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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: NANCY MESSONNIER

Friday, October 8, 2021

The Interview Commenced at 9:30 a.m.

21 Appearances:

22 For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS:

23 [Redacted]

24 [Redacted]

25 [Redacted]

26 [Redacted]

27 [Redacted]

28

29 For the U.S. DEPARTMENT OF HEALTH AND HUMAN

30 SERVICES:

31 KEVIN BARSTOW, Senior Counsel

32

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

65 [Majority Counsel]. This is a transcribed interview  
66 of Nancy Messonnier conducted by the House Select Committee  
67 on the Coronavirus Crisis. This interview was requested by  
68 Chairman James Clyburn as part of the Committee's oversight  
69 of the Federal Government's pandemic response.

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

72 The Witness. Nancy Ellen Rosenstein Messonnier,  
73 M-E-S-S-O-N-N-I-E-R.

74 [Majority Counsel]. Dr. Messonnier, my name is  
75 [Redacted], majority counsel for the Select Subcommittee. I  
76 want to thank you for coming today for this interview. We  
77 recognize that you are here voluntarily and we appreciate  
78 that.

79 Under the Committee's rules, you are allowed to have an  
80 attorney present to advise you during the interview. Do you  
81 have an attorney representing you in your personal capacity?

82 The Witness. Yes, I do.

83 [Majority Counsel]. Would Counsel for Dr. Messonnier  
84 please identify themselves for the record?

85 Mr. O'Callaghan. Yes. Edward O'Callaghan, Alyssa  
86 DaCunha, and Kerry Bollerman from WilmerHale for Dr.  
87 Messonnier.

88 [Majority Counsel]. Thank you.

89           Could the additional staff in the room please introduce  
90 themselves for the record, perhaps starting with majority  
91 counsel.

92           [Majority Counsel]. [Redacted] for the majority.

93           [Majority Counsel]. [Redacted], majority counsel.

94           [Majority Counsel]. [Redacted], majority counsel.

95           [Majority Counsel]. [Redacted], majority counsel.

96           [Majority Counsel]. And counsel for the minority,  
97 please?

98           [Minority Counsel]. [Redacted].

99           [Minority Counsel]. This is [Redacted].

100          [Majority Counsel]. And counsel for HHS?

101          Mr. Barstow. Kevin Barstow, senior counsel at HHS.

102          [Majority Counsel]. Thank you.

103                 Before we begin, I would like to go over the ground  
104 rules for the interview.

105                 As previously agreed to by majority staff and counsel  
106 for Dr. Messonnier, the scope of this interview is the  
107 Federal Government's response to the coronavirus pandemic  
108 from December 1st, 2019 through January 20, 2021.

109                 The way this interview will proceed is as follows: The  
110 majority and minority staff will alternate asking questions  
111 one hour per side per round until each side is finished with  
112 questioning. The majority staff will begin and proceed for  
113 an hour, and then minority staff will have an hour to ask

114 questions, and we'll alternate back and forth in this manner  
115 until there are no more questions.

116 We have agreed that if we are in the middle of a line  
117 of questioning, we may end a few minutes before or go a few  
118 minutes past the hour just to wrap up a particular topic.  
119 In this interview while one staff member may lead the  
120 questioning, additional staff may jump in to ask questions  
121 from time to time.

122 There is a court reporter taking down everything I say  
123 and everything you say to make a written record of the  
124 interview. For the record to be clear, please wait until I  
125 finish each question before you begin to answer, and I will  
126 wait until you finish your response before asking you the  
127 next question. The court reporter cannot record nonverbal  
128 answers such as shaking your head, so it's important that  
129 you answer each question with an audible verbal answer.

130 Do you understand?

131 The Witness. Yes, I understand.

132 [Majority Counsel]. Thank you. We want you to answer  
133 questions in the most complete and truthful manner possible.  
134 So we're going to take our time. If you have any questions  
135 or do not understand any of the questions, please let us  
136 know. We would be happy to clarify or rephrase our  
137 questions to the extent necessary.

138 Do you understand?

139           The Witness.   Yes, I understand.

140           [Majority Counsel].   If I ask you about conversations  
141 or events in the past and you're unable to recall the exact  
142 words or details, you should testify to the substance of  
143 those conversations or events to the best of your  
144 recollection.  If you recall only a part of conversation or  
145 event, you should give us your best recollection of those  
146 events or parts of conversations that you do recall.  Do you  
147 understand?

148           The Witness.   Yes, I understand.

149           [Majority Counsel].   If you need to take a break,  
150 please let us know.  We're happy to accommodate you.  
151 Ordinarily, we take about a five-minute break at the end of  
152 each hour of questioning.  If you need a break before then,  
153 just let us know.  To the extent that a question is pending,  
154 however, I would just ask that you finish answering the  
155 question before you take a break.  Do you understand?

156           The Witness.   Yes, I understand.

157           [Majority Counsel].   Although you are here voluntarily  
158 we will not swear you in, but you are required to answer  
159 questions from Congress truthfully.  This also applies to  
160 questions posed by congressional staff in an interview.  Do  
161 you understand?

162           The Witness.   Yes, I understand.

163           [Majority Counsel].   If at any time you knowingly make

164 false statements, you could be subject to criminal  
165 prosecution. Do you understand?

166 The Witness. Yes, I understand.

167 [Majority Counsel]. Is there any reason that you  
168 would be unable to provide truthful answers in today's  
169 interview?

170 The Witness. No.

171 [Majority Counsel]. So the Select Subcommittee  
172 follows the rules on the Committee on Oversight and Reform.  
173 Please note that if you wish to assert a privilege over any  
174 statement today that assertion must comply with the rules on  
175 the Committee of Oversight and Reform. Committee rule 16C1  
176 states, "for the chair to consider assertions of privilege  
177 over testimony or statements, witnesses or entities must  
178 clearly state the specific privilege being asserted and the  
179 reason for the assertion on or before the scheduled date of  
180 testimony or appearance."

181 Do you understand?

182 The Witness. Yes, I understand.

183 [Majority Counsel]. Do you have any questions before  
184 we begin?

185 The Witness. No, I don't have any questions.

186 [Majority Counsel]. Fantastic.

187 BY [MAJORITY COUNSEL].

188 Q I understand that you left CDC in May after more



189 than 25 years at the agency. So first and foremost, I want  
190 to thank you for a distinguished career of service to this  
191 country. As the first question, can you tell us a little  
192 bit more about your roles at CDC over time maybe in  
193 backwards order, starting with the most recent roles and  
194 then going backwards.

195 A Okay. My last role at CDC was as director of  
196 the National Center for Immunization and Respiratory  
197 Diseases. And previous to that, for about a year, I was the  
198 deputy director of that center. Going backwards, I held a  
199 variety of management and leadership positions. And then  
200 starting at the agency, I was a technical expert, subject  
201 matter expert working on infectious diseases and vaccines.  
202 And when I initially started CDC in 1995, it was as an  
203 epidemic intelligence service fellow.

204 Q Thank you. As the director of the National  
205 Center for Immunization and Respiratory Diseases, who did  
206 you report to?

207 A I reported to the deputy director for infectious  
208 diseases, Dr. Jay Butler.

209 Q Did anyone report to you directly?

210 A Yes.

211 Q Approximately how many people reported to you?

212 A Over the five or six years that I was in that  
213 position, the numbers changed a little bit. But I had

214 approximately 12 people directly reporting to me.

215 Q For the period before the coronavirus pandemic,  
216 what were your general responsibilities as the director of  
217 the NCIRD?

218 A I had -- sorry. So I was responsible for a  
219 center that had a variety of responsibilities for infectious  
220 diseases and vaccines. So we had laboratory and  
221 epidemiologists and program specialists who were technical  
222 experts on a series of respiratory diseases and vaccine  
223 preventable diseases. We were also responsible for running  
224 the U.S. immunization program.

225 Q Did your role change during the pandemic?

226 A During the pandemic, yes, my role changed as is  
227 sort of typical for an emergency response, when CDC stood up  
228 the emergency operations center, I had responsibilities that  
229 were different than my normal job as part of the emergency  
230 response.

231 Q But a few follow-up questions on that. When did  
232 CDC set up that emergency response center?

233 A So I think the date of official activation of  
234 the emergency operations center was around January 21, 2020.

235 Q And once that emergency response was set up, how  
236 did your role change? What did you take responsibility for?

237 A So before that date, in the less than a month of  
238 the early days of COVID-19, we had stood up an incident

239 management structure to respond to COVID within my center.  
240 So the activities of responding were reporting to me. When  
241 CDC stood up the emergency operations center, part of what  
242 happened is that there is an incident manager. And that  
243 incident manager reports up to CDC leadership. And that was  
244 the reporting and responsibility overall for the response  
245 was no longer reporting to me. At that point, in January  
246 20th or 21st, I took over as the senior federal official in  
247 the response.

248 Q I just want to make sure that I understand  
249 correctly. So prior to January 20th, is it fair to say that  
250 you were leading CDC's response, or was it just within your  
251 center?

252 A The response was centered in my center. So I  
253 was responsible for leading the response, but of course,  
254 reporting to CDC leadership to Dr. Butler and the CDC senior  
255 leadership.

256 Q And then once the incident management response  
257 was set up, who was the incident manager?

258 A Just to be precise, it's a little complicated,  
259 I'm sorry. But when we were in the center, we were an  
260 incident management structure. It's really when the  
261 emergency operation center was activated that I think you're  
262 asking about, and when the emergency operation center was  
263 activated, Dr. Dan Jernigan was the incident manager.

