Excerpts from Transcribed Interview with Dr. Robert Redfield

Q: Was there a general process for how guidance would be developed?

A: I think, in general, CDC would develop the guidance, right?

Q: Okay.

A: And they would develop guidance. It wasn't unusual for the CDC, when they were developing guidance, to reach out for discussion purposes to groups that may be affected by the guidance. That's what CDC did. So, for example, if it's meatpacking or crews or meatpacker workers or teachers, they would -- they would get input, but they wouldn't have the right to guidance, they would just get input to hear, what some of the -- take, you know, take in some of the issues and concerns.

Because, ultimately, this guidance had to be operationalized. But then that guidance would be written. But then the process got -- now you're going to put me back in PTSD. The process got complicated. Because it had to go to HHS and get reviewed and approved.

But then it also went up to the Task Force, and then it also went through interagency circulation, which while they didn't write it, they could comment on it. Didn't like this, didn't like this. Disagree with this, disagree with that. And then it went through OIRA and OMB. And we didn't get the approval usually to issue the guidance until OMB gave it a thumb's up. I don't understand the whole process. If I was there for another four years, I might have understood it, but I don't think I could have survived.

The issue with OMB, at the end of the day, I guess they went through a gillion budgetary implications, what does it mean, this and that. So outside world dialogue, CDC routinely would talk to state and territorial leadership in the states, or if there was a special interest group that it was going after, healthcare workers or meatpackers or teachers, they would get them set on what the issues were to try to listen, and then they would go back and write their guidance. And then that guidance would go through a process.

And I will say, and you probably talked to a lot of people from CDC, I think CDC found this, onerous would be a polite word. I think they really weren't -- they didn't understand why it had to go through this process. But, again, CDC never ran a public health response to a public health issue that was being run by the Vice President of the United States.

Q: Did you agree with that perspective on the process?

A: I would have liked it much more streamlined. I would have liked us to do 24 hour, 48 hour input on our guidance, get back to CDC, revise it, and put it out, based on our best judgment. I will say that no one ever rewrote the guidance. **There was a couple of times where it was compromised. You'll probably ask me about one with the asymptomatics.** I thought I outmaneuvered everybody with the compromise.

I learned within 48 hours after that, I didn't. And we had to change it. There was some arguments where CDC felt very strongly on the church guidance that we should tell Jewish faith and the Catholic faith and Christian faith and Muslim faith what -- how they can run their religious services. I didn't view that was our role. I thought our role was to give the principles of how to contain and control the infection in their environment, and they needed to learn how to adapt it for their services.

So are there are some people at CDC that, I'm sure who talked to you or others, and were very angry at me, because I didn't just adopt their point of view that there should be no more singing in church, there should be no more, you know, this, no more that, no more reading the Torah, no more doing that. I said, let's put the principles out to the faith community, and let the faith community figure out how to use those principles. Difference of point of view, as opposed to -- but I will tell you that when I got difference of point of view from Labor, from Gene Scalia, or a different point of view from the Secretary of Agriculture, we would take their point of view under consideration. Secretary of Education.

But their point of view would never write the document. It would go back to CDC and have to get -- you know, take their input, see what they agree with. Usually go back on some, not all, but some would have to go back up to the Task Force, they would be debated. This is the one, if you you're going to ask about it, fine. If not, I'll stop now.

But you know, when we got to the asymptomatic infections, it became a big issue that got back to the Task Force, got -- Henry Walke and I ended up modifying it, thinking we outsmarted everybody, because we said if you're asymptomatic, you don't necessarily need to have the test, but you need to talk to your doctor about it, healthcare provider.

And we had Atlas and others on the Task Force arguing vehemently that you didn't need to have all these people tested. I thought I outmaneuvered them because what doctor was going to tell them not to get tested? No doctor. But within 48 hours, I realized that's now how it was being interpreted, so I had to redo the guidance myself.

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Q: Do you remember working on the original guidance that came out on July 17?

A: I don't remember the dates, but I know -- I do remember this subject matter.

Q: Was this guidance based on the best available science at the time?

A: Well, if it was CDC guidance, I would argue that it was probably based on the view that CDC had of the best at the time.

Q: So this guidance was revised on August 27th -- August 24th, and it sounds like you remember that. The change, which we're going to pull up this version, this will be Exhibit 5. It changes the earlier guidance to say, if you have been in close contact with

a person with COVID-19 infection, you do not necessarily need a test.

…

Q: "Unless you are a vulnerable individual or your health care provider or state or local public health officials recommend you to take one." So what led to that change being made?

