how little data there was  
567 available, I knew we had to immediately create a data  
568 task force. Because my senior epidemiologist and data  
569 person from PEPFAR had created all of the data that we  
570 had in Sub-Saharan Africa so that we could see every  
571 client down to the site at which they were served, all at  
572 that time 14 million people on treatment, we could see  
573 quarterly how they were doing.

574 I knew that she had the capacity to help me either

575 find what data or start new data streams that we would  
576 need to really make this very invisible pandemic visible  
577 both to us and to the American people. And so Daniel  
578 Gaspar from OMB contacted me and said he would help and  
579 Irum Zaidi from PEPFAR State agreed to come and help.

580 Q I see. So there's both of those individuals.  
581 Did they both work with you full time?

582 A Yes.

583 Q And mostly or entirely on data?

584 A Correct.

585 Q When did they start working with you,  
586 roughly?

587 A When they came back from Africa. So I had to  
588 leave the PEPFAR meeting a week early. They came back a  
589 week later. So they came probably that -- sometime  
590 during that second week. Bob Redfield also felt it was  
591 really important to have a direct liaison to the CDC at  
592 all times who understood the emergency operations  
593 centers. So he brought Steve Redd to me.

594 Q Sorry, what's that name?

595 A Steve Redd, R-E-D-D. So he was there from  
596 the CDC. And then Chuck Vitek also sensed that we needed  
597 support. And again, these are all PEPFAR people. So  
598 Chuck Vitek came from the CDC to help. And then Daniel  
599 Gastfriend knew that U.S. Digital Service -- who I didn't

600 know well -- and he brought on Amy Gleason from the U.S.  
601 Digital Service. And that was the data team that then  
602 worked with the agencies to create the integrated  
603 database.

604 Q What is the integrated database?

605 A So that was the database that we utilized to  
606 write the governors' reports that I utilized to write the  
607 daily reports. So there was a daily summary report  
608 written of the epidemic every morning before about 6:30,  
609 and then there was the weekly governors' report written  
610 for the states, and an additional summary kind of  
611 four-pager that we created in the July timeframe, kind of  
612 an executive daily summary of exactly the state of the  
613 epidemic at a glance. So if you were executive, you  
614 could look at it and tell precisely what was occurring in  
615 that moment across the United States.

616 Q I understand that the governors' report  
617 started in June; is that correct?

618 A The end of June, correct.

619 Q And then the additional summaries you just  
620 referenced you said started in July.

621 A The daily report started on a daily basis  
622 probably the second to third week of March. I wrote  
623 every other day or every third day on the state of the  
624 global pandemic and what I knew of the United States

625 those first two weeks, and then we were able to assemble  
626 enough data to really write a summary daily report. And  
627 that continued until January 19th.

628 Q Before the integrated database was created,  
629 where were you getting your data?

630 A So the primary data that I had that created a  
631 picture of who was most vulnerable to the pandemic all  
632 came from my international colleagues. And so I was  
633 getting data and I really -- every time I talk about I  
634 have to thank them because they were in the midst of  
635 their own pretty significant overwhelming community  
636 spread.

637 And from Italy to South Korea to China to Japan,  
638 people were providing me data almost on a daily basis so  
639 that I could see a true picture of who was most  
640 vulnerable to this new coronavirus. And so the data that  
641 we put out to the American public was about comorbidities  
642 and age all came from my global colleagues.

643 Q I see. What other kinds of data did you  
644 include in those reports?

645 A The daily reports included a summary. Once  
646 we were able to get up the additional data, it included  
647 an analysis of the cases down to both the metro and rural  
648 county level. It included -- and I didn't obviously  
649 include all of that. I mean, there were probably

650 3,000 -- somewhere between 1,000 and 3,000 pictures of  
651 the United States created overnight. I saw probably 5 or  
652 600 of them.

653 And that included test positivity across the country  
654 down to the level cases across the United States down to  
655 the county level and metro level. And the metro levels  
656 were important. We used the CBSAs because it included  
657 both the bedroom communities as well as the city proper  
658 so that we could really see the spread in those areas.

659 It included eventually all of the hospitalizations,  
660 the new admissions, both to the hospital as well as to  
661 the ICUs so that we could track that. And by July, we  
662 were getting full reporting on PPE supplies down to the  
663 hospital level, as well as fatalities. But the  
664 fatalities data, obviously, states were focused on  
665 combating their pandemic. And so sometimes the fatality  
666 data was delayed by a week or two.

667 Q So going back to the daily reports, I think I  
668 may have seen you refer to these before in interviews as  
669 daily reports to senior leaders. Would that be referring  
670 to the same thing that we're talking about?

671 A Yeah. We go to every member of the task  
672 force and any senior leader that requested to see it  
673 within the White House.

674 Q Was there a regular distribution list --

675 A Correct.

676 Q -- of task force members plus others?

677 A Yes, correct.

678 Q Who else received it?

679 A Well, they technically, by this list, were on  
680 the task force. So I think the only one that isn't on  
681 this -- so like when John Fleming came to the White House  
682 as another physician, I also sent it to him and then it  
683 went to all the task force members.

684 Q I want to pause on this conversation to talk  
685 a little bit about the recordkeeping. So I understand  
686 that when you left the White House, you took a number of  
687 records -- copies of records; is that correct?

688 A I took copies of my daily report --

689 Q Okay.

690 A -- the governors' report, the daily executive  
691 summary report. Again, copies.

692 Q Understood. Anything else?

693 A I had copies of my -- not incoming emails,  
694 but my sent emails. And then I never brought it into the  
695 White House, but if states gave me information about  
696 tribal nations or -- I mean, these are publicly  
697 available -- but their pamphlets, their background, their  
698 COVID dashboards they may have printed out for me. Those  
699 were at home to begin with from the trips. I never

700 brought them in.

701 Q Did you take handwritten notes or other  
702 notes? Would those have been included?

703 A I took three notebooks of handwritten notes.

704 Q I understand that those documents have been  
705 turned over to the National Archives; is that correct?

706 A They have 100 percent of the documents to my  
707 knowledge.

708 Q Do you still have copies of those documents?

709 A I have no copies.

710 [Exhibit No. 2 was identified  
711 for the record.]

712 BY MS. GASPAR.

713 Q Turning back to task force meetings. So we  
714 have here -- this is going to be Exhibit 2. So let's  
715 take a second and hand this out. But I will briefly  
716 describe what I understand it to be while you flip  
717 through it.

718 So we have assembled a collection of what appear to be  
719 copies of White House coronavirus task force agendas that  
720 we have received.

721 There are quite a number of them and we cannot  
722 represent that this is a complete list. We do not know  
723 if this contains every single agenda. And in some cases,  
724 it does appear to have copies of multiple agendas from

725 the same day as well as days when there were two meetings  
726 on one day.

727 There is a table of contents that we put together at  
728 the front. So this was assembled by our staff just as an  
729 easy reference. There are also page numbers that we have  
730 added to the top of the page, but they are assembled in  
731 chronological order. And there are also, you will see  
732 some handwritten notes on this document. They come from  
733 a number of custodians. These are the only copies we  
734 have, so I mostly want you to disregard the handwritten  
735 notes. It's just what we have to work with here.

736 So just looking at this at a high level, do these look  
737 familiar? Do they appear to be agendas for task force  
738 meetings that you attended?

739 A They do.

740 Q Okay. I'm going to just suggest that you  
741 keep this at hand because I think this will be a helpful  
742 collection of documents.

743 A I don't know if it includes all of them, but  
744 what's here looks like agendas.

745 Q Correct. And we do not know that this  
746 includes all of them. So for meetings themselves, apart  
747 from these agendas, were materials generally distributed?

748 A I'm sorry, I'm still just taken aback  
749 by -- go ahead.

750 Q Were materials distributed at White House  
751 task force meetings?

752 A Yes. So my daily report was distributed  
753 electronically as well as in paper form. An update on  
754 testing was distributed, often by Brett Giroir and update  
755 on supplies by General Milosevic.

756 And then if there was any policy position, that would  
757 have been distributed. And when I say policy position, I  
758 mean policy positions that would have gone to the  
759 President, such as the no-sail orders and the flights  
760 from China and Europe.

761 Q Were minutes taken of the meetings?

762 A I have no idea.

763 Q Did you take notes at meetings?

764 A Yes.

765 Q Would those notes be included in your  
766 notebooks?

767 A Yes. They may also be on my agendas.

768 Q How are decisions made? And maybe this might  
769 be a very general question. But how are decisions made  
770 by the task force?

771 A That's a complicated question. So maybe ask  
772 me an example and I'll be able to go through it.

773 Q We will have quite a few examples. I think  
774 what I'm trying to understand right now is whether anyone

775 other than let's say the Vice President had  
776 decisionmaking authority at any level.

777 A I think the individual agencies had  
778 decisionmaking authority over their individual elements  
779 that would have not naturally come to the White House.

780 And what do I mean by that. If CMS believed that  
781 nursing homes needed to increase their infection control  
782 standards or oversight, that would come to the task force  
783 as Seema making that statement, but not a discussion of  
784 that statement.

785 So there wasn't direct -- I mean, no one questioned  
786 the agency's specific roles and responsibilities, if that  
787 makes sense. Any decision that had to go to the  
788 President went to the Vice President and the Vice  
789 President most of the time, I would say almost all the  
790 time took it to President.

791 Q How often did you meet with the Vice  
792 President?

793 A It was variable. Certainly, I mean, you can  
794 see from this list, obviously I was meeting with him  
795 daily because we were meeting daily in task force and for  
796 press briefings. If I had requested a specific meeting  
797 over a specific topic, I follow chain of command so I'm  
798 not the kind of person who is constantly asking for  
799 high-level engagement. If something needed to come to

800 the Vice President I took it to the Vice President  
801 through Marc Short. But I wouldn't say that there were  
802 hundreds of meetings outside of the task force.

803 Q If you wanted to meet with him you would go  
804 to Marc Short?

805 A Correct.

806 Q What about the President, how often did you  
807 meet with the President?

808 A The task force would meet with the President  
809 if there were specific agendas that the Vice President  
810 felt rose to that level and needed to engage the  
811 President.

812 Q Did you ever meet with him one on one?

813 A No.

814 Q What was the frequency? So focusing on the  
815 March-April period, what was the frequency of your  
816 meetings with the President?

817 A There was so many policy pieces, I would  
818 imagine the task force met with the President -- I can't  
819 recall precisely, maybe three to four times a week in the  
820 March-April timeframe.

821 Q And so going back to Exhibit 1 and that  
822 seating chart we talked about the task force members and  
823 staff, there were quite a few people. So when you say  
824 that the task force met with him was there sort of a core

825 group? Was it the doctors? How did that generally work?

826 A It depended on what critical topic of that  
827 day was. But I would say often it would have been the  
828 Secretary, Seema, Bob, Steve, and myself.

829 Q Did that change over time?

830 A Not in the March-April timeframe.

831 Q After March-April did the frequency of the  
832 meetings change?

833 A Yes.

834 Q How so?

835 A I would say the meetings were very -- we had  
836 worked through I believe a lot of the core policy pieces.  
837 We were into opening up America again policy. I would  
838 say that the frequency went to very much specific topic  
839 areas, whether it was therapeutics or testing or  
840 vaccines. And maybe once to twice a week the same basic  
841 group of individuals.

842 Q And how about the frequency of meetings with  
843 the Vice President? Did that change?

844 A Well, the frequency of task force changed  
845 over time, and therefore the frequency of meetings would  
846 have changed over time.

847 Q Okay. I want to show you another document  
848 we'll mark this as Exhibit 3 and it will be followed in  
849 short order by 4 and 5 so maybe let's distribute all of

850 this together.

851 [Exhibit Nos. 3, 4, and 5 were

852 identified for the record.]

853 The Witness. I've never seen it all assembled this

854 way.

855 Ms. Gaspar. I'm not sure it has been.

856 BY MS. GASPAR:

857 Q So the first document we're going to  
858 distribute, this will be Exhibit 3, is a document titled  
859 "COVID-19 Core Org Chart." It appears to be an  
860 organizational chart. Your name is on it, as well as  
861 quite a few other names under the heading Core Group, and  
862 the list includes Adam Boehler, Jared Kushner, Chris  
863 Liddell, yourself, Marc Short, Brad Smith, Hope Hicks and  
864 Derek Lyons, and then there are a number of others named  
865 below under different functions.

866 We received this document from the National Archives,  
867 and I'm wondering if you could just tell me, first of  
868 all, do you recognize this apart from the handwriting?

869 A Not really.

870 Q Do you know what this could refer to?

871 A There was a series I believe -- and I'm  
872 speculating -- in the April and May timeframe there was a  
873 real effort I think by Chris Liddell to create more order  
874 across subgroups, but I don't remember this and I don't

875 remember it ever being implemented.

876 Q I see. And I'll note it doesn't have a date  
877 on it although it does have the name Slaoui, which  
878 indicates to me that it likely was created after that --

879 A But I don't even know who O'Neill is. So  
880 that's why I don't know.

881 Q Well, let's look, actually, there's another  
882 document that may or may not refer -- two more documents  
883 that may or may not refer to the same group, so let's  
884 mark these as Exhibits 4 and 5. One of these is -- they  
885 both appear to be meeting agendas. The first one is  
886 titled COVID Operations Group Agenda. It's dated July  
887 20, 2020. And the second is titled China Virus Huddle,  
888 dated January 4, 2020, although I think the  
889 context indicates that that's just a typo. It should  
890 actually be 2021.

891 So I don't want to focus on these specific dates or  
892 necessarily these specific agendas, but do these two  
893 agendas look familiar to you?

894 Mr. Davis. Can you tell me which one is 4 and which  
895 is 5?

896 BY MS. GASPAR:

897 Q Sure. The earlier one, July 20, will be 4.  
898 And the January 4 one will be 5?

899 A Yes. This was a operation group created in

900 July to respond and ensure complete response to the  
901 summer surge.

902 Q Who created it?

903 A I believe it was created by Jared Kushner.

904 Q Who participated in it other than yourself  
905 and Mr. Kushner?

906 A Well, Adam Boehler is on the list, Brad  
907 Smith, Paul Mango from HHS, representing HHS. Originally  
908 the State Department spokesperson came over to help with  
909 communications and then was replaced by -- she went back  
910 to the State Department -- by Brian Morgenstern and Brad  
911 Smith, whose name is here. And Quellie whose name is  
912 over here.

913 Q On Exhibit 3?

914 A Yes.

915 Q So how did this group differ from the task  
916 force itself?

917 A So this was more about specific  
918 operationalization of ensuring coordination of all the  
919 operational elements as well as the policy pieces. So  
920 task force very much focused on coordination, ensuring  
921 coordination of policies -- this is my  
922 understanding -- as well as comprehensive information  
923 exchange on this date of the pandemic.

924 And this was ensuring that all of those elements were

925 being optimally operationalized. And you can see that  
926 the topics were mostly around nursing homes because they  
927 were often ground zero; therapeutics, vaccines, to make  
928 sure that there was response, as well as hospital  
929 capacity and testing; and then ensuring communications.

930 Q What do you mean by ensuring communication?

931 A Ensuring that we had a group of individuals  
932 who agreed on the state of the pandemic and were  
933 communicating those specific elements.

934 Q Communicating to who?

935 A There was a series -- and you don't have it  
936 here, but out of this came the ember strategy to ensure  
937 that we could communicate effectively prior to a state  
938 and counties becoming a red zone. So proactive  
939 mitigation out to local media. In parallel, of course,  
940 we were talking to mayors and governors and county  
941 commissioners. And I was on the road throughout from the  
942 end of June to the different states.

943 Q I see. Okay. And so did this structure  
944 continue and does Exhibit 5 titled China Virus Huddle  
945 refer to the same general group?

946 A I think so, but I wasn't -- I didn't pay  
947 attention to the name change. But yes, these are the  
948 same topical areas that were covered in the operations.

949 Q The July 20th document refers to a 30-day

950 strategy and then the January 4th document refers to a  
951 45-day strategy. What was sort of the thinking behind  
952 that strategy, having a strategy in that respect? How  
953 did that work?

954 A This was to ensure that the operational  
955 elements for which the federal government could be  
956 supportive of states from CMS guidance to ensuring access  
957 to remdesivir and then monoclonal antibodies, to ensure  
958 access to testing and testing supplies, and the spectrum  
959 of testing supplies that we had from, now, nucleic acid  
960 testing all the way to antigen testing.

961 The hospital capacity was not just hospital capacity.  
962 When I refer to the four-pager data daily report that is  
963 what this group received on a daily basis, so they got  
964 that more executive summary so that people could see  
965 precisely where the pandemic was and where, which states  
966 were in the red zone and may need additional support  
967 within the next 30 days. And so that's why you see a  
968 30-day strategy where we tracked states during their  
969 surges and ensuring they had the supplies they needed.

970 Q So I'm trying to understand because these  
971 functions just seem very similar to the capacities that  
972 I've seen on task force agendas and then it seems like  
973 the task force would handle. Why have a separate  
974 structure?

975           A           Well, it involved a subset of the task force  
976 individuals. It was mostly -- but it was  
977 exclusively -- in my personal opinion, it was much more  
978 focused on operational aspects to make sure that Pete  
979 Gaynor had everything that they needed to support  
980 hospital and hospital capacities. That included also  
981 personnel and resources from the National Guard.

982           So it was more about is the White House aware of and  
983 supporting all of the state-level responses in an  
984 effective way, which is different than the policy, more  
985 policy-type discussions that occurred at the task force.

986           Q           I see. And you recall this group being  
987 created around the summer surge so it didn't exist in the  
988 first few months?

989           A           Correct.

990           Q           So let's go back to pretty much your first  
991 day. I believe you started on March 2nd, 2020; is that  
992 right?

993           A           Correct.

994           Q           Can you actually walk us through your first  
995 day to the extent you remember?

996           A           So just to be clear, although I had gone to  
997 the Old Executive Office Building, now the Eisenhower  
998 Executive Office Building, I had not worked ever in the  
999 White House in the history of my 40 years. So this is

1000 not an environment that I had situational awareness of.  
1001 And as an ex-militarily person, that leads to a level of  
1002 anxiety.

1003       So I didn't know, frankly, what to expect. I  
1004 basically flew all night from South Africa, leaving  
1005 Saturday night, arriving Sunday afternoon, and then  
1006 arrived in the White House Monday morning. I had a list  
1007 of agenda items that I believed had to be executed that  
1008 week. I met with, first, Marc Short and his team, which  
1009 I think involved at that time Katie Miller and Devin  
1010 O'Malley as well as Olivia Troye. I met with Matt  
1011 Pottinger that morning. Then I met with the Vice  
1012 President to discuss what I saw were gaps in our  
1013 response, and then I met with the President somewhere  
1014 around 10:30.

1015       And then we went over to a vaccine and therapeutics  
1016 meeting, and then task force in the afternoon. And I  
1017 can't remember if there was a press briefing or not.

1018       Q           You referenced bringing a list of agenda  
1019 items with you. What was on your agenda that you  
1020 brought?

1021       A           The number one piece was laboratory testing  
1022 and calling the diagnostic manufacturers who I knew from  
1023 HIV. So Roche and Abbott and Thermo Fisher and Cepheid  
1024 and Becton Dickinson and a few others to the table that

1025 week to immediately expand our private sector engagement  
1026 and testing.

1027       The second piece was about communication and setting  
1028 up regular press conferences to communicate to the  
1029 American people about what we knew and what we didn't  
1030 know and what precautions they needed to take.

1031       The third item was asymptomatic spread and getting  
1032 media messengers from the media engaged in this. That  
1033 was the other thing I had learned from being overseas  
1034 that you really need to ensure that the media is seeing  
1035 what you're seeing so they're carrying those same  
1036 messages out. It's one thing to do press conferences,  
1037 but you want the media.

1038       So we had a meeting set up -- I asked for a meeting  
1039 with medical correspondents from some of the large  
1040 outlets. And I asked for a briefing on vaccines and  
1041 therapeutics, but that was already planned for that day,  
1042 so I was able to attend that briefing.

1043       Q       So focusing on your first agenda item, the  
1044 testing. What was your assessment when you arrived of  
1045 where we were in terms of testing and what needed to be  
1046 done?

1047       The Witness. Can I be completely expansive in my  
1048 answer on testing?

1049       Mr. Trout. What did you think should be done? Put it

1050 that way.

1051       The Witness. And this gets back to a fundamental -- I  
1052 won't say flaw, but a fundamental misperception that I  
1053 think led to a fundamental flaw.

1054       So the entire pandemic preparedness was based on  
1055 symptoms. In fact, our entire flu tracking is based on  
1056 symptoms with rare confirmation from the public health  
1057 laboratories of the actual strains of virus circulating  
1058 in that community. I would say less than 1 percent of  
1059 the strains are ever tested.

1060       So there's never definitively -- the majority of the  
1061 cases of flu are diagnosed syndromically rather than  
1062 laboratorily. This was difficult for me personally  
1063 because I had spent the last several decades ensuring  
1064 that every child with malaria and every person with TB  
1065 and every person with HIV was definitively diagnosed and  
1066 we had moved from syndromic evidence base to actual,  
1067 definitive laboratory diagnosis.

1068       So I could tell by the way the tests had rolled out  
1069 that the approach was that laboratory tests would be done  
1070 in the public health facilities to confirm the rare  
1071 strain rather than definitive laboratory diagnosis of  
1072 individuals presenting with symptoms.

1073       Now, if you believe that asymptomatic spread is a  
1074 significant component of the community spread, that means

1075 that you are not seeing that virus that's circulating in  
1076 the community and you're only seeing those with symptoms.  
1077 And with this kind of virus that showed this spectrum of  
1078 disease, from asymptomatic disease to death very much  
1079 allocated within specific risk groups and ages and  
1080 comorbidities, that there had to be another group over  
1081 here without any of those medical conditions who most  
1082 likely were infected and transmitting virus to others  
1083 unknowingly as happens in many viral diseases.

1084 Yet our approach was very much around tracking the  
1085 disease through the eyes of the individuals with symptoms  
1086 rather than definitive laboratory diagnosis. So I knew  
1087 if we didn't involve the private sector and the  
1088 commercial ability to rapidly expand tests, not on the  
1089 flu platforms, but now on the HIV, RNA, nucleic acid  
1090 platforms that were used for HIV and in some cases HPV,  
1091 that we wouldn't have adequate capacity.

1092 I felt we needed millions of tests a day, not a  
1093 thousand tests a day. A thousand tests a day, I believe  
1094 people thought because they were approaching this as a  
1095 flu model, that they believed that that was going to be  
1096 adequate.

1097 Q Was there someone actually setting a goal of  
1098 a thousand tests a day?

1099 A Well, that's what I think the U.S. was doing

1100 at that point. I can't remember precisely, but I think  
1101 what people were doing is trying to turn public health  
1102 laboratories that are not part of our clinical care  
1103 laboratories system. They're there for -- often with flu  
1104 to confirm the strains and that it matches the vaccines,  
1105 but not used for your personal diagnosis of your disease.

1106 They are brought in during outbreaks and  
1107 rare -- rickettsial or other diseases are diagnosed there  
1108 because most hospitals don't have that capacity at times.  
1109 But our backbone of laboratory diagnosis resides in our  
1110 clinics our hospitals and our commercial laboratory  
1111 space, and those tests had not been developed or  
1112 available to the American people.

1113 Q So I guess I'm asking maybe a slightly  
1114 different question, which is, I understand that the  
1115 practical reality may have been -- and maybe it's not  
1116 exactly 1,000 -- but that there actually were only 1,000  
1117 tests a day. Was -- within the task force role that you  
1118 were entering, was there anyone who was setting any kind  
1119 of benchmark, whether it was 1,000, 100,000?

1120 A Not that I knew of. But it could have  
1121 existed, because I was not present for any of those  
1122 original task forces at HHS.

1123 Q Okay. How about with supplies. Like  
1124 anything from masks, ventilators, other PPE? Was there

1125 anyone setting benchmarks of what we needed versus what  
1126 we had?

1127 A I do believe that Bob Kadlec had analyzed the  
1128 situation and sometime during March was putting in orders  
1129 for gloves and gowns and masks. But the orders were for  
1130 June, not for March and April. And so that was also a  
1131 point of that first week was to get to 3M. And we went  
1132 to 3M on Thursday to really engage the private sector and  
1133 expanding the domestic mask capacity.

1134 And I think those kinds of trips and that knowledge  
1135 was really critical because that's when we found out that  
1136 90 percent of the masks are really made for construction,  
1137 but they're made identically. And so FDA was able to  
1138 work to qualify those masks because they had the same  
1139 protective elements except for blood spatter. And blood  
1140 spatter was not a specific concern for protecting our  
1141 health care. So I would say that there were goals that a  
1142 lot more was needed, but I don't know precisely what the  
1143 orders were that were slated to come in for June.

1144 Ms. Gaspar. Okay. So we are just at about an hour.  
1145 So let's go off the record.

1146 (Recess.)

1147 BY MR. DAVIS.

1148 Q Hi, Dr. Birx. My name is Carlton Davis. I  
1149 work for the Republican committee. I'm not going to take

1150 up too much of your time. These two guys are a lot more  
1151 effective at this than I am. So just a couple questions  
1152 for you to start off.

1153 In January, I believe after you left the federal  
1154 government, you had an interview with CBS, maybe Margaret  
1155 Bennett, and you said that you, quote, wouldn't -- you  
1156 knew that you wouldn't be allowed to continue  
1157 successfully within the federal government after leaving  
1158 the COVID-19 task force.

1159 Do you remember saying that?

1160 A Yes.

1161 Q And that working on the task force would be  
1162 a, quote, terminable event for your career with the  
1163 federal government"; is that right?

1164 A Correct.

1165 Q You talked earlier about the career you had  
1166 in the federal government, 29 years in the army, 11 years  
1167 as a civil servant. You talked about how security  
1168 adviser Pottinger repeatedly asked you to come serve.  
1169 You kept saying no. And then eventually the  
1170 pressure became -- and you did it anyway and you did it  
1171 because you knew the country needed you again. You did  
1172 it because you -- frankly you knew the world needed you.  
1173 And you stepped up knowing that you'd probably would be  
1174 criticized, knowing that it would probably be a

1175 controversial move.

1176       You've single handedly saved more lives in your  
1177 lifetime, more than any of us sitting around the room in  
1178 our lives ever will. I think that's unquestionable. I'm  
1179 not talking about just the work you've done with  
1180 coronavirus, but the work that you have done with your  
1181 three decades with AIDS and HIV vaccine research,  
1182 obviously culminating as the global AIDS coordinator.

1183       I was lucky enough several years ago to live in  
1184 Geneva. I was working here on the Hill, left my job and  
1185 my wife moved overseas to work in a mission there. She  
1186 was working at the UN, but she was a State Department  
1187 employee. And I became acquainted with a lady by the  
1188 name of Julia Martin.