264 Q And did the identity of the incident manager  
265 stay Dr. Butler or did that change over time?

266 A Dan Jernigan.

267 Q Dan Jernigan, yes.

268 A This has been an unprecedented 18-month  
269 response, and there have been other people after  
270 Dr. Jernigan who took over as incident manager.

271 Q Can you take us through that?

272 A I think I can take you through it. After  
273 Dr. Jernigan, Dr. Schuchat took over as incident manager.  
274 After Dr. Schuchat, Dr. Jay Butler took over as incident  
275 manager. And I think after Dr. Butler, Dr. Henry Walke took  
276 over as incident manager.

277 Q Thank you. So before the emergency response was  
278 activated, the first few weeks of January, what did your  
279 role of leading the response entail?

280 A I oversaw the incident management structure and  
281 the activities, and then I reported through Dr. Butler to  
282 CDC leadership.

283 Q So were you coordinating both within CDC and  
284 other government agencies?

285 A I was coordinating within CDC. I would say that  
286 the coordination with other government agencies was more  
287 centered in CDC leadership.

288 Q Okay. So take us back to that early period.

289 Can you tell us a little bit about maybe, first, when did  
290 you first become aware that there was a respiratory illness  
291 that appeared to be spreading in Wuhan, China?

292 A I think I became aware when most of the world  
293 became aware around December 30th, when there was a ProMED  
294 posting. ProMED is sort of a listserv that many infectious  
295 disease professionals within government and outside  
296 subscribe to. And there was a posting on ProMED that there  
297 was an unexplained respiratory outbreak in China. When I  
298 got to my office that morning, actually there was an email  
299 from Dr. Schuchat who had checked her email before, and  
300 followed the posting, and emailed us to ask what we knew  
301 about it.

302 Q What action did you take after that report first  
303 emerged?

304 A So the first action I took was to call together  
305 the staff virtually and send folks out to gather more  
306 information. Again, by the time I saw the email, frankly,  
307 many of the staff saw it at the same time. And at the time,  
308 we had staff posted in China specifically focused on  
309 influenza. But they were 12 hours earlier, their day had  
310 started 12 hours before. And so they were already working  
311 on trying to gather additional information. They were  
312 already working on that when they were contacted morning  
313 time in Atlanta.

314 Q What steps did CDC take to determine whether  
315 there was a risk of the virus spreading to the United States  
316 during those early days of January 2020?

317 A A lot of the early days were spent gathering as  
318 much additional information as we could working with a  
319 variety of partners, folks on the ground in China, folks in  
320 Asia, and the World Health Organization and other partners  
321 who might have relevant information. I would say that it's  
322 hard sometimes 18 months later to remember exactly what we  
323 were thinking on every day, but I would say that early on,  
324 while we had reason to be concerned, there wasn't enough  
325 information in those first days to know how alarmed to be.

326 Q Would reports of unknown infectious diseases  
327 periodically pop up around the world, and then ultimately be  
328 resolved with no issues in the United States?

329 A That's correct. And reports of unknown  
330 infectious diseases sometimes ended up being, once  
331 investigation was completed, ended up actually being a  
332 well-known infectious disease, as an example.

333 Q So you mentioned that you and others at CDC were  
334 gathering information during that time. What other agencies  
335 were involved in any of that early information gathering, if  
336 any?

337 A I am sure that my colleagues at CDC reached out  
338 to any contacts that they thought potentially would have

339 information. I think the group with which we would be most  
340 closely working would have been others within HHS,  
341 specifically ASPR, the Assistant Secretary for Preparedness  
342 and Response, and the State Department, which our colleagues  
343 who were posted in China would have been working with.

344 Q Were you coordinating with the White House at  
345 that time?

346 A My reporting chain was through Dr. Butler to CDC  
347 leadership. It would have been CDC leadership that would  
348 have been coordinating further up in the administration.

349 Q So to be clear, you were not communicating  
350 directly with the White House, correct?

351 A That would be correct.

352 Q Were you aware when CDC leadership may have  
353 first looped in the White House about this emergent  
354 infectious disease?

355 A No, I'm not aware.

356 Q So during this early period, what were you doing  
357 on a day-to-day basis? Who were you communicating with,  
358 what actions were you taking related to this coronavirus, if  
359 you can remember?

360 A It's a little hard for me to be able to -- in  
361 some ways, it feels like a really long period of time, but I  
362 think that it was a very compressed period of time. So I  
363 think within the first couple of days, frankly, I was having

364 many meetings to gather information.

365           During that period of time, in fact, I think even as  
366 early as the 30th, we were writing what we would call  
367 situation updates, basically to make sure that we were  
368 passing our current understanding of the facts up to CDC  
369 leadership. And then I was having meetings both with the  
370 staff and to brief CDC leadership.

371           I think as sort of the first week proceeded and the  
372 concern that this was something significant grew, I was  
373 standing up the response structures within the center,  
374 basically identifying the individuals who were going to take  
375 the leads over certain parts of the activities.

376           Q           Who did you put in charge of which  
377 responsibilities at that time?

378           A           I'm sorry to say that's asking for level of  
379 detail that I don't remember, but maybe just to give an  
380 example, there was a group working on epidemiology, there  
381 was a group working on laboratory, there was a communication  
382 and a policy lead. As time progressed, there was somebody  
383 specifically working on infection control, sort of concerns  
384 around transmission within hospitals. There would have been  
385 somebody working on water health. I mean, this is a very  
386 typical CDC structure and sort of a typical way that we  
387 respond with those particular boxes.

388           Q           Would the organizational structure, who was



389 responsible for what, had been documented at that time?

390 A Yes.

391 Q Once the emergency response was activated, at  
392 that point, how did your role and responsibilities change?

393 A So when the emergency operations center was  
394 activated, the response moved from the center physically to  
395 the emergency operations center, and sort of as an entity  
396 reporting directly to CDC leadership. And my role was as  
397 the senior federal official.

398 Q So what does that mean, in terms of your typical  
399 daily responsibilities?

400 A As a senior federal official, a lot of my  
401 responsibility was around communication. That was both  
402 communication with the public through the media and also  
403 communication with many, many, many partners and also with  
404 the Hill staffers.

405 Q Were you also communicating with state and local  
406 public health officials as part of that role?

407 A Yes. So when I say partners, the term that we  
408 use broadly, but it definitely includes state and local  
409 health departments as a key partner.

410 Q And for the emergency response activation, were  
411 there daily calls with leadership that you participated in?  
412 Were there other -- please describe some of those meetings  
413 that you would have been involved with.



439 for the record.)

440 BY [MAJORITY COUNSEL].

441 Q This is a February 24th, 2020 appointment from  
442 the email address olx1@cdc.gov.

443 Mr. O'Callaghan. Hold on a second, if you would call  
444 it up.

445 [Majority Counsel]. Of course. I apologize.

446 Mr. O'Callaghan. So is this the way this is going to  
447 work, just so I know? Because you're not going to share the  
448 screen, right?

449 [Majority Counsel]. I apologize. No, we could  
450 attempt that if it would be best, but typically, folks have  
451 pulled it up themselves.

452 Mr. O'Callaghan. Okay.

453 The Witness. Okay.

454 BY [MAJORITY COUNSEL].

455 Q So attached to this appointment is a PowerPoint  
456 presentation entitled COVID-19 Incident Manager Update  
457 Response Day 45.

458 My question is just, was this one of the daily calls  
459 that you participated in during the early months of the  
460 response?

461 Mr. O'Callaghan. Sorry, this is Exhibit 21?

462 [Majority Counsel]. That's correct.

463 The Witness. Yes, it is an incident manager update

464 meeting, which was one of the daily -- again, at this time,  
465 it would have been an in-person meeting as well as people  
466 joining by phone, but on February 24th, we were still  
467 located on campus.

468 BY [MAJORITY COUNSEL].

469 Q And was the incident manager update meeting held  
470 daily or at some other time or in January or February?

471 A I am -- my memory is that it was held daily.

472 Q Did you generally attend these meetings?

473 A I did generally attend them.

474 Q What was your role at the incident manager  
475 meeting?

476 A It was to listen and learn, to understand  
477 broadly what was going on throughout the entire response to  
478 help inform my work as a senior federal official. I think  
479 at times, I might have asked a few questions about points  
480 that I wanted clarification on. I did not routinely have a  
481 speaking role at these updates, though.

482 Q Thank you. Who generally led them? Was it  
483 Dr. Schuchat?

484 A It would have been the incident manager. So  
485 again, in February, that would have been Dr. Dan Jernigan.

486 Q Who else generally attended these meetings? Was  
487 it CDC? Just at an agency level.

488 A It would have primarily been CDC staff. It

489 would have primarily been CDC staff that were working on the  
490 response or CDC leadership. I think I remember, though,  
491 that at some point there were a few folks from other U.S.  
492 government agencies that might have joined some of these  
493 meetings, but I don't know that they did so routinely.

494 Q You mentioned that you listened in to get an  
495 update about the response and what was going on. What would  
496 you say the purpose of the meetings was? Was it to share  
497 information, set policy, something else?

498 A I would say that, at that point, the goal of the  
499 meetings was to share information broadly. As you can see  
500 from the agenda, there were a large number of teams working  
501 on many different activities and busily working on many  
502 different activities. And this was the meeting of the day  
503 where all of those teams came together, representatives from  
504 all of those teams came together to share an update on what  
505 they were working on.

506 It's also an opportunity for the incident manager to  
507 give any direction in terms of what the priorities should be  
508 or guidance to the groups about what the priorities are,  
509 what the goals are.

510 Q You mentioned that during this period, you were  
511 serving as the spokesman for CDC and communicating with the  
512 public. And that to do your role, you were gathering  
513 information and attending a lot of calls; is that correct?

