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JAKE TAPPER: Admiral Giroir, thank you so much for joining us. Former White House Chief of Staff Mick Mulvaney wrote an opinion piece recently on coronavirus. And he said, quote, "I know it is unpopular to talk about in some Republican circles, but we still have a testing problem in this country. My son was tested recently. We had to wait five to seven days for results. My daughter wanted to get tested before visiting her grandparents, but was told she didn't qualify. That is simply inexcusable at this point in the pandemic," unquote.

Now, that's obviously the president's own former chief of staff. Everyone agrees testing has improved, but it is not where it needs to be. Why not? Why is it not where yet it needs to be, sir?

ADMIRAL BRETT GIROIR: So, thanks for having me on. And let me assure you that we are not going to stop our efforts until testing is exactly where we want it to be, with rapid turnaround times. We have done over 54 million tests, 770,000 a day. That's not a 140 percent increase. That's a 140-fold increase, in terms of turnaround.

I know you are a numbers guy, so I want to make sure we have this clear. About one-quarter of the tests in this country are done as point of care. That's a 15-minute turnaround. About another quarter are done at local hospitals and laboratories, which is generally within 24 hours. The delays that most people talk about are at the large commercial labs that perform about half the testing in our country.

Now, the data are, the average turnaround is 4.27 days. I follow that morning and evening. I know exactly when it's ordered and when it's resulted. We are trying to bring that down. Just this week, pooling was authorized in both of the large labs Quest and LabCorp. That will improve efficiency. We're adding surge testing to a number of cities where there are outbreaks. We're surging point of care to every single nursing home. And, finally, we will continue to invest. And you will see a large investment being announced later on today to improve the supply chain.

So, we are all working to improve testing. This is an unprecedented demand. And, again, I'm sorry Mick had that experience. We're all working to improve that.

TAPPER: Are you happy where testing is right now?

GIROIR: I'm never going to be happy until we have this under control. And we're going to continue to push every single day to improve the testing, the type of testing that we have, and the rapidity of turnaround. Where we see the growth here is in point of care. We will have about 50 million tests available in August, about 65 million in September.

TAPPER: Hold on one second, sir. I'm having audio problems. But let me -- let me -- I'm while I'm fixing my audio, let me ask this to you. The Harvard Institute of Global Health says that the U.S. should be conducting three to five million tests per day, three to five million tests a day. We're doing, as you noted, less than 800,000.

Experts also note that the Trump administration has not fully activated all of the labs available, including hospital labs, commercial non-clinical labs, academic labs, veterinary labs.

I know that you're saying that things have improved a lot. And they have. But you also concede that they're not where they need to be. Why is the Trump administration not doing everything it can to get testing where it needs to be?

GIROIR: So, every one of those things examples that you said, we're - we're absolutely doing. So, I'm not quite sure why you're saying we're not doing them. Just this week, I had a call with over 500 university presidents, provosts, and vice presidents, and we have been talking to governors for at least a month, maybe two months, about activating the university labs.

We've created the regulatory milieu to do that. In other words, we can do surveillance testing in a non-CLIA - that's a CMS non-CLIA lab - with tests that are not even authorized as long as they're valid. And we could do that in a pooled way. And that's exactly what universities across the country are doing. We have several veterinary labs - I believe it's five right now - that have gotten their CLIA certification, so they can actually do human testing.

So, everything you have just talked about, we have been doing for at least six or eight weeks. And in terms of the number of tests that we have available, look, we're able to achieve almost all our goals right now.

I know people throw out numbers. They say we need 300,000 tests. When we get 300,000 tests, they say we need 900. We get 900, they say we need three million.

I actively work with academics, methodological people all across the country. We want to improve our testing. But we have enough tests right now, if we use them in the right way, to achieve the goals that we need to achieve.

TAPPER: Well, Harvard's been saying for months that you need to have millions of tests a day. And having five veterinary labs okayed for this is not the same thing as having every single lab in the United States that is able to do this up and running and turning around the tests on a more quick basis, so that people can find out where the virus is, identify it and isolate it.

Here's a question. When I say you haven't done everything you can, this is what I mean. Has the Trump administration forced federal labs to hire more workers, buy more equipment? Has President Trump invoked the Defense Production Act to get every commercial lab up to speed? Has the Trump administration invoked the Defense Production Act to get contact tracing up to speed?

There are millions of unemployed Americans who could be working at labs and doing contract tracing. That's what I mean, a Manhattan Project-like effort.

GIROIR: I think that's exactly what we have been doing. The Manhattan Project-like effort is being led by the Vice President of the United States, with the top officials from multiple sectors meeting multiple times a week and literally 24/7 since this has started. We've invoked the Defense Production Act numerous times. We have invested in multiple different technologies. Every single day, I have a working group looking on how we can invest. That's something that we do.

And you will see more investments coming later today. We improved the outcomes of testing like point-of-care testing, so we can improve that to get every 15 minutes. Really, everything that you're talking about -- there was a third point that you mentioned. I hope you repeat it, because I forgot that third point you mentioned.