1189       A           Yes.

1190       Q           And Julia was a neighbor of ours. We both  
1191 lived outside Geneva in the Canton of Vaud, and she was  
1192 in your office, the office of the global coordinator?

1193       A           Correct.

1194       Q           But she also served as liaison to Global  
1195 Fund. I had a series of meetings at the Global Fund and  
1196 she served as a great sounding board for me and was  
1197 instrumental in telling me how they thought and how I  
1198 could potentially help them out.

1199       And in talking with Julia, who's wonderful as you

1200 know, made me realize that Congress is a bubble. I had  
1201 been working here for six years at that point and I  
1202 thought a lot of the things that I had done here during  
1203 my six years were very important. And that's just how  
1204 everybody thinks, that what they do here in Congress is  
1205 the most important thing in the world.

1206 I know the Democrats probably think that this  
1207 investigation is going to solve the problem on how to  
1208 better respond to the next global pandemic. It won't.  
1209 What we do here in Congress can be important from time to  
1210 time. Frankly nothing I do will be that important.  
1211 We're all just paid bureaucrats. But getting to know  
1212 Julia a little bit and talking to her and folks with  
1213 Global Fund made me realize what actually is important  
1214 and that's frankly saving lives at the end of the day.  
1215 Something you've been doing for your entire career. None  
1216 of us here will ever hold a candle to that or even come  
1217 close.

1218 We owe you a great deal of gratitude for everything  
1219 that you've done during your 40-year federal career, and  
1220 sorry that you have to spend the next two days here  
1221 answering questions from us. So that's all I have for  
1222 now before turning it over to these guys.

1223 BY MR. BENZINE.

1224 Q Thank you. My name is Mitch Benzine. I'm

1225 also on the Republican staff.

1226 Carlton -- can't say it much better than Carlton, but  
1227 thank you for your decades of service.

1228 I just have a few questions about kind of what your  
1229 previous work has, how it relates to the work around  
1230 coronavirus. Can you explain other endemics, pandemics,  
1231 various things that you've worked on throughout your  
1232 career?

1233 A So I think that that's really a critical  
1234 question. Because when you work on pandemics globally,  
1235 you understand that intersection between science, data,  
1236 and community. And you could have all of the best  
1237 science and all of the best data, but if you don't have a  
1238 way to build trust and communicate directly to community  
1239 and listen to community, and understand where their  
1240 starting point is, you are not successful in combating  
1241 pandemics.

1242 Because in the end, all new viruses require  
1243 communities to make behavioral changes to protect  
1244 themselves and to protect their family and friends. And  
1245 so when you've learned that over the years, I think  
1246 that's why -- I'm just subjectively saying probably why  
1247 Matt wanted me to come because I understood that  
1248 intersection between people, data, and science. And the  
1249 importance of bringing all of that to the table.

1250       And, frankly, that's why I went out to the states  
1251 because there's only a certain amount of stuff that can  
1252 be done at the level of the federal government. There's  
1253 a lot of supplies and things we do.

1254       But governors were having to interpret very complex  
1255 data and science, and these are governors that never have  
1256 had to deal with an infectious disease. And so figuring  
1257 out how to really effectively communicate state by state,  
1258 community by community. And I think what I learned from  
1259 HIV, TB, and malaria is basically two fundamental  
1260 principles. Communities are not monolithic pieces, that  
1261 people of different ages, people in different areas,  
1262 people that are in this case, in the United States, urban  
1263 versus rural, very different way to interpret health care  
1264 and access to health care, and have a different idea  
1265 about the role of the federal government and the role of  
1266 policies.

1267       And so I think all of that knowledge from the level of  
1268 working on the ground with HIV, TB, and malaria, and  
1269 understanding that intersection of policy and science and  
1270 data, community, I think those were the skills that I  
1271 really focused on in my role because many of the  
1272 individuals around the table haven't been -- really had  
1273 the privilege of working directly with communities. And  
1274 I think that piece was really critically important and

1275 it's important in HIV.

1276 Just to give you a quick example what that looks like,  
1277 we were making great progress among women of the ages of  
1278 25 to 55 in Sub-Saharan Africa with most of them being  
1279 diagnosed and treated that needed treatment because of  
1280 the early PMTCT program. And that's a program to test  
1281 pregnant women, all pregnant women, and get them onto  
1282 treatment, to both protect their babies but also to  
1283 protect the mothers so that they can live and raise their  
1284 children.

1285 And so we learned that that was a great way to get the  
1286 moms, but that was not a great way to get the dads. And  
1287 so we called in the private sector to help us understand  
1288 the motivation of young men between 20 and 40 and who  
1289 were their influencers. It's a very different thing than  
1290 how to reach women. They are not completely connected to  
1291 the healthcare delivery system, but we learned from the  
1292 focus groups -- and you men will probably nod your head  
1293 and say of course -- that men trust one person in their  
1294 lives and that's their mothers. So if we could  
1295 communicate with the mothers the importance of their sons  
1296 getting tested independent of their age, that the mothers  
1297 then became that critical linchpin in us getting and  
1298 saving men's lives.

1299 Young people were totally different, and so we also

1300 brought the private sector to help us with messaging to  
1301 young women. And that taught me a lot over the last  
1302 decade that public health messages need to be age and sex  
1303 and culturally appropriate. You can't just keep saying  
1304 the same thing over and over again and expect everyone to  
1305 hear you in the same way.

1306 And so that was kind of the knowledge base that I  
1307 brought to this, as well as I think the laboratory skills  
1308 that understood what we needed for definitive diagnosis  
1309 of COVID-19 disease, as well as asymptomatic SARS-CoV-2  
1310 infection.

1311 Q Do you feel that you were successful in  
1312 bringing that experience and extensive knowledge into  
1313 defending and beating back this outbreak?

1314 A You know, I think because of the way the  
1315 United States -- and just to step back for a minute, I  
1316 had been gone from domestic work since I left the  
1317 military. So when I was in the military, I was taking  
1318 care of soldiers and their families all the time, so I  
1319 was connected into the community. Then I started working  
1320 only globally, so I hadn't really been in the United  
1321 States working domestically for over a decade.

1322 And I think it was a bit of a surprise to me, although  
1323 I remember high school civics, that -- how federalism  
1324 really worked. And I think once I realized how

1325 federalism worked, is that's when I realized that the  
1326 governors were a key, and the mayors and, frankly, county  
1327 commissioners in rural areas, were absolutely key to the  
1328 response. That's why I went in the field and that part  
1329 that I brought -- I brought technical pieces but I think  
1330 that on the ground, the need to really understand where  
1331 governors were and what their citizens and where their  
1332 citizens were was really critically important.

1333 I think it helped also that my uncle's a farmer and I  
1334 understood our agricultural communities.

1335 Q Can you talk a little bit about that direct  
1336 community outreach? It sounds like you feel it was a  
1337 little bit better than standing behind a podium and  
1338 talking about data, but just elaborate on it.

1339 A I believe it was critically important for  
1340 three reasons. One, governors really know their states.  
1341 I'm sure congressmen know their states well, too, but I  
1342 didn't have a direct relationship with the Congress in  
1343 the same way I could develop a direct relationship with  
1344 the governors, because the Vice President, having been a  
1345 governor, was very much wanted to support the governors  
1346 and the states through the governors.

1347 And so getting on the ground and being able to hear  
1348 what the governors' concerns were and being able to hear  
1349 how we could better support them, and then hearing from

1350 the community of what they were hearing. When we're  
1351 saying Y, what are they hearing? Are they hearing X or  
1352 are they hearing Z? That was really important.

1353 And then IGA helped set up comprehensive meetings with  
1354 of our tribal nations and our tribal chairmen. And that  
1355 was really important as well as all the governors  
1356 community that they brought in from -- just to give you a  
1357 quick example. When I was in Missouri in the late  
1358 summer, I think, there was a representative there from  
1359 Lincoln University. And it was a historically black  
1360 college and University. And she said to me, we don't  
1361 have access to testing. We're too far away from the high  
1362 through-puts testing and the drive-throughs. Our  
1363 students don't have cars. Yet many of the students lived  
1364 in multi-generational households so I was deeply  
1365 concerned.

1366 It was hearing that, of the real on-the-ground need,  
1367 that allowed me then to write to Brett Giroir to say we  
1368 need testing available not only to the tribal nations,  
1369 but our Hispanic community colleges, our historic black  
1370 colleges and universities, so that they have the same  
1371 testing access as many of our big universities who may  
1372 have these high through-put nucleic acid testing.

1373 So it was finding that on-the-ground reality that I  
1374 think was helpful in directing supplies and tests and

1375 things to the right people who needed the stuff.

1376 Q You said Vice President Pence, being a former  
1377 governor, wanted to make sure the states and the  
1378 governors were involved. Was he supportive of your  
1379 mission when you went out to inform the states?

1380 A He was very supportive of two of those  
1381 missions, both writing the governors report. And the  
1382 governors report was really a summary of what we're  
1383 seeing in your state. And the reason that is important  
1384 is you want the state and the federal government to be  
1385 seeing the epidemic in the same way and trusting each  
1386 other's data. So part of that was to really get  
1387 consensus on the state of the epidemic in their state as  
1388 well as make specific recommendations.

1389 We started that the middle of June and I think we  
1390 wrote about 33 of those. He -- I said to him then I  
1391 think, you know it's great to write a report and  
1392 recommendations, but we need to really go on the ground  
1393 and hear from the governors about what they're seeing and  
1394 what their reality is on the ground.

1395 And at the same time, we had a group working at the  
1396 University of Pennsylvania who had created this model  
1397 that we had asked them to create on what is the -- what  
1398 constellation of interventions can you do at the  
1399 community level that has the same impact of, quote,

1400 shutting down the country? And they modeled this, which  
1401 was a reduction in indoor dining, expansion of outdoor  
1402 dining, mask requirements. And the Vice President said  
1403 that we could take that also to the governors and see if  
1404 they would be willing to -- because what works on paper  
1405 and in a model may not work in reality of implementation.  
1406 I learned that in the military. So plans don't always  
1407 work exactly as you have predicted. And so the governors  
1408 across the south, we were able to take that into Texas  
1409 and then into Arizona and discuss that. And then have  
1410 them move to that, those interventions and show their  
1411 impact. And that allowed us then to take it to other  
1412 governors.

1413       So governors were really the point of the spear in  
1414 this response, and that feedback of information both to  
1415 governors and from governors, to states and from states,  
1416 allowed us to constantly change how we were supporting  
1417 the states. And without that on the ground -- and so  
1418 when you said did the Vice President support it, yes, he  
1419 supported the governors' report.

1420       But he also supported us going into every hot zone.  
1421 So he would drop us, we would rent a car, and then we  
1422 would drive the surrounding states so that we could see  
1423 how communities were handling COVID-19 -- SARS CoV-2. So  
1424 we would go into grocery stores and Chick-fil-As and

1425 McDonald's and CVSs to really understand what was  
1426 happening on the ground and what was -- so that we could  
1427 actually see what was happening and take that back to the  
1428 task force.

1429 Q Do you think, bringing all those experiences  
1430 together, that those kinds of efforts, explaining federal  
1431 guidance, explaining what the technical expertise is to  
1432 the governors, helping them implement it, can prove more  
1433 fruitful than top-down approaches?

1434 A What was really important is our agencies had  
1435 really terrific guidance. But when you're a governor or  
1436 a state health official, you really can't read 30 pages  
1437 of guidance and caveats. And what I heard on the ground  
1438 was can we get simplified, like three to five bullets of  
1439 what the most critical things are to do so that we can  
1440 implement those. Because we can't implement 30 things in  
1441 a crisis but we can implement what you think are the top  
1442 three or the top four or the top five.

1443 And I think that was really helpful. So we would take  
1444 the CDC guidance and distill it into one or two bullet  
1445 points that then the governors could discuss with their  
1446 teams and decide whether to implement or not. And I  
1447 think that was really crucial. When people are in  
1448 crisis, giving them too much paper doesn't result in a  
1449 better response. Giving them highly prioritized

1450 information and the potential and the impact that you  
1451 have evidence base for on the ground, because sometimes  
1452 our work is so abstract it can't be translated into an  
1453 absolute implementation. And that's what I've learned  
1454 from 20 or 30 years on the ground, that you have to  
1455 constantly be modifying your plans and your policies  
1456 based on what is possible and what actually can be done.  
1457 Recommending things that cannot be done or cannot be  
1458 executed is not helpful in the middle of a pandemic.

1459 Q Do you have an example of a recommendation  
1460 that can't be done or the cost benefit of executing it is  
1461 too high?

1462 A It gets into the cultural piece. So I  
1463 remember when I was in Utah and we were talking about  
1464 family gatherings over the holidays, and I was talking to  
1465 the governor and I was like really, it really needs to be  
1466 just the immediate family, really from the household.  
1467 And he said, you know, in Utah there is no such thing.  
1468 There are our families are -- that family is this big.  
1469 And so then you have to -- so that's not implementable to  
1470 say five people for Thanksgiving or Christmas.

1471 So we went through about how to recommend them to look  
1472 at the composition of their family and perhaps ensure any  
1473 that are in the vulnerable category, that they visit from  
1474 the outside, or mask in their presence, and then go

1475 somewhere else to eat so that you're still socially  
1476 engaged but not physically engaged in a way that you can  
1477 transmit the virus, as well as increase testing.

1478       So he went out with a message about testing and  
1479 protecting the vulnerable individuals in your family,  
1480 rather than say your gathering can't be more than ten.  
1481 And so I would say your gathering can't be more than ten.

1482       In other states governors, so it's no -- I mean, it's  
1483 no mystery I put out a lot of recommendations about  
1484 closing bars, bars as I understood them. Bars where  
1485 people would be standing, unmasked, and congregate. But  
1486 in Texas they have roadhouses that are seated like  
1487 restaurants, and so they understood -- so people would  
1488 think of those as bars but they're not -- they're seated  
1489 in the way indoor dining was seated. So they could  
1490 restrict occupancy in the same way as a restaurant.

1491       In South Carolina, governor understood -- he had been  
1492 out to his bars and he said people are seated until 10:00  
1493 when the 25-somethings come. And so what he did is close  
1494 bars at 10:00 or 10:30 so that there wasn't that en masse  
1495 gathering.

1496       So that's what you learn when you're in states and  
1497 that's when you can go to the governors and say this is  
1498 what they're doing in South Carolina and it's working,  
1499 they didn't close their bars, they instead closed them at

1500 10:30. So it gave governors options and an evidence base  
1501 from what other governors had done.

1502 Q Thank you. I want to switch gears a little  
1503 bit back to Mr. Pottinger, and you said he came to you a  
1504 few times and said he really didn't want to do it.

1505 Why do you think it was Mr. Pottinger that was the one  
1506 to approach you?

1507 A I don't know. I've known him through his  
1508 wife. I really knew his wife. I worked with her at the  
1509 CDC. They had done some really brilliant laboratory work  
1510 in HIV talking about the importance of definitive  
1511 diagnosis. They were working on an assay where not only  
1512 you could diagnose HIV but you could tell whether the  
1513 person was infected within the last four months. And  
1514 that really became critical because you could then inform  
1515 them that they were only recently infected, and there  
1516 would be an isolated number of individuals that they  
1517 would have to contact about for their contact tracing and  
1518 really ensuring that those individuals were tested.

1519 And so it was a really critical assay and you could  
1520 also then tell whether you were improving, because that's  
1521 something that was very important to me. It's not just  
1522 about numbers, it was about outcomes and impact. And  
1523 through these assays we were able to see whether the rate  
1524 of new infections were going down or not and we obviously

1525 did a lot of other validation.

1526 And so I knew his wife, so we had talked about -- we  
1527 had been talking about the CDC lab tests, and so we were  
1528 in a back and forth. But I had known Matt through her  
1529 eyes for the last three or four years.

1530 Q Do you know Mr. Pottinger's role on the  
1531 National Security Council?

1532 A I don't know what his day job was.

1533 Q Okay. In the early days of January, where  
1534 was a lot of the data coming from prior to us having  
1535 cases, prior to a lot of spread, where were you getting a  
1536 lot of your data from?

1537 A So early on I was getting data from social  
1538 media. And I -- I guess I had a different view of this  
1539 very similar as to Matt's because I was in Asia during  
1540 SARS. So when you were in Asia during SARS and you saw  
1541 the devastation that that caused, both the level of fear,  
1542 the economic impact, SARS was also very deadly, and there  
1543 was lack of transparency from China about SARS. In fact,  
1544 it was much more widespread by the time there was any  
1545 clarity on that.

1546 So when we saw the reports early on from BBC and other  
1547 places about a mysterious illness in China, my radar  
1548 always go up because it's a highly populous nation, but  
1549 compared to SARS, I knew that they were also traveling

1550 probably at two to three logs. So maybe if there was one  
1551 Chinese national traveling in 2002 and 2003, there would  
1552 be a thousand now. So there would be no -- if this virus  
1553 was spreading before anyone was notified, my assumption  
1554 was it was everywhere.

1555 And so that is why one of the individuals in the NSC  
1556 that was over the Africa region convened all the African  
1557 diplomats for me the end of January, so that I could warn  
1558 the African diplomats about how serious this was. And so  
1559 I believed that I saw enough data in January to want to  
1560 convene the African diplomats in the United States and  
1561 get the message out. Even though I was going to Africa  
1562 in two weeks to hold all of these PEPFAR conferences I  
1563 really felt that they needed to know two things, that I  
1564 thought that this was quite serious and that they could  
1565 use PEPFAR money to respond because I felt that the HIV  
1566 clients would be most susceptible.

1567 Q You said your experience in SARS, China  
1568 wasn't very forthcoming or transparent. Did that follow  
1569 through to SARS-CoV-2?

1570 A Well, the only way I could speak to that, and  
1571 I had no direct knowledge because I only have the reports  
1572 of the cases they officially reported.

1573 But what I do know is you don't build thousand person  
1574 hospitals in a couple of weeks if you don't have

1575 unbelievable community spread. And I think the timing  
1576 between we think that we've identified a new virus, we  
1577 don't think there's human-to-human transmission, that  
1578 delay of even two to three weeks allowed the virus to  
1579 move around the globe because people were making the  
1580 assumption.

1581 Now, the first time a virus comes from an animal into  
1582 a human, it often isn't well-adapted. So that first  
1583 round often doesn't span past those original infections  
1584 until it can adapt to those humans and then become  
1585 transmissible and adapt.

1586 So just like HIV, very much a chimpanzee virus that  
1587 probably, through bush meat harvesting, adapted to humans  
1588 and then became a human virus, that kind of spread tells  
1589 me that if there was a zoonotic event, it had to be weeks  
1590 and weeks earlier because you don't go from a zoonotic  
1591 event to building a thousand-bed hospital in a matter of  
1592 weeks.

1593 So I believed that the virus was widespread in  
1594 January, and that's why I alerted Africa. And that's why  
1595 I think -- I don't know when things first started in  
1596 China, but I know that if they were depending on  
1597 symptomatic cases, they were probably missing the  
1598 majority of community spread.

1599 Mr. Jordan. What's your gut saying? Did China lie to

1600 us?

1601       The Witness. I don't think it was any really  
1602 different than what I saw during SARS, in which the  
1603 response was incredibly -- the reporting was incredibly  
1604 delayed.

1605       BY MR. BENZINE.

1606       Q           One more. Dr. Fauci last spring said that  
1607 China's delay probably hampered the U.S. response. Would  
1608 you agree with that assessment?

1609       A           I absolutely agree, because when you imply  
1610 that there's not human-to-human transmission, and it  
1611 wasn't just China. WHO also took weeks to say that there  
1612 was human-to-human transmission. People think of that  
1613 zoonotic virus that isn't spreading well very differently  
1614 than they would have thought of a virus that went from  
1615 infecting 1,000 to 10,000 to 100,000 and overrunning  
1616 hospitals. That's a very different pandemic scenario.

1617       That is the one we ended up with. We didn't end up  
1618 with a poorly transmittable virus like SARS or MERS. We  
1619 ended up with a catastrophic virus that was highly  
1620 transmissible and significant asymptomatic spread.

1621       Mr. Benzine. Thank you.

1622       BY MR. JORDAN.

1623       Q           Dr. Birx, thank you for your service to our  
1624 country. You said Mr. Pottinger is the individual who

1625 recruited you. Do you happen to have a guess as to what  
1626 he thought? Did he think China lied to us about this  
1627 from the get-go?

1628 A He had been in China during SARS and he felt  
1629 that China was being as nontransparent as they were  
1630 during SARS.

1631 Q Is nontransparency lying to us?

1632 A Well, certainly misleading.

1633 Q So you would agree?

1634 A That we were misled early on? Correct.

1635 Q And do you think they continued to mislead  
1636 us?

1637 A I don't know.

1638 Q Okay. How exactly did they mislead us? How  
1639 exactly were they not transparent? Give me some  
1640 specifics.

1641 A I think number one, I mean, I saw the social  
1642 media posts from physicians and the number of people who  
1643 were in the hospital. And you just don't overrun  
1644 hospitals with a lot -- without a lot of community  
1645 spread.

1646 Q Okay.

1647 A And so I believe that there had to be  
1648 evidence of human-to-human transmission weeks before WHO  
1649 or the world was notified.

1650 Q And you think they lied to us by also not  
1651 being square with the World Health Organization?

1652 A I think they told the same thing to the World  
1653 Health Organization that they told to us.

1654 Q Should we be funding research in China?

1655 A I don't know what research we fund in China,  
1656 so that's a really difficult question for me to answer.

1657 Q There's been widespread reports that American  
1658 tax dollars went to the Wuhan Institute of Virology  
1659 through EcoHealth at a minimum of \$600,000. Were you  
1660 aware of that? Or when did you become aware of that?

1661 A I was not aware of that. I became aware of  
1662 that at the same time that the media talked about it.  
1663 And the reason I'm hesitant is because the research that  
1664 we collaborated with in China on HIV was critical  
1665 research on understanding the epidemiology, tracking  
1666 people who inject drugs and how transmittable that virus  
1667 is.

1668 Those collaborations were very helpful to us who were  
1669 working in Asia and trying to prevent the spread that was  
1670 going along the drug routes. So that transparency that  
1671 we saw in HIV was helpful. That transparency did not  
1672 seem to go in the same way with SARS-CoV-2.

1673 Q Are you involved in -- when our government  
1674 approves grant proposals for research, are you involved

1675 in that process?

1676 A No, I haven't been involved in that process  
1677 for 20 years.

1678 Q But 20 years ago, you were?

1679 A Twenty years ago, I would be on some study  
1680 sections for HIV, mostly around CFARS. Not grants. Not  
1681 ROIs.

1682 Q And do you think this virus came from a lab  
1683 leak in China or do you think it was a bat to a pangolin  
1684 to a hippopotamus to a Joe Rogan to the people? How do  
1685 you think it happened?

1686 A I don't know. And I say that very clearly  
1687 that I don't know because I know both sides of the  
1688 equation. We had lab accidents with HIV in this country.  
1689 It happens. Not intentionally, but it happens. People  
1690 get exposed and --

1691 Q I'm not insinuating it was intentional. I'm  
1692 just saying do you think the most likely scenario is from  
1693 a lab or back to a pangolin to people?

1694 A I don't know, but I know we will know. And  
1695 the reason I know we will know is these viruses carry  
1696 signatures and the rate of evolution is very well  
1697 defined. And it's the way we were able to track HIV back  
1698 to its origin.

1699 So I think once our molecular virologists get access

1700 to sequences, if they can get access to all the  
1701 sequences, they will be able to determine the precise  
1702 site of origin and they will also be able to determine if  
1703 there was a multiple introduction site of origin.

1704 Q Okay. Here's -- you know Dr. Giroir, right?  
1705 You've worked with him?

1706 A Yes.

1707 Q Here's what he said when he testified in  
1708 front of Congress. "I believe it's just too much of a  
1709 coincidence that worldwide pandemic caused by a novel bat  
1710 coronavirus that cannot be found in nature started just a  
1711 few miles away from a secretive laboratory dealing in  
1712 dangerous research on bat coronaviruses."

1713 Do you agree with that statement?

1714 A I can't agree precisely with that statement  
1715 because I think there are a lot of labs working on  
1716 coronavirus in China. Even multiple labs within Wuhan.  
1717 So I wouldn't --

1718 Q Wouldn't that -- wouldn't multiple labs  
1719 increase the likelihood that it came from a lab?

1720 A It depends what the lab was doing as  
1721 precautions.

1722 Q Okay. Well, we know the one was at level 2  
1723 when it should have been at level 4.

1724 Should U.S. taxpayers fund gain-of-function research?

1725           A           Well, I think that was a decision that was  
1726 made way above my pay grade.

1727           Q           I'm not asking the decision. I'm asking you  
1728 as Dr. Birx who was head of the response -- coronavirus  
1729 response team at the White House who has given, I think  
1730 you said 30-some, 40 years of service in the military and  
1731 government to our country.

1732           What do you think? Should the U.S. taxpayer be  
1733 funding gain-of-function research?

1734           A           Because of the work that I was done in the  
1735 military with very serious pathogens, I could not support  
1736 that because I understand the depth and breadth of  
1737 serious infectious diseases out there.

1738           Q           Do you believe it was gain-of-function  
1739 research being done in the Wuhan lab?

1740           A           I don't know.

1741           Q           What can you tell me about the P oversight  
1742 framework in government that is supposed to examine when  
1743 there's a grant proposal that potentially involves  
1744 gain-of-function research? Do you know anything about  
1745 that?

1746           A           I do not.

1747           Q           You don't sit on the board?

1748           A           No.

1749           Q           Do you know who does sit on the board?

1750 A I do not.

1751 Q What do you know about Dr. Chris Hassell?

1752 A I don't know the name.

1753 Q Okay. He's the chairman of that board. You

1754 came on March 2nd I think you said in the first hour?

1755 A Correct.

1756 Q And before that you were where again? You

1757 were in South Africa?

1758 A Yes, I was in South Africa working on PEPFAR.

1759 Q And Mr. Pottinger recruited you from South

1760 Africa to come back and work with Vice President Pence to

1761 deal with the coronavirus?

1762 A Correct.

1763 Q Do you know Kristian Andersen? Dr. Kristian

1764 Andersen?

1765 A No.

1766 Q I want to give you an email that he sent to

1767 Dr. Fauci. I just put a number 3 on there.

1768 [Exhibit No. A was identified

1769 for the record.]

1770 BY MR. JORDAN.

1771 Q I'm going to direct you to the email starting

1772 January 31, 2020 from Dr. Andersen to Dr. Fauci, cc'd

1773 Mr. Farrar, Jeremy Farrar.

1774 Do you know Jeremy Farrar, by the way?

1775 A I do not.

1776 Q Down at the bottom the first paragraph last  
1777 sentence, "The unusual features of the virus make up a  
1778 really small part of the genome, less than point 1  
1779 percent, so one has to look really closely at the  
1780 sequence to see that some of the features look  
1781 engineered."