514 A That is correct.

515 Q Was that how you would prepare for press  
516 briefings and other public communications, or would you also  
517 follow some other process?

518 A So --

519 Q That was a bad question. I apologize. I can  
520 rephrase it if that's helpful.

521 A Yes, please.

522 Q How would you prepare for those early press  
523 briefings that you were giving in January and February?

524 A Okay. So I think that there are two part  
525 answers to that question. Okay. I was working with the  
526 communications team, and I would work with the  
527 communications team to decide the topics for the  
528 telebriefings and the content. And then worked with them to  
529 draft and edit and prepare a script. That process was  
530 informed broadly by these meetings and the conversations and  
531 content that were discussed at the meetings.

532 Q Thank you. So we've been talking about, I  
533 think, January and February. How did your role continue to  
534 change during the pandemic, if at all?

535 A Yeah. So by mid-March, as the pandemic  
536 escalated in the United States, the administration took on a  
537 larger role in public-facing communication. And at some  
538 point in March, it became clear that the need for CDC to

539 play that role was diminishing.

540 At that time, as CDC does regularly in responses, they  
541 were looking at the organizational structure of the response  
542 to make sure that it best fit the needs. And that role of  
543 senior federal official was being eliminated. At that  
544 point, I went back to my day job as the director for the  
545 National Center for Immunization and Respiratory Diseases,  
546 so that I could really focus on COVID vaccines, which was  
547 going to become a key part of our response strategy.

548 Q And in focusing on coronavirus vaccines, what  
549 did that entail over time? Were you coordinating with other  
550 government agencies on Operation Warp Speed, for instance?

551 A Yes. So that is correct. I -- as Operation  
552 Warp Speed got stood up, I was coordinating closely with  
553 Operation Warp Speed staff and leadership and had  
554 responsibilities in the Operation Warp Speed space of  
555 focusing on implementation and coordinating within CDC.

556 Q What do you mean by focusing on implementation?

557 A Operation Warp Speed was a broad set of  
558 activities. And within Operation Warp Speed, there was sort  
559 of these pillars. One group that was focused on vaccine  
560 development, one group that was focused on manufacturing,  
561 and then the third pillar which was the program  
562 implementation piece. And that's where I was focused.

563 Q Does that mean focusing on the eventual rollout

564 of the vaccine's administration or something different?

565           A           I think that's a fair way to characterize it,  
566 that I was focused on preparing for, and then rolling out  
567 the vaccine.

568           Q           So what did that entail in maybe late spring, as  
569 opposed to summer or fall? How did your focus change over  
570 time?

571           A           I guess I would say that it intensified, if  
572 that's a fair way to say it. In the spring, it was  
573 theoretical, and a lot of discussions were on sort of the  
574 role of vaccines, how a vaccine should be construed, what a  
575 vaccine program might look like.

576                    In the summer and early fall, we shifted to planning  
577 for rollout of the vaccine. And then of course, in the  
578 winter, we focused on actually rolling out the vaccine.

579           Mr. O'Callaghan. One clarifying question on that.  
580 When you said -- you referred to the spring and the vaccine  
581 as being theoretical. The vaccine was in development,  
582 correct?

583           The Witness. Correct.

584           Mr. O'Callaghan. Maybe if you want to clarify that a  
585 little bit?

586           The Witness. Sure.

587                    I mean, in the spring, the activities were around  
588 thinking through what the potential for a vaccine, what



589 impact the vaccine might have, how a vaccine might be used.  
590 And then as vaccine development progressed, and there were  
591 vaccine candidates with information concretely about what  
592 those vaccines could look like, we could get into a much  
593 more precise planning for an implementation for vaccine.

594 BY [MAJORITY COUNSEL].

595 Q So this work, did it start in March or was it a  
596 little bit later?

597 A I think the discussions about the potential for  
598 a vaccine would have started as early as January of 2020.  
599 And in fact, the vaccines themselves were built on years of  
600 scientific research at NIH and various other places. I  
601 think the thinking around Operation Warp Speed, and the need  
602 to really think and push and organize, in order to get a  
603 vaccine quickly, and to speed up that process were  
604 escalating in March, but definitely in April and May of  
605 2020.

606 Q Apart from implementation of the vaccine, did  
607 you have any role in coordinating with the pharmaceutical  
608 companies themselves that were developing vaccines?

609 A I had no role in coordinating with the  
610 pharmaceutical companies around development of the vaccine.  
611 However, my day job as the director of NCIRD also has  
612 responsibility for CDC's advisory committee on immunization  
613 practices, which is the committee that makes recommendation

614 to the CDC director about use of vaccines. So in that role,  
615 we certainly would have had -- the team would have had and I  
616 would have had some interactions with the pharmaceutical  
617 companies to plan for the implementation stage.

618 Q And does that include review of some of the data  
619 that would come in from clinical trials or is it just on the  
620 back end after that recommendation was made to approve a  
621 vaccine?

622 A It would definitely include review of the  
623 clinical trial data, which is something that CDC's advisory  
624 committee would have been reviewing before the vaccine  
625 recommendations.

626 Q Got it. Thank you. Who were you working with  
627 as part of these efforts around vaccines, maybe first  
628 starting with more senior folks within CDC?

629 A So just to clarify the question, are you asking,  
630 who I was working within the CDC or outside of CDC?

631 Q It will be both, but maybe first start with some  
632 of the more senior leaders on this effort at CDC.

633 A So I was -- in that role, I was reporting  
634 directly to Dr. Jay Butler. And he was the person that I  
635 had the most direct contact with, again, as my supervisor in  
636 my day job.

637 Q And then outside of CDC, who were you working  
638 closely with around vaccines?

639           A           That is a broad list that maybe I'll start,  
640 before -- in the early discussions, I was engaged in  
641 discussions with Dr. Peter Marks and Dr. Rick Bright, and  
642 the ASPR Robert Kadlec about the early need for vaccines,  
643 and the need for a program which eventually became Operation  
644 Warp Speed.

645           So in the early days, that's who I was working with  
646 most closely. When Operation Warp Speed stood up, General  
647 Perna was put in charge of the program, so I was  
648 working -- I was reporting through him and to members of his  
649 senior staff.

650           Q           You mentioned that Operation Warp Speed was  
651 stood up. When did that happen? Was that in May, sometime  
652 in mid to late May?

653           A           I'm sorry, but I can't remember the specifics.  
654 But late spring sounds right. And I'm sure, at some point,  
655 there was an announcement, but we were starting to lean  
656 forward into the needs of that before the announcement.

657           Q           Before Operation Warp Speed was officially stood  
658 up, was there a structure or were these discussions that  
659 you're referencing with Dr. Marks and Dr. Bright and Dr.  
660 Kadlec, just informal discussions perhaps that didn't have  
661 any formal structure?

662           Mr. O'Callaghan. The formal structure that you're  
663 looking for with respect to her response to vaccine

664 development, in particular?

665 [Majority Counsel]. Yeah.

666 BY [MAJORITY COUNSEL].

667 Q I guess, was there a formal working group is  
668 sort of what I'm trying to get at, or were these more just  
669 informal discussions at the time?

670 A If I remember correctly, there were vaccine  
671 working groups, and in fact, there was a vaccine team  
672 working in the response. But I would also say that for  
673 myself, Dr. Marks, Dr. Bright, these were our regular jobs.  
674 These were the kind of discussions that we would normally be  
675 having. And so the interactions that I had with them, they  
676 were also career professionals in the administration, and I  
677 would be interacting with them as part of my regular  
678 responsibilities.

679 Q Were you part of discussions with the White  
680 House about the need to jump-start vaccine production and  
681 form what ultimately became Operation Warp Speed?

682 A As far as I remember, I was never in any  
683 discussions with the White House about that.

684 Q Just generally speaking, throughout the course  
685 of the pandemic, were you regularly communicating with folks  
686 at HHS?

687 A Can you be more specific about regularly  
688 communicating?

689 Q Were there any individuals at HHS that you were  
690 regularly working with as part of your job duties?

691 A So in the early part of the pandemic, before I  
692 pivoted to work on vaccines, I was definitely on conference  
693 calls with various individuals with HHS as part of the CDC  
694 team that was having discussions with HHS.

695 When I pivoted to work on the vaccine work, there  
696 was -- once Operation Warp Speed got stood up -- a team of  
697 people who were working on the Operation Warp Speed, and  
698 that included individuals from HHS. I wouldn't say that I  
699 was working with them outside of the context, but Operation  
700 Warp Speed was taken up within HHS. So I guess you could  
701 say, you know, all those people were within HHS.

702 Q You mentioned career officials. Were you also  
703 interacting directly with political appointees at HHS?

704 A In the first part of the pandemic, again, on  
705 these conference calls, I don't think I always knew who was  
706 on the other end of the line, but I certainly wouldn't be  
707 surprised if there were political appointees on those  
708 conversations.

709 Once Operation Warp Speed was stood up, I would say,  
710 similarly, there were definitely political appointees that  
711 were part of that conversation. And specifically, as I  
712 remember it, Paul Mango was the HHS delegated lead point of  
713 contact for many of the Operation Warp Speed activities.

714 Q Were you communicating with Secretary Azar  
715 during the pandemic?

716 A So in the early part of the pandemic on these  
717 conference calls, there were multiple conference calls that  
718 Secretary Azar participated in. In the Operation Warp Speed  
719 part of my activities, I don't believe I was regularly on  
720 calls with him, but I wouldn't be surprised if there was  
721 some call that I was on that he also led.

722 Q Is it fair to say you weren't personally  
723 interacting with him directly often during this period?

724 A I was not professionally interacting with  
725 Secretary Azar regularly during the pandemic.

726 Q What about folks at ASPA, perhaps during the  
727 early period of the pandemic, when you were leading  
728 briefings, did ASPA have any role in those briefings or your  
729 other work?