A: **Yeah, there was aggressive debate, would be a polite way of characterizing it, at the Task Force on this, where there were certain individuals that felt extremely strongly that we shouldn't be testing everybody. There wasn't -- truthfully, there wasn't enough tests within the system and -- and I will say, without naming names, I'll say that the proponent of this that was -- got in an aggressive argument with me on many occasions was Dr. Atlas, and he was emphatic.**

And you know, not every argument that happened at the Task Force did the CDC director prevail, okay? And there were significant people, I'm not going to name them all, because I don't remember, to make it clear that Atlas sort of won the debate. That there needed to be some curtailment of the amount of testing that was done as relating to evaluating people that were exposed.

Now, I thought I outmaneuvered him by adding the idea that you talk to your healthcare provider, because I thought healthcare providers -- and I wanted that back in, because one of the big problems with testing was a lot of it was being done outside the health system. And as a consequence, there wasn't the proper contact tracing follow-up and things.

So I actually thought I had been clever in the arguments at the Task Force of getting health care providers reengaged in testing. And at least for the record, appeasing that Atlas won the argument, but I didn't think he won the argument, because we said health care workers were going to make the decision.

What we learned within 24 to 48 hours was that's not the way it was interpreted. Whether it was the pushback in the media, from some of my public health colleagues, and I had to then go ahead and change the guidance back, of which I got -- at a follow-up Task Force meeting, aggressively spoken to in loud terms by Atlas, that I didn't have his and the Task Force approval to change the guidance, at which I said I understand that, but I don't need your approval and the guidance is changed.

So there were a few times where I had to be non-agreeable. This is, you know, I rarely compromised at all, you don't know my personality very well, but I'm not a great compromiser. I sometimes over-think, and I thought I outmaneuvered. I thought I outmaneuvered. Dr. Birx, you know, we really thought -- I really thought I outmaneuvered him here, but the answer is I didn't. And the answer is I did have to change this guidance. The intent was never to have exposed individuals not get tested. The intent, though, of this guidance was to have that decision made by the patient and the health care profession. But when I saw it wasn't being operational, I said I had to

change it. It did lead to a very contentious meeting.

Q: Was the contentious meeting before or after this guidance was posted? Before you posted the revised guidance, which we should bring out. This will be Exhibit 6. I believe that it was dated September 18th.

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A: Yeah, when I presented the rewrite, even though the -- before it became public, there was a decision internally how it was going to be changed. Because I don't remember the exact dates, but that Atlas felt that I didn't have the authority to do it. I had to come back to the Task Force approval and his approval. And I didn't do that. And I basically said I wasn't going to do this.

Q: Was this a one-on-one conversation?

A: No.

Q: At a Task Force meeting?

A: Yeah, I didn't talk to him one on one.

Q: When did Atlas start attending Task Force meetings?

A: I should know, but it was not an easy situation for me. I was not a big advocate of his expertise. I'm not trying to be overly critical. Unfortunately, there was a public article overhearing a conversation I had with somebody that was pretty aggressive, which didn't make our friendship any easier. **And I was very against him on his theory of herd immunity.** I thought for COVID-19, that there is no herd immunity. Tony and I argued about this. Him and Atlas said 50 percent, 30 percent, and then through this -- or 50 percent.

And that's why they believed the vaccine was going to carry this, and it was all going to go away. I understood from the beginning, there is no durable immunity to COVID-19. And if you got naturally infected, you were very much at risk for reinfection probably -- initially, probably in six months, now with Omicron, probably three months. And that the vaccines' durability was highly limited, too.

So herd immunity was a non-optional perspective. **But I will say, Atlas had successfully got a lot of people within the Task Force and the White House to believe that all we had to do was get to herd immunity, which was initially 30 percent, then 50 percent.**

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A: **This is one of the guidances, this initial guidance that got changed was one of my own personal disappointments, because I felt that I thought I was being clever, and I wasn't.** And I had to change it. It took a little longer to get changed than I

remember. But I had the draft of the change probably with Henry and I done within 48 hours.

Q: So I want to just stay on what led to the August 24th -- the change that you viewed as a compromise. You said that it's my understanding that Scott Atlas had only come onboard several weeks before this?

A: I remember I think he came in August, but I don't remember.

Q: I think that's right. This is August 24th. **You said certain individuals felt very strongly we should not be testing everyone. Who else other than Scott Atlas felt that?**

A: I don't remember. **It was -- unfortunately, it was a majority of the Task Force, because if it wasn't, I would have never conceded.** And then I would have never -- and I don't want to say I conceded. I would have never reversed trying to be clever.

Scott Atlas had convinced many people in the White House, along with other people he brought into the White House, which I was not part of any of those meetings. You've heard about different people he brought in to convince people that herd immunity was going to save us, and this thing was going to go bye-bye. I was not of that point of view, and I was never in any of the discussions that Scott Atlas had with the President or others in the White House, outside of the Task Force. Probably God was protecting me, because I don't know if I would have kept my cool.