1782 Do you see that?

1783 A I do.

1784 Q Okay. And then the second sentence in the  
1785 second paragraph, "I should mention that after  
1786 discussions earlier today, Eddie, Bob, Mike and myself  
1787 all find the genome inconsistent with expectations from  
1788 evolutionary theory."

1789 So this is early on. This is about as early as you  
1790 can get. This is January 31st, about a month before you  
1791 came on board at the White House. January 31st, 2020.  
1792 And right from the get-go, Dr. Andersen is emailing  
1793 Dr. Fauci saying this thing looks like it came not from a  
1794 bat to a pangolin to a person.

1795 Do you agree that's what he's saying?

1796 A I believe that's what he's saying. I'm  
1797 not -- having done a lot of molecular virology, I  
1798 don't -- you know, if he's basing that on a few  
1799 sequences, that is hard --

1800 Q Okay.

1801 A -- hard to make that determination, unless I  
1802 know he looked at a thousand sequences, understood the  
1803 rate of evolution, understood what sequences were most  
1804 susceptible to evolution. I mean, there's certain  
1805 sequences -- and that's why I'm saying to you this will  
1806 be discoverable because there's certain mutations that  
1807 viruses can't make. Because it so limits their fitness,  
1808 they can't replicate any further or they're not highly  
1809 transmissible. And that happens with viruses all the  
1810 time.

1811 So I'd have to know where these were. Is it a  
1812 preserved region -- is it a preserved region that is  
1813 critical for its replication or its ability to bind to  
1814 cells? And so there's certain places where viruses can't  
1815 mutate. So if you see mutations in a nonmutation zone,  
1816 that could impact viral fitness one way or the other.

1817 Q How long do you think it will take?

1818 A It all depends on the number of sequences  
1819 that they can get from China. Because you have to get  
1820 the sequences from the origin to be able. But as I say  
1821 that, remember, there were a lot of early infections  
1822 probably that occurred with business people who went to  
1823 China. So it may be possible that there are individuals  
1824 who were in China in November and December who had

1825 samples taken that could be sequenced.

1826 Q I mean, you've said now a couple times it's  
1827 going to take a while to figure it out. Has that always  
1828 been your belief?

1829 A That has always been my belief. Correct.

1830 Q So then why was everyone so quick to dismiss  
1831 the lab leak theory from the get-go? I mean, the very  
1832 guy who sent this email to Dr. Fauci four days later says  
1833 you're crazy if you think -- you're a conspiracy theorist  
1834 if you think it came from a lab. I mean, he changed his  
1835 mind in four days. But you said from the get-go you  
1836 didn't know and you say it's going to take time. But the  
1837 whole scientific community seems to say, but -- except  
1838 for Dr. Birx -- seemed to say no, this thing had to come  
1839 from a bat to a pangolin to a person. Why did that  
1840 happen?

1841 A I don't know. But I'm a very -- I have to  
1842 see convincing data, not data that people have  
1843 interpreted, but data that actually proves the point.  
1844 That may sound like a fine line, but in my mind it isn't.  
1845 There is a number of robustness that you need in the data  
1846 that you analyze to come to a conclusion.

1847 You know how we have like 95 percent confidence  
1848 intervals and all of that kind of pieces? I like to get  
1849 into the 95 to 99 percent confidence intervals. So I

1850 don't make decisions based on a single data point or even  
1851 ten data points.

1852 I need to see -- that's why I believe it's going to  
1853 take -- if you want a definitive answer, I believe it's  
1854 going to take a number of years and putting together  
1855 these sequences and the evolution that the virus has  
1856 gone -- undergone since then to really understand the  
1857 origin and the time of that origin.

1858 Q Dr. Giroir indicated and testified in front  
1859 of Congress that if we would have known that this came  
1860 from a lab that could have changed our response and  
1861 potentially, in his mind, saved lives. Do you agree with  
1862 that?

1863 A I think the thing that would have changed our  
1864 response the most is clarity on the asymptomatic spread  
1865 and the vastness of the community spread that China was  
1866 experiencing independent of where it came from.

1867 Q Okay. That's fine. I appreciate your  
1868 professional opinion but that's not what I asked.

1869 Do you think if we would have known or taken much more  
1870 seriously the idea this came from the lab, that that  
1871 would have saved lives? That's what Dr. Giroir said.

1872 A I don't know. I don't mean to be splitting  
1873 hairs, but a virus escapes from a lab that is not fit,  
1874 has a very short timeline of expansion in the community.

1875 A virus that does a zoonotic jump becomes immediately fit  
1876 to that human, can do much more damage, and so until we  
1877 track this back it's impossible to answer that question.

1878 Q Maybe you've answered this already but if you  
1879 had to guess today, where do you think it came from?

1880 A I think it came from China.

1881 Q No, I know that. From the lab or from the  
1882 zoonotic --

1883 A I do not know. And I won't answer without  
1884 data.

1885 Q You --

1886 A I am very, very picky about my data and my  
1887 data analysis.

1888 Q There was a conference call the next day  
1889 after that email that I just sent you. You don't know  
1890 anything about that conference call, do you?

1891 A I do not.

1892 Q Conference call that Dr. Fauci had with 11  
1893 virologists around the world who receive American tax  
1894 dollars. You don't know anything about that?

1895 A I do not.

1896 Q The Lancet published a piece just a month  
1897 later, March 7, 2020, we stand together -- number of  
1898 scientists, Mr. Daszak, Mr. Farrar, a bunch of  
1899 others -- we stand together to strongly condemn

1900 conspiracy theories suggesting COVID-19 does not have a  
1901 natural origin.

1902 Do you agree with that statement?

1903 A I believe that they couldn't have known the  
1904 final answer to that when that was written.

1905 Q So that was, at a minimum, premature  
1906 statement?

1907 A I believe you need much more data.

1908 Q Okay. You -- what's your opinion  
1909 on -- what's your belief on vaccine mandates?

1910 A So as someone who has had vaccines mandated  
1911 to me, remember, I was in the military and --

1912 Q I know --

1913 A -- all my vaccinations were mandated. And  
1914 then globally, in order to travel, I have vaccines  
1915 mandated like yellow fever. So I look at vaccine  
1916 requirements as a very consistent global approach.

1917 Now, those are approved vaccines, and I think that's  
1918 when you're getting into the questions about approval  
1919 versus emergency use. But I have received many required  
1920 vaccines.

1921 Q Okay. Your thoughts on natural immunity?

1922 A Natural immunity. Against COVID?

1923 Q People who have had COVID, have the  
1924 antibodies. Tested positive. People who now have what I

1925 think is commonly called natural immunity. Your thoughts  
1926 on that.

1927 A So this is this gets complicated, so I'll try  
1928 to answer in a succinct way. I believe that there is  
1929 very strong evidence from now Brazil, India, South  
1930 Africa, and Peru that the original and natural immunity  
1931 that people had to the original variant did not protect  
1932 them from subsequent infections and/or generation of the  
1933 delta variant, the mu variant, the lambda variant, the  
1934 beta variant or the alpha variant.

1935 And you might say, well, how do you know that? And I  
1936 can say that from reports in the field, South Africa,  
1937 through antibody testing, had about 40 to 50 percent of  
1938 some of their provinces having natural immunity. And  
1939 still, there was community spread and reinfection of  
1940 those groups with the new variant.

1941 So natural immunity when you have evolution of  
1942 variants is different than natural immunity where the  
1943 virus is not driven like this RNA virus is to continuous  
1944 mutation. So it makes a difference which variant you  
1945 were infected with.

1946 Q Okay.

1947 A And what that immunity looks like. And as we  
1948 all know, antibodies mature, and the reason that is  
1949 important is antibodies become what we call more -- have

1950 increase avidity, and why is that important? Because  
1951 they bind -- these are these KDs and dissociations. So  
1952 the more your antibody matures, it selects for often the  
1953 antibodies that more rapidly bind to the virus. And  
1954 so --

1955 Q Does the same phenomena exist for the vaccine  
1956 relative to the variant?

1957 A So that happens with the second and third  
1958 shot. So you develop avidity over time and usually  
1959 through a second or third shot.

1960 Q You mentioned earlier when Mr. Davis asked  
1961 you I think the initial question about your interview on  
1962 CBS, you used the term terminal event or described the  
1963 terminal event working on the task force.

1964 Why was it a terminal event?

1965 A I knew if I went into this White House, that  
1966 it would be the end of my federal career.

1967 Q Into the Biden White House?

1968 A No, into the Trump White House.

1969 Q Why?

1970 A Because I was -- again, I was not domestic.  
1971 I was not following domestic politics per se. The  
1972 military takes the Hatch Act very seriously, so we don't  
1973 engage in anything political. So I'm about as apolitical  
1974 as they come and I've worked both for Democrats and

1975 Republicans.

1976 But I knew how this White House was perceived and I  
1977 knew the place where I worked, which was primarily HIV  
1978 and AIDS, TB, and malaria, that there would be  
1979 individuals that would look at this as a betrayal to  
1980 them. I don't know why. It is exactly what happened.  
1981 Not that I watch Facebook or Instagram but the personal  
1982 attacks -- I knew it would happen. I knew that there  
1983 would be significant personal attacks directed at me,  
1984 even as a civil servant going into this Republican White  
1985 House, that would result in me not being able to continue  
1986 my federal career.

1987 Q I look at the numbers though, and you compare  
1988 what you did in your time in the Trump administration  
1989 compared to where we are today, I mean, we just ran the  
1990 numbers in October, October 12, 2020, cases per day  
1991 51,000, deaths 702, hospitalizations 40,000; October 12,  
1992 2021, cases per day, 96,000, deaths 2,000,  
1993 hospitalizations, 67,000.

1994 And of course, in October of 2020, we didn't have a  
1995 vaccine. Today we have 187 million people, almost  
1996 60 percent of the country is vaccinated and a whole bunch  
1997 of other people, millions of others probably with some  
1998 kind of natural immunity. So just looking at the  
1999 numbers, it's phenomenal to me that this, how bad this

2000 administration is. Any reason why that's the case?

2001 A So it didn't matter who is in the White House  
2002 from the perspective of this virus is looking for  
2003 vulnerable individuals to infect. We know that the  
2004 vaccine is clearly effective against severe disease,  
2005 hospitalization and deaths. That is what the vaccine was  
2006 tested to do.

2007 The vaccine was not tested to prevent infection. We  
2008 already knew and from my perspective --

2009 Q But just to interrupt for a second if I  
2010 could, I get all that. What I'm saying is if the vaccine  
2011 is effective against hospitalization, death, and cases,  
2012 why are hospitalizations, death, and cases higher today  
2013 than they were a year ago when today 60 percent of the  
2014 country is vaccinated, millions of others have natural  
2015 immunity? Why is that the case?

2016 A Because one of your hypotheses about natural  
2017 immunity goes back to the individuals who were infected  
2018 last year. That was probably with the original variant  
2019 across the south. First and foremost, there's a seasonal  
2020 reality to this virus regionally in that when it gets too  
2021 hot, and I learned this from being in the road. I had  
2022 never been in Phoenix, Arizona, in the summer, but when  
2023 it's 120, people do not go outside.

2024 So in the south, people gather indoors during the

2025 summer; in the winter, people gather indoors in the  
2026 northeast. We know from other countries that natural  
2027 infections with the original variant may have protected  
2028 you against disease and hospitalization, but not  
2029 community spread. In other words, vaccinated individuals  
2030 and unvaccinated individuals and people who have been  
2031 previously infected probably were susceptible to the  
2032 delta variant.

2033       When you have that much community spread and you  
2034 decrease the amount of testing that you're doing that you  
2035 don't see that community spread early enough, by the time  
2036 you get hospitalizations, you are already past the  
2037 ability to control the community spread and now it is  
2038 only about flattening the curve.

2039       And when I said to Sanjay about how American lives  
2040 could have been saved, it all came down to mitigating  
2041 early. But when you give the implication that vaccinated  
2042 individuals are no longer susceptible to infection, they  
2043 are no longer mitigating. And so I have gotten more  
2044 aggressive in my mitigation personally because I have a  
2045 92-year-old mother and my father succumbed to another  
2046 illness, not COVID -- no one in our family has gotten  
2047 COVID -- but there are still vulnerable individuals out  
2048 there, and potentially vulnerable individuals who are  
2049 vaccinated that didn't develop an effective immune

2050 response.

2051       So I believe that what happened across the south that  
2052 you're referring to, that is still the lingering cases,  
2053 hospitalizations, and deaths across the south, was  
2054 missing the early community spread through active testing  
2055 and mitigation. And that has happened multiple times in  
2056 this pandemic.

2057       Q       I don't know, maybe I asked you this earlier  
2058 when we were talking about gain of function. Do you  
2059 believe it was -- gain of function research was being  
2060 done in the lab in China?

2061       A       I don't know because I have not looked into  
2062 any of that laboratory research to be able to answer  
2063 that.

2064       Q       Do you know Dr. Francis Collins?

2065       A       I do.

2066       Q       How long have you worked -- tell me your  
2067 relationship with him over time.

2068       A       I have worked with him since he became the  
2069 director of the NIH.

2070       Q       Okay. And how about Dr. Fauci?

2071       A       I have worked with Dr. Fauci since 1982,  
2072 1983.

2073       Q       So you've known Dr. Fauci since the early  
2074 '80s and worked with him over the years.

2075 How about Dr. Redfield?

2076 A I've known Dr. Redfield since February of  
2077 1980 when we met at the military at Walter Reed. He was  
2078 my resident. I was his intern.

2079 Q Are we worse off now than we were a year ago?

2080 A There's two ways to answer that. This summer  
2081 surge that we have just moved through and when you talked  
2082 about the cases, hospitalizations, and deaths, were  
2083 higher number of cases, higher number of  
2084 hospitalizations, and higher number of deaths in the  
2085 summer surge last year.

2086 Q Those are the numbers I just went through.

2087 A The question will be what will the winter  
2088 surge look like? And so I can't answer that question  
2089 until cooling. The northern plains cooled late this  
2090 year. I know I've learned a lot about the U.S. weather.  
2091 I still track the epidemic on a daily basis. The HH  
2092 community profile that we put up in December is still up  
2093 and available and refreshed about every other day.

2094 The cases are rising in Minnesota, North Dakota,  
2095 northern Michigan, and the question is what will happen  
2096 over the next three weeks, and will that move in the same  
2097 way as the winter surge?

2098 Q What do you expect?

2099 A It could very well happen unless we

2100 dramatically increase testing, unless we dramatically  
2101 tell people their potential both as prior infections and  
2102 vaccinated that they may be responsible for asymptomatic  
2103 silent transmission to others.

2104 I came through Chicago. Chicago was always very good  
2105 about mitigating. I was in O'Hare and you know I like to  
2106 do on-the-ground research, so I walked all of the  
2107 terminals and every food court, and the food courts were  
2108 jammed with people completely unmasked and gathered  
2109 within inches of each other. That's how this virus  
2110 spreads.

2111 And I don't know what is going to happen on the  
2112 backbone of what you just described, but the same  
2113 background existed in the south with prior infections and  
2114 vaccinations and resulted in a pretty significant summer  
2115 surge. I don't want that to happen this winter, and I  
2116 think we have to be very aggressive about testing because  
2117 many more people will be asymptomatic.

2118 Q Just clarification. You said Dr. Redfield  
2119 was -- you were an intern for him?

2120 A In the -- sometime that first year of 1980.

2121 BY MR. BENZINE.

2122 Q We're getting close to our hour. I have one  
2123 clarifying question based on one of your answers. You  
2124 said there are spots in the virus that can't mutate

2125 naturally. Did I hear that right?

2126 A If it mutates in that area, it compromises  
2127 its ability to either replicate or infect.

2128 Q Okay.

2129 A And I don't know what those regions are  
2130 particularly in this virus, but you can find those  
2131 regions pretty straightforwardly. Those are considered  
2132 the highly conserved areas. And so tracking those over  
2133 time becomes really critical.

2134 And the more highly conserved areas you have, the more  
2135 you can get an idea of whether anything was inserted  
2136 intentionally and in any way, or unintentionally. In  
2137 other words, you could have a lab experiment where you  
2138 were working on two or three different coronaviruses and  
2139 coronaviruses being an RNA virus like HIV, they can  
2140 recombine if they get close to one another and infect  
2141 someone. So if you had someone infected with two or  
2142 three coronaviruses simultaneously in the lab because  
2143 that's what individuals were working at -- on those can  
2144 recombine during your cellular replication.

2145 Q That sounds fun. Do you think -- so the  
2146 recombination viruses in chimeras, do you think that  
2147 falls under gain of function? Do you think creating a  
2148 new virus --

2149 A That happens in nature also. It's happened

2150 in HIV multiple times where people were coinfecting with  
2151 two different strains and they create this -- what we  
2152 call unique recombinant form.

2153 Q But if -- making it in a lab. Combining  
2154 viruses in a lab intentionally for research, do you  
2155 consider that to be a gain of function?

2156 A Yes. Intentionally recombining.

2157 BY MR. DAVIS.

2158 Q And then one last question. You seem very  
2159 optimistic that we will at some point find out the origin  
2160 of the virus, which is wonderful. But I believe you said  
2161 that ultimately that depends on how many sequences we can  
2162 get from China.

2163 A It depends on how many sequences you can get  
2164 from that original primordial infections. Because the  
2165 more that you have from that original point -- you can  
2166 infer, but if you want a definitive answer, the more  
2167 sequences you have at the beginning, the more you can get  
2168 an evolutionary pinpoint.

2169 Mr. Benzine. I think that's all we have. We can go  
2170 off the record and take our five-minute break. Thank you  
2171 very much.

2172 (Recess.)

2173 BY MS. GASPAR.

2174 Q Back on the record. I'd like to turn to some

2175 more specifics. In our previous hour we spoke generally  
2176 about some of your work on the task force and its  
2177 operations, again, looking back at that early period. If  
2178 you turn back to Exhibit 2, which is the large collection  
2179 of agendas.

2180 A Yep.

2181 Q You have on page -- turn to pages 5 and 6, so  
2182 there are two agendas here that are dated March 3rd and  
2183 4th. March 3rd has an entry travel advisory discussion;  
2184 March 4th has an entry Europe travel advisory.

2185 So just stepping back. Travel restrictions were, I  
2186 believe, among the mitigation measures in effect at the  
2187 time that you joined the task force. Specifically there  
2188 was an ongoing restriction from China; is that right?

2189 A That's correct.

2190 Q What was your perspective at the time when  
2191 you joined -- or around these dates about what travel  
2192 advisories or restrictions should be in effect?

2193 A I didn't really have an opinion one way or  
2194 the other. It was my belief that the virus was already  
2195 wildly circulating across the globe and this was an  
2196 approach that the agencies and the workgroups approved  
2197 and came up through the standard procedures.

2198 Q Got it. Were the possibility of adding new  
2199 travel advisories or restrictions travel discussed at the

2200 early task force meetings you attended?

2201 A China was already in place. When it was  
2202 asked my personal opinion of the travel advisory, I put  
2203 together the data of where China was in case numbers and  
2204 where Europe was in case numbers. Europe had far  
2205 exceeded what was reported from China. So for  
2206 consistency, if we were going to use this as a mitigation  
2207 strategy by cases we had already passed that trip wire  
2208 for Europe.

2209 Q By the time you joined the task force in  
2210 fact?

2211 A Yes.

2212 Q Did you recommend adding travel restrictions  
2213 for Europe?

2214 A Yes, if it was for consistency and it felt  
2215 that the CDC had done the analysis for China that the  
2216 same -- in my mind, Europe had the same number of cases  
2217 and the same level as community spread as when they did  
2218 the China advisory.

2219 Q So you advocated for that?

2220 A Yes.

2221 Q The travel restriction for Europe is not  
2222 imposed until March 11th, I believe; is that correct?

2223 A Yes. Because the standard procedures -- I  
2224 forget what they're called now -- but maybe IPCs and the

2225 internal working group would have met, provided advice up  
2226 to the task force through Olivia and then it would have  
2227 come to the task force for discussion. And then the  
2228 discussion would have been about implementation. And the  
2229 ability to implement the agencies would have weighed in  
2230 and then the decision would have gone to the President.

2231 Q At those task force meetings, so focusing on  
2232 these items on March 3rd and 4th -- also, there's  
2233 actually a second agenda for March 4th. It seems like  
2234 there were two meetings that day if you turn to page 7.  
2235 Did anyone advocate against imposing European travel  
2236 restrictions?

2237 A Not in the task force meeting.

2238 Q Did anyone advocate outside of the task force  
2239 meeting?

2240 (Pause.)

2241 The Witness. We're going to have to decide if there's  
2242 executive privilege or not.

2243 Mr. Trout. Yeah. So I think the answer may involve  
2244 issues of executive privilege and on that basis and given  
2245 the guidance that we've received from the White House, we  
2246 would ask to defer that and ask that she not answer that  
2247 question at this time.

2248 BY MS. GASPAR.

2249 Q Just a couple questions around that, not

2250 going to the substance. Do you recall, were you  
2251 personally involved in conversations where somebody  
2252 advocated against imposing European travel restrictions  
2253 or did you hear about it thirdhand?

2254 A Yes, the first.

2255 Q How many -- approximately how many  
2256 conversations or meetings did you have along those lines?

2257 A Well, it wasn't the number as per se as there  
2258 was a lengthy discussion about this particular travel  
2259 restriction.

2260 Q When you say "lengthy discussion," does that  
2261 mean that there was one meeting where this was --

2262 A One long meeting.

2263 Q Okay. And -- but it was outside of the task  
2264 force meeting?

2265 A Correct. The task force made a  
2266 recommendation --

2267 Q I see.

2268 A -- and then there was further discussion.

2269 Q The task force made the recommendation in  
2270 favor?

2271 A Correct.

2272 Q So without specifying who was advocating for  
2273 what -- well, first let me ask. How many people attended  
2274 that meeting, the lengthy meeting, approximately?

2275 A Fifteen.

2276 Q Was the President there?

2277 A During part of it.

2278 Q Was the Vice President there?

2279 A During part of it.

2280 Q Do you recall who else was in attendance?

2281 A Steve Mnuchin, Derek Lyons, Matt Pottinger,  
2282 Chad Wolf, Dr. Fauci, and myself, Dr. Redfield, Jared  
2283 Kushner. Those are the ones I can remember.

2284 Q So there are, I think, a couple separate  
2285 issues involving travel restrictions. On the one hand,  
2286 CDC gives travel advisories, correct?

2287 A (Nodding head).

2288 Q On the other hand, the State Department can  
2289 actually impose restrictions. Is that how you understand  
2290 it as well?

2291 A (Nodding head).

2292 Q Was this meeting -- for the record, you're  
2293 nodding?

2294 A Yes.

2295 Q Was this --

2296 A That's my understanding, although getting  
2297 them to both in sync on the numbers was always difficult.  
2298 But yes. Because one may call it a 1 and really -- the  
2299 other one calls it a 2. Yes.

2300 Q Correct. I believe the CDC's level is 3 and  
2301 the State Department's is 4.

2302 A Correct. Or vice versa. I can't remember.

2303 Q So was this meeting specific to State  
2304 Department restriction or was it also about a CDC travel  
2305 advisory?

2306 A They moved in -- there was agreement that  
2307 those would move in parallel.

2308 Q I see. It's been reported that CDC was going  
2309 to issue a global travel advisory that was supposed to be  
2310 released on the evening of March 5th, but did not come  
2311 out. Are you familiar with that?

2312 A It was never presented to task force.

2313 Q The CDC advisory?

2314 A Correct.

2315 Q So the item that we are looking at on these  
2316 various agendas, does that specifically pertain to State  
2317 Department level restrictions?

2318 A No. What I'm saying -- I'm sorry, I was  
2319 unclear.

2320 Q Okay.

2321 A The CDC never presented a task force, a  
2322 request for a global travel advisory.

2323 Q I see. Okay. But -- so when we're looking  
2324 at these entries, what was -- at the task force, not

2325 focusing on that larger meeting, what was the substance  
2326 of the discussion? Was it about a CDC advisory or was it  
2327 about State Department restrictions?

2328 A I remember it as a discussion as a European  
2329 travel advisory.

2330 Q I see.

2331 A And that the reason the CDC is part and  
2332 parcel to that is because they have to be part of the  
2333 implementation. And so the CDC was actively engaged in  
2334 those discussions because they have to -- they are the  
2335 public health screening at the airports for any entry of  
2336 individuals that are waived through the travel advisory.

2337 Q I see. Just going back to that larger  
2338 meeting, do you recall what day it took place on?

2339 A We traveled Thursday, so I think it was into  
2340 the next week.

2341 Q Okay. So moving on, there are also quite a  
2342 few entries in these early agendas about cruise ships,  
2343 both the specific cruise ships in question and then  
2344 turning to cruise ship advisories, which you can see on  
2345 March 6th, page 9, March 7th, page 10, and going forward.

2346 What was your perspective around this time about what  
2347 should be done about cruise ships?

2348 A I think the framing is important. Prior to  
2349 this, this was the Diamond Princess and getting Americans

2350 home from Japan. There was a series of cruise ships with  
2351 identified outbreaks and a lot of reticence for them  
2352 being able to dock in other countries to disembark the  
2353 passengers.

2354 I had no idea that at any one time there are about 109  
2355 or 110 cruise ships at any one time and over somewhere  
2356 between 100,000 and 200,000 Americans on cruise ships  
2357 weekly. The sheer volume of ensuring that all of those  
2358 individuals were protected or could be tested and treated  
2359 and gotten off of ships became, I believe, an  
2360 overwhelming number of individuals.

2361 And so there was a recommendation that came both from  
2362 the CDC and ASPA to have these no-sail orders based on  
2363 the number of Americans that could have been exposed to  
2364 and continuously exposed to coronavirus, and the ability  
2365 to get them off of cruise ships was becoming more and  
2366 more difficult, as well as repatriating the non-Americans  
2367 that were on these cruise ships.

2368 Q Were you in favor of the no-sail order?

2369 A It was presented by the CDC as critical to  
2370 public health. So I concurred with Bob Redfield's  
2371 position.

2372 Q So was there anyone in the task force who  
2373 opposed the no-sail order?

2374 A Not that I recall.

2375 Q Any pushback on having it executed outside of  
2376 the task force?

2377 A Not that I recall.

2378 Q Just going back quickly to the travel  
2379 restrictions, was there a concern the restrictions, and  
2380 this is necessary as a legal matter but the restrictions  
2381 could only apply to U.S. citizens, correct? Both  
2382 pertaining to China and Europe?