730 A So in the early part of the pandemic, I worked  
731 with a communication team in the incident management  
732 structure. The communication team reported to the CDC  
733 Office of Communication. And CDC's Office of Communication  
734 was the group that had the responsibility to coordinate and  
735 communicate with ASPA.

736 Q Who was leading that Office of Communication at  
737 CDC or who were you working with on CDC's comms team?

738 A I was primarily working with the communication

739 team in the response. There were -- over that period of  
740 intense work, there were a variety of people in CDC's Office  
741 of Communication. And I frankly don't recall exactly at  
742 what point who was the primary link with the response. And  
743 I remember that it did change over time as folks rotated in  
744 and out.

745 Mr. O'Callaghan. That's what you recall.

746 [Majority Counsel]. That's fine. Thank you.

747 BY [MAJORITY COUNSEL].

748 Q Within your center, were there particular people  
749 that you were working with within your center closely on  
750 crafting those messages for the briefing?

751 A So inside the -- especially when we stood up  
752 the -- when CDC stood up the emergency operation center,  
753 there was a communication team that worked in that emergency  
754 response. Is that the period that you're referring to?  
755 Okay.

756 So the two individuals that I worked most closely with  
757 at that time were Ms. Erin Burns and Ms. Kristen Nordlund.  
758 And they really were the team that I worked with most  
759 closely in crafting the scripts, for example, for the  
760 teleconferences.

761 Q Generally, throughout the response, were you  
762 coordinating with individuals from OMB?

763 A In the beginning of the response, I was not

764 coordinating at all with OMB. In the summer of 2020 around  
765 the vaccine activities, I was not directly coordinating with  
766 OMB at all.

767 Q So at any time over the course of 2020, were you  
768 coordinating with OMB directly?

769 A Can you maybe define what you mean by  
770 coordinating with? Do you mean interacting with them  
771 directly?

772 Q Yes.

773 A During the summer of 2020 was the only time that  
774 I recall being on any specific calls where OMB was present,  
775 and that was around Operation Warp Speed activities.

776 Q During 2020, were you having direct contact with  
777 the White House coronavirus task force?

778 A During 2020, the only specific interaction  
779 directly with the task force that I recall was in the summer  
780 of 2020, when Operation Warp Speed held a meeting to  
781 describe to Dr. Debbie Birx our plans for rollout of the  
782 vaccine program. But that is the only time that I recall  
783 ever having direct contact with the White House Task Force.

784 Q Earlier, you mentioned during the early response  
785 that you were in contact with senior leadership in the  
786 response at CDC. Were you communicating directly with  
787 Director Redfield during this period?

788 A I want to clarify what I think you're asking.



789 In the early part of the response, before we stood up the  
790 emergency operations center, are you asking for  
791 that -- about that period?

792 Q Yes.

793 A So in the early part of the response, before we  
794 stood up the emergency operations center, I was reporting to  
795 Dr. Jay Butler, and had regular meetings with CDC leadership  
796 led by Dr. Schuchat and a few other senior leaders within  
797 CDC that had direct responsibility. But during that period  
798 of -- I mean, again, we're talking maybe three weeks, I  
799 definitely had several direct interactions with Dr. Redfield  
800 to talk through various components of what was going on.

801 Q What about over -- later in the spring, did you  
802 continue to have meetings and direct contact with Director  
803 Redfield?

804 Mr. O'Callaghan. So it's later in the spring could  
805 encompass her role in the emergency operations center. And  
806 then as she explained, moving to the vaccine. Are there one  
807 period or both of them?

808 BY [MAJORITY COUNSEL].

809 Q I'm just trying to understand, if your level of  
810 interaction with Dr. Redfield changed over the course of the  
811 pandemic to get a little bit better understanding of how  
812 that may have changed over time.

813 A Sure. So when the emergency operations center

814 stood up, I stopped having direct one-on-one contact with  
815 Dr. Redfield because it really wasn't part of my  
816 responsibility anymore in the emergency response. So he  
817 would have been interacting, for example, with Dr. Jernigan.

818 He certainly was present at a variety of meetings that  
819 I went to both initially in person and then on the phone,  
820 once he started traveling a lot to D.C. So most of my  
821 interaction with him would have been in groups.

822 That said, I think I remember that I would have had  
823 sort of intermittent more direct interactions with him,  
824 either, again, in person as we -- if you could picture the  
825 emergency operations center, it's basically a physical  
826 space. And so I certainly might have interacted with him in  
827 that space and it's possible that I had some phone calls  
828 with him although again nothing regular.

829 When Operation Warp Speed got fully stood up, I had a  
830 sort of direct reporting. I continued to directly report  
831 through Dr. Butler, but I also was reporting through General  
832 Perna, in order to make sure that Dr. Redfield was fully  
833 updated on activities. I'm sorry, and also I would say I  
834 had a dotted line back to the response where I was keeping  
835 the incident manager updated.

836 But in order to make sure that Dr. Redfield was fully  
837 updated on activities, so that he was informed for his  
838 interactions with the administration, I began having regular

839 calls with Dr. Redfield to update him. Those calls would  
840 have regularly included Dr. Butler, and I think at some  
841 point Dr. Schuchat started joining, too. So those were for  
842 me to update him on the activities within Operation Warp  
843 Speed.

844 Q Thank you. That's very helpful background to, I  
845 think, situate us for the rest of our time together. I  
846 would like to move back in time to the very early days of  
847 January, when the first news was coming out about this  
848 possible new virus in Wuhan, China. It's been reported that  
849 Director Redfield had a call with George Gao, the head of  
850 China's CDC on January 3rd, 2020. Did Dr. Redfield inform  
851 you of this call?

852 A I would say it's a long time ago. What I do  
853 remember is that Dr. Redfield had a long personal  
854 relationship with Dr. George Gao. And I cannot tell you  
855 what the date was, but I do know that he reached out to him,  
856 and made personal contact with him to gather additional  
857 information and to offer CDC assistance. I can't tell you  
858 that that was January 3rd, but it was in the early days of  
859 2020.

860 Q What's been reported is that George Gao  
861 reportedly denied that there was evidence of human-to-human  
862 transmission, but was describing that there appeared to be  
863 family clusters, and that Dr. Redfield responded that it

864 seemed unlikely that there was no human-to-human  
865 transmission, given the existence of these family clusters.  
866 Is this something that you recall discussing around that  
867 time?

868           A           I don't specifically recall discussing  
869 Dr. Redfield's conversation with George Gao, or what he  
870 replied to him. But I do specifically remember in January  
871 of having incomplete information about transmission patterns  
872 in China, and frankly being frustrated that we didn't  
873 understand everything that we wanted to understand about the  
874 virus.

875           I think I would distinguish family contact  
876 transmission, which is a setting where viruses are more  
877 likely to transmit, because of the repeated contact versus  
878 through more general community transmission, which it seems  
879 to be what we're referring to. And I know at that time, we  
880 were looking at the data that was available from China and  
881 trying to determine if they were seeing community  
882 transmission, which would be a sign of concern for us, both  
883 globally and for the potential for community transmissions  
884 in the U.S.

885           Q           When did the first reports come out to suggest  
886 that there might be community spread in China?

887           A           I don't know that I remember that date.

888           Q           Roughly, was it in January, do you recall?

889           A           I don't believe that we had complete information  
890 in January about the spread in China. But I know that we  
891 knew by the third week in January that the number of cases  
892 in China were exponentially increasing. And it would be  
893 hard to explain that if there wasn't community transmission.

894           Q           On January 17th, 2020, CDC, along with the  
895 Customs and Border Protection, announced that it would begin  
896 screening travelers who had traveled to Wuhan in the past  
897 two weeks at three major airports in the United States,  
898 Los Angeles, New York, and San Francisco. Were you part of  
899 the decisionmaking around instituting these travel screening  
900 measures?

901           A           I was definitely part of the discussion. I  
902 certainly wasn't the decisionmaker in that setting.

903           Q           How were those locations selected?

904           A           I am perhaps not the best person as -- I would  
905 say I'm not a subject matter expert in this area. But if I  
906 remember correctly, they were selected because they were the  
907 places where the highest volume of travelers returning from  
908 Wuhan would have entered the United States.

909           Q           Was there discussion of taking other steps at  
910 that time to screen perhaps travelers who passed through  
911 Wuhan and went to a different airport?

912           Mr. O'Callaghan. To be clear, discussions within CDC  
913 that Dr. Messonnier would be privy to?

914           [Majority Counsel]. Conversations that Dr. Messonnier  
915 is privy to, whether inside of CDC or outside of CDC.

916           The Witness. I would say that there were definitely  
917 many conversations about what to do at that juncture. And  
918 whether an airport screening strategy was both feasible and  
919 efficient and effective as a strategy. It's sometimes hard,  
920 I think, to go back and remember what we knew on that day,  
921 and what decisions were being based on. But if I remember  
922 correctly, that was the tenor of the discussion, is this an  
923 effective strategy, is it feasible, is it efficient?

924           BY [MAJORITY COUNSEL].

925           Q           Were there concerns that it would not be an  
926 effective strategy at that time?

927           A           So in the early days of the pandemic, not fully  
928 understanding the risk, there was the thinking that if we  
929 could -- that the primary source of the pandemic was in  
930 China. And that it would be still possible to contain the  
931 pandemic if we could stop the virus from entering the United  
932 States.

933           And so the strategy was specifically construed to see  
934 if we could identify people before they brought it into the  
935 U.S., and keep them from spreading it further into the U.S.