Q: Who communicated to you that this revision of the guidance needed to be posted?

A: Which one?

Q: The August 24th version, let's say Scott Atlas's approved version.

…

A: **If it was brought up at the Task Force, as a Task Force debate, and the Task Force agreed, and if -- and members of the Task Force felt it was critical, and probably the leadership, even the Vice President, that we came to an agreement, because Atlas was so aggressive. And there was a whole bunch of people in the Atlas camp. And I think Debbie Birx and I were probably in the other camp,** and I think Fauci is going to argue he wasn't at the meeting, but he was missing in action to weigh in.

Q: **And so other than you and Dr. Birx, it sounds like pretty much everyone supported Scott Atlas's view?**

A: **Yes.**

Q: And you felt compelled to make this change?

A: We were asked as a committee to work this out. **And I proposed language that I thought was clever, that would still not change the use by saying talk to your health care provider.** Henry and I worked on it for a while afterwards, I don't remember exactly, but we both thought at the end, if you will, that we had threaded the needle. But we learned very rapidly we didn't thread the needle.

Q: You referenced before that this view came from a feeling that there was a need to curtail testing. Is it fair to say that those members of the Task Force who were supporting the change that happened on August 24th supported the idea that there needed to be less testing in the U.S.?

A: Yeah, I don't know what their motivation was, whether it was that we needed to do less testing, and you heard a lot of those arguments and debate because there were people who felt that. Or they felt that we weren't able, because of the limitation of testing, we weren't able to prioritize testing for where it needed to be.

Q: What do you mean by that?

A: Well, let's say you decided that testing needed to be targeted for vulnerable people only, like we said in this guidance. And it didn't need to go through these drive-throughs where healthy people were coming for their third test in a month. All right? **You know, there was obviously other people who believed, Atlas being one of them, there was no value in diagnosing COVID in otherwise healthy individuals. Who cares, right? He even was of the point of view that the faster everyone gets infected, the sooner we're going to get this behind us, as long as we protect the vulnerable. But we disagreed with him that herd immunity was operational.**

So it was -- I'll end with that, is that the Task Force, he was able to win over a majority of people in the Task Force. And as I say, as I recall, Fauci didn't weigh in on this in a helpful way. Birx did. I did. And Brett Giroir was tasked, since he was the testing czar, with really working on finding the revised language, which you just read, the 24th, he was kind of -- he had the pen, but it ultimately came back to CDC and Henry, and for us to concur with the language. And but that guidance to me, I don't think it took me more than 48 hours to say -- call Henry, and say we've got to redo this.

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Q: Was Dr. Giroir involved in drafting the language of the revision?

A: Of the 24th, he did make suggestions, and went back and forth with him and Henry at CDC. The ultimate decision of the final language, though, was CDC's.

Q: Do you know why -- you just mentioned it took longer than you recalled to post the revision you had drafted within 48 hours. Any recollection of why it took that long?

A: No. Other than I will say it became very clear from me to the Task Force that we were publishing a revision. **And the draft revision must have been circulating, because I**

do remember being confronted by Atlas at the meeting that I didn't have his permission or the Task Force's permission to do this, which I did inform him that I didn't need his permission.

Q: You may be familiar with a rally that the President had held on June 20, 2020, in Oklahoma, where he said testing is a double-edged sword. He said when you do testing, to that extent, you're going to find more people, you're going to find more cases. So I said to my people, slow the testing down, please.

Were you ever instructed to take steps to slow testing down?

A: No.

Q: Do you think that the change that happened in this guidance was, in part, reflective of the President's directive?

A: That would be speculative. **I do know that Atlas was -- obviously, had the ear. Debbie Birx and I didn't have the daily ear of the President at this time on the issues. I know Atlas was of the point of view that we needed to do less testing. I might suggest maybe that's where that view came from as opposed to the President. But we obviously weren't of that point of view.**

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Q: Just a general question about the operation of the Task Force. When there wasn't -- if there wasn't consensus about a given issue, did the Vice President ultimately make the decision?

A: Well, no one did a vote, right? It was just a general discussion. To the Vice President's credit, having been in government, you know, a large part of my life, either state or -- I respected the Vice President enormously, and his leadership, because he never tried to curtail difference of opinion, which a lot of people tried to curtail because they didn't want to have different opinions expressed. I think I even complimented him on his podcast, when I was with him recently, that I appreciated his openness to diverse opinion to be expressed.

But at the end of the day, he was the head of the Task Force. Usually if there was -- there may be somebody else that voiced the opinion, Fauci, Birx, I'm trying to think who else might have. **Obviously once we got Scott Atlas out, he didn't voice that opinion anymore. He's the one that messed up the asymptomatic discussion.**

The Vice President would usually ask us to work among ourselves, and try to come to an agreement. That's how the issue came out with the asymptomatic.