2383 A No, they were the exceptions.

2384 Q I'm sorry. I misstated that but I think you  
2385 know what I was saying.

2386 A Yes. Permanent green card holders, family  
2387 members with special visas. There were a number of  
2388 exemptions. I don't recall all of them.

2389 Q But apart from U.S. citizens and other sort  
2390 of excepted classes, was there a concern that there was  
2391 insufficient infrastructure to safely bring Americans  
2392 home or prevent Americans from coming home from spreading  
2393 the virus in the United States?

2394 A I don't think that there was a uniform  
2395 position on the level of concern. I had a very high  
2396 level of concern because the screening was based on  
2397 symptomatology, and I already had come to the White House  
2398 concerned very much about asymptomatic spread and the  
2399 depth and breadth of asymptomatic spread, and felt that

2400 50 percent or more of the cases were being missed that  
2401 were responsible for community transmission. So I was  
2402 concerned that the screening was symptom-based and that  
2403 people were relying on fever and symptoms both for  
2404 screening and for reporting later.

2405 Q Was there any possibility of taking -- was  
2406 there any action on the table or that you saw as feasible  
2407 to mitigate that risk?

2408 A Not with the current testing capacity. And  
2409 that's why I ensured we had that testing meeting on  
2410 Wednesday.

2411 Q And so sort of separate from the United  
2412 States citizens, do you think that imposing restrictions  
2413 on European travel earlier than March 11th could have  
2414 reduced the early impact of the coronavirus in the United  
2415 States?

2416 A I don't know the data on how many Europeans  
2417 are traveling to the United States. I mean, it would  
2418 really depend on that. And I didn't model it and I  
2419 didn't see a model that, when you're showing this on the  
2420 task force, I didn't see a model that compared doing it  
2421 on 4th of March versus the 10th of March. And so I can't  
2422 really speak to that.

2423 Ms. Gaspar. Just before we move on, can the new staff  
2424 who has entered the room state their name for the record.

2425 Mr. Ehmen. David Ehmen, law clerk.

2426 BY MS. GASPAR:

2427 Q I want to turn to the agenda on page 11,  
2428 Sunday, March 8th. You have an entry item here. It's  
2429 Roman numeral VI on the list, community spread  
2430 discussion. Actually it's right after another entry of  
2431 yours, COVID-19 required reporting discussions. So these  
2432 might go together.

2433 I'm interested in learning more about what you  
2434 presented at this meeting to the extent you recall.

2435 A I presented two pieces of this. One, that I  
2436 felt strongly that COVID-19 disease needed to be  
2437 aggressively reported from all hospitals in the United  
2438 States so that we really could see the patients as they  
2439 entered. That was highly dependent on testing, and so I  
2440 was also advocating for immediate deployment of these  
2441 tests as the private sector -- and I just want to thank  
2442 the private sector because within 10 or 12 days, we had  
2443 tests available to start to be run, and went from  
2444 probably 2,000 a day to 20,000 to 200,000 and then  
2445 eventually to 2 million.

2446 So testing was critical from my perspective because  
2447 case reporting without testing was basically around those  
2448 who had symptoms or exposed to those who had symptoms and  
2449 got tested. I felt that, particularly in the younger age

2450 groups, a significant number were being missed.

2451       So that community spread discussion, I made a graphic  
2452 that illustrated the age dependency of asymptomatic and  
2453 mild cases. So I showed that children under 10, adults  
2454 under 18, were 80 to 90 percent -- this was a cartoonish  
2455 diagram -- were 80 to 90 percent asymptomatic or mild  
2456 cases. That decreased to like -- think of the inflection  
2457 point, maybe 50/50 in the 40-year-old age groups, and by  
2458 the time you are 70, 80, 90, I felt that most of the  
2459 cases would be symptomatic or moderate, significant to  
2460 moderate disease. Because I wanted people to understand  
2461 that this spectrum of disease impact was not the same as  
2462 flu, and treating it like flu or surveilling for it like  
2463 flu based on symptoms was going to disproportionately  
2464 miss those particularly under 35. And I felt that the  
2465 under-35 group would be critically important in community  
2466 spread.

2467       And so the discussion was around that graphic that I  
2468 created for the task force and that case reporting was  
2469 fine but we needed tests and test reporting, both  
2470 numerators and denominators. So number of tests  
2471 positives and total numbers of tests done, state by  
2472 state, county by county, along with case reporting.

2473       Q       So you're there and you're advocating for  
2474 more testing. What was sort of the follow-on action from

2475 that at that time?

2476 A Well, we had already had the meeting with our  
2477 private sector test developers, and so when we weren't a  
2478 task force, I was obviously calling Abbott and Roche and  
2479 BD to see what their progress was with the test. At the  
2480 same time, we were understanding where that equipment was  
2481 and how much Abbott equipment had. And both Abbott and  
2482 Roche from the middle of March onward provided me a daily  
2483 analysis of all of their -- these instruments are in an  
2484 automated reporting system to Abbott and Roche to see if  
2485 there's any problem with the instrumentation. So the  
2486 instruments are talking to the database.

2487 I couldn't see of course any demographics but I could  
2488 see test positivity by site. That was our surrogate  
2489 early on until we could get all the hospitals and  
2490 laboratories reporting, is Abbott and Roche provided me  
2491 with their site-level data so I could see what the test  
2492 positivity was. And I had that data probably by the  
2493 second to third week of March.

2494 Q Do you know if anyone from the federal  
2495 government had engaged with them on a similar level  
2496 before you got there?

2497 A I don't know.

2498 Q They didn't express to you that they had?

2499 A No. Indeed, they expressed the opposite.

2500 Q They had not heard from anyone?

2501 A (Nodding head.)

2502 Q Is that correct?

2503 A Correct.

2504 Q Okay. Those are the largest, I believe those  
2505 are the largest test manufacturers or diagnostic in the  
2506 country?

2507 A For nucleic acid testing, correct.

2508 Q So let's then continue, I'm going to try to  
2509 mostly follow things chronologically but, as you can see  
2510 we have to depart from time to time.

2511 Looking at March 10th, there's an entry item that I'm  
2512 curious about. It's number 7, broader community  
2513 mitigation measures. This says this is not presented by  
2514 year, it says HHS rapid. What interests me is that this  
2515 is the first entry that I've seen in this packet about  
2516 the possibility of broader community mitigation measures.  
2517 So I want to get an understanding of when those  
2518 possibility of broader community mitigation entered the  
2519 conversation and why.

2520 A My assessment was, before coming into the  
2521 task force, that the U.S. was overly focused on  
2522 containment and containment through the eyes of  
2523 symptomatic infection. I felt there was broad community  
2524 spread, and so being able to get people to present on

2525 mitigation measures that had been studied in a model, I  
2526 thought would be very helpful to the task force. From  
2527 masking to school closures to -- I mean, they did a whole  
2528 series of analyses, different modelers. Our modeling  
2529 team was these analyses and the modelers were brought  
2530 together by Irum Zaidi but this was a first discussion of  
2531 a series of discussions of model mitigation.

2532       At this point also, Italy had enforced both a northern  
2533 Italy shutdown I believe on March 8th and a countrywide  
2534 shutdown on March 9th. And Italy, with its fairly robust  
2535 public health system, could not contain the virus and had  
2536 moved to flattening the curve. That's what you do when  
2537 your hospitals are getting overrun. It's too late to  
2538 stop community spread. Now you're just trying to  
2539 preserve the hospitals. It's clear Italy had already  
2540 moved to that point and it was my interpretation at that  
2541 moment that we were about ten days behind Italy in  
2542 reaching the same situation.

2543       Q           So take me forward from there. You had this  
2544 assessment. How did that turn into an action item? What  
2545 happened?

2546       A           So that became the genesis of the 15 days to  
2547 slow the spread and then the 30 days to slow the spread.

2548       Q           At what point did you actively propose the  
2549 need to actually have a formal program or policy here?

2550           A           Through the week -- through this week. This  
2551 was the critical week to get to that point.

2552           Q           And tell me about the discussions of the task  
2553 force about that. Did anyone push back on the  
2554 possibility of having sort of a national initiative like  
2555 you were proposing?

2556           Mr. Trout. Don't name names.

2557           The Witness. So those discussions throughout this  
2558 week, the week of March the 10th, were the critical four  
2559 or five days that created both what other countries were  
2560 doing, what the models showed the impact would be,  
2561 combined with my global analysis of where we would be and  
2562 what would happen. We were just starting on that because  
2563 we really didn't have data like the Europeans did, but we  
2564 were using the European data to give us surrogates for  
2565 what was probably going to occur in the United States.

2566           And so all of that was worked on throughout the week  
2567 including coming up with what every American could do,  
2568 because it was about understanding that individual  
2569 American behaviors were going to be critical to decrease  
2570 the community spread.

2571           Q           Was there ever consideration of something  
2572 that went beyond what you ended up recommending in, let's  
2573 start with 15 days to slow the spread and then we'll talk  
2574 about 30 days?

2575           A           By this time I was beginning to learn that  
2576 the elements of the local -- the policies that we needed  
2577 were held by the states. So this was, the way I looked  
2578 at it, is giving the states blanket permission to move  
2579 forward with aggressive mitigation. And so this came  
2580 from the White House and put up on the White House  
2581 website and basically said -- now, remember, at this time  
2582 we wanted all the states to mitigate but the virus was at  
2583 different levels across the United States. So we wanted  
2584 to ensure that the governors understood that we believe  
2585 that aggressive mitigation was needed at this moment, and  
2586 this was the federal government saying, states, look at  
2587 your state, and now act.

2588           Q           And I'm just, just so we have it, I'm sure  
2589 you remember it quite well, let's mark as Exhibit 6 the  
2590 15 days to slow the spread document.

2591                               [Exhibit No. 6 was identified  
2592                               for the record.]

2593           BY MS. GASPAR.

2594           Q           How did you land on 15 days for that period?

2595           A           And also with CDC individuals through Steve  
2596 Redd about the transmission cycle. Fifteen days was one  
2597 day beyond the CDC's highest estimate for transmission.  
2598 So it was felt like for this first slow the spread, if we  
2599 went one day beyond the outer bound of transmission, that

2600 we would stop the ongoing transmission from those who  
2601 were currently infected.

2602 Q So was that time period pretty much agreed  
2603 upon or was it negotiated?

2604 A It was presented as this is one day longer  
2605 than the CDC's transmission. And at that time, I think  
2606 they believed it was a median of 5, but they were basing  
2607 that on that very small study where that choir in  
2608 Washington state where there was one person who turned  
2609 positive, there was one a day ten, I believe, if I  
2610 remember correctly and one a day 14, although most of the  
2611 cases were clustered between day 4 and day 8.

2612 Q So you presented this initiative publicly on  
2613 March 15th, I believe; is that right?

2614 A Either the 15th or the 16th. It was that  
2615 Monday.

2616 Q Maybe it was the 16th.

2617 A Yes, I think it was the 16th.

2618 Q So this seems like this was the first  
2619 significant public messaging push that told the public  
2620 what they could do. And earlier you talked about -- you  
2621 referenced messaging and public communication being one  
2622 of the items that you saw as needed when you joined the  
2623 task force; is that right?

2624 A Correct.

2625 Q Outside of your public briefings, which were  
2626 widely viewed at that time and certainly amplified in the  
2627 media as well, was there any sort of discussion or  
2628 organization about amplifying messaging and how did that  
2629 operate?

2630 A Yeah. It was discussed about sending  
2631 postcards to every American, including this in any of the  
2632 farm-to-table boxes as they came forward and that  
2633 initiative came forward. It was amplified through  
2634 the -- and when I say amplified, it was important that  
2635 the economic communicators were also carrying the same  
2636 message on CNBC and other news media.

2637 So it was a comprehensive effort, but it was also  
2638 taken to the governors' calls about this is step one and  
2639 step two, three, and four need to be implemented at the  
2640 state level in order to be effective and picked up on  
2641 local media at the state level.

2642 Q Was there any advocacy at this point or  
2643 anyone who believed that the federal government should be  
2644 taking a more proactive role? Or was that not part of  
2645 the discussion at this time?

2646 A What do you mean by more proactive?

2647 Q I guess, was there -- sort of the  
2648 legal possibility -- putting the legal -- the question  
2649 surrounding the possibility of say a national

2650 stay-at-home order, something like that on the table?

2651 A I believe -- I never heard it discussed  
2652 specifically. But in discussions about the federal  
2653 workforce and those recommendations that went out from  
2654 OPM, clearly federal workforce recommendations were going  
2655 out from OPM at the same time. So the areas where the  
2656 task force or the federal government did have an impact,  
2657 it executed it through OPM. And that was I think very  
2658 important.

2659 I just want to make it clear that the series of  
2660 conversations that were critical were that this was not  
2661 the flu, that this was more deadly than the flu, was  
2662 spreading rapidly, and these precautions needed to be  
2663 taken. So it was very important to move away from  
2664 people's perception of the flu and into this being  
2665 different and more aggressive than Americans' historic  
2666 view of flu. Because remember, the last pandemic was  
2667 more than a hundred years ago, so people didn't have a  
2668 frame of reference when these first recommendations went  
2669 out.

2670 Q Before you went public with the 15 days to  
2671 slow the spread initiative, did you present it to the  
2672 President?

2673 (Pause.)

2674 Mr. Trout. I don't think she has personal knowledge

2675 on this issue, and I don't think she ought to be talking  
2676 about communications that she may have heard about to the  
2677 President.

2678 BY MS. GASPAR.

2679 Q I believe that he joined you when you  
2680 announced it at the press briefing; is that correct?

2681 A Correct.

2682 Q But you didn't speak with him about it before  
2683 that briefing?

2684 (Pause.)

2685 Mr. Trout. So let's just leave it that there were  
2686 conversations in advance of press briefings that Dr. Birx  
2687 was present at. And I don't think she should be talking  
2688 about those conversations in the Oval Office.

2689 BY MS. GASPAR:

2690 Q So did anyone in the White House either on  
2691 the task force or outside oppose going forward with this  
2692 initiative at this point in time?

2693 A No.

2694 Q So before we move on to the expansion, I just  
2695 want to pivot slightly and talk about -- refer back to  
2696 the briefings. So you were essentially giving daily  
2697 briefings at this point as I recall?

2698 A Correct.

2699 Q Often with a number of other principals. The

2700 CDC had been providing frequent public briefings in  
2701 January and February, but after a briefing on March 9th,  
2702 they stopped providing briefings for almost -- or  
2703 actually more than three months.

2704 Do you know why the CDC stopped giving briefings about  
2705 the coronavirus after March 9th?

2706 A No.

2707 Q Do you know if anyone from the White House  
2708 told them to stop giving briefings?

2709 A Not that was discussed in task force or in a  
2710 meeting where I was that I recall.

2711 Q Did you ever hear anyone expressing a concern  
2712 about CDC undermining the White House message?

2713 A No.

2714 Q Ever hear a concern about CDC potentially  
2715 contradicting the President?

2716 A No. It says ten people in this. And if you  
2717 remember, the CDC at the time had a guidance of 50. And  
2718 I thought 50 was too many. So did I contradict the CDC  
2719 by saying ten instead of 50? Yes, I did. Because 50  
2720 indoors I knew it would result in community spread and  
2721 further spread the virus. And I thought ten would limit  
2722 it to a household or at the most two households. So I  
2723 contradicted the CDC of the ten versus 50.

2724 Q There had been a CDC briefing before you

2725 joined, I believe, on February 25th where Dr. Messonnier  
2726 had presented information suggesting that the crisis was  
2727 about to get quite serious in the U.S. Are you familiar  
2728 with that briefing?

2729 A I was in South Africa.

2730 Q And it was publicly reported that  
2731 afterwards -- well, first, the stock market declined, it  
2732 did go down after that briefing and it was publicly  
2733 reported that the President and others were upset about  
2734 that.

2735 Did you ever hear any concern about the CDC being  
2736 alarmist or scaring people?

2737 A Not by the time I arrived.

2738 Q Do you know if the CDC asked anyone in the  
2739 White House to give briefings during this period or at  
2740 all?

2741 A No.

2742 Q Moving forward, on March 20th, Dr. Redfield  
2743 used the agency -- the CDC's Title 42 authority to enter  
2744 an order closing U.S. borders with Mexico and Canada. Is  
2745 that something that you had discussed at the task force?

2746 A March -- I'm sorry, what day did you say?

2747 Q I believe it went into effect on March 20th  
2748 and there's an entry item on March 19th. We don't have  
2749 an agenda item on March 20th.

2750 A The Mexico border update.

2751 Q I'm just wondering if you recall discussions  
2752 about the closure of the land borders and specifically  
2753 the order that was entered on March 20th.

2754 A I don't recall the specifics of the  
2755 Mexico/Canada border closures, to be honest.

2756 Q Were you concerned about infected individuals  
2757 crossing through from Mexico and Canada? At that moment,  
2758 did you think that that was an area of concern?

2759 A Later on in our -- once we could get real  
2760 tracking at the level of the county level, we could see  
2761 Imperial, California, El Paso with high hospitalization  
2762 or high caseloads. We did follow up on those cases and  
2763 Bob reported that those were Americans who lived in  
2764 Mexico or green card holders that primarily lived in  
2765 Mexico that were coming across the border to get  
2766 treatment because Mexico was having a significant  
2767 coronavirus outbreak.

2768 Q When was that?

2769 A I don't remember. It was later on. It  
2770 wasn't March.

2771 Q Later by number of months possibly?

2772 A Could have been. Yes, more in the June  
2773 timeframe when we had the summer surge.

2774 Q Do you recall any discussions at the task

2775 force or outside of it on or around March 20th about the  
2776 need to close the land borders at that time?

2777 A I remember Chad -- I mean, I remember this  
2778 topic area and I remember CDC concurring, but I didn't  
2779 engage in the conversation.

2780 Q Did Steven Miller participate in those  
2781 conversations?

2782 A I don't remember him attending task force.

2783 Q Do you remember any conversations outside of  
2784 task force in which he participated?

2785 A Not that I was aware of.

2786 Q Okay. So moving forward, so if it was  
2787 presented on March 16th, so 15 days to slow the spread  
2788 would have expired on April 1st, I believe.

2789 A Correct.

2790 Q When did you make the determination that that  
2791 initiative needed to be expanded or continued?

2792 A As soon as -- you know, it's  
2793 difficult -- conceptually, it was very difficult to  
2794 explain that this linear growth of cases was going to  
2795 explode into an exponential growth. And so we  
2796 spent -- we didn't have enough domestic data for the 15  
2797 days to slow the spread. I told you we had cartoons.  
2798 But we knew what was happening in Europe. And so we were  
2799 able then through that week of the 20th through the 24th

2800 or 25th to get enough New York data and New Orleans data  
2801 to really show what exponential growth in cases looked  
2802 like even when you weren't testing. And that means  
2803 you're only seeing the tip of the iceberg, those are  
2804 coming to the hospitals and behind that is the huge  
2805 iceberg of community spread.

2806 And so once we could explain that and see that  
2807 case-to-hospitalization ratio, which was enormously high  
2808 at the beginning, we were also getting the Roche and  
2809 Abbott data that showed the New York hospital test  
2810 positivity at 50 percent and some of the northern New  
2811 Jersey hospitals at 50 percent and New Orleans hospitals  
2812 at about 40 percent, that we could see by that point what  
2813 was going to happen.

2814 And so we were able then to then model that week our  
2815 projections of what was going to occur in the United  
2816 States over the ensuing 30 days. And it was that we  
2817 assembled for the extension of the 30 days, which I felt  
2818 was the minimum extension.

2819 Q So how did the initiative come together? In  
2820 other words, did you originally propose a longer term  
2821 than 30 days?

2822 A There were some who proposed a shorter and  
2823 serial 15s, which I felt like we had to be very clear  
2824 that we were going to 15 to 30 for a very definitive

2825 reason because things were going to get that bad.

2826 Q Who proposed the shorter term?

2827 (Pause.)

2828 Mr. Trout. Go ahead.

2829 The Witness. By that time I was working very closely  
2830 with all of the doctors. And so there was -- we were  
2831 holding doctor meetings with Steve Hahn, Bob Redfield and  
2832 Tony Fauci. And there was some that thought that we  
2833 should do serial 15s, and I felt that we needed to go  
2834 with 30 to ensure that everyone understood how serious we  
2835 felt it was.

2836 There wasn't -- it was more of a strategy than a  
2837 medical or epidemiological disagreement. I think all of  
2838 us agreed very clearly that 30 days was the minimum or  
2839 two 15s. I just thought two 15s didn't send the right  
2840 message.

2841 BY MS. GASPAR.

2842 Q Did you -- outside the doctors, did you  
2843 discuss the time period or debate the time period with  
2844 anyone else?

2845 A No. Not that I recall. The data group, yes,  
2846 but not anyone else within the White House.

2847 Q When did you -- or how did you get approval  
2848 for these initiatives? What was the process to make them  
2849 the official policy that could then be announced?

2850 (Pause.)

2851 Mr. Trout. I think let's defer on that on the ground  
2852 of executive privilege.

2853 Ms. Gaspar. Thank you.

2854 BY MS. GASPAR.

2855 Q Tell me then with regard to the 30 days, what  
2856 was the time period where you sought approval for it  
2857 without going into the process?

2858 A Over that Friday, Saturday, Sunday, the end  
2859 of this week. So it would have been like the -- I don't  
2860 know -- 24th, 25th, and 26th.

2861 Mr. Trout. Of March.

2862 The Witness. Of March. Let me see. No.

2863 BY MS. GASPAR.

2864 Q Just a few days before it was announced in  
2865 other words?

2866 A Correct.

2867 Q Okay.

2868 A It took five to seven to ten days to assemble  
2869 all the data to support the 30 days.

2870 Q Do you recall a meeting with the President  
2871 and Dr. Fauci in the Oval Office on March 24th, 2020  
2872 specifically? And I can tell you -- I can give you a  
2873 little bit more context about that meeting. The  
2874 President actually referenced it himself at a task force

2875 briefing later that day where he talked about his desire  
2876 to reopen the country by Easter.

2877 Do you recall that?

2878 A I recall the President saying that.

2879 Q Did he also say it at the meeting earlier  
2880 that day?

2881 A No.

2882 Mr. Trout. One second.

2883 (Pause.)

2884 The Witness. No, that wasn't said.

2885 BY MS. GASPAR.

2886 Q And just for your reference, at the task  
2887 force meeting that day -- this is a quote from the  
2888 transcript -- the President said, "I said earlier today  
2889 that I hope we can do this by Easter. I think that would  
2890 be a great thing for our country and we're all working  
2891 very hard to make that a reality. We'll be meeting with  
2892 a lot of people to see if it can be done. Easter is a  
2893 very special day for many reasons for me, for a lot of  
2894 our friends. It's a very special day and what a great  
2895 timeline this would be Easter as our timeline."

2896 So he seems to say that he had actually said it -- he  
2897 had said it earlier that day, although it's possible he  
2898 didn't say it to you.

2899 A That sounds like a -- now that you're reading

2900 that, that sounds like a governors' call rather than a  
2901 task force meeting.

2902 Q I see. Do you remember hearing him express  
2903 the intent to open by Easter?

2904 A In that transcript at that governor's call,  
2905 if that's when you're saying, I believe it was said at a  
2906 governors' call if that's where your transcript is from.  
2907 I don't believe it was task force.

2908 Q The transcript is from a task force briefing.

2909 A Does it say that specifically or does it say  
2910 it's in the sit room? Because the governors' calls were  
2911 also done in the sit room.

2912 Q The quote is from the public briefing, but it  
2913 is completely possible that his reference to his own  
2914 statement earlier that day is from a governors' call if  
2915 that's what you're saying.

2916 A I don't remember. I thought you were reading  
2917 from a sit room transcript.

2918 Q No, I'm sorry. I'm reading from a White  
2919 House briefing, public briefing.

2920 A That was the first time I heard about the  
2921 opening at Easter.

2922 Q I see. Okay. Did you agree with that?

2923 Well, strike that.

2924 Did you think there was a reasonable chance of opening

2925 by Easter at that time?

2926 A No.

2927 Q Did it concern you that the President was  
2928 advocating for an Easter opening?

2929 (Pause.)

2930 A Yes.

2931 Q Can you tell me why?

2932 A Because I was watching what was happening in  
2933 Italy. I believed that our hospitals were on the verge  
2934 of becoming overrun, the cases were going to explode  
2935 exponentially across our major metros and that we needed  
2936 to be more aggressive, not less aggressive at that time.  
2937 And I was assembling that data for the 30 days to slow  
2938 the spread.

2939 Q The next day during an interview, you said  
2940 that the President was quote, "attentive to the  
2941 scientific literature and the details and the data."

2942 Do you recall that statement?

2943 A Yes.

2944 Q What was that based on?

2945 A That was based on going through the charts  
2946 and graphs of the projection of exponential spread to get  
2947 the 15 days to slow the spread.

2948 Q So at that point it had been several weeks  
2949 earlier or at least maybe 10 days earlier? This was

2950 March 25th?

2951 A Correct. And I had assembled all the graphs  
2952 for the Vice President to take it to the President. So  
2953 it was a statement of both what he had done for the 15  
2954 days to slow the spread and what I needed for the 30 days  
2955 to slow the spread.

2956 Q And so it was based on one meeting plus just  
2957 the fact that the initiative was continued?

2958 A It wasn't just one meeting. I mean, you  
2959 talked about the European, the questions -- there were a  
2960 series of meetings where data was utilized to -- and  
2961 graphics for the position I was taking. And the  
2962 President understood the graphics and asked me  
2963 intelligent questions about the graphics. And that is  
2964 exactly what happened and that's why I said it that way.

2965 Q Did that continue to be your impression over  
2966 the course of the year?

2967 A I did not --

2968 (Pause.)

2969 The Witness. I didn't have always the same  
2970 opportunities that I had in the presentations  
2971 subsequently.

2972 BY MS. GASPAR:

2973 Q Let's turn to some of the charts that you  
2974 displayed I believe at the March 31st briefing. So what

2975 we have here is, I believe that there were four charts,  
2976 four graphs displayed at that briefing. We took screen  
2977 shots of them and unfortunately there are some words in  
2978 the corner that are from the transcription of the  
2979 briefing but you can ignore that.

2980 Take a look and let me know if you recognize this.  
2981 This should be Exhibit 7.

2982 [Exhibit No. 7 was identified  
2983 for the record.]

2984 The Witness. Yes.

2985 BY MS. GASPAR:

2986 Q Starting with the first one, I believe you  
2987 actually said at that briefing that this was just  
2988 a -- that these numbers didn't actually refer to specific  
2989 cases, this was just a general projection. Can you tell  
2990 me more about this first one and where it came from?

2991 A So this came from I believe a CDC website  
2992 talking about flattening the curve or some publicly  
2993 available website about what flattening the curve looks  
2994 like. And that's different than slowing the spread or  
2995 stopping the spread. This is about flattening the curve  
2996 because the community spread is so great that you can't  
2997 do the proactive mitigation that many would prefer.