But on the investment-

TAPPER: Contact tracing.

GIROIR: Contact tracing.

TAPPER: It was contact tracing.

GIROIR: Yes, thanks. So, look, we sent to $10.25 billion to the states to support their state plans. Now, we have outlined all the requirements that have to put in the state plan. We assess them. We adjudicate them. That's $10.25 billion to hire contact tracing.

They have plenty enough money to do that. As of last week, of the $10.25 billion, there's only been $50 million drawn down from that $10.25 billion from the states. So, there is money there for them to do it. We have sent coronavirus response assistance teams that will also help with that to 26 jurisdictions in the last two weeks, another six this week. And we have CDC personnel in every single state.

So, we are supplying the technical assistance. The money is there. The state plans have to meet requirements. So, I think we're checking all those boxes that you just said.

TAPPER: So, I will talk -- I will talk about contact tracing in a second -

GIROIR: Yes.

TAPPER: - because it's a good point that you just raised. But here's the thing. With all due respect, it's July. It's almost August. We're months into this pandemic, and we're still hearing about testing problems. In California, where the virus has been unrelenting for months, we've seen weeklong turnaround times, hours-long lines for access to tests. Officials in Oregon told ABC News they have gotten woefully insufficient support from the Trump administration on testing. In March, President Trump said, falsely, anyone who wants a test can get a test.

At what point will it be true, sir, that anybody who wants a test will be able to get one with a quick turnaround, so as to be effective? When will that be true?

GIROIR: What is true now is that anyone who needs a test can get a test. We are not in a situation - and I want to be really clear, whether it's Mick Mulvaney or anyone else - I feel like going somewhere, so I need a test. That is not where we are.

We are in the middle of a serious pandemic that we're trying to control and we are starting to control all those hot spot states. You look at the data, the percent positivity has flattened or decreased. We have a large increase in the numbers of people wearing masks. We've closed indoor bars at those local areas. So, we're starting to turn that. Hospitalizations are going down.

But let me be clear. We have to prioritize our testing. As I told you, in August, we'll have 50 million tests available. If we have pooling, we will have a little bit more than that. But we're not going to have 300 million tests per day. And I want to level-set that.

Everyone who needs a test, we're prioritizing that. And they will get it. The two-week turnaround, again, I told you the data it's 4.27 days for half of those tests that are done in the commercial labs. I am highly confident that turnaround will decrease this week, with all the steps we're doing, like surge testing, point-of-care testing, nursing home testing, the EUAs, the emergency use authorizations, for pooling.

Again, we are in the middle of a crisis. It's a pandemic. And we're working with every tool that we have, every authority we have. The president knows there's a way that we can open up safely and sensibly, based on the data. And that's what we're doing.

TAPPER: Well, nobody's calling for 300 million tests a day. Harvard is calling for 3.5 million or five million tests a day.

GIROIR: And, again, I have talked to Dr. -- I have talked to Dr. Jha. I have talked to modelers all over the place. And they throw up these numbers, with very little -- with very little data support for it. And they change tenfold over a period of time. We are highly confident that we can meet -

TAPPER: Harvard has been saying this, for millions - it's a straw - sir, it's a straw man to say $300 million a day -- 300 million tests a day or that Harvard has been changing the numbers. They have been pretty consistent for the last three or four months, 3.5 to four, five million. But, listen, let me ask you a question, because you didn't specifically answer this.

GIROIR: OK.

TAPPER: The Trump administration has invoked the Defense Production Act. True. They have done so with to -- for swabs, to get N95 masks, to get ventilators. Accurate. Has the Trump administration, has the President invoked the DPA to get labs up to speed, lab hiring and lab equipment? And you don't even need to do the DPA to do that for federal labs. That's what I'm talking about.

There seems to be this reluctance to push the President to do what he needs to do to get the testing up to speed. I know that he's under the misguided impression that more testing is bad and makes him look bad, which, as you know, is completely false.

And I'm wondering if you and others are just afraid to do this because you don't want to upset him, afraid to ask him to do what he needs to do, to invoke the DPA, to force the federal labs to get up to speed to where we need to be, so that we can isolate the virus.

As you know, when you say people who need a test can get a test, there's a huge percentage of people who have the coronavirus who are asymptomatic, and they, quote, unquote, "don't need to be tested," according to this standard.

But the point is, in order to identify and isolate the virus, it needs to be much more widespread, the testing, so we can see people who are carriers who don't have symptoms. That's the point.

Are you afraid to bring this up to President Trump because it will upset him?

GIROIR: So -- so, Jake, there was about six different things that you said in there, and let me unpack it a little bit.

But let me start with the first premise. Everyone in the administration understands the importance of testing. Nobody in the task force is afraid to bring up anything either to the Vice President or the

President. Every time I have met with the President, he's been listening to all the data. He assesses that. He understands it.

I meet with the Vice President almost every single day. No one is trying to stop testing in this country. No one has ever told me to do that. In fact, we want more, we want better, we want quicker. So let me just put that to rest right there.