936           I would say that, you know, it is a little bit hard  
937 now, given how much we've learned about the pathogen to go  
938 back to that moment and think through that strategy, but I

939 would say that that reflects our thinking at the time.

940 Mr. O'Callaghan. Are we coming up on a good time for  
941 a break here?

942 [Majority Counsel]. Let me wrap up my questions, but  
943 just a moment longer.

944 Mr. O'Callaghan. Thank you.

945 [Majority Counsel]. Thank you.

946 BY [MAJORITY COUNSEL].

947 Q CDC reported the first U.S. case from  
948 international travel on January 21st, 2020, and a second  
949 case on the 24th of January. And then seemed to find  
950 evidence of the first instance of person-to-person spread on  
951 January 30th.

952 My question is, did this news change any of the  
953 thinking about whether the travel screenings were sufficient  
954 at that time, whether they should be beefed up or whether  
955 other measures could be taken to stop the spread of  
956 coronavirus to the United States?

957 A So the time period you're talking about also is  
958 the time period at which the response changed from being in  
959 my responsibility as the center director to the emergency  
960 operations center. So I want to reflect that because it  
961 changed my line of sight and visibility into all the  
962 conversations that were happening. And the number of people  
963 involved in the response appropriately really started

964 increasing to try to manage such a complex endeavor.

965           So I was at some conversations, but not all. But I  
966 think, yes, of course, there were many conversations about  
967 what we knew about the virus, how we could quickly learn  
968 more, whether our strategies were effective, whether we  
969 should be doing more. I think in the early days with those  
970 initial pieces, CDC worked with state and local health  
971 departments to do contact tracing, which is looking around  
972 the cases to identify if there had been transmission.

973           And for whatever reason, those initial pieces didn't  
974 seem to have led to community transmission. And the  
975 secondary cases were only in family members. I think it  
976 gave us a false sense of security about that the virus  
977 wasn't so transmissible. And I think those early cases,  
978 frankly, ended up being misleading is what we learned later.

979           [Majority Counsel]. I think this is a good time to  
980 take a break, so we'll go off the record.

981           (Recess.)

982           [Majority Counsel]. We can go back on the record.

983           BY [MAJORITY COUNSEL].

984           Q           Dr. Messonnier, going back to mid to late  
985 January, I understand that knowledge evolved pretty quickly  
986 during this time period about the virus. Can you tell us a  
987 little more about the rationale behind the screenings at  
988 that time, and how the thought process developed that these



989 types of screenings might be effective at determining  
990 whether there were people with the virus coming in from  
991 China.

992 Mr. O'Callaghan. I think I just want to get oriented  
993 again where we were. I think Dr. Messonnier in her prior  
994 testimony was clear that this was not her lane of  
995 responsibility, and not her expertise. So I just don't want  
996 you to go down a path of questioning where the answers are  
997 not going to be very illuminating.

998 [Majority Counsel]. I understand.

999 BY [MAJORITY COUNSEL].

1000 Q I think we are just asking you, Dr. Messonnier,  
1001 what your awareness was at that time from your participation  
1002 and discussion. I know you certainly were discussing these  
1003 things during public briefings, so I expect you'll have at  
1004 least some familiarity with the topic.

1005 A Can you ask the question again?

1006 Q I just want to understand a little bit more  
1007 about the travel screening, the thought process behind  
1008 instituting them. Was it believed at that time that  
1009 temperature screenings would be effective at identifying  
1010 people carrying the virus?

1011 A So as I said, I was aware of these  
1012 conversations. I am not an expert in this area. But my  
1013 understanding is that the hope was that temperature

1014 screenings would be able to identify people who had  
1015 coronavirus and were traveling back to the United States  
1016 with an attempt to prevent them from transmitting further  
1017 into the U.S. population.

1018 Q Over time, did it become clear that temperature  
1019 screenings alone might not be effective at detecting people  
1020 infected with the virus?

1021 A I think that is true, but I would say that I  
1022 know that information broadly from my broad awareness of  
1023 what was going on. And I think that discussion occurred  
1024 after I left the main part of the response, and was very  
1025 singularly focused on vaccines.

1026 Q Thank you. On January 28th, CDC advised  
1027 travelers to avoid all non-essential travel to China. Were  
1028 you involved in that decision?

1029 A I was aware of the decision, and I certainly  
1030 could easily have been in conversations where it was being  
1031 discussed, but I had no direct responsibility for those  
1032 decisions.

1033 Q Do you know if anyone sought to have that  
1034 implemented earlier?

1035 A Do you mean implemented, like, in the days  
1036 before January 28th, or do you mean implemented six months  
1037 earlier?

1038 Q It wouldn't have been six months earlier, right?

1039 A You mean in connection with the COVID pandemic?

1040 Q That's right.

1041 A Okay. I believe that I would remember and  
1042 certainly would think that it would have been normal for  
1043 there to be discussions over several days before such a  
1044 policy was decided. So I guess I would have expected there  
1045 to have been discussions at least a few days in advance.  
1046 But I have no specific memory of the first day that that was  
1047 proposed.

1048 Q Secretary Azar later declared a public health  
1049 emergency on January 31, 2020, and the State Department  
1050 announced a level 4 do not travel advisory and banned  
1051 non-citizens who had been in China within the last 14 days  
1052 from coming to the United States. Did you coordinate or did  
1053 you have any discussion prior to these policies being  
1054 implemented?

1055 Mr. O'Callaghan. Sorry, [Redacted], are you asking  
1056 discussions with whom and what Dr. Messonnier -- these  
1057 discussions was, I think, too broad.

1058 [Majority Counsel]. I think we've discussed that  
1059 there are limited objections. If your client is unclear on  
1060 the question, I would just ask her to communicate that to  
1061 me. But, otherwise, I would ask her to answer the question  
1062 and just go from there.

1063 Mr. O'Callaghan. Okay. Can you just ask the question

1064 again?

1065 The Witness. Can you ask the question again?

1066 BY [MAJORITY COUNSEL].

1067 Q Secretary Azar declared a public health  
1068 emergency on January 31st, and at that time, the State  
1069 Department also announced a do not travel advisory that  
1070 banned non-citizens who had been in China in the last 14  
1071 days from coming to the United States. Were you involved in  
1072 discussions prior to those decisions being made?

1073 A Can you clarify, do you mean sort of policy  
1074 level discussions about the policy of that? Is that --

1075 Q Yes.

1076 A Okay. So at that point in the response, I was  
1077 not in the role where I would be having those kind of  
1078 conversations or in a leadership role around our border  
1079 control policy. I certainly potentially sat in on a  
1080 conversation about it, but I have no specific memory of  
1081 being in any specific conversations about that, and I  
1082 certainly wasn't leading conversations around those issues.

1083 Q Travel from Europe was later restricted on March  
1084 11th, although a major outbreak had been detected in Italy  
1085 by February 22nd. Were you part of any discussions about  
1086 implementing a similar travel ban from Italy or other  
1087 countries in the February-March timeframe?

1088 A Well, I would answer similarly. My role in the

1089 response was not to be in a leadership position. My role in  
1090 the response did not put me in a leadership position in any  
1091 of those conversations. I certainly was aware that there  
1092 were discussions around that, and it's certainly possible  
1093 that I was in a meeting of some sort where it was discussed.  
1094 But I did not have any specific role or specific policy  
1095 level conversations that I led on that topic.

1096 Q Did anyone advocate at CDC to institute  
1097 restrictions on European travel prior to March 11th, to the  
1098 best of your knowledge?

1099 A Yes, I think that there were individuals at CDC  
1100 that were advocating for that as a policy position in March.

1101 Q February or March? Do you know what time  
1102 period?

1103 A I'm sorry to say that I don't, but -- yeah, I  
1104 don't.

1105 Q Do you recall who those people who may have been  
1106 advocating for those European or other travel restrictions  
1107 might have been?

1108 Mr. O'Callaghan. If you know.

1109 The Witness. I think that I remember that Dr. Marty  
1110 Cetron, who was -- who is and was the director of the  
1111 division of Border Patrol and Quarantine, and had that  
1112 responsibility in the response, was certainly the lead of  
1113 those conversations. And if I remember correctly, he

1114 thought that that should be seriously considered.

1115 BY [MAJORITY COUNSEL].

1116 Q How did you become aware of those discussions?

1117 A You know, at the time of February, late February  
1118 and early March, we were, again, in the emergency operations  
1119 center, all in a sort of a close setting, lots of people  
1120 jammed together. And there was lots of opportunity for me  
1121 to sort of hear what was going on, so I don't think it was  
1122 more -- I don't have a more specific memory than just  
1123 general awareness of the conversations that were going on.

1124 Q Sitting here today with the knowledge of the  
1125 virus and the course of the outbreak, do you think that  
1126 halting travel from Europe earlier could have reduced the  
1127 early impact of the coronavirus in the United States?

1128 A Boy, you know, frankly, I haven't really thought  
1129 about that much and I -- having not really thought about it,  
1130 I'm not sure I'm in a position to second-guess decisions  
1131 that were made when they were made. So I just -- I don't  
1132 really feel like I'm equipped to answer that accurately.

1133 Q It was reported on February 26, 2020 that the  
1134 first instance of possible community spread occurred, I  
1135 believe, in California. Sitting here today, do you believe  
1136 that community spread may have been occurring prior to  
1137 February 25th, 2020?

1138 A Yes, I believe that community transmission

1139 likely occurred before we identified the first incident of  
1140 it.

1141 Q What could have been done to detect community  
1142 spread earlier, if anything?

1143 A Oh, boy. You know, after more than 18 months of  
1144 a response, I think it's easy to look back and have many  
1145 things that we wish we had known and wished we had had in  
1146 place earlier. And science that became clear later, and at  
1147 the time we didn't have the information to know it. So I  
1148 think widespread preexisting broad surveillance in the  
1149 United States with laboratory capacity broadly might have  
1150 detected cases earlier, and therefore, might have detected  
1151 community spread.