2998 Q But these numbers don't actually they're not  
2999 specific to where the case count was in the U.S. at that

3000 point, it's just more trying to illustrate that you could  
3001 reduce deaths by 90 percent?

3002 A Correct.

3003 Q Okay. Then turning to the second one, the  
3004 IHME model, I believe that this was an actual projection  
3005 based on the current cases; is that right?

3006 A That was Chris Murray's. There were about 10  
3007 or 12 modelers that were working to inform this top  
3008 graph. So we had 12 or 14 different modelers that  
3009 modeled both with and without mitigation through that  
3010 first surge.

3011 Now, obviously, that surge would have continued in  
3012 their minds without mitigation so -- and I believe the  
3013 timeline for the 1.5 to 2.2 million deaths were through  
3014 that fall because everyone knew that the winter surge  
3015 could be worse than the current surge. And so this was  
3016 their projections through the fall and potentially some  
3017 of them into the winter.

3018 At the same time, they had different models of  
3019 different mitigation and the potential impact and these  
3020 were modelers from around the world, including several  
3021 European modelers that were projecting, based on the  
3022 Italian shutdown, of what is possible. So depending on  
3023 the depth and breadth of the community spread, that range  
3024 is based on how many of the large metros would actually

3025 follow the New York course. And the New York was  
3026 already -- New York City was already in what we call  
3027 exponential growth as well as the bedroom communities of  
3028 northern New Jersey. So using that rate of exponential  
3029 growth, we utilized that to both predict the cartoon you  
3030 see here of the number of fatalities as well as the  
3031 cartoon of what flattening the curve would look like.

3032 Q So looking at the second -- the IHME model  
3033 that's presented here, one question I have is what -- so  
3034 the curve --

3035 A I guess that was my long way of saying the  
3036 IHME model was not utilized in any additional way than it  
3037 was added to the other 12 modelers.

3038 Q I see.

3039 A And so I used this graphic to really show  
3040 their projection of what logarithmic or exponential  
3041 growth looked like in fatalities so that the American  
3042 people could see how significant this could become.

3043 He was the only one that had a website up at that  
3044 time, and the other modelers didn't have graphics that I  
3045 could utilize. So I utilized his graphic but the numbers  
3046 came from all the modelers, and that's the numbers above.  
3047 So there wouldn't be a direct correlation between Chris  
3048 Murray's numbers and our numbers because he was one of  
3049 12.

3050 Q Got it. You've talked about this a little  
3051 bit before. Where were you getting your numbers at that  
3052 time?

3053 A So most of the numbers were coming from the  
3054 modelers, the 12 or 14 modelers that the data team had  
3055 brought together, all of them for more than a day or a  
3056 day-and-a-half. And they discussed all their models, the  
3057 assumptions that went into their models, the weaknesses  
3058 of their models. I think you know Dr. Fauci does not  
3059 like models, so the reason I was using the European data  
3060 is because, and particularly Italy, is because it was the  
3061 only actual data that we had that was far enough that we  
3062 could see how this rate of rise, if other metros -- that  
3063 rate of rise in Italy that was being projected was  
3064 identical almost to the slope in New York City, so then  
3065 we were translating that by population to the other  
3066 metros in the United States, whether it was 10 metros or  
3067 25 metros, based on the current spread that was occurring  
3068 in New York, realizing that all we were seeing was the  
3069 tip of the iceberg.

3070 Q And I noticed around this time period you had  
3071 a pretty much daily entry on the task force agenda data  
3072 modeling and reporting update. Is this the type of  
3073 information that you were also presenting there?

3074 A Correct. And those would have been the

3075 graphics that you were referring to that went to the task  
3076 force and to the President.

3077 Q Your daily reports, as well?

3078 A Correct.

3079 Q Which we haven't seen but I assume it  
3080 basically included graphics plus summaries?

3081 A Yes. So these two graphs would have been  
3082 part of the daily report. And then there would have  
3083 been -- because this is New York as a state, there would  
3084 have been the actual case, daily cases from New York City  
3085 metro by county. So you would have seen the five  
3086 boroughs of Manhattan, you would have seen southern  
3087 Connecticut, northern New Jersey, Bergham County. So we  
3088 were tracking -- by that time we were getting  
3089 county-level case reporting and sending that up also in  
3090 the daily report.

3091 So state-level data, and of course, the reason I  
3092 wanted to show the state-level data is because the slope  
3093 of New York and New Jersey are very similar, saying that  
3094 once you get into this exponential growth, independent of  
3095 whether you're New York or New Jersey, it looks very  
3096 similar.

3097 That was important because in my work around the globe  
3098 everybody believes that they're special and it's not  
3099 going to happen to them in the same way. So having two

3100 states that have that kind of spread and a third state  
3101 behind that, which was Connecticut and just starting, was  
3102 to make two points. One, that each of these outbreaks  
3103 are displaced by a time, and so the United States would  
3104 not go down in parallel with all of the cities at the  
3105 same time, but in series, because our states were at that  
3106 point then seeding other states with virus. And so  
3107 whereas Italy may have been seeded in a primary manner  
3108 from travel from China or some other instigating event,  
3109 the United States we believed would go down in series,  
3110 and that's why we believed the earlier we mitigated  
3111 across the country the more impact we would have on the  
3112 other states.

3113 Q And I know we're almost at our hour so I'm  
3114 just going to ask a couple more questions on this topic  
3115 and we'll try to wrap it up.

3116 Were you trying to obtain other data sources at this  
3117 time? Did you feel like you had sufficient data?

3118 A Oh, gosh, no.

3119 Q So what were you doing to try to get there?

3120 A I was working with the CDC to expand their  
3121 national hospital data from 30 percent of sites reporting  
3122 to 100 percent of sites reporting because I believed we  
3123 absolutely had to see the hospital actual data and not  
3124 modeled data. I wanted all of the laboratory data being

3125 reported so we went to Congress and asked that it be  
3126 included in the CARES Act required reporting that if you  
3127 received laboratory -- if you received testing money that  
3128 there was a requirement for daily reporting to the  
3129 federal government, and trying to increase the speed of  
3130 fatality reporting as well as the comorbidities that were  
3131 occurring in the United States for which people were  
3132 being hospitalized with serious COVID, as well as the  
3133 cause of death, so that we could ensure that we were  
3134 informing the entire country about not only mitigation to  
3135 stop community spread but anything that we were learning  
3136 from the Europeans about advance in treatments to save  
3137 more lives.

3138 Q Were you able to improve the data situation  
3139 at any point over the year?

3140 A So we were able to finally get the laboratory  
3141 reporting. That took probably -- I mean it was getting  
3142 Abbott and Roche's, but to get everybody online probably  
3143 took until the end of March, beginning of April. The  
3144 hospital reporting was a back and forth that continued  
3145 until the crisis of June of where and how to send out  
3146 remdesivir to the states, and that could not be given to  
3147 state hospitals based on a model. We absolutely needed  
3148 to know who was in that hospital bed. And so that  
3149 resulted in -- and I didn't care how it was done but I

3150 talked to the hospitals and said we need 100 percent of  
3151 your data on a regular basis and we need to know what  
3152 your PPE status is so that we can ensure that you're  
3153 getting all of the PPE that you need.

3154 Q Just one more question on this chart, on the  
3155 model here. I just want to focus on the fact that the  
3156 curve sort of -- I'm looking at the IHME model, I know  
3157 we've talked about it basically ends in July or August.  
3158 Was there -- and I fully recognize that this was a crisis  
3159 moment and cases in many areas of the country including  
3160 particularly in the northeast were surging.

3161 Was there talk about sort of what happens after July?  
3162 What were those discussions like?

3163 A So very early on I would think at the end of  
3164 April, beginning of May we were talking about how severe  
3165 the fall would be and that we had to have a robust fall  
3166 plan, and part of the reopening America was a whole  
3167 component on what the stockpile needed to be in place for  
3168 the fall, what we needed for therapeutics in the fall,  
3169 how we had to accelerate monoclonal antibodies and  
3170 increase the remdesivir supply chain, as well as  
3171 understanding the role of convalescent plasma. So all of  
3172 those streams had to come together in parallel, as well  
3173 as a maximum expansion of testing because I was very  
3174 concerned about the fall.

3175 Q All right.

3176 Ms. Gaspar. I think that's a good place to pause. So

3177 let's go off the record.

3178 (Recess.)

3179 Mr. Benzine.

3180 Q Dr. Birx, I don't want to take up a lot of

3181 time. I only have one question this round. In your

3182 experience while you were in the government during the

3183 pandemic did the CDC operate remote or in-person?

3184 A They were remote.

3185 Q Okay. Thank you.

3186 Mr. Davis. Off the record.

3187 (Discussion off the record.)

3188 BY MS. GASPAR.

3189 Q So I want to talk a little bit about the

3190 public health guidance that CDC put out during the

3191 pandemic focusing on a few issues at first and then we

3192 might circle back to some more later.

3193 But just to start us out, what was your role in

3194 developing or approving or just generally being involved

3195 in CDC public health guidance?

3196 A I wasn't in approving authority. I would

3197 edit specific sections of their guidance.

3198 Q Would you review all guidance before it was

3199 issued?

3200 A I didn't have time to review all guidance.

3201 Q What kind of guidance would you review?

3202 A If they sent it to me, I reviewed it.

3203 Q So I guess I'm trying to get at, do you know  
3204 if there was guidance that you didn't review, just public  
3205 health guidance specifically that was framed more towards  
3206 the public?

3207 A I think there was guidance that  
3208 followed -- and I don't really know what it stands for.  
3209 It sounded like ELIRA or LIRA or something and it went  
3210 through the Office of Management and Budget, and I didn't  
3211 have any transparency into that process.

3212 Q Did the task force weigh in on what guidance  
3213 CDC should draft? What would be useful for the American  
3214 public?

3215 A Did the task force. When I was out in the  
3216 field, I would provide feedback that said they need  
3217 clarity on this guidance or this kind of guidance would  
3218 be helpful. I think there were members of the task force  
3219 that would be, like, called from manufacturers or called  
3220 from meatpacking plants saying guidance for these workers  
3221 would be helpful. And then that would go directly to the  
3222 CDC from those probably individuals on the task force.

3223 Q Got it. Okay. Let's just look at one early  
3224 piece of guidance and then an email that accompanied it.

3225 So we can mark these as 8 and 9.

3226 [Exhibit Nos. 8 and 9 were

3227 identified for the record.]

3228 BY MS. GASPAR.

3229 Q So the first is a document from the CDC  
3230 website titled Recommendations regarding the use of cloth  
3231 face coverage especially in areas of significant  
3232 community-based transmission. This was dated April 3rd,  
3233 2020?

3234 A Yes.

3235 Q You remember this?

3236 A Yes. Waited 30 days for that guidance to be  
3237 posted.

3238 Q Okay. Tell me about that wait. Why did it  
3239 take so long?

3240 A You may have heard that I was a strong  
3241 proponent of masking because of my experience in Asia.  
3242 It was very similar to Matt Pottinger's experience. We  
3243 felt that there should be recommendations out on masking  
3244 and their quote studies done to show the efficacy.

3245 So when I got there that first week of March, I talked  
3246 to Bob about getting up masking guidance and it finally  
3247 happened. I could have told you the date. All you had  
3248 to say is cloth mask guidance and I would have told you  
3249 the date.

3250 Q My understanding -- let me know if this is  
3251 right -- is that the guidance was specifically cloth face  
3252 covering and not masks because of concerns about  
3253 shortages for healthcare workers; is that right?

3254 A That is what I heard. Those decisions were  
3255 made before I got there on March 2nd.

3256 Q Well, this guidance was published April 3rd.  
3257 So the decision --

3258 A But the decision about healthcare workers and  
3259 the shortages were decisions that came out of the  
3260 February task force.

3261 Q I see. Well, tell me more about how this  
3262 guidance came together.

3263 A We'd just been asking for masking guidance to  
3264 be on their website. I didn't clarify what kind of mask.  
3265 I just felt there should be masking guidance. But I had  
3266 asked primarily for the guidance to include efficacy  
3267 analysis of all the different kinds of masks so that we  
3268 could have up on the website both for healthcare workers  
3269 and for the public of what the different efficacy was  
3270 with one-ply, two-ply, three-ply cloth masks. And this  
3271 was a very simple experiment.

3272 Finally, the Japanese published a study on the  
3273 efficacy of cloth masks the end of October of 2020. And  
3274 then we finally got a briefing on the efficacy of cloth

3275 masks on the 3rd. But they posted this guidance  
3276 recommending it before the study had been completed.

3277 Q And you, as you just said, thought it was  
3278 important from a public health perspective to recommend  
3279 that the public wear masks or cloth face coverings as the  
3280 case may be?

3281 A Correct.

3282 Q Was anyone against this recommendation before  
3283 it was published?

3284 A Not that I witnessed.

3285 Q So Exhibit 9 -- this is a very  
3286 straightforward email. It seems to attach a draft of  
3287 what was to be posted on CDC's website. And it makes its  
3288 way from Kyle McGowan at CDC to Robert Redfield and then  
3289 he sends it on to Joe Grogan, you, and Marc Short.

3290 And my question on this is only just, is this the sort  
3291 of a typical distribution of draft guidance? And is this  
3292 how you would receive it through CDC from Dr. Redfield?

3293 A Yeah, when it was final.

3294 Q Got it. Did you ever review drafts?

3295 A The only time I reviewed draft guidance that  
3296 I can remember was the guidance associated with opening  
3297 up America again. Because I was responsible for ensuring  
3298 that that got coordinated across all the agencies and all  
3299 the guidances.

3300 Q I see. And your understanding is that there  
3301 was a separate OMB/OIRA review process of guidance, but  
3302 you weren't involved with that?

3303 A No. I just heard it in the hallways. I  
3304 can't even tell you what it means to be honest.

3305 Q So on April 3rd, when there was a press  
3306 conference in which this guidance was presented, do you  
3307 recall that one?

3308 A Not specifically.

3309 Q So during that press conference, the  
3310 President said quote, "It's a voluntary thing."

3311 Do you remember that?

3312 A Not specifically.

3313 Q He then went on to describe how he didn't  
3314 plan to wear one himself. And this is the quote. He  
3315 said, quote, "Well, I just don't want to wear one myself.  
3316 It's a recommendation, they recommend it, I'm feeling  
3317 good. I just don't want to be doing, I don't know, some  
3318 house sitting in the Oval Office behind that beautiful  
3319 resolute desk -- the great resolute desk. I think  
3320 wearing a face mask as I greet presidents, prime  
3321 ministers, dictators, kings, queens, I don't know,  
3322 somehow I don't see it for myself. I just don't."

3323 Do you remember that comment?

3324 A I do.

3325 Q What was your reaction at that time?

3326 A I felt we needed uniform clear -- when you're  
3327 asking for behavioral change with Americans or anyplace  
3328 where I've worked in the world, you really need everybody  
3329 on the same sheet of music making the same  
3330 recommendations so that there's no ability to push one  
3331 agenda over another. The more you can have consensus and  
3332 ensure that all are speaking to the same importance, the  
3333 more you're likely to get uniform behavioral change.

3334 Q Have you spoken with him about this  
3335 recommendation before it was announced before the press  
3336 conference?

3337 Mr. Trout. If the answer is no, you can answer, but  
3338 don't discuss any specific conversation you had with him.

3339 The Witness. In general, everyone in the White House  
3340 knew where I stood on masking and how important masking  
3341 was both then and in the future.

3342 BY MS. GASPAR.

3343 Q Is that a yes or a no?

3344 Mr. Trout. I think it speaks for itself.

3345 Ms. Gaspar. Okay.

3346 BY MS GASPAR.

3347 Q So did you know before this press conference  
3348 that he was going to come out and say he was not going to  
3349 follow the CDC's recommendation?

3350 A No.

3351 Q After that press conference, did you take any  
3352 steps to try to get the President to follow the CDC's  
3353 recommendation or at least publicly support it?

3354 (Pause.)

3355 Mr. Trout. I would ask her not to discuss any  
3356 conversations she had with any senior officials or senior  
3357 advisers in the White House regarding this issue and we  
3358 can defer on that. But --

3359 Ms. Gaspar. Okay. So I think we'll -- so the  
3360 question itself is just did you take steps? I'm going to  
3361 infer from that that there were follow-up steps. We can  
3362 defer the specifics of what they were.

3363 Mr. Trout. Right. I mean, to the extent that there  
3364 were conversations with individuals -- senior officials  
3365 in the White House, she shouldn't be discussing those  
3366 conversations.

3367 Ms. Gaspar. Okay.

3368 The Witness. I think -- from personal perspective, I  
3369 made it clear in any communication that I had that masks  
3370 were highly effective. They were highly effective in  
3371 Asia for SARS, for MERS, for this SARS-CoV-2. And I also  
3372 worked hard to get it into the opening up America  
3373 guidance.

3374 BY MS. GASPAR.

3375 Q Masks have become a very divisive issue,  
3376 would you agree?

3377 A Yes, I agree.

3378 Q Do you think that the former president's  
3379 reluctance to endorse OR model mask usage contributed to  
3380 that?

3381 A Yes. Because when I was in the states, I  
3382 would hear it from both Republican and Democratic  
3383 governors. But if you look at -- from June on and the  
3384 state visits, you can see almost every governor, whether  
3385 Republican or Democrat, did put in a statewide mask  
3386 mandate through the summer and into the fall related to  
3387 our visits and to the governors' reports.

3388 So I was working of course both at the White House  
3389 level, but also the state level to ensure that mitigation  
3390 was optimized.

3391 Q When did you start personally wearing a mask  
3392 to work in the White House?

3393 A I am trying to remember. I mean, once I  
3394 switched to wearing a mask, I wore it continuously both  
3395 to work and at work. I would -- I can't remember. But I  
3396 wore it then out to press conferences and everything. So  
3397 it's somewhere in the May-June timeframe. I can't  
3398 remember precisely.

3399 Q I'm not concerned about pinning you down on

3400 that specific timeframe. My question is just whether  
3401 around that time did other White House staff  
3402 begin -- when you started wearing a mask, did other White  
3403 House staff begin a wearing mask at the same time?

3404 A I think the only consistent mask usage that I  
3405 observed was Tyler Ann McGuffee and myself and all of the  
3406 support staff in the White House.

3407 Q Did you try to advocate for other staff to  
3408 wear masks?

3409 A I always advocated for the same mitigation of  
3410 masking, testing, physical distancing.

3411 Q Did anyone ever tell you -- this does not  
3412 have to focus on high-level officials -- did anyone ever  
3413 tell you why they didn't want to wear a mask?

3414 A No.

3415 BY MS. MUELLER:

3416 Q When you said support staff in the White  
3417 House, who were you referring to?

3418 A The uniform Secret Service, the briefers that  
3419 came in from the CIA every morning, the civil servants  
3420 that would come to the White House. And all of the  
3421 support staff from the individuals who worked in the mess  
3422 to work in the -- that work in the environmental services  
3423 of the White House.

3424 Q So not political officials in the White

3425 House?

3426 A Correct.

3427 BY MS. GASPAR.

3428 Q Okay. Well, you referenced the Guidelines  
3429 for Opening Up America Again. So let's turn to that.  
3430 Actually we have a copy. This, I believe, was released  
3431 on April 16th.

3432 [Exhibit No. 10 was identified  
3433 for the record.]

3434 BY MS. GASPAR.

3435 Q What was the goal of this guidance focus and  
3436 the underlying information?

3437 A The goal was to ensure safe and slow  
3438 reopening to ensure that -- remember we talked about  
3439 preparing for the fall. It was about getting all of the  
3440 tests and treatment and hopefully vaccines and testing  
3441 available for the American people for the fall that we  
3442 knew would come.

3443 So this created a very slow movement and when we  
3444 modeled this throughout the ensuing weeks based on where  
3445 the states were, it was estimated that it would take most  
3446 states until August to make it through all of the gating  
3447 criteria as stated. Because every time that there would  
3448 be increase in any of these parameters, they were  
3449 supposed to go back up.

3450 Q So you expected states to use it as their  
3451 sort of benchmark in terms of whether and how to reopen?

3452 A Correct. Including the critical element of  
3453 sentinel surveillance sites for screening for  
3454 asymptomatic cases and contacts. That was an essential  
3455 part of this, is to get testing for the asymptomatic  
3456 silent spread available.

3457 Q Was there sufficient infrastructure for that  
3458 at this point?

3459 A Yes.

3460 Q So when you introduced this on April 16th, I  
3461 think you said before you didn't think that any states  
3462 would be ready, and referenced that just now as well, for  
3463 quite a while; is that right?

3464 A Yes. There were still states that weren't  
3465 even capable of being in phase one, and I think we now  
3466 know what those states were. That was the northeast,  
3467 Michigan with Detroit, Illinois with Chicago, New Orleans  
3468 in Louisiana were all still coming down from really a  
3469 significant and overwhelming surge.

3470 There were states probably in the heartland that may  
3471 have reached the phase one criteria, but remember, none  
3472 of this, none of this was to start until after the 30  
3473 days to slow the spread. So although it was put out on  
3474 the 16th, there was still 14 days of the 30 days to slow

3475 the spread.

3476 Q Why was it put out on the 16th? Did anyone  
3477 think maybe we should put it out on May 1st to be clear?

3478 A Because states were asking on the governors'  
3479 call for criteria and guidance. Because they had to  
3480 translate this into individual state plans so they  
3481 thought it would take at least two weeks.

3482 Q Some states opened pretty soon after that; is  
3483 that right?

3484 A I know of one, Georgia.

3485 Q Were you surprised by that?

3486 A I was surprised because the states had been  
3487 so clear in the 15 and then 30 days to slow the spread of  
3488 really embracing the concept of mitigation, putting in  
3489 place their statewide mitigation. So everybody had been  
3490 following together. I felt like we were cohesively  
3491 following the 15 days and 30 days, so I was surprised  
3492 because all of the states were following along with the  
3493 15 and 30 days to slow the spread.

3494 Q Just looking back on how this was introduced,  
3495 is there anything that you would do differently or you  
3496 think could have been messaged to states differently to  
3497 sort of, just to change how it played out?

3498 A Well, when we talked about this on the  
3499 governors' call, so we're having governors' calls weekly,

3500 the governors are saying what would be most helpful for  
3501 them. They called for the criteria for reopening. I  
3502 never got the sense on the governors' call that states  
3503 would deviate from the recommendations because they asked  
3504 for the recommendations. So it was my assumption that  
3505 the recommendations would be followed because the other  
3506 recommendations had been followed.

3507 So I was -- I think all of us, again, were still  
3508 holding regular doctor meetings. I think all of us were  
3509 surprised how some states didn't use the gating criteria.  
3510 And just to be clear, and I feel it's always important to  
3511 give credit to the people who influenced this. This was  
3512 drawn from papers by Tom Frieden of Resolve, of Scott  
3513 Gottlieb and the AEI, I think that's what it's called,  
3514 and by Zeke Emanuel, who had all published their  
3515 proposals for reopening. So I distilled all of those  
3516 three documents into this bullet point document, of  
3517 course and provided all those documents for the CDC for  
3518 the expanded guidance.

3519 Q We're going to mark as Exhibit 11 and show  
3520 you a series of tweets from the former President that I  
3521 think were sent the day after this.

3522 [Exhibit No. 11 was identified  
3523 for the record.]

3524 BY MS. GASPAR.

3525 Q Have you seen these before?

3526 A I heard about them. I'm not on the account.

3527 Q What was your reaction when you heard about  
3528 them?

3529 A Well, I was concerned because in the press  
3530 conference where the opening up America again guidance  
3531 were put out is the President made a statement publicly  
3532 about if any state opened too quickly or moved too  
3533 quickly, that he would have conversations with that  
3534 state.

3535 Q He had said that?

3536 A Yes, in a press conference.

3537 Q Okay. And you understood these to refer to  
3538 stay-at-home orders or lockdowns or whatever you call  
3539 them?

3540 A Correct.

3541 Q So he seemed to be undermining those  
3542 recommendations, do you agree?

3543 A That's how I would interpret these tweets.

3544 Q Going forward in places where you were  
3545 recommending that states or at least states met  
3546 the -- were at the criteria where they should have  
3547 maintained their stay-at-home orders subject to the  
3548 phases, did the former President support those  
3549 recommendations?

3550           A           My understanding is that we would not have  
3551 been able to post this on the White House website with  
3552 White House on it if the White House didn't fully support  
3553 all of the recommendations that were in the document.

3554           Q           So recognizing that it was posted on April 16  
3555 after that, did you feel that the President or anyone in  
3556 the White House was undermining the recommendations in  
3557 it?

3558           A           Unless they had done analyses that I had not  
3559 seen that showed that these states had fully met the  
3560 reopening criteria, but I never saw such analyses.

3561           Q           Let's just look at one other document,  
3562 actually two documents that relate to each other. These  
3563 will be 12 and 13.

3564                               [Exhibit Nos. 12 and 13 were  
3565                               identified for the record.]

3566           BY MS. GASPAR.

3567           Q           There's an April 26 email that you are on.  
3568 It's from Paul Ray to you, Joe Grogan, and a number of  
3569 other people. The title is Forward: Guidance and  
3570 decision trees. This will be 12.

3571           We don't have the actual attachment to this document  
3572 but based on the description of the attachment below the  
3573 date here, decision trees, I think it might refer to a  
3574 draft of what we can mark as Exhibit 13, which is a

3575 series of documents that were obtained by the Associated  
3576 Press that are apparently drafts of CDC guidance that was  
3577 never released.

3578 Focusing actually on Exhibit 13, do you remember this?  
3579 Have you seen this before?

3580 A I'm surprised that you're saying they weren't  
3581 released because my understanding is the CDC did post  
3582 decision trees that looked somewhat like this. I don't  
3583 remember seeing these precise ones, but it was my  
3584 understanding that -- so there was multi-page guidance, I  
3585 think about 180 pages or 150 pages that the CDC posted in  
3586 pieces. I had wanted it up in one place so the states  
3587 could find it in one place. But it was my understanding  
3588 that they posted both that longer guidance and this kind  
3589 of straightforward decision tree so that parents and  
3590 teachers could, and employers and employees could follow.  
3591 I thought they were posted.

3592 Q I believe that some elements of these  
3593 actually were posted. But the reporting has suggested  
3594 that these were intended to be released on or around May  
3595 1st and that it was never published because the White  
3596 House found it overly prescriptive.

3597 A My understanding, because I followed the  
3598 press on this and it was one of those occasions where I  
3599 don't know where that came from because the delay in the

3600 posting of the guidance was the editing that I kept going  
3601 back to the CDC on about the asymptomatic spread. And so  
3602 CDC's guidance was very much still focused on  
3603 prioritizing testing of the symptomatic and following  
3604 symptomatic disease. I felt that asymptomatic spread had  
3605 to be prioritized along with symptomatic disease, and  
3606 that was a back and forth that continued for quite some  
3607 time.