Secondly, we look for every opportunity to invoke the DPA. Now, the DPA isn't a magic tool. It doesn't violate the laws of physics. You can't create something out of nothing. Most companies do not need DPA on them, because, number one, they are highly motivated to stop the pandemic. Number two, they have the private capital investment in order to expand their operations. So, if that is happening. And we still touch base with them -

TAPPER: But it's not enough!

GIROIR: Of course, it's enough. Tell me one thing that we should be doing with any of these private labs that we're not doing or they're not doing on their own, and I'm happy to do it. I talk to hundreds of people each week, academics, the Rockefeller Foundation, really smart people that we're working with. We have a national implementation forum for testing that we're going to be getting together this week. I talk to ACLA, APLU, universities, private labs, hospitals, you name it. We're getting input on a daily basis. If there's a stone that needs to be turned that is left unturned, you tell me what it is.

But, from my vantage point...

TAPPER: I just told you!

GIROIR: - we have invoked all the authorities.

TAPPER: Get federal labs -- get federal labs to hire more people and get more equipment, so you can increase turnaround times. Invoke the DPA, so that commercial labs all over the country, ones that you're not using -- five veterinary labs is not impressive to me, sir.

GIROIR: No, no, no.

TAPPER: Get all of those labs up to speed.

GIROIR: I didn't say that. No, no, no. No, I said five veterinary labs have their CLIA certification to officially test human patients. There are a lot of labs who are doing surveillance testing that don't need the CLIA certification. And maybe I will nuance this a little bit. Surveillance testing is a way that -

TAPPER: But no one thinks that testing is up to speed where it needs to be. No one - no one thinks it's where it needs to be. And yet you have spent this entire interview talking about how great and perfect everything is.

GIROIR: No, I - I -

TAPPER: But this is the weakest part of the response to this virus, is testing and where it is not -

[Crosstalk]

GIROIR: I started out -- I started out by saying that we are never going to be happy with testing until we get turnaround times within 24 hours. And I would be happy with point-of-care testing everywhere. We are not there yet. We are doing everything we can to do that.

What can we do? We can test everybody in a hospital within 24 hours, so they can get the new treatments that we developed. We are point-of- care testing in nursing homes or prioritizing all nursing homes, because that's where 50 percent of the mortality are.

Where there's an outbreak, we're surge testing there. We're supplying the public health laboratories. I work with ACLA every single day. I call their CEOs. Those are the big labs, the Quests and the LabCorps. They have pooling that was just improved -- that was just certified last week for both big labs. So, look, I said, we need to continually -

TAPPER: So -

GIROIR: - improve our ecosystem. We started from zero. And that is the truth. There was not a swab in the stockpile. There was not a testing strategy in the stockpile. That's not this administration. That's multiple administrations. We have increased it 140-fold.

And I'm going to do everything I can every single day to improve that. If you have a specific suggestion - and I have answered what you said - we're happy to talk about it. There's no barrier here. The President wants this. The Vice President wants this, everyone on the task force.

TAPPER: I just have two very - I'm being told I have to end this interview because we have other guests, but I have two yes-or-no questions for you, just because I think that will make it - I want to get your answers on it.

When it comes to contact tracing and the states not drawing down enough money that's there for them to do it, does the CDC need to improve its guidance to states as to how to do that, yes or no?

GIROIR: No. I think the contact -

TAPPER: They don't? Okay. It's the states -

[Crosstalk]

GIROIR: I think the contact tracing guidance is pretty clear. But more - literally more important than contact tracing is to wear a mask, right? We have to assume that everyone who's on the street could be positive. And if you're positive, and you wear a mask -

TAPPER: Absolutely.

GIROIR: - you will not transmit it to others. Would have loved to talk to you about the hairdressers, both hot with COVID, 139 clients. Both wore a mask, 139 -

[Crosstalk]

TAPPER: Right, wearing masks, nobody got COVID.

GIROIR: Not a single transmission of COVID.

TAPPER: Yes.

GIROIR: That's why this is much more important than anything we do.

TAPPER: Absolutely.

And last question, sir.

GIROIR: Yes, sir.

TAPPER: Should schools, no matter what, even if they have a positivity rate in that community of more than five percent, even if the virus is spreading in that community, should schools open in the fall?

GIROIR: We have always been clear that the presumption needs to be that we want our kids in school, for all the reasons you know, social, emotional...

[Crosstalk]

TAPPER: Right. But if the positivity - if the positivity rate is high, and the virus is spreading in that community, should it open, yes or no?

GIROIR: There is -- there is no one size that fits all. Obviously -

TAPPER: Okay.

GIROIR: - if the virus is high in that community and spreading, you have to temper your opening or do alternative strategies. I think that's been clear. One size does not fit all. I was in Massachusetts yesterday -

TAPPER: Okay.

GIROIR: - 1.7 percent positivity. Whole different idea than if you're in McAllen, with a 25 percent positivity.

TAPPER: Admiral Giroir, please come back. We'd love to talk to you more about this, so many other issues to discuss. And I thank you for your time today.

GIROIR: Thank you, Jake.