1152 I believe that it is highly likely that there was  
1153 community spread, but I believe that it was a relatively  
1154 small number of cases. And even with widespread  
1155 surveillance -- widespread surveillance would have had to  
1156 have been very rigorous and widespread through the U.S. to  
1157 have a hope of picking up any of those cases.

1158 Q I would like to talk a little bit about testing.  
1159 Chinese officials posted the genetic sequence for SARS-CoV-2  
1160 on January 20, 2020, and by January 20th, CDC had developed  
1161 its own test to detect the virus which FDA authorized on  
1162 February 4th. On February 6th, CDC announced that it would  
1163 begin shipping 200 test kits throughout the country.

1164 Broadly speaking, does that all sound correct to the best of  
1165 your knowledge?

1166 A I can't speak to the dates, but broadly  
1167 speaking, the timeframe matches my memory of this.

1168 Q The 200 test kits, I understand each test kit  
1169 would be able to test about 700 to 800 specimens. So in  
1170 total, the 200 kits would have been capable of conducting up  
1171 to 160,000 tests. Do you know how that quantity was  
1172 determined to be sufficient at that time? Let me scratch  
1173 that.

1174 Was that quantity determined to be sufficient at that  
1175 time?

1176 A So again, January 20th, after that first case,  
1177 correspondence in that timeframe and my role in that  
1178 response changed. I, as far as I know, was not involved in  
1179 any conversations specifically around how many test kits or  
1180 how many people would be tested with that kit. So I don't  
1181 have any information about that.

1182 Q Do you know if there was a plan to increase the  
1183 production of tests after that initial set of 200 tests were  
1184 developed?

1185 A I guess I vaguely remember discussions about it,  
1186 but I certainly don't remember any specifics about, for  
1187 example, what the plan would have been.

1188 Q Do you know if efforts were made to develop



1189 tests at a larger scale in the January timeframe?

1190 A Again, where I handed off was around January  
1191 20th, so before January 20th, our focus was on really trying  
1192 to come up with a test kit to identify those first cases in  
1193 the U.S. We weren't having concrete discussions about  
1194 scaling up.

1195 Q What about after January 20th, are you aware if  
1196 there were discussions about scaling up?

1197 A I would expect there would have been discussions  
1198 about scaling up, but again, I wasn't part of discussions  
1199 about scaling up.

1200 Q Do you know who would have been involved in  
1201 those discussions?

1202 A Dr. Dan Jernigan.

1203 Q Do you know if Dr. Jernigan or anyone else at  
1204 CDC engaged with test manufacturing companies during January  
1205 or February?

1206 A I have a general remembrance that -- so I have  
1207 to ask for clarification. Do you mean test companies that  
1208 would be making their own tests, or do you mean test  
1209 companies that would work with CDC to scale up the CDC test?

1210 Q I guess both. So for scaling up the CDC test,  
1211 how would that have worked?

1212 A So I vaguely remember that there were  
1213 conversations with groups that would basically be able to

1214 produce the CDC test kits, in order to enhance CDC's  
1215 capacity. CDC test kits were developed and CDC's role was  
1216 to provide support to state and local health departments by  
1217 manufacturing and getting those test kits to health  
1218 departments. The rest of this side, which is commercially  
1219 available test kits was not something for which CDC  
1220 had -- has the leadership role.

1221 Q And is it FDA that has the leadership role on  
1222 the commercial test kits?

1223 A I think that that would have been a combination  
1224 of FDA and ASPR -- ASPR, P-R.

1225 Q For the CDC's test kits at that time, do you  
1226 know how they were being processed? I recall that all  
1227 positives would be sent back to CDC to be confirmed; is that  
1228 right?

1229 A Sorry, there's a noise outside. Just give me a  
1230 second.

1231 Okay. Sorry the garbage truck's outside my door. Can  
1232 you clarify the timeframe that you're asking about? Are you  
1233 asking about sort of before January 20th, before that  
1234 initial case was identified?

1235 Q January and February 2020.

1236 A So initially, state health departments would  
1237 have sent their suspected patient samples to CDC for the  
1238 tests to be run in CDC labs. In February, the point of

1239 pushing the test kits out to state and local health  
1240 departments was to enhance their capacity.

1241 And also, there was probably a -- depending on what  
1242 state it was, a half a day to -- if it was Hawaii, a few  
1243 days delay, as the samples came to CDC because of the  
1244 shipping timing. So getting the test kits out to state and  
1245 local health departments was both to enhance their capacity,  
1246 but also to try to speed up the testing.

1247 Q So during that time period, the state and local  
1248 health departments, is it that they would be able to process  
1249 their own results and get presumptive positives; is that  
1250 right?

1251 A So you're saying the time period after CDC was  
1252 shipping testing out to state and local health departments.

1253 Q Correct.

1254 A And again, this is sort of routine CDC  
1255 approaches to a new test, is that the state and local health  
1256 departments would be able to process and do their own  
1257 testing.

1258 Q Do you know if presumptive positives at that  
1259 point were then also sent to CDC to confirm?

1260 A So, again, I generally am aware that the early  
1261 plan was to send presumptive positives to CDC to confirm.  
1262 That sounds right, but I don't have specific recollections.  
1263 And, again, I wasn't -- it wasn't my role anymore.

1264 Q I understand that the World Health Organization  
1265 had developed its own test in January. Were you part of  
1266 discussions about whether to use the WHO's test or to  
1267 develop another test at CDC?

1268 A In early January, when CDC was working to  
1269 identify the initial case, I don't recall those  
1270 conversations. And later, I wasn't part of -- I don't  
1271 recall any conversations that I was part of where that was  
1272 specifically discussed.

1273 Q Were you part of discussions or are you aware of  
1274 discussions about whether to develop or allow labs to  
1275 develop or authorize their own tests?

1276 A I was, again, generally, aware that there were  
1277 discussions about that, that the FDA was having, but I  
1278 wasn't part of discussions about that.

1279 Q Just very briefly, it's been reported that tests  
1280 developed by CDC were faulty, and that one component was not  
1281 giving reliable results; is that correct?

1282 A That is my understanding, yes.

1283 Q Were you aware of when concern was first raised  
1284 that the test kits were not giving reliable results?

1285 A So the procedure for sending test kits out to  
1286 state and local health departments, one of the steps is that  
1287 when the state and local health department received the test  
1288 kits, they do internal testing to basically test out the kit

1289 before they start using it. And it was in the  
1290 initial -- after the test kits were received by state and  
1291 local labs, relatively quickly afterwards, several of those  
1292 states reported problems with their initial testing of the  
1293 test kits.

1294 Q Do you recall approximately the dates of when  
1295 those reports started coming in?

1296 A I think my memory is that it was soon after the  
1297 test kits were received by the state and local health  
1298 departments, but I don't recall the exact dates.

1299 Q Were you aware of who was leading the efforts to  
1300 fix the -- or scratch that.

1301 Were you aware of who was leading the effort to  
1302 confirm whether the test kits were working reliably and fix  
1303 the problem?

1304 A I think there was a team of people working on  
1305 that. I don't specifically remember during the time period  
1306 that you're talking about who was the lead.

1307 Q Do you recall anyone who was heavily involved in  
1308 that?

1309 A Again, Dr. Jernigan was the incident manager,  
1310 and so he would have been the one that was, you know,  
1311 directly responsible and who the teams would have been  
1312 referring to.

1313 Q Do you know how long it took to ultimately

1314 resolve the problem with the CDC's test kits?

1315 A I don't. I don't know that I know that answer.

1316 I think there was an interim resolution that involved

1317 focusing on the two tests that were working correctly which

1318 were judged to be sufficient to identify COVID-19. I

1319 wasn't, again, directly involved in those conversations, and

1320 so I don't remember the timing.

1321 Q Okay, we'll move on. I would like to talk about

1322 CDC's role in providing information to the public about the

1323 coronavirus. Before I do so, I would like to understand

1324 your thoughts about the general role of public communication

1325 during a public health emergency.

1326 So first, as director of the NCIRD, what were your

1327 responsibilities in terms of communicating CDC's public

1328 health guidance to the public before the coronavirus was

1329 first detected?

1330 A So as the NCIRD director, I, at various

1331 junctures, had the opportunity to communicate to and inform

1332 the public about a variety of issues that involved vaccines

1333 or vaccine preventable diseases.

1334 Q Would you perform public briefings on these

1335 issues?

1336 A The terminology public briefing is not something

1337 I'm familiar with. Do you want to explain what you mean?

1338 Q Let's back up. Would you occasionally speak to

1339 members of the press about some of these issues?

1340 A Yes, I would intermittently speak to members of  
1341 the press about various vaccine preventable diseases and  
1342 infectious disease.

1343 Q So would that be one-on-one with a specific  
1344 reporter on occasion?

1345 A Yes, I definitely had the occasion to talk  
1346 one-on-one with reporters.

1347 Q Would it also be with larger groups of reporters  
1348 as part of a teleconference or another group briefing?

1349 A Yes. So I intermittently was asked to speak at  
1350 telebriefings, where a series of reporters would come hear  
1351 the same messages at the same time.

1352 Q So when I mentioned public briefings going  
1353 forward, that's what I'm talking about. Whether it's for a  
1354 group of reporters or some other public conference that  
1355 might be streamed to the broader public.

1356 A Thank you. Yes, understood.

1357 Q Is providing clear and accurate information to  
1358 the press and the general public an important part of the  
1359 response to a public health emergency?