3608       So my understanding is they released, I think there  
3609 was A through F, and I thought they had posted -- when  
3610 the press came out and said that they were being held,  
3611 all of them had been already posted except for that  
3612 sentinel one on asymptomatic spread, which I think was in  
3613 community surveillance and testing, or something like  
3614 that. I knew it as section F.

3615       Q       This email says these drafts are the product  
3616 of the agency resolution processes held over the weekend.  
3617 With the exception of the faith-based guidance, I am  
3618 circulating the EOP version of that guidance with which  
3619 CDC had maintained disagreement. Do you know what  
3620 that --

3621       A       Here's that initial at OIRA. So these are  
3622 the people.

3623       Q       Correct.

3624       A       Do I know? No.

3625 Q You don't know what the disagreement refers  
3626 to?

3627 A No.

3628 Q Okay.

3629 A I don't remember it being discussed at task  
3630 force, but I could be in a position of not recollecting.  
3631 But when I saw the media, I didn't understand. Because  
3632 when I wrote CDC immediately after the media posted that  
3633 report, they told me that they had posted a majority of  
3634 the guidance and it was just missing F.

3635 So but I think because I saw it as an A through F and  
3636 it went into all different sections on their website, I  
3637 think there was confusion about whether it had been  
3638 posted or not. But I don't know what this is  
3639 specifically referring to.

3640 Q I see. Okay. Well, let's just focus on  
3641 another topic very briefly.

3642 Do you recall, there's actually an entry I believe on  
3643 page 48 of the topic of agendas referencing meat packing  
3644 and food supply. Do you recall discussions about meat  
3645 packing and food supply around this time? This is an  
3646 agenda dated April 22nd, 2020.

3647 A Yes, I do.

3648 Q What do you recall about those discussions?

3649 A Throughout for the several weeks in April, if

3650 I'm remembering correctly, there was an alert sent to the  
3651 task force that we were within days of inadequate protein  
3652 supply across the country. Some of it was a combination  
3653 of integrating what was commercial food supply with  
3654 retail food supply and Secretary Purdue had really done a  
3655 terrific job. I didn't even know there were two supply  
3656 chains, one for grocery stores and one for commercial  
3657 establishments but there are. And so you may have  
3658 noticed your containers changed how they looked. That  
3659 was when they were integrating back in -- the commercial  
3660 supply chain into the retail supply chain because things  
3661 are labeled differently. We were tracking throughout  
3662 April and into May outbreaks that were occurring in meat  
3663 packing plants, so it was a topic of discussion relevant  
3664 to support to the meat packing plants as well as testing  
3665 support. And PPE support.

3666 Q Do you remember that the CDC conducted a site  
3667 visit at a meat packing facility at Smithfield in Sioux  
3668 Falls, South Dakota, just before April 21st, 2020 or  
3669 around that time?

3670 A I remember Bob talking about CDC did a very  
3671 good job of outbreak investigation. Whether it was  
3672 prisons or meat packing plants or long-term care  
3673 facilities, they would go on site to find out what had  
3674 happened.

3675 Q Did you review the memorandum from that site  
3676 visit?

3677 A No.

3678 Q Just a few days later, the CDC published  
3679 guidance from meat packing facilities. Did you review  
3680 that guidance?

3681 A I may have been copied. I don't remember  
3682 editing any meat packing plant guidance. I know I was  
3683 involved in phone conversations about expanding testing,  
3684 ensuring that people were getting serially tested  
3685 because, again, the focus was on those with symptoms, and  
3686 I felt we were missing all of the asymptomatic  
3687 individuals that were infected.

3688 Q We're going to show you another email.

3689 [Exhibit No. 14 was identified  
3690 for the record.]

3691 BY MS. GASPAR.

3692 Q If you turn back to the original email at the  
3693 end at 2:07 p.m. on April 24th, it says -- this is -- he  
3694 seems to be addressing Dr. Redfield because he says,  
3695 "Bob, your team, Kyle McGowan is saying that they are not  
3696 going to send the meatpacking guidance through the normal  
3697 OIRA channel in order to serve the task force."

3698 Do you know what that might be referring to?

3699 A That's that review process.

3700 Q Oh, I understand that the normal OIRA channel  
3701 is the review process. But do you know what the  
3702 not -- his statement that they are not going to send it  
3703 through that process refers to here?

3704 A I have no idea.

3705 Q There's a reference that on the next email to  
3706 you -- there's a list actually of different, I presume,  
3707 guidance documents that says that you had asked for the  
3708 draft graphics to come up to task force for review?

3709 A That's these.

3710 Q That is those. I see.

3711 Mr. Trout. You're referring to Exhibit No. 13?

3712 The Witness. I'm referring to these kind of flow  
3713 diagrams. I mean, they did the pages, but governors were  
3714 saying it was hard to go through all the pages, so I  
3715 asked them to simplify the graphics so that at a glance  
3716 people could understand what we were asking.

3717 BY MS. GASPAR.

3718 Q Do you know if --

3719 A And as it says, I didn't ask for meatpacking  
3720 guidance. That was part of this -- whatever process that  
3721 we're talking about.

3722 Q OIRA?

3723 A Yes.

3724 Q It's been reported that the Vice President's

3725 chief of staff Marc Short instructed Director Redfield to  
3726 soften CDC's recommendations in the Smithfield memo.

3727 Are you familiar with that?

3728 A No.

3729 Q Either from the reporting or at the time?

3730 A Both. I'm unfamiliar with both.

3731 Q Do you recall any discussions with Mr. Short  
3732 about the meatpacking guidance?

3733 A Not outside of what came to task force. All  
3734 of the policy and guidance material would go -- at the  
3735 agency level was going through Olivia Troye and Olivia  
3736 Troye would have interacted directly with Marc and the  
3737 team. I wasn't engaged in the discussions unless it came  
3738 to task force.

3739 Q Do you know whether the Vice President or  
3740 anyone in his office had a personal relationship with  
3741 anyone at the Smithfield company?

3742 A Oh, no.

3743 Q Let's circle back to testing briefly. So  
3744 on -- I believe it was March 13th, Admiral Giroir was  
3745 named the testing czar. We talked about that very  
3746 briefly. What did that role mean? What was he  
3747 responsible for in that capacity?

3748 A It was never clarified at the task force and  
3749 I don't know who named him in that position, whether that

3750 was Secretary Azar or the task force, but it did not come  
3751 to the task force for decisionmaking.

3752 Q Did Admiral Giroir attend task force meetings  
3753 regularly?

3754 A Correct. After that, he did and presented on  
3755 testing, but I don't know where the decision came from.

3756 Q Did he have -- in terms of how the role  
3757 functioned, did he have deliverables that you're aware  
3758 of?

3759 A In what way?

3760 Q Well, did his team -- he or his team set  
3761 benchmarks for testing and how to achieve those levels of  
3762 testing, for example?

3763 A I was talking to the commercial suppliers  
3764 about increasing their testing, their test supplies, and  
3765 Admiral Giroir was working on the extraction media, the  
3766 test tubes, the swabs, and his team was instrumental in  
3767 organizing the test supplies.

3768 I was very much dealing with the labs and the  
3769 equipment and trying to understand -- because I would get  
3770 obviously the nightly report -- why all the equipment  
3771 wasn't running 24/7 in all of our places so that we could  
3772 continue to expand testing.

3773 So my question was more around what's the bottleneck  
3774 and why do we have tests that aren't being run on pieces

3775 of equipment or why are certain pieces of equipment  
3776 sitting rather than running?

3777       And sometime around March or April, I had calls with  
3778 the actual labs and lab supervisors because I come from  
3779 the bench, so I just wanted to hear -- I'm very on the  
3780 ground trying to understand where the roadblocks are and  
3781 what barriers they need to overcome. So I was talking to  
3782 them directly about what they needed in order to expand  
3783 testing.

3784       Q       I see. Okay. So I guess I'm trying to wrap  
3785 my head around -- that's very helpful -- the division of  
3786 responsibilities between what you were doing and what  
3787 Admiral Giroir and his team were doing. So it sounds  
3788 like -- tell me if this is an oversimplification -- he  
3789 was focused more on sort of the underlying supplies,  
3790 supply chain issues?

3791       A       And the actual just supplies to the site.  
3792 And I wanted to really understand the technical barriers  
3793 because it was a subject matter that I had expertise in.  
3794 So he was very much managing the testing supply chain.

3795       Q       There has also been reporting that Jared  
3796 Kushner led a group that sought to, I guess, assist with  
3797 the testing supply chain. I believe that's separate from  
3798 a group that was also looking for PPE.

3799       Are you familiar with that?

3800           A           I know the PPE group. I don't know the  
3801 testing group.

3802           Q           I want to come back to the PPE group as well,  
3803 but the reporting about the testing group has stated that  
3804 there was a plan that calls for the federal government to  
3805 coordinate distribution of test kits so that they could  
3806 be surged to heavily affected areas and oversee s  
3807 national contracting infrastructure.

3808           But that plan was scrapped for a variety of reasons,  
3809 including the former President being worried about high  
3810 case counts as well as a perception that the virus early  
3811 on was mostly affecting states led by Democratic  
3812 governors.

3813           Are you familiar with any of that?

3814           A           No. In fact, the -- I would say from my  
3815 perspective, the opposite occurred. We were using the  
3816 case data to drive supplies specifically into the most  
3817 affected areas throughout. So across Chicago, Michigan,  
3818 New Orleans, and across the northeast we were driving  
3819 increased test supplies into those regions just like we  
3820 did with PPE.

3821           So we were rearranging the supply chain based on cases  
3822 and rate of rise. So it was not just the absolute  
3823 number, but the trend lines that we were developing out  
3824 of the data group. And it's my understanding that that's

3825 where the tests went.

3826 Q So the reporting suggests that there was an  
3827 actual plan for a national sentinel surveillance system  
3828 that was a written plan that was going to be adopted and  
3829 was scrapped. Have you heard anything about that?

3830 A No. It was posted. I wrote the testing  
3831 guidelines, that one.

3832 Q Okay.

3833 A So --

3834 Q Have you ever seen -- we'll distribute this.  
3835 We'll mark this as Exhibit 15.

3836 A Are you saying it wasn't posted?

3837 Q No.

3838 A Oh, okay.

3839 [Exhibit No. 15 was identified  
3840 for the record.]

3841 BY MS. GASPAR:

3842 Q My understanding, if the reporting is  
3843 accurate, is that this refers to an entirely different  
3844 plan than what you developed.

3845 A I never saw a different plan. A different  
3846 plan never came to the task force. I wanted to make sure  
3847 that testing was not only expanded, but was strategically  
3848 utilized. And what do I mean by that? It was testing in  
3849 sites where we knew there was community spread to find

3850 the community spread early rather than waiting till the  
3851 hospitals got overwhelmed.

3852       So I think in here it was often referred to as  
3853 sentinel surveillance. I think that's kind of the wrong  
3854 term because it implies that you're testing just for the  
3855 sake of testing. No, you were testing to make the virus  
3856 visible, but you were also testing to ensure that the  
3857 asymptomatic individuals isolated. So they were given a  
3858 definitive diagnosis and told to isolate just like the  
3859 symptomatic cases.

3860       I also wanted it to have this positive and negative  
3861 predictive value in there because it really made a  
3862 difference in use of the antigen tests of whether -- how  
3863 you could test and line up tests to maximize your  
3864 positive predictive value.

3865       And when you do repetitive testing, you  
3866 dramatically -- of individuals in a community thought to  
3867 be in high risk groups or high exposure groups, you can  
3868 see the virus earlier. And when you do repeat testing,  
3869 the positive and negative predictive value becomes  
3870 greater in those individuals. So I wanted states to not  
3871 only understand testing, but understand the strategic use  
3872 of tests.

3873       Q       Did you ever -- so one of the things that I  
3874 think has been commented on about this plan is that it

3875 says, for example, this is on the second page, "Testing  
3876 plans and rapid response programs will be federally  
3877 supported, state managed and locally executed."

3878 I'd like to understand more about how that federal  
3879 support and state managed statement came to be. Was  
3880 there ever a discussion about the federal government  
3881 taking a more proactive role?

3882 A So now you're at the crux of my difficulty as  
3883 American federalism. So this comes from FEMA and how our  
3884 federal money flows to states. And so states are given  
3885 money and their only requirement is to submit a plan.  
3886 They never have to -- there's no validation of them  
3887 following the plan, there's no reporting requirements,  
3888 there's no outcome, their impact measurements along with  
3889 that money.

3890 CDC gives its monies to state as block grants without  
3891 any reporting requirements beyond the submission of a  
3892 plan. I had come from the last -- I guess at that point  
3893 17 years of not sending out a dollar of American taxpayer  
3894 money without requiring not only a plan, but evidence  
3895 that that plan was executed and full reporting on the  
3896 execution of that plan along with the outcomes and impact  
3897 that were in the plan itself as requirements.

3898 So I think this is -- you're at the very crux of how  
3899 federal funding and federal support goes to states. And

3900 so they manage 100 percent of those resources with no  
3901 strings attached.

3902 Q So let's move -- are you familiar with a  
3903 company called Cogna Technology Solutions?

3904 A Hologic? Panther equipment?

3905 Q No, the only name that I have is Cognitive  
3906 Technology Solutions?

3907 A No.

3908 Q It's been reported that there was a plan to  
3909 order 3.5 million tests from them for \$52 million.

3910 Are you familiar with that?

3911 A No.

3912 Q Let's move on. You said you are familiar  
3913 with the group that Jared Kushner coordinated or managed  
3914 that sought to fill holes in the supply chain. Tell me  
3915 what you know about that.

3916 A There was an issue very early on when I came  
3917 in and asked that first week for a report on the supply  
3918 chain quantities. And 50 percent of the supply  
3919 chain -- this gets into the once again federally  
3920 supported -- 50 percent of the supply chain gowns,  
3921 gloves, and masks had been distributed to states on a per  
3922 capita basis, not a viral or a need basis. And so every  
3923 state got an equal number rather than equity based on the  
3924 need of that state to confront the epidemic. You can see

3925 in March and April that the virus was very isolated to  
3926 specific states, yet every state got the same amount of  
3927 PPE and emptied 50 percent of the stockpile.

3928 So when I came in in March, the stockpile was already  
3929 substantially depleted and no state was going to send  
3930 their masks, gowns, and gloves back. So it was clear  
3931 that, based on projections, the PPE available, the orders  
3932 that BARDA ASPR had submitted would not meet the March,  
3933 April, or May needs based on what we were seeing in  
3934 Italy.

3935 At that time, that's when we went to the 3M plant but  
3936 I think in parallel, Jared got a team together to find  
3937 out who made PPE and where it could be acquired. And  
3938 that was the start of the air bridge that General  
3939 Polowczyk oversaw, which I think involved about 150 to  
3940 160 flights over the next two to three months to bring  
3941 PPE directly off of the production line to the United  
3942 States.

3943 Q The team that Jared Kushner coordinated was  
3944 reportedly mostly a variety of people in the private  
3945 sector, some from banking, just --

3946 A I never met any of those individuals. All I  
3947 know is the outcome was the establishment of this air  
3948 bridge.

3949 Q Project Airbridge ran from April through

3950 July. Was there any long-term plan to extend it?

3951 A The long-term plan was to get ahead of the  
3952 supply needs throughout the summer so that we would have  
3953 adequate fall supply and build the next generation  
3954 stockpile.

3955 Q Going back to the Kushner group, do you know  
3956 the names of any of the volunteer participants?

3957 A I do not.

3958 Q Did you know -- did you work with Peter  
3959 Navarro at all?

3960 A He was in the West Wing, yes.

3961 Q He appears to have been involved in efforts  
3962 to procure supplies. What was his role?

3963 A I didn't know he was in the business of  
3964 procuring supplies.

3965 Q He had sent some memos. These have all been  
3966 released publicly as early as January and February about  
3967 the need to stock up supplies. Do you recall seeing any  
3968 of those?

3969 A I recall Peter leading a task force.

3970 (Pause.)

3971 Mr. Trout. Can we go back and get the question read  
3972 back?

3973 (The reporter read the requested portion of the  
3974 record.)

3975       The Witness. I don't know what memos of Peter that I  
3976 saw or not. Generically there were individuals in the  
3977 White House very concerned about the fact that we did not  
3978 make any of our essential medicine or any of the gowns,  
3979 gloves, outside of N95 in this country, and that we were  
3980 dependent completely on other sovereign nations for acute  
3981 medical supplies including the supplies needed in the  
3982 pandemic.

3983       BY MS. GASPAR.

3984       Q           Did you say you recall you said Peter leading  
3985 a task force or being at --

3986       A           He was at task force being. Yeah, not  
3987 leading. Being.

3988       Q           Are you familiar with somebody named Steven  
3989 Hatfell?

3990       A           No.

3991       Q           How often did you see Peter Navarro or speak  
3992 with him apart from task force?

3993       (Pause.)

3994       Mr. Trout. Just how often, not what.

3995       The Witness. Okay. Probably four or five times total  
3996 outside of a formal meeting.

3997       BY MS. GASPAR.

3998       Q           How often did he come to task force meetings?

3999       A           Early on he was frequently in task force.

4000 Q Did that change over time?

4001 A I think over the summer his participation was  
4002 less.

4003 Q I want to circle back to one other issue  
4004 involving masks. There has also been public reporting of  
4005 a plan, possibly out of HHS and coordinated with the  
4006 Postal Service, to mail 650 million masks to Americans.  
4007 Was that a proposal that came up at task force meetings?

4008 (Pause.)

4009 The Witness. These are rules that I don't know  
4010 anything about so I'm just trying to stay on the straight  
4011 and narrow.

4012 Bob Kadlec from ASPR came and presented to task force  
4013 that he was going to get masks made by Hanes, cloth masks  
4014 made by Hanes for distribution. I never -- he came back  
4015 then maybe two or three, maybe two months later to talk  
4016 about distribution. It was discussed in task force --

4017 (Pause.)

4018 Mr. Trout. I think she should not be talking about  
4019 specific comments made by any member of the task force.

4020 The Witness. I think I can make a generic comment.  
4021 But there was active discussion about the best  
4022 distribution of those masks and recommendations made to  
4023 serve in an equity way those who needed them the most.

4024 BY MS. GASPAR.

4025 Q Do you recall one or more discussions about  
4026 that plan?

4027 A Just that one time that I remember.

4028 Q Did anyone express concern that sending out  
4029 the masks would scare, frighten the public?

4030 A No. I read that in the media, and again,  
4031 it's one of those pieces that never -- I never heard that  
4032 in task force.

4033 Q But -- and just to clarify.

4034 A In fact, it was not that discussion at all.  
4035 It was how those masks can be optimally utilized by which  
4036 group of Americans. In other words, what group of  
4037 Americans needed the masks the most, not about not  
4038 sending them out.

4039 So it was a question of generic versus focused. Equal  
4040 versus equity. And so that was the discussion but not  
4041 about -- I never heard someone say -- in fact, the masks  
4042 went out in the equity way.

4043 Q Was Dr. Kadlec's original plan to send them  
4044 to all households?

4045 A That was his original plan that he brought to  
4046 task force.

4047 Ms. Gaspar. We have five minutes left, but I think  
4048 this is probably a good stopping point. So why don't we  
4049 go off the record and we can turn it over.

4050 (Recess.)

4051 BY MR. BENZINE.

4052 Q So we talked about PPE and there was  
4053 obviously a struggle early on and had multitude of issues  
4054 to it. What was the status of the stockpile entering  
4055 into the pandemic and/or the status of U.S.  
4056 government/state government-controlled PPE generally?

4057 A So that's a very interesting question, and  
4058 there's two parts of it. So to be clear, by the time I  
4059 got here on the 2nd of March there were about I would say  
4060 a number between 10,000 and 20,000 ventilators, I won't  
4061 give you the precise number, but limited ventilators and  
4062 very limited N95, surgical masks, gloves, and gowns.

4063 Interestingly enough, certain states who had been  
4064 receiving global health security money since Ebola  
4065 did -- so CDC was sending out money every year for states  
4066 to utilize for global health security. There were states  
4067 or cities that actually used that money to stockpile PPE,  
4068 and those cities actually had PPE in March and April and  
4069 May. All of the other cities and states did not have, as  
4070 far as I know, a vibrant stockpile and neither was the  
4071 national stockpile vibrant. So replenishing that was a  
4072 key goal, both reopening America and getting ready for  
4073 the fall.

4074 Q Have you, prior to coming on as the

4075 coordinator, I understand you were the South Africa so  
4076 the DC grapevine might not have traveled all the way over  
4077 there, but had you heard any issues about securing PPE  
4078 between January and March?

4079 A No.

4080 Q No?

4081 A Not until I got here and found out that all  
4082 of the orders that had been placed were for delivery in  
4083 June, or most of the order were for delivery in June.

4084 Q Are you aware of a homeland security report  
4085 that talked about how the Chinese government stockpiled  
4086 PPE early in 2019 and --

4087 A No.

4088 Q Or December 2019 and January of 2020?

4089 A No, but that would have made sense that they  
4090 would have had it because they were also building  
4091 hospitals at that time.

4092 Q So it says they increased imports of surgical  
4093 masks 278 percent, gowns 72 percent, and gloves 32  
4094 percent, slashed their global exports of surgical gloves  
4095 by 48 percent, gowns by 71 percent, masks by 48 percent,  
4096 ventilators by 45 percent, intubater kits by 56 percent,  
4097 thermometers by 53 percent, and cotton balls and cotton  
4098 swabs by 58 percent in January of 2020.

4099 Are those actions with your experience with the

4100 Chinese government in past outbreaks?

4101 A I don't know what they did during SARS.

4102 Certainly if we had, as a government, if we had -- I  
4103 mean, I'm hoping we would have also procured PPE if we  
4104 were the first ones with a significant outbreak, as well  
4105 as alerting the rest of the world. But I think even  
4106 Europe, because they experienced their cases two weeks  
4107 before us, we were really at the bottom of the line in  
4108 the PPE procurement by the time I got here.

4109 Q Do you think that massive increase in  
4110 procurement would have hurt the global supply chain?

4111 A Well, they are the prime manufacturers of  
4112 this material, that is nonspun cotton. Another thing for  
4113 the Congress to work on. Because there's only a limited  
4114 supply and it goes into masks and gowns. And so there  
4115 wasn't enough nonspun cotton for the rest of whatever  
4116 this material is, I don't know. Nonwoven, whatever this  
4117 material is called that is in our masks and gowns, there  
4118 wasn't enough to meet the global supply needs of mask or  
4119 gowns.

4120 Q All right.

4121 A Through the entire spring.

4122 Q You had said you worked with Admiral  
4123 Polowczyk a lot on Project Airbridge. Can you explain  
4124 what Project Airbridge did and how working for Admiral

4125 Polowczyk was working with?

4126 A Admiral Polowczyk and I shared a deep  
4127 commitment for data and data-driven decisionmaking. You  
4128 can hear that I don't like equal decisionmaking, I like  
4129 equity in the decisionmaking, informed by data. So  
4130 Admiral Polowczyk worked with those 150 flights or so to  
4131 really bring gowns and gloves and masks to the United  
4132 States to meet the needs of the hospitals, acute needs.

4133 At the same time, the two of us worked on and worked  
4134 with the hospital associations to get weekly reports of  
4135 everything that the hospital had, so that we could see  
4136 all 6,000 hospitals across the United States and see  
4137 where they were coded by do they have a three to  
4138 seven-day supply, do they have a two-week supply, do they  
4139 have a month supply of each of these core categories so  
4140 that we could rearrange the major suppliers in the United  
4141 States.

4142 And I think that is something that is not often  
4143 discussed. But our private sector suppliers that  
4144 distribute the supplies that are coming in from around  
4145 the globe rearranged their supply chains to hospitals  
4146 that we both showed had acute need, but also predicted  
4147 would have acute need for supplies based on the rate of  
4148 hospitalizations over the next two to three weeks.

4149 I think that's why you can see that despite the surge

4150 was quite substantial in the fall, we were able to meet  
4151 most of the hospital needs because we did it as a  
4152 data-driven decisionmaking. That was -- General  
4153 Polowczyk really wanted, like I did, to have data-driven  
4154 decisionmaking rather than hospitals saying they didn't  
4155 have something to be able to see it before they had to  
4156 report that they didn't have it. By the time they  
4157 reported they didn't have it, it was really too late for  
4158 the nurses and doctors and support staff. So we wanted  
4159 to be proactive rather than reactive.

4160 Q Was Project Airbridge successful?

4161 A Yes. If we hadn't had Project Airbridge, we  
4162 would not have had masks, gowns, or gloves until June.

4163 Q And then you talked about Dr. Kadlec had  
4164 brought the idea to the task force to send masks out.  
4165 And the reporting that the Majority cited said that that  
4166 never happened, but I think you said that masks did go  
4167 out?

4168 A Yes, they did.

4169 Q Were masks sent out to people?

4170 A Yes. Masks went to low-income housing  
4171 complex through the governors and to any sites that the  
4172 governors felt needed additional cloth masks. So it went  
4173 out on a need-based, equity-based manner.

4174 Q Thank you. And then my final one, maybe two

4175 questions. You said that when the CDC sent you guidance,  
4176 which didn't happen with every guidance, they would ask  
4177 for input at its -- your thoughts. Was that common or  
4178 was that like -- would you characterize it as common with  
4179 the amount of times that they did that or uncommon?

4180 A I would say it was on the more uncommon side.  
4181 There were certain places where I asked to see the  
4182 guidance because I knew that I really wanted to assure  
4183 that it talked about asymptomatic spread and prioritizing  
4184 testing to find that. And so those were the guidances  
4185 that I paid attention to.

4186 I might have received courtesy copies, but when you  
4187 get something the night before for something they're  
4188 going to post the next day, I mean, I had so much on my  
4189 plate that I most likely didn't read things that I had  
4190 less than 12 to 24 hours to respond to.

4191 Q In an interview on CNN with Anderson Cooper,  
4192 you were asked, "What guides the edits to CDC guidance.  
4193 Is it science? Because it seems like from some of the  
4194 comments coming out of these guidelines that it's also  
4195 political beliefs, religious beliefs. Is it scientists  
4196 who are making the edits?"

4197 And you responded, "I'd like to believe that I'm a  
4198 scientist and I've been working with the CDC on the  
4199 edits." Do you stand by that statement?

4200 A Yes, I do.

4201 Q Were you interfering politically with  
4202 guidance while you were making edits?

4203 A No, I'm not a political.

4204 Mr. Benzine. Thank you.

4205 Ms. Callen. I just have a few quick questions.

4206 BY MS. CALLEN:

4207 Q We talked about masks before and how  
4208 unfortunate it was that they became politicized. Would  
4209 you agree that sort of over the years, our view of masks  
4210 has changed? And I will give you some background as to  
4211 why I'm asking that before you answer.

4212 I've seen -- I've been an observer of Dr. Fauci from  
4213 the Hill for years and he's had the opportunity to  
4214 testify before the oversight committee many times  
4215 throughout the years. Specifically, I think he testified  
4216 about H1N1 and Ebola, probably SARS maybe, and maybe on  
4217 hospital -- or infections like super bugs when that was a  
4218 big deal in the mid-2000s, I think.

4219 And he was pretty consistent that masks didn't work  
4220 and we didn't need to be masking here in America.  
4221 So -- and that was back then during Ebola and SARS. So  
4222 is it reasonable for highly trained qualified  
4223 professionals to sort of evolve in their positions on  
4224 medical guidance?

4225 A Absolutely.

4226 Q Okay. And we talked about Project Airbridge  
4227 and Dr. Kadlec's efforts on Hanes and some of the  
4228 different things that were going on. In your view, were  
4229 all of these people working for sort of the good of  
4230 America to fight the virus?

4231 A Yes.

4232 Q Okay. I want to switch gears a little bit  
4233 and now talk about vaccines. Would you agree that  
4234 vaccines have become somewhat politicized?

4235 A Yes.

4236 Q During the campaign, now Vice President  
4237 Harris made some comments about how she wouldn't trust a  
4238 vaccine developed under the Trump administration and I  
4239 think Governor Cuomo, it's been widely reported, said  
4240 that he would run independent testing of the vaccine,  
4241 which I think people in government, the private sector in  
4242 cooperation with the government developed the vaccine.

4243 Did those comments ever concern you?

4244 A Well, I knew that the private sector, because  
4245 I can see how they were -- the way that they accelerated  
4246 was not in any way compromising the integrity of the  
4247 studies or the safety and efficacy data. And I think  
4248 explaining it to the American people that we got to an  
4249 answer faster because we overpowered the trials and that

4250 was because the U.S. supported companies to expand  
4251 enrollment into those trials so we could get an answer  
4252 quicker.

4253 Anytime someone talks about something being less than  
4254 effective or someone talks about something that is not  
4255 effective as effective, that confuses the American  
4256 people.

4257 Q And this vaccine luckily is very effective.

4258 A Highly effective. Preventing against severe  
4259 disease and hospitalization.

4260 Q And you believe that's still the case?

4261 A Yes, I do.

4262 Ms. Callen. I think that's all I have. Thank you.

4263 We can go off the record.

4264 (Recess.)

4265 BY MS. MUELLER.

4266 Q Dr. Birx, my name is Beth Mueller. Thank you  
4267 again for agreeing to sit with us. I just wanted to  
4268 continue where my colleague left off.

4269 During your January 24th, 2021 interview with Face the  
4270 Nation, you were quoted as saying, "I think the White  
4271 House personnel were very focused on the pandemic in  
4272 March and April." Is that correct?

4273 A Correct.

4274 Q Did you find the White House personnel were

4275 less focused on the pandemic later in the spring and  
4276 summer of 2020?

4277 (Pause.)

4278 A So it was my impression that through the  
4279 summer and into the early fall, it's as you stated, they  
4280 were less focused on the pandemic.

4281 Q Can you elaborate? How would you describe  
4282 the level of focus and attention by Trump, how the level  
4283 of attention/focus changed during the spring and summer?

4284 A So two things happened in parallel, and I  
4285 think you have brought up this operational meeting. So  
4286 as -- there was a transition from FEMA to the UGC because  
4287 of hurricane season. So FEMA went to work on hurricanes  
4288 and Admiral Able came in from the Coast Guard to run the  
4289 UGC. And task force and the UGC meetings may have  
4290 decreased to two times a week or three times a week.

4291 We continued to meet as doctors independent of that  
4292 and then I wanted to make sure nothing fell through the  
4293 cracks with the summer surge and this operational meeting  
4294 was added to make sure that in the moments that the task  
4295 force wasn't meeting, that we had general understanding  
4296 at the working level of the White House what was  
4297 happening with the virus and what the White House needed  
4298 to do to support the states in their response.

4299 Q Did President Trump appear to lose interest

4300 in the pandemic during this time?

4301 A If I measure by absolute number of meetings  
4302 and contacts, I had less contact in general through the  
4303 summer and fall.

4304 Q Was President Trump attending task force  
4305 meetings?

4306 (Pause.)

4307 A So this is my personal recollection. I don't  
4308 remember the President attending task force meetings on a  
4309 regular basis after the spring.

4310 Q Did you have any discussions regarding the  
4311 potential impact of less attention being paid on the  
4312 coronavirus?

4313 A I mean, at that point I was working at the  
4314 working level of the White House with the operations  
4315 meeting, I was in the states working with the states and  
4316 their responses. I don't think it attenuated the overall  
4317 federal response. If anything, we had more on-the-ground  
4318 information that we could share across the states, across  
4319 the governors, and across the United States about best  
4320 practices and what we were seeing.

4321 Q It's been reported that the doctors on the  
4322 task force felt that they were increasingly being ignored  
4323 by the White House during the spring and summer of 2020  
4324 and looked for alternative ways to get their messages out

4325 to the public, including through your meetings with the  
4326 states.

4327 Does that -- do you agree with that assessment?

4328 (Pause.)

4329 A That was my personal impression of the  
4330 situation at the time. Again, separating the formality  
4331 of the meetings at the highest level of the federal  
4332 government from the working level that was occurring  
4333 consistently throughout that time.

4334 Q Did you discuss this with others?

4335 A We had regular discussions among the  
4336 physicians.

4337 Q What did you discuss?

4338 A We discussed the -- what they were seeing,  
4339 what I was seeing in the data. I wanted to make  
4340 sure -- at that time, there were a lot of congressional  
4341 hearings. I wanted to make sure that they had every bit  
4342 of data that I was seeing. And many of the projections  
4343 and the numbers that were given at the congressional  
4344 hearings came from my morning daily report to the  
4345 physicians and the White House.

4346 So I never changed the up tempo in my personal  
4347 actions. I still was writing the -- a daily assessment  
4348 of the pandemic predictions over the next two to four  
4349 weeks and the next two to three months and writing the

4350 governors' report, the daily analysis for the operational  
4351 group. And so my tempo did not change.

4352 Q So you said your tempo did not change. But  
4353 did others' tempo change in the White House?

4354 A Well, as I noted, my impression is just the  
4355 frequency of the high-level meetings, that there wasn't  
4356 that same high-level engagement as previously in the  
4357 spring.

4358 Q In May and June, were President Trump and  
4359 other administration officials encouraging states to  
4360 reopen?

4361 A I know they were tracking while the states  
4362 were reopening. IGA, Intergovernmental Affairs, was  
4363 tracking each of the states and where they were in  
4364 reopening.

4365 I don't know certainly in the governors' calls and the  
4366 task force, I never heard that sentence utilized as you  
4367 stated it.

4368 Q So you didn't hear the word "encouragement"?  
4369 Did you hear anything that would suggest encouragement?  
4370 I guess I'm having a hard time given what you mean by  
4371 that.

4372 A Well, I didn't hear those precise words  
4373 coming from individuals at the task force.

4374 Q What did you hear with respect to reopening

4375 the conversations with state and local officials about  
4376 whether and when to reopen?

4377 A Well, I made it clear that they reopen  
4378 according to the guidance. And so when states didn't  
4379 open according to their guidance, I would -- or if I felt  
4380 that they needed to do more mitigation, I would put it in  
4381 the governor's report directly to the governor and the  
4382 health staff. It went to about 35 state officials each  
4383 week.

4384 Q The governors' reports went to 35 state  
4385 officials?

4386 A Yes.

4387 Q Is that within each state?

4388 A Within each state.

4389 Q Okay.

4390 A So probably, I don't know, 35 times 50.

4391 Q Got it. Was the White House focused on how  
4392 states should reopen safely?

4393 A Well, I was. I was part of that group, I  
4394 guess, if you look at it that way. I considered myself  
4395 the technical person, not a political person, so I was  
4396 providing unvarnished data and unvarnished data  
4397 decisionmaking.

4398 If you're asking did I ever modify my reports in any  
4399 political way, no.

4400 Q What about people other than you? Did you  
4401 get the sense that other White House officials were  
4402 focused on how to reopen safely?

4403 A I don't know. I mean, I really can't speak  
4404 to that because I -- I think, I think what may not be  
4405 understood is I was viewed as a technical person and an  
4406 outsider to the operations and the political operations  
4407 of the White House. So I wouldn't have been privy to any  
4408 meetings outside of the task force or outside of this  
4409 operational meeting because I wasn't part of that circle  
4410 of politicals. I was strictly there as a technical  
4411 individual.

4412 Q It's been reported that you and Vice  
4413 President Pence had a call with governors on June 15th,  
4414 2020 where Vice President Pence encouraged them to adopt  
4415 the administration's explanation that a rise in testing  
4416 helped to account for new coronavirus outbreaks and to  
4417 encourage people, and I quote, to encourage people with  
4418 the news that we're safely reopening the country.

4419 Do you recall participating in that call?

4420 A I was on the call but I don't remember that  
4421 first part. I think the Vice President often spoke to in  
4422 general and in press conferences to opening America  
4423 safely. I never heard that first part. Are you saying  
4424 that that's a transcript from a call?

4425 Q That was not a transcript. I don't have it  
4426 with me. We can just move on from that.

4427 But one question I do have is did you agree with the  
4428 Vice President that the country was being safely reopened  
4429 on June 15th, all 50 states?

4430 A Well, by June 15th I had already had a call  
4431 on the mayors' call with a group of mayors and  
4432 highlighted multiple cities where I was seeing dramatic  
4433 increase in cases. Some of the mayors on that call told  
4434 me it was their increase in testing, and I said that's  
4435 not true. If it was your increase in testing, your test  
4436 positivity would have gone down and your test positivity  
4437 is rising. So by June 15th, I was concerned about an  
4438 already concerning picture across the south from  
4439 California to Florida.

4440 Q I'm going to mark as Exhibit 16 an op-ed  
4441 released by Vice President Pence entitled There isn't a  
4442 coronavirus second wave, published in the Wall Street  
4443 Journal on June 16, 2020.

4444 [Exhibit No. 16 was identified  
4445 for the record.]

4446 BY MS. MUELLER.

4447 Q Are you familiar with this op-ed?

4448 A I saw it at the time, yes.

4449 Q In recent days the media has taken to

4450 sounding the alarm bells over a second wave of  
4451 coronavirus infections. Such panic is overblown.

4452 He then continued that we are winning the fight  
4453 against the invisible enemy, and claimed that, quote, all  
4454 50 states are beginning to reopen in a safe and  
4455 responsible manner.

4456 Did you agree with the Vice President's statements at  
4457 that time?

4458 A I wasn't part of this commentary.

4459 Q After it was released, did you discuss the  
4460 Vice President's claim in the op-ed?

4461 A Certainly in task force we discussed what was  
4462 occurring at the pandemic level across the country.

4463 Q Did anyone express any concerns about the  
4464 information in the op-ed at the time?

4465 Mr. Trout. Don't discuss any specific conversations  
4466 you had with the Vice President or that were addressed to  
4467 the Vice President during one of these task force  
4468 meetings.

4469 The Witness. I believe I voiced concerns to Olivia  
4470 Troye, and based on counsel's recommendations I won't  
4471 speak further to that until we can pursue executive  
4472 privilege questions.

4473 BY MS. MUELLER.

4474 Q Okay. Thank you.

4475           Were you concerned at that time that the United States  
4476 was seeing the start of a second wave?

4477           A           Certainly that is what I was putting in  
4478 reports, that there were rising cases across the sunbelt.  
4479 That was very different than what we saw in May, where we  
4480 were seeing specific outbreaks in specific counties, that  
4481 the CDC was actually doing quite a good job of tracking.  
4482 I had them tracking every single outbreak and calling  
4483 every single county, and so they were providing analysis  
4484 week by week of the proportion of counties that could be  
4485 identified as an outbreak and the ones at a specific  
4486 institution or evidence of community spread. And over  
4487 those six weeks from the beginning of May to the second  
4488 week of June, there was a higher proportion of the  
4489 counties where their assessment was -- they went from  
4490 maybe 5 percent of the counties with evidence of  
4491 community spread along with the institution with the  
4492 outbreak to about a third of the counties.

4493           Now, remember these are about 147 counties that we  
4494 were tracking, so that was concerning to me as early  
4495 evidence base that -- and at that time it was 147  
4496 counties, so a third of that is maybe 40 to 42 counties  
4497 had evidence of not only institutions with outbreaks, but  
4498 evidence of community spread. And then I was very  
4499 concerned about Los Angeles.

4500 Q You previously mentioned that you were  
4501 surprised when Georgia announced its intention to start  
4502 lifting restrictions in April. Is it safe to say that  
4503 you didn't believe all 50 states were opening in a safe  
4504 and responsible manner at that time?

4505 A And I think the President -- because of the  
4506 public, in a press conference he did call Georgia out and  
4507 said that they were opening unsafely.

4508 Q As of June 16, when this was published, did  
4509 you believe that all 50 states were reopening safely and  
4510 responsibly?

4511 A Well, remember, most of the states opened the  
4512 beginning of May, and so as I described, for those last  
4513 six weeks we were tracking isolated outbreaks and then a  
4514 portion of counties that were having community spread. I  
4515 would say by June 15th, I was concerned, and that's just  
4516 because I'm used to reading the data, that we were on the  
4517 verge of having additional cases across the south.

4518 That is different than what you're asking me about  
4519 reopening safely. I think if you looked at the data up  
4520 and to that point, before Memorial Day it was much more  
4521 of isolated outbreaks and then became something very  
4522 different.

4523 Q And I believe I've seen you say that once you  
4524 start seeing that evidence of increasing test positivity,

4525 increasing community spread, that's when you need to  
4526 increase the level of mitigation.

4527 A Correct. And that's what's in the gating  
4528 criteria. So as soon as you saw the trajectory that was  
4529 no longer downward, you were to move back in phases and  
4530 increase mitigation and not wait for the  
4531 hospitalizations.

4532 Q And was that happening in all the states  
4533 where you had concerns at that time?

4534 A It wasn't happening in any of the states that  
4535 I had concerns independent of their party affiliation.

4536 Q Okay. What were some of the states that you  
4537 were concerned about?

4538 A I was concerned about the states in the  
4539 southern -- across the south from California to Florida  
4540 up to Georgia.

4541 Q On June 20, 2020, President Trump had a rally  
4542 in Tulsa, Oklahoma. During that rally President Trump  
4543 stated, quote, Testing is a double-edged sword. When you  
4544 do testing to that extent you're going to find more  
4545 people, you're going to find more cases, so I said to my  
4546 people slow the testing down, please.

4547 Did you agree that testing was a double-edged sword?

4548 A That statement --

4549 (Pause.)

4550           A           So everyone in the White House, as with  
4551           masking, knew my position on testing and the importance  
4552           of testing to find the early community spread, including,  
4553           I imagine, everyone on the task force. So I did not  
4554           agree with that statement, but that statement I heard  
4555           when you all heard it.

4556           Q           You said during an interview with CNN, quote,  
4557           People believed in the White House that testing was  
4558           driving cases rather than testing as a way for us to stop  
4559           cases.

4560           What did you mean by that?

4561           A           So I fundamentally believed then and I  
4562           believe now that if you're aggressively testing, as  
4563           colleges did and still do, colleges that tested and  
4564           required testing of every single person in the student  
4565           body independent of being on or off campus controlled  
4566           their community spread both within the college campus and  
4567           in the community, and infected significantly lower  
4568           because they found, remember, most of the cases, probably  
4569           85 to 90 percent of their cases were asymptomatic and  
4570           never developed symptoms.

4571           And so they were able to continually isolate the  
4572           asymptomatics. That resulted in much less symptomatic  
4573           and other spread which allowed actually less isolation  
4574           and less quarantining.

4575        So I think that people looked at testing as  
4576 diagnostic. I looked at testing as part and parcel of  
4577 community mitigation, along with masks, physical  
4578 distancing and testing. To me that was the third pillar  
4579 and critical always to the response.

4580        And that's why you had to make testing -- utilize your  
4581 full spectrum of testing. By this time we had nucleic  
4582 acid testing done at major high throughput facilities.  
4583 We had the more point-of-care nucleic acid testing, and  
4584 we had antigen testing. And for the college students and  
4585 the individuals under 35, they really wanted an immediate  
4586 answer. They were not going to quarantine or isolate  
4587 based on a theoretic of exposure. They wanted to know if  
4588 they were positive or not. They were willing to test,  
4589 but they wanted to know on the spot.

4590        So I was encouraging states to use their antigen and  
4591 their point-of-care nucleic acid testing to test young  
4592 people who would be much more amenable to that immediate  
4593 answer, while others would go through the drive-through  
4594 lines. So it gets into this strategic testing and the  
4595 importance of strategic testing. And to this day I  
4596 fundamentally believe that testing is critical to  
4597 preventing community spread and identifying asymptomatic  
4598 individuals, including those of us who are vaccinated and  
4599 are now part of the, in many cases, asymptomatic

4600 nonsymptomatic spread of the virus, potentially.

4601 Q So I think this may be an oversimplification  
4602 but would you agree that more testing is better than  
4603 less?

4604 A Absolutely. But it's not just more testing.  
4605 We've learned that -- if you allow me to deviate a  
4606 second -- we've learned that through control of other  
4607 pandemics that when we just increase testing generically  
4608 for HIV in Swaziland that had a 40 percent prevalence  
4609 rate in adults, we ended up with less than 1 percent test  
4610 positivity because the worried well were preferentially  
4611 coming that really weren't at risk for HIV. The  
4612 60-somethings were coming to get tested over and over  
4613 again because they were concerned, but not really at risk  
4614 for HIV.

4615 So we had to change our testing strategy to really  
4616 make it appealing to 15 to 24-year-olds. That is the  
4617 same thing. It's not just the absolute number of tests  
4618 you do, it's who is getting tested and how they're  
4619 getting tested in order to get that information rapidly  
4620 to the person who needs it.

4621 And so it's just not saying I've done 2 million tests  
4622 a day, but 2 million tests a day that have a real impact  
4623 because they're strategically aligned in the right places  
4624 with the right people to get the right answers.

4625 Q Going back to your statement on CNN that  
4626 people really believed in the White House that testing  
4627 was driving cases, who were you referring to?

4628 (Pause.)

4629 A So I think it's clear from the media report  
4630 that you just read that the President believed that  
4631 testing were driving cases rather than testing stopping  
4632 cases. I believe also that others also did media similar  
4633 to saying those identical pieces, including one of the  
4634 senior advisers to the President that came in late to the  
4635 task force.

4636 Q Who are you referring to by that?

4637 (Pause.)

4638 A Scott Atlas.

4639 Q Were you ever instructed to slow the testing  
4640 down?

4641 A I was not instructed to slow the testing down  
4642 and at no time did I slow the testing down.

4643 Q Are you aware whether there was any  
4644 instruction to anyone else in the administration to do  
4645 so?

4646 A I am not aware.

4647 Q Are you aware of whether anyone was ever  
4648 instructed to take any steps that would limit the amount  
4649 of coronavirus testing being performed in the United

4650 States?

4651 (Pause.)

4652 A Let me see if I can thread this needle.

4653 There was a modification to the testing guidance put out

4654 by the CDC over the summer in the August timeframe -- I

4655 can't remember the precise date -- that reprioritized

4656 symptomatic testing and deprioritized testing for

4657 asymptomatic individuals.

4658 Q We will get to that in a little more detail,

4659 but I have one follow-up question, which is just was it

4660 your understanding that that change in guidance was done

4661 specifically to reduce the amount of testing that was

4662 being performed in the United States?

4663 A That was my personal interpretation of that

4664 and that's why Dr. Redfield and I and Henry Walke, we

4665 wrote that testing guidance and we posted it two weeks

4666 later.

4667 Ms. Gaspar. Can I just ask for purposes of the

4668 record, are you limiting any aspects of your answer to

4669 the question about whether there was any instruction to

4670 limit testing based on advice of counsel?

4671 Mr. Trout. No. I think she was able to answer it by

4672 reference to what was posted on CDC.

4673 Ms. Gaspar. I just want to make sure there was no

4674 part of the answer that was not disclosed.

4675 BY MS. MUELLER.

4676 Q I would like to direct you back to Exhibit 2,  
4677 which IS the agendas, page 41, which is the agenda for  
4678 test FORCE meeting on April 9, 2020. Roman V mentions  
4679 community-based testing sites transition plan that was to  
4680 be discussed by Admiral Giroir.

4681 Do you recall what was discussed at this meeting?

4682 (Pause.)

4683 A I can't address the specific instances  
4684 because it was in a task force meeting, but my  
4685 understanding of the situation, because I've talked to  
4686 Admiral Giroir outside of the task force, was there were  
4687 federal -- I believe they were drive-through sites, 20 of  
4688 them or so, that had been set up during the acute phase  
4689 of the pandemic and there was a recommendation by Admiral  
4690 Giroir that these drive-through sites should be  
4691 transitioned to the states.

4692 Q Why was the recommendation made -- or what's  
4693 your understanding of why the recommendation was made to  
4694 transition it from federal to state control?

4695 A Those community testing sites were being  
4696 manned by public health service officers, I believe, and  
4697 he felt that the state had the human resources to man  
4698 those sites then.

4699 Q On June 22nd, 2020, the administration

4700 announced that its funding and support for 13 testing  
4701 centers in Texas, Colorado, Illinois, New Jersey, and  
4702 Pennsylvania would end on June 30th, which is a time when  
4703 the country was seeing a surge in new cases particularly  
4704 in Texas in the sunbelt, as you mentioned.

4705       Were you aware of the decision to end federal funding  
4706 and support for testing sites at that time?

4707       A       I believe these are those same sites, these  
4708 community testing sites. I think that my understanding  
4709 is, although I don't have the specific data, is those  
4710 community-based testing sites were then continued until  
4711 June and then transitioned.

4712       Q       There were also reportedly localities that  
4713 were requesting federal supported testing sites to be  
4714 opened to help acute testing shortages during surges that  
4715 were denied. Were you involved in discussions about  
4716 those requests?

4717       A       No. I referred requests also to Admiral  
4718 Giroir based on my travels in the United States for  
4719 additional federal supported sites within specific  
4720 states.

4721       Q       I would like to talk in a little bit more  
4722 detail about the documents you've referred to as the  
4723 governors' reports. I'm going to circulate a compilation  
4724 of a few task force reports for the State of Georgia

4725 between June 23rd, 2020 and January 17, 2021.

4726 [Exhibit No. 17 was identified

4727 for the record.]

4728 BY MS. MUELLER:

4729 Q While they're being handed out, I think my  
4730 first question doesn't rely on the reports. My question  
4731 is, why did you decide to issue the first report on June  
4732 23rd, 2020?

4733 A I wanted to ensure that the governors were  
4734 seeing what I was seeing at both the county level and at  
4735 the state level. In talking to several governors, I felt  
4736 that they needed a summary of what was occurring at the  
4737 most local levels so that they could prioritize resources  
4738 as we were prioritizing resources.

4739 I also wanted them to have a national picture over  
4740 time so that they could clearly understand how this  
4741 pandemic moves regionally and where it was in the country  
4742 at that time.

4743 Q Was the timing related to the start of the  
4744 second wave of the pandemic?

4745 A The timing was related to trying to get  
4746 states through utilizing data for decisionmaking to be  
4747 proactive in their mitigation before hospitalizations  
4748 occurred.

4749 Q So as you'll see from the exhibit, the first

4750 report is dated June 23rd. That report did not include  
4751 any recommendations in it; is that correct?

4752 A That's correct.

4753 Q But you started providing targeted  
4754 recommendations the following week?

4755 A That's correct.

4756 Q Can you please take us through the process of  
4757 preparing these reports.

4758 A So the data team would pull these  
4759 consolidated -- so we had a discussion with states about  
4760 what would be most helpful for them to see. And they  
4761 wanted to see not only the absolute numbers, but the rate  
4762 of change in a clear way and that's that first page.

4763 We added mobility so that they could see that when you  
4764 talk about states being fully opened, you can see that  
4765 Georgia reached its nadir in mobility around the middle  
4766 of April and was increasing first through early May up to  
4767 60 percent and then got up to 80 percent by June.

4768 So we wanted them to have that connection  
4769 between -- this is a surrogate for reopening, it's a  
4770 surrogate for human behavior of how people moving around.  
4771 We also wanted them to see, yes, tests were increasing,  
4772 but when your percentage of test positivity goes up, that  
4773 that's an expansion of your pandemic, not expansion of  
4774 test.

4775           And so the graphics then, we wanted them to be able  
4776 to -- some people like to see the actual daily cases at  
4777 the county level, so we did that. But we also wanted  
4778 them to have a quick picture to just -- to both say where  
4779 are cases, where are increasing test positivity, and what  
4780 is the percent change so they can see the relative  
4781 differences.

4782           We also wanted them to see of course what was  
4783 happening across the country because the virus doesn't  
4784 stop at the borders of individual states, and we wanted  
4785 them to be able to see that states were increasing around  
4786 them as well as in their state proper.

4787           Q           How did you determine what recommendations to  
4788 make in each state at any particular time?

4789           A           So we had -- as we talked about earlier, we  
4790 had been working with University of Pennsylvania and  
4791 David Ruben on a series of mitigation efforts that we had  
4792 then taken to scale in both Arizona and Texas in that  
4793 first trip. And we could see that within two weeks of a  
4794 mask mandate decreasing indoor dining in their case. In  
4795 Arizona's cases, they closed the bars and in Texas's case  
4796 they dramatically decreased occupancy and they were  
4797 increasing testing. They saw -- all the rest of retail  
4798 was fully open like the malls were open.

4799           They saw a dramatic decline in cases and test

4800 positivity followed by hospitalizations and deaths. So  
4801 we wanted all of the governors -- and that was another  
4802 impetus for the report is to say there is a path forward.  
4803 Two or three other states have utilized this path forward  
4804 and you can control the spread of this virus with even  
4805 earlier mitigation, but at least do the mitigation that  
4806 Arizona and Texas were doing. Both Texas and Arizona had  
4807 put in a statewide mask mandate. Governor Abbott's mask  
4808 mandate only excluded counties with extraordinarily low  
4809 case numbers.

4810 Q Were recommendations standardized such that  
4811 you would make the same recommendations to states that  
4812 were facing similar outbreaks at the same time?

4813 A Yes. And to answer that clearly, because of  
4814 my depth of concern for the -- there were four people  
4815 writing the governors' reports. I was one of the four.  
4816 So I took the southern states because I was most worried  
4817 about them and the surge and we divided up the rest of  
4818 the states geographically.