1360 A Yes.

1361 Q Why is that important?

1362 A I think it's a key part of our public health  
1363 responsibility, to make sure that the public understands the

1364 information as we have it, and gets a clear, concise  
1365 assessment of the risk, and any actions that we believe they  
1366 should be taking.

1367 Q And why is it important to give that information  
1368 to the public? Is it so that they can take action to keep  
1369 themselves and their family members safe?

1370 A It's certainly part of the reason to give the  
1371 public updated information is to give them our best public  
1372 health recommendations about what they can do to keep  
1373 themselves and their families safe. That includes actions  
1374 that they should be taking or plans that they should be  
1375 making in case of a worsening emergency.

1376 Q When CDC shares information with the public, is  
1377 that used by a particular audience such as health care  
1378 providers, or generally speaking, does the CDC's audience  
1379 tend to be broader than that?

1380 A I think that CDC's audience is health care  
1381 providers and state and local public health officials who  
1382 need the information, so that they can then talk to their  
1383 constituents and their patients. At times, CDC's audience  
1384 also includes the general public.

1385 Q So is it fair to say that the information that  
1386 CDC shares is important for both health care practitioners  
1387 and the general public?

1388 A I think we need to be precise. It depends a



1389 little bit on which information it is. There's some  
1390 information that is highly technical that is more targeted  
1391 to health care professionals. There's some information that  
1392 clearly the general public needs to know. And so I think,  
1393 generally speaking, CDC's role is to communicate both, but  
1394 the information may be different.

1395 Q Thank you. Yes, I acknowledge that was a bad  
1396 question, but you answered it, so thank you. How does CDC  
1397 determine what information needs to be shared with the  
1398 public during a public health emergency or at any other  
1399 time?

1400 A That is a pretty broad question. Could you  
1401 maybe narrow it into two questions?

1402 Q So I guess maybe take me through the process of  
1403 determining whether a public briefing or other information  
1404 should be shared beyond just perhaps an MMWR or some other  
1405 piece of writing that CDC releases.

1406 [Transmission interference.]

1407 BY [MAJORITY COUNSEL].

1408 Q Doctor, if you wouldn't mind just starting from  
1409 the beginning.

1410 A So I can only speak to my experience as the  
1411 NCIRD director and not policies and procedures more broadly  
1412 at CDC. But in my experience, when there was an issue that  
1413 was information about an outbreak, new research, or new

1414 consideration or something that the staff or I in my space  
1415 thought needed additional public visibility, we would  
1416 discuss that with both Dr. Butler as our supervisor, and  
1417 also with CDC's Office of Communications, get their  
1418 concurrence that we should be communicating in some way out  
1419 to the public.

1420 Q Thank you. The part that may have been cut off,  
1421 for the record, you had mentioned that CDC would consider  
1422 giving press conferences or briefings when there was  
1423 something that was potentially concerning to the public,  
1424 such as an outbreak. And I think you also mentioned that it  
1425 was when there were issues that CDC officials thought needed  
1426 to be shared with the public. What did you mean by that?  
1427 Is it matters of public health that might impact the health  
1428 and safety of Americans?

1429 A Yes, I think that's right. I think the decision  
1430 to do a wider telebriefing was both if there was a major  
1431 issue that we thought needed a lot of visibility. I also  
1432 think sometimes the decision to do a telebriefing was  
1433 because a particular issue was leading to multiple reporters  
1434 asking similar questions, and so the decision to do a  
1435 telebriefing might have also been for efficiency to try to  
1436 answer all those questions at once.

1437 Q Particular to the pandemic, what was the  
1438 approval process for holding a public briefing or a press

1439 conference?

1440           A           Our primary interaction was with CDC's Office of  
1441 Communication. I believe that they got concurrence from  
1442 senior leadership within CDC. I guess, I believe, that they  
1443 would have had some level of discussion with Health and  
1444 Human Services ASPA office, but I don't know any details or  
1445 particulars about specifically what that would have  
1446 entailed.

1447           Q           Just to clarify, do you know if Health and Human  
1448 Services were required to provide approval for press  
1449 conferences and briefings as part of the pandemic?

1450           A           My experience in my five years as the NCIRD  
1451 director is that approval was needed, but I honestly would  
1452 say that the CDC Office of Communication should confirm  
1453 that, as I don't know, for example, if it was every  
1454 telebriefing or which interactions needed approval. And if  
1455 I remember correctly, over the -- again, over the five  
1456 years, there was some changes in terms of what kinds of  
1457 interactions needed what kinds of approval.

1458           Mr. O'Callaghan. [Redacted], just to clarify for the  
1459 record, because you keep using public briefing and press  
1460 conferences. And Dr. Messonnier is using telebriefings.  
1461 And so you can testify to it, but telebriefings is what she  
1462 is referring to when she talks about any public messaging  
1463 from CDC; is that right?

1464           The Witness. Thank you for making me clarify. I also  
1465 frankly don't remember, but vaguely think that even at some  
1466 points, individual interactions with individual reporters  
1467 needed either notification or approval. And I frankly don't  
1468 remember at what point in the five or six years that I am  
1469 thinking of, what kind of approvals were needed. I think at  
1470 some point notifications were needed, at other points for  
1471 certain things, approvals were needed.

1472           BY [MAJORITY COUNSEL].

1473           Q       Did this procedure change after the coronavirus  
1474 began?

1475           A       So I think, as I explained my responsibilities,  
1476 the communications team would be in communication with the  
1477 CDC communications team. And it was the CDC communications  
1478 team that then would be engaged with ASPA. My understanding  
1479 in the beginning of the pandemic was that those were the  
1480 procedures still that were followed.

1481           Q       Did those procedures change, to the best of your  
1482 knowledge, over the course of the pandemic?

1483           A       So that the chain of communications stayed the  
1484 same. So the procedures, I think, stayed the same from my  
1485 visibility, but frankly, it would be CDC Office of  
1486 Communication that would have more direct information about  
1487 what happened after things left their office.

1488           Q       Are you aware if there ever came a time that the

1489 White House started to approve CDC telebriefings?

1490 A I am not aware of whether the White House was  
1491 directly involved in approval of telebriefings.

1492 Q You led a number of public telebriefings in the  
1493 early months of the pandemic response. Do you recall  
1494 approximately how many you led?

1495 A Oh, gosh. I'm sorry I don't. I know that  
1496 they're all online, and we could find that number, but I  
1497 don't.

1498 Q Does it sound correct to say you did, more or  
1499 less, around a dozen?

1500 A Yes, that sounds about correct.

1501 Q Can you briefly tell us about the process of  
1502 scheduling and preparing for those briefings?

1503 A The process for scheduling them involved us  
1504 communicating with CDC's Office of Communication. And CDC's  
1505 Office of Communication was navigating the discussions with  
1506 the administration about when we were going to have them.  
1507 And I'm sorry, and the second part of your question?

1508 Q How would you go about preparing for those  
1509 briefings specifically?

1510 A So with the communications team in the response,  
1511 we would strategize about what we wanted to talk about that  
1512 week or the next week, and what issues were that we wanted  
1513 to communicate to the public about. But also what issues we

1514 were getting lots of questions about that we wanted the  
1515 opportunity to clarify. The communications team would then  
1516 begin drafting a script, and we would go back and forth  
1517 working through that script up until the morning of the  
1518 telebriefing.

1519 Q You mentioned navigating discussions with the  
1520 administration. What did you mean by that?

1521 A I guess -- thank you for making me be precise.  
1522 I don't really know what happened after CDC's Office of  
1523 Communication. They were in contact with HHS, ASPA, and  
1524 discussing with them the scheduling of telebriefings, and I  
1525 wasn't involved in those conversations.

1526 Q You mentioned earlier that you dealt with, was  
1527 it Ms. Burns and Ms. Nordlund? Are those the people that  
1528 were having these conversations about scheduling these  
1529 telebriefings?

1530 A Thanks for the opportunity to clarify. No,  
1531 those were the team within the response who were helping  
1532 with development of the script. They were then  
1533 communicating with CDC's Office of Communication, Kate  
1534 Galatas, Katherine Lyon Daniel, and others up there would  
1535 have been the ones that were talking to HHS, ASPA.

1536 Q What considerations were taken into account when  
1537 it came to scheduling the briefings and the frequency? I  
1538 know you mentioned earlier it was when there was either lots

1539 of questions were being asked or there was new information  
1540 to be shared. But I was wondering if you could talk a  
1541 little bit more specifically about the coronavirus briefings  
1542 you were leading in January, February, and March of 2020.

1543 A I think there were a number of things that were  
1544 taken into account. And I had the benefit of working with a  
1545 team of talented experts in communication who really  
1546 understood communication science. We wanted to be sure that  
1547 we were getting accurate information regularly to the  
1548 public, so that they felt well informed.

1549 We also didn't want to have briefings where we didn't  
1550 have something new to say. So I think as always, but in  
1551 that time period, there was a balance in to trying to have  
1552 frequent engagements to make sure that the public felt  
1553 informed and was informed, but also to balance not having a  
1554 telebriefing if there wasn't something new to talk about.

1555 Q Tell us about the path that you were leading the  
1556 briefings as opposed to someone else at CDC?

1557 A I think that was part of the role of the senior  
1558 federal official. I had substantive experience  
1559 communicating to the public in these kind of venues, and I  
1560 would expect that CDC leadership thought that I had the  
1561 skill set necessary to do that function.

1562 Q You mentioned a moment ago that the remarks were  
1563 scripted in advance, correct?

1564 A That is correct.

1565 Q Was anyone at CDC involved in reviewing and  
1566 approving the remarks of the telebriefings?

1567 A So the script was developed by the  
1568 communications team, and given with the response, and then  
1569 it went to the CDC Office of Communication for approval. I  
1570 don't know what their protocol was for who within the Office  
1571 of Communication or CDC leadership reviewed each script.