4819 Q Was there a review and approval process?

4820 A We sent it -- it took us -- we wanted to  
4821 include all of the data through the previous week. So  
4822 that the data was assembled late Friday night, early  
4823 Saturday morning. The bullets were written  
4824 throughout -- and all of the data reviewed and the

4825 bullets written through Saturday. Early Sunday they went  
4826 to the CDC and several people on FEMA to review the  
4827 recommendations.

4828 And then subsequently, we included a link to all of  
4829 the CDC's formal recommendations to ensure that they had  
4830 that longer recommendation. But this was to be concise  
4831 and give them a quick look of where our concerns are and  
4832 the solutions related to those concerns.

4833 Q Did anyone ever seek to make changes to the  
4834 governors' reports that you disagreed with?

4835 (Pause.)

4836 A So originally they went out as written. I  
4837 would say a third to halfway through the process changes  
4838 were asked for.

4839 Q Were those changes made to those governors'  
4840 reports?

4841 A I would say 75 percent of the time changes  
4842 were not made.

4843 Q But 25 percent of the time the changes were  
4844 made?

4845 A That's correct.

4846 Q Who made those changes?

4847 (Pause.)

4848 A A list beginning, I think, in the late fall,  
4849 a list of changes were provided to me Monday mornings.

4850 It was my job to refute them and that's where we got to  
4851 the 25/75. And then if the changes weren't -- had been  
4852 made, the governor's reports would not have gone out.

4853 Q Sorry who gave you the changes?

4854 Mr. Trout. Probably best not to answer that at this  
4855 time.

4856 BY MS. MUELLER.

4857 Q I just want to make sure I'm understanding  
4858 what you were saying before correctly. So 25 percent of  
4859 the time changes -- you did agree to make the changes  
4860 that were provided to you; is that correct?

4861 A Correct. But remember, let's go back. So  
4862 this was written for 50 states and the District of  
4863 Columbia, not the territories. Out of 50 states and the  
4864 District of Columbia, I may have received a list of  
4865 changes for three or four states. And of those three or  
4866 four states, about 75 percent of those changes weren't  
4867 made, 25 percent for those three or four states were  
4868 made. The majority of states no changes were made.

4869 Q So for the changes that were made, did you  
4870 ever disagree with those changes, with what was being  
4871 suggested to be put in the reports?

4872 A Yes.

4873 Q But you still allowed them to go out, despite  
4874 your disagreement?

4875 A So, have you read the Georgia  
4876 recommendations?

4877 Q Yes.

4878 A Okay.

4879 Q Just for the record, what's the date of the  
4880 report that you're looking at now?

4881 A January.

4882 Q January 17, 2021?

4883 A Yes.

4884 Q Okay. Thank you.

4885 A See where it says mask mandates where  
4886 community spread, all of that?

4887 Q Yes.

4888 A Do you see the bullet after mask mandates  
4889 work, where it says: During increased community spread  
4890 any space where masks cannot be continuously worn must be  
4891 substantially curtailed or closed. This includes bars  
4892 and/or dining, gym, as well as any unmasked, indoor areas  
4893 which are viral-spreading events?

4894 Q Yes.

4895 A So I learned to put the things that there  
4896 were issues with into the second part of a sentence.

4897 Q And why did you do that?

4898 A So that they would go through unchanged. And  
4899 they did.

4900 Q It was your perception that if you started a  
4901 bullet with what you wanted to say that it would be --

4902 A Those were the changes that I had received  
4903 for other people's states, so my advice to them was to do  
4904 what I was doing, is put it midway into a sentence so  
4905 that the public health recommendations were complete  
4906 without changes.

4907 Q What recommendations specifically were being  
4908 objected to?

4909 A What I just read.

4910 Q So closing bars, indoor dining, gyms,  
4911 et cetera?

4912 A Correct.

4913 Q Did you receive objections to recommendations  
4914 to impose mask mandates?

4915 A That was part of the 75 that was not -- 75  
4916 percent that was not altered.

4917 Q Okay. I would like to give you another  
4918 compilation of governors reports for the State of South  
4919 Dakota.

4920 [Exhibit No. 18 was identified  
4921 for the record.]

4922 Ms. Mueller. For the record, handing another  
4923 compilation of governors' reports for the State of South  
4924 Dakota.

4925 BY MS. MUELLER.

4926 Q Just go in order, so starting with the August  
4927 2nd, 2020 reports.

4928 A Yes.

4929 Q First who was responsible for preparing the  
4930 South Dakota report?

4931 A One of the four on my team.

4932 Q And who specifically?

4933 A I'm trying to remember who had South Dakota.  
4934 I am not sure. It was either Chuck Vitek, Sean  
4935 Cavanaugh, or Irum Zaidi.

4936 Q If you look at the recommendations, the first  
4937 bullet says recommend implementing community mitigation  
4938 efforts to all yellow and red zone areas as described  
4939 below and require face masks in indoor public settings.

4940 Do you recall if South Dakota implemented a mask  
4941 mandate following this recommendation?

4942 A They did not.

4943 Q So at this time, South Dakota was in the  
4944 yellow zone for cases as well as test positivity,  
4945 correct?

4946 A Correct.

4947 Q I would like to direct you to the next report  
4948 which is dated September 6, 2020. It's on page 10.

4949 A Yes.

4950 Q At that time South Dakota was in the red zone  
4951 for cases with the second highest rate in the country.  
4952 It was also in the red zone for test positivity, also  
4953 with the second highest rate in the country. The report  
4954 recommends at that time, quote, aggressively promote  
4955 social distancing and use of face coverings.

4956 South Dakota had a worsening outbreak at that time,  
4957 correct?

4958 A Correct.

4959 Q Do you know why the report appeared to tone  
4960 down the language for recommending masks at that time?

4961 A This was one of the reports identified for  
4962 changes.

4963 Q So to be clear, you were instructed to tone  
4964 down the language in the report in this particular report  
4965 to remove a more direct recommendation for masks and  
4966 other mitigation measures?

4967 A Correct.

4968 Q And who gave that instruction?

4969 (Pause.)

4970 Mr. Trout. So we're going to have to defer on that  
4971 one as well.

4972 Ms. Mueller. Okay.

4973 BY MS. MUELLER.

4974 Q Direct your attention to the next report

4975 dated September 13, 2020, page 16.

4976 A Which date?

4977 Q September 13, 2020.

4978 A Yes.

4979 Q In this report you'll see that South Dakota  
4980 was still in the red zone for cases but has gone to the  
4981 yellow zone for test positivity?

4982 A Mm-hmm.

4983 Q If you look at the recommendation, it doesn't  
4984 appear that there's any recommendations for masks except  
4985 for on campus and tribal nations. Do you see that?

4986 A Yes.

4987 Q Was this another report where you were  
4988 instructed to remove a mask recommendation?

4989 A Yes.

4990 Q Were you also instructed to remove other more  
4991 aggressive recommendations -- strike that.

4992 Were you also instructed to remove other more  
4993 aggressive mitigation measure recommendations?

4994 A Yes.

4995 Q Did you speak with South Dakota officials  
4996 about mitigation measures that could help them keep their  
4997 residents safe during the pandemic?

4998 (Pause.)

4999 A I had deep concerns about South Dakota. They

5000 were on our state visit list, our visit was denied.

5001 Q Who denied it?

5002 A Several times.

5003 Q Who denied those requests?

5004 A The governor of the state.

5005 Q And is that Governor Kristi Noem?

5006 A Yes.

5007 Q Do you know why she denied the request?

5008 A I believe that she told IGA, and admittedly I  
5009 did not make the request, they came out from the White  
5010 House IGA. She denied the request because it wasn't good  
5011 timing for her. We also tried to go also two months  
5012 later and it was also not good timing for her.

5013 Q You said you had concerns about South Dakota.  
5014 Can you elaborate why you had those concerns?

5015 A Well, because I had concerns about North  
5016 Dakota and I could see what was happening in North  
5017 Dakota. So the first time we wanted to go it was to be  
5018 pre-active for the fall. We went back to the Dakotas in  
5019 the fall when they were in the midst of their surge. I  
5020 wanted to make sure that they had all the supplies that  
5021 they needed because it's states without a broad community  
5022 hospital or regional hospital base. They have some  
5023 excellent hospitals, Sanford Health and others in North  
5024 Dakota, but I didn't really know the -- and I had been to

5025 North Dakota already. I met with Governor Bergham. I  
5026 wanted to make sure that South Dakota -- one, that I  
5027 understood South Dakota and that they had what they  
5028 needed. But even the second visit was denied.

5029 Q As cases surged in South Dakota late in the  
5030 fall and later in the fall and winter, reaching 988 cases  
5031 and 19.6 deaths per 100,000 population on November 22nd,  
5032 2020, were you able to meet or speak with Governor Noem  
5033 at that time about the measures that would help to keep  
5034 South Dakota residents safe?

5035 A Yes. And you can see in the November report  
5036 that we were back to very direct recommendations, again,  
5037 in the second sentence of the bullets. So it says very  
5038 clearly ensure mask in public at all times, reduce  
5039 capacity in public and private indoor spaces, and that  
5040 every American understands the clear risk to any family  
5041 or friend interaction outside of their immediate  
5042 households without masks.

5043 So we reverted to our prior language. By that time we  
5044 understood how to insert it in a different sentence.

5045 Q Did Governor Noem implement the mitigation  
5046 measures that you recommended in this report?

5047 A I don't believe so.

5048 Q On Face the Nation, you were asked how much  
5049 responsibility lies on the shoulders of governors running

5050 states like that in South Dakota, and you answered, "A  
5051 lot. A lot." Is that correct?

5052 A That's correct.

5053 Q What did you mean by that?

5054 A By the fall and certainly in early summer we  
5055 understood the sequence of events related to community  
5056 spread. In March we didn't, because the first thing we  
5057 saw were hospitals being overwhelmed. But we learned  
5058 that the first indication is increasing test positivity  
5059 followed by increasing cases, hospitalizations about ten  
5060 days later, and fatalities about three weeks later from  
5061 that initial increase in test positivity.

5062 We strongly believed that the mitigation that we had  
5063 taken to Arizona and Texas and was being fully  
5064 implemented now completely across the south with mask  
5065 mandates and reduced occupancy from Mississippi to  
5066 Louisiana to Alabama was highly effective and showing  
5067 impact. We wrote those into the governors' report and  
5068 talked about that on all the governors' and mayors' calls  
5069 about the effectiveness of curtailing the spread.

5070 We had also learned from Miami because they agreed to  
5071 do weekly calls with us because we couldn't understand,  
5072 Miami still had persistent high transmission into the  
5073 late summer. The mayors there were very proactive, they  
5074 were very aggressive mitigators and were still having

5075 spread. We had multiple calls with them and they  
5076 investigated in the communities and found that  
5077 significant spread was happening on Saturdays and Sundays  
5078 when families got together. Even if they were outdoors,  
5079 they went indoors to use the same indoor facility at the  
5080 home, and that was resulting in spread. So then we  
5081 became very clear about family and friends gatherings  
5082 that were leading to significant spread.

5083 I believe that those mitigations had been followed in  
5084 all the states in the time that they saw the first  
5085 positivity. Now, this is not -- you have to do this  
5086 24/7. You have to do it when you see that first rise in  
5087 the test positivity, that that would have altered the  
5088 trajectory of the fatalities and the hospitalizations in  
5089 that state. Not 100 percent, not probably even 50  
5090 percent, but we think that as a layered protection, I  
5091 heard someone talk about it as Swiss cheese, that none of  
5092 these are perfect but if you layer three pieces of Swiss  
5093 cheese, you clog all the holes.

5094 So between testing, masking, and reducing indoor  
5095 unmasked exposure we felt that those combined could have  
5096 a significant impact of decreasing hospitalizations and  
5097 deaths into the 30 to 40 percent range based on the data  
5098 we were getting from states and counties that were  
5099 executing those mitigations.

5100 Q Walking back a little bit, the reports -- you  
5101 started sending them out in June. They were sent to the  
5102 governors and other state officials privately; is that  
5103 correct?

5104 A They were sent to the FEMA, the regional FEMA  
5105 leads, all of the health leads in the state and the  
5106 governors because that -- it went from the White House,  
5107 so that's who the White House has the ability to send it  
5108 to. They don't have the ability to send it to -- that's  
5109 their list of individuals who are serving on the  
5110 emergency response for that state.

5111 Q So the White House didn't really send  
5112 publicly at that time, did they?

5113 A Excuse me.

5114 Q They didn't really send to the broader  
5115 members of the public, did they?

5116 A That request had been made of the White  
5117 House.

5118 Q Who made the request?

5119 A I did.

5120 Q And what was the result or the decision?

5121 A They felt sending it to the state officials  
5122 because that was who the intended audience, that that was  
5123 adequate. Some of the governors, like Governor Beshear  
5124 did post his. We brought that up to governors as a best

5125 practice. He posted 100 percent of his reports.

5126 Q Who denied your request to make them public?

5127 (Pause.)

5128 Mr. Trout. We're going to be guided by executive

5129 privilege and defer on that.

5130 BY MS. MUELLER.

5131 Q Did you have any concern that keeping the

5132 reports private may impair the public access to

5133 information about outbreaks in their communities and the

5134 measures they needed to protect themselves?

5135 A Yes. And I certainly went on the record in

5136 multiple press interviews saying that very thing, that

5137 the more you inform your public and the more you let them

5138 know about where the virus is and where the virus is

5139 spreading, people can make intelligent decisions about

5140 risk mitigation.

5141 I have always found that engaging the community is the

5142 optimal way to combat pandemics on the ground. I think

5143 we were able to get a very similar report up on a public

5144 website in December, and that is the HHS community

5145 profile which looks remarkably like the governors'

5146 report. And so everyone in the United States could see

5147 what was happening exactly the way it was in the

5148 governors' report with every county by case, test

5149 positivity, rate of hospitalization, rate of ICU

5150 admissions and rate of ICU capacities. And that has been  
5151 up since December of 2020.

5152 Q It's been reported that the White House  
5153 stopped proactively sending the governors' reports to  
5154 state and local officials in mid-December 2020 and  
5155 instead required officials to request a copy each week;  
5156 is that correct?

5157 A That is correct.

5158 Q Why did that change happen?

5159 (Pause.)

5160 A I don't know why it happened. I was just  
5161 told of the change.

5162 Q Do you know who made the decision?

5163 A Yes.

5164 (Pause.)

5165 Ms. Mueller. So are you objecting?

5166 Mr. Trout. Yeah. We're going to decline to answer  
5167 that on the grounds of executive privilege at least for  
5168 the present.

5169 BY MS. MUELLER:

5170 Q So in mid-December when that decision was  
5171 made to stop proactively sending the reports, we were in  
5172 one of the worst times in the pandemic, correct?

5173 A Yes.

5174 Q Did anyone raise any concern about the

5175 potential impact of stopping sending this vital  
5176 information to state and local officials during that  
5177 point in the pandemic?

5178 A Yes. And that is why the HHS community  
5179 profile was put up.

5180 Q I think --

5181 Ms. Mueller. We can go off the record at this time.

5182 (Discussion off the record.)

5183 BY MS. GASPAR.

5184 Q Back on the record. I just want to talk very  
5185 quickly about devices. What devices did you use to  
5186 communicate regarding official business while working for  
5187 the task force?

5188 A Only the White House computer and the White  
5189 House phone given me.

5190 Q Did you use any personal cell phones?

5191 A I did not.

5192 Q Did you ever hear of other White House aides  
5193 would communicate with other White House aides on their  
5194 personal cell phones or email?

5195 A I have no idea.

5196 Q Did you ever hear about anyone using  
5197 ProtonMail?

5198 A What?

5199 Q I'll take that as a no. Did you ever hear of

5200 anyone communicating using Signal?

5201 A Did you say ProtonMail?

5202 Q I did.

5203 A There was only one person in the White House  
5204 that I saw it come through as ProtonMail.

5205 Q Who was that?

5206 (Pause.)

5207 A Kevin Haslett.

5208 Q Did you ever hear of anyone using Signal?

5209 A No.

5210 Q Did anyone --

5211 A I don't think we even have Signal on our  
5212 White House phones.

5213 Q Well, either on your White House phone or on  
5214 a personal device.

5215 A I never used my personal device.

5216 Q I'm asking just if you heard of others.

5217 A I would have not been privy to any internal  
5218 communications among the political individuals in the  
5219 White House.

5220 Q So did you ever hear about anyone advocating  
5221 for using nonofficial devices to communicate about  
5222 official business?

5223 A I only used my official devices to  
5224 communicate with personnel in the White House. I don't

5225 know what others used.

5226 Q Okay.

5227 Ms. GASPAR. Those are all my questions for now.

5228 BY MS. MUELLER.

5229 Q Thank you Dr. Birx. On August 2, 2020 you  
5230 gave an interview on CNN about the state of the  
5231 coronavirus pandemic. During the interview, you stated,  
5232 quote, "that the virus is extraordinarily widespread."  
5233 You also noted that the virus was in both urban and rural  
5234 areas across the country and warned that Americans should  
5235 take more precautions such as wearing masks.

5236 Do you recall that interview?

5237 A Oh, yes.

5238 Q Did you believe that your remarks were  
5239 accurate based on the best-known information at that  
5240 time?

5241 A Yes.

5242 Q After the interview, was there any reaction  
5243 from Trump administration officials to your statements on  
5244 CNN?

5245 (Pause.)

5246 A It's been publicly reported that one White  
5247 House personnel contacted me about the interview. Just  
5248 one.

5249 Q And who was that person?

5250 A The President.

5251 Q What did he say to you?

5252 A He said what I reported on Face the Nation,  
5253 but it was an uncomfortable conversation.

5254 Q To be clear --

5255 Mr. Trout. To be clear, it was uncomfortable to her.  
5256 She has not disclosed any further details of the  
5257 conversation and I think on grounds of privilege she's  
5258 not going to today.

5259 BY MS. GASPAR.

5260 Q How long did the conversation last?

5261 A I don't know. Minutes, not hours. Minutes.

5262 BY MS. MUELLER.

5263 Q Did he yell at you?

5264 A I said it was an uncomfortable conversation.  
5265 You can demise what that would mean.

5266 Q Did he use harsh language with you?

5267 A It was uncomfortable.

5268 Q You said during the CNN special that he felt  
5269 very strongly that you misrepresented the pandemic in the  
5270 United States and that you made it out to be much worse  
5271 than it is; is that correct?

5272 A That's correct.

5273 Q Did you say anything in response to the  
5274 President?

5275 A Yes.

5276 Q Did he give you any directions or orders on  
5277 the call?

5278 (Pause.)

5279 A No.

5280 Q Did he make any threats on the call?

5281 A No.

5282 Q Was anyone else on the phone?

5283 A Not that I know of.

5284 Q Did you discuss the phone call with anyone  
5285 afterwards?

5286 A I don't think so. I don't remember that, if  
5287 I did.

5288 Q After the CNN interview on August 2nd, 2020,  
5289 are you aware of whether the President or any other  
5290 administration official took any action against you?

5291 A I'm unaware.

5292 Q Did any of your responsibilities or roles  
5293 change after the interview?

5294 A From what they were, no. Just to be very  
5295 clear about that interview and why I was very clear about  
5296 urban versus rural, because in my travels, it was very  
5297 clear to me that the many parts of this rural country  
5298 really believed because they were sometimes naturally  
5299 physically distant that they would not have a severe

5300 outcome with COVID.

5301 And I wanted them aware that what I was seeing across  
5302 the south was the rural areas were equally impacted to  
5303 the urban areas. And this was different than March and  
5304 April and I wanted to make sure that they were completely  
5305 aware of that reality.

5306 Q Were you censored or blocked from national  
5307 media appearances following the CNN interview?

5308 A Both before and after.

5309 Q You said on the CNN special that someone was  
5310 blocking you from doing national press and that your  
5311 understanding was you could not do national press because  
5312 the President might see it; is that correct?

5313 A That was the impression I received, yes.

5314 Q Who was involved in those discussions?

5315 (Pause.)

5316 A I'm not sure if those direct sentences were  
5317 utilized. What was clear to me is the White House comms  
5318 team was facilitating multiple interviews per day on  
5319 local press based on the list of cities that I gave them,  
5320 that I had concerns about, and they would book probably  
5321 100 media hits a week for Jerome Adams, myself, Bob  
5322 Redfield and Steve Hahn to conduct what we called the  
5323 ember strategy to really highlight -- it started out as  
5324 trying to get proactively ahead and then certainly as the

5325 country deteriorated in the fall became very proactive  
5326 both ahead and during the significant outbreaks.

5327 Up until the time I left on January 19th, the  
5328 communication team continued to book local media and  
5329 continued to facilitate me doing local press when I was  
5330 in the states.

5331 Q Would -- what led you to have the impression  
5332 that you were blocked from national press specifically?

5333 A Because I was hearing through the grapevine  
5334 that I was being requested but I was not hearing of any  
5335 of those requests. So there was something that occurred  
5336 between the media's request and my awareness of being  
5337 able to do national media.

5338 Q How did you learn through the grapevine that  
5339 these requests were being made?

5340 A The reporters would see me in and out of the  
5341 White House and say, oh, we asked for you for the Sunday  
5342 shows. And I would just say, well, you have to go  
5343 through White House comms.

5344 Q Do you think your inability to speak to the  
5345 national press -- strike that.

5346 Do you think it would have been helpful for you to be  
5347 able to speak to the national press and provide your  
5348 expertise to the American people during this time period.

5349 A I take a very find-a-way-or-make-one kind of

5350 approach to pieces. I don't ever let those kind of  
5351 structural barriers impede my ability to reach Americans.  
5352 So I just redoubled my trips and I redoubled the amount  
5353 of local media that I did.

5354 Q Just briefly, we were talking about the South  
5355 Dakota governor's reports. Did you have similar  
5356 difficulties with providing the recommendations you  
5357 thought were needed in other states?

5358 A Not in the states that I had because I  
5359 learned how to -- it was clear to me that word searches  
5360 were not being utilized, that they were reading the  
5361 report rather than doing a word search. So I just made  
5362 it less obvious.

5363 But the reason those recommendations were critically  
5364 important, because in some cases Democratic governors had  
5365 Republican legislatures and this very much helped them to  
5366 be able to say this came from the White House as  
5367 recommendations. And so I would hear that out in the  
5368 states. It also helped Republican governors with  
5369 Republican legislatures to be able to say that these  
5370 recommendations came from the White House. It allowed  
5371 them to move to nationwide -- I mean to statewide mask  
5372 mandates and decreasing occupancy in indoor spaces.

5373 Q You mentioned in interviews that there were  
5374 some states you were not allowed to speak to or that

5375 rejected your requests for meetings. You said South  
5376 Dakota was one example.

5377 What other examples were there?

5378 A It was inconvenient in I think the second or  
5379 third trip to Florida for me to go to Florida and to  
5380 Georgia. But they both -- I had met with both of them in  
5381 state previously.

5382 Q In the fall of 2020, Governor DeSantis made  
5383 orders lifting statewide mandates and in some cases,  
5384 prohibiting localities from instituting mask and other  
5385 mandates.

5386 Did you agree with that decision at the time?

5387 A No.

5388 Q Why not?

5389 A Because I knew the impact that they were  
5390 having on mitigation, so I talked to his senior health  
5391 officer.

5392 Q What impact did it have on mitigation?

5393 A Well, fortunately some of the mayors were  
5394 able to do curfews. That was the one thing left to them,  
5395 so I talked to many of the local mayors and county  
5396 officials about doing curfews because that was the one  
5397 piece that they could still do. And many of them did  
5398 8:00 p.m. curfews at the height of their outbreak.

5399 That was a definitive change over the summer surge

5400 that Florida experienced. Throughout the summer surge,  
5401 Governor DeSantis allowed the local mayors and county  
5402 officials to implement whatever mitigation they thought  
5403 was necessary to combat the epidemic.

5404 Q During an interview with the Center For  
5405 Strategic and International Studies, you spoke in detail  
5406 about your outreach to state and local officials and said  
5407 that you found evidence that states that opened more  
5408 slowly, quote, did about 20 to 25 percent better in their  
5409 fatalities, unquote, than the states that opened more  
5410 quickly and didn't mitigate more optimally. You also  
5411 found that states that had a mask mandate did better in  
5412 fatalities than those without mask mandates; is that  
5413 correct?

5414 A That's correct.

5415 Q So states that implemented your  
5416 recommendations did better than the states that did not?

5417 A That's correct.

5418 Q Okay.

5419 Ms. Gaspar. I think we can go off the record.

5420 [Whereupon, at 4:52 p.m., the taking of the instance  
5421 interview ceased.]

### Dr. Birx Witness Errata (October 12, 2021)

Location	Proposed Change
first week	provided a list of immediate actions to the VP - testing, better and more comprehensive data, comprehensive communication plan to support the behavioral change across America that was needed, asymptomatic spread, not flu and not risk to infection low, acceleration of therapeutic and vaccine development
role on test force	ensure whole of government approach and increase coordination within HHS and among all Federal Agencies, improve data streams and analysis of the data with better predictions and more granular, more recent and including age, race and ethnicity - assembling and communicating data focused on actions, expanded use of all laboratory platforms and capacity
Task force members	Add Seema Verma
575	sp Daniel Gastfriend
648	change to I USED not I saw
691	and then ITEMS
751	Admiral John Polowczyk
1054	There was never DEFINITIVE LABORATORY DIAGNOSIS OF VIRAL RESPIRATORY DISEASE
1061	add throughout the correct PEPFAR
1062	add in JAN-FEB 2020
1095	trying TO UTILIZE dh
1098	matches or doesn't match
1321	on the ground listening, not the but YOU
1341	hearing - and how they were interpreting what we were saying and what they were hearing
1371	both, the physical visits and
1380	I said to the - take our He
1385	add - we were working with a group at the
1387	create a model of the impact on R1
1471	In the reports - I would say your
1570	WRONG assumption
2072	in the summer surge THAN last year
2078	HHS not HH
2113	if it mutates in AN area THAT
2348	CDC and ASPR not ASPA
2767	I don't remember him attending THAT task force meeting
2844	I don't know 27/28/29 not 24/25/26
3024	I mean
3029	<i>and that Remesivir could not</i>
3192	<i>and that Remesivir could not</i>
3253	cloth mask and surgical masks as well as KN95 and N95
3424	for the fall SURGE that we
3848	dramatically INCREASE THE SENSITIVITY AND SPECIFICITY OF THE INDIVIDUAL TESTS
3967	He was t the task force MEETING not being
3990	Executive privilege : these
4754	to have the compiled graphs and data in a manner that resonated with them

4798	we sent it to IGA (intergovernment affairs) Monday am each week for distribution to the States. It took us aall weekend to review the data and write the State reports
5002	health systems in South Dakota so I wanted to visit and understand SD