1572 Q Are you aware if anyone outside of CDC reviewed  
1573 and approved the scripts?

1574 A My understanding was that in the  
1575 January-February timeframe, the CDC Office of Communication  
1576 generally told HHS, ASPA, what the topics for the  
1577 telebriefing were going to be, and what I would be talking  
1578 about. I think that, in that phase of the response, the  
1579 scripts themselves did not go to HHS, ASPA for review.

1580 Q You said in that phase of the response, you  
1581 don't believe that the scripts went out for approval. Did  
1582 that change at any time?

1583 A I remember that by the end of February there was  
1584 a change in protocol and the scripts were going up to HHS,  
1585 ASPA for review.

1586 Q Do you know why that change happened?

1587 A I understood that HHS wanted more visibility on  
1588 the details of what was going to be discussed.



1589 Q Who did you learn that from?

1590 A I learned that from the communication team in  
1591 the response who learned it from the CDC Communications  
1592 Office.

1593 Q And prior to this time, were any  
1594 briefings -- did CDC seek to hold any briefings and were  
1595 told, no, that they could not?

1596 A You mean around the coronavirus response,  
1597 correct?

1598 Q That's right.

1599 A I don't recall there being a situation where we  
1600 were asking to do a telebriefing, and being told no.

1601 Q Prior to maybe late February 2020, do you recall  
1602 if anyone ever sought to make changes to the script that you  
1603 were using for the telebriefings related to coronavirus?

1604 A Can you describe anyone?

1605 Q Anyone outside of CDC. I apologize.

1606 A I don't know. I do recall getting comments back  
1607 from CDC Office of Communication. I don't know if any of  
1608 those comments came in response to any input that they were  
1609 getting from outside of CDC.

1610 Q You mentioned the process changed a little bit  
1611 in the end of February. Do you recall exactly the time  
1612 period?

1613 A I think it was the last week in February, but I

1614 don't remember precisely a day when there was an  
1615 announcement.

1616 Q Do you recall who you discussed the change in  
1617 protocol with?

1618 A Again, I believe that I was informed by the  
1619 communications team in the response, but I don't  
1620 specifically remember who told me of the change.

1621 Q Generally speaking, did you feel that the public  
1622 telebriefing that CDC performed during this period were  
1623 effective at disseminating information to the public about  
1624 the coronavirus?

1625 A I feel like we did the best job we could to  
1626 convey accurate, actionable information to the public about  
1627 coronavirus.

1628 Q Did you think that those briefings were  
1629 important to disseminating information to keep people safe?

1630 A I think it was very important that the public  
1631 was getting a constant flow of information about the  
1632 situation and about recommendations that they could use to  
1633 keep themselves and their families safe.

1634 Q I would like to direct your attention back to  
1635 Exhibit 21, which we looked at earlier.

1636 Mr. O'Callaghan. Let's call it up.

1637 The Witness. Is that the MMWR or the PowerPoint?

1638 BY [MAJORITY COUNSEL].

1639 Q It's the PowerPoint. Let me know when you're  
1640 ready.

1641 A Yes.

1642 Q So again, for the record, this is a February 24,  
1643 2020 appointment with a PowerPoint presentation attached  
1644 entitled COVID-19 Incident Manager Update Response Day 45.

1645 Sitting here today, do you recall if you attended this  
1646 call on February 24th?

1647 A I don't specifically recall this day or this  
1648 meeting.

1649 Q Was it your normal practice to attend these  
1650 meetings?

1651 A It was my normal practice to attend.

1652 Q There's a lengthy slide deck attached to this  
1653 email, and so I'm going to direct your attention to a few  
1654 specific pages. The first is the page Bates numbered  
1655 SSCC0019432. It's, I think, approximately six pages into  
1656 the document.

1657 A Yes.

1658 Q It reads at the top, Agenda.

1659 A Yes.

1660 Q I would like to direct your attention to the  
1661 second to last bullet which reads, "NCIRD Director."

1662 Does that indicate that you were to speak at this  
1663 meeting?

1664           A           That is a placeholder for me to speak. This is  
1665 a generic agenda. At the time, this was the agenda for  
1666 every one of these meetings. And while I am on the agenda,  
1667 that doesn't necessarily translate to me having a speaking  
1668 role.

1669           Q           I would like to direct you to page SSCC0019441.  
1670 This is approximately 15 pages into the file. It's a slide  
1671 that reads at the top, Situation in Japan.

1672           [Minority Counsel]. I'm sorry, my printer cut off the  
1673 Bates numbers. Could you use the little page number in the  
1674 bottom of the PowerPoint?

1675           [Majority Counsel]. Page 12 on the PowerPoint.

1676           [Minority Counsel]. Thank you.

1677           The Witness. Yes.

1678           BY [MAJORITY COUNSEL].

1679           Q           One of the bullets reads: Total cases on  
1680 DP - approximately 631, 36 persons in serious condition, 3  
1681 deaths, 328 of these are reportedly asymptomatic.

1682           Does DP -- do you understand that that's a reference  
1683 to the Diamond Princess cruise ship?

1684           A           Yes, I do.

1685           Q           What was known at that time about asymptomatic  
1686 cases?

1687           A           I'm sorry to say that I don't remember that  
1688 precise day, and I can't tell you what we knew for certain

1689 or what we hypothesized on that day about asymptomatic  
1690 COVID.

1691 Q Is it fair to assume that it was known that  
1692 there were asymptomatic carriers of SARS-CoV-2?

1693 A I think it's fair to assume that there were  
1694 people who had COVID in their nose, but weren't symptomatic.

1695 Q At this point, do you recall if it was known  
1696 that the asymptomatic could spread the coronavirus?

1697 A Again, it is very hard for me to tell you  
1698 precisely on this day what was known. I can tell you that  
1699 early in the pandemic, there was a hypothesis that people  
1700 who are asymptomatic were less likely to be able to spread  
1701 the virus to others.

1702 Q Okay. Moving on, I would like to direct your  
1703 attention to the page ending 19465, which is slide 36, which  
1704 reads, example of community transmission in South Korea.  
1705 Can you --

1706 Mr. O'Callaghan. Hold on a second, [Redacted].

1707 We're scrolling there.

1708 The Witness. Okay.

1709 BY [MAJORITY COUNSEL].

1710 Q Do you have it in front of you?

1711 A Yes.

1712 Q Can you briefly walk us through what this chart  
1713 shows, at a high level?

1714 A I'm going to need a couple minutes to go back,  
1715 but let me see if I --

1716 Mr. O'Callaghan. Obviously, look at what you need to  
1717 answer the question.

1718 The Witness. Let's see.

1719 BY [MAJORITY COUNSEL].

1720 Q Actually, let me rephrase it.

1721 Is it fair to say that this chart shows an example of  
1722 how one case can lead to multiple infections, a chain of  
1723 transmission?

1724 A So this is a chart that attempts to track  
1725 transmission of the virus across several generations.

1726 Q I would like to direct your attention to Bates  
1727 number ending 19482, which is slide 53. It reads at the top  
1728 Modeling Team.

1729 A Yes.

1730 Q It reads that: "Modeling indicates that: It is  
1731 likely that some U.S. importations have been missed, e.g.  
1732 New York, New Jersey, CT area. There have likely been  
1733 additional introductions from China to countries that have  
1734 not yet reported cases, e.g., Thailand and Indonesia. There  
1735 is increasing importation risk in multiple U.S. states and  
1736 territories from multiple countries with emerging outbreaks,  
1737 e.g., in California, Guam, CT/NJ/NY, and HI."

1738 Do you recall the basis of these conclusions?

1739 A I do not.

1740 Q Do you recall if you had a reaction to this  
1741 information?

1742 A I can't specifically frankly remember that day  
1743 or this slide.

1744 Q What was your assessment of the relative risk  
1745 posed to the United States from the coronavirus at that  
1746 time?

1747 A In February, around February 24th through the  
1748 25th?

1749 Q Correct.

1750 A I think in that day and the -- around this day  
1751 is when we at CDC believed that there was mounting evidence  
1752 to suggest that there was going to be broader transmission  
1753 of the virus within the United States. Our assessment at  
1754 the time was that the immediate risk still seemed to be low  
1755 in the U.S., but that given what we were learning about  
1756 COVID from the rest of the world, given what was going on in  
1757 Europe, that there was a high likelihood that it was going  
1758 to be further introduced into the United States and that we  
1759 were likely to have community transmission.

1760 Mr. O'Callaghan. I would note it's about an hour now,  
1761 so if it's a good time for a break, let us know.

1762 [Majority Counsel]. Just a few more questions and  
1763 then we will go on break. Thank you.

1764 BY [MAJORITY COUNSEL].

1765 Q Did others at CDC share that view about the  
1766 changing risk profile faced by the United States from the  
1767 virus?

1768 A It's hard for me to tell you what everybody else  
1769 at CDC thought. But, yes, this was an assessment that  
1770 wasn't me alone, the team at CDC at this juncture was  
1771 getting increasingly concerned and increasingly worried  
1772 about the risk to the U.S.

1773 Q Who were you hearing this assessment from?

1774 A So, again, at this juncture, we're still having  
1775 these daily meetings, we're having lots of conversations,  
1776 and I'm certainly talking to the communications team who was  
1777 the one tasked with communicating this to the public.

1778 Q I would like to direct your attention to page  
1779 ending 19508, slide 79. It reads "Communications  
1780 Surveillance" at the top.

1781 Mr. O'Callaghan. The top, state for nation task  
1782 force, [Redacted]?

1783 [Majority Counsel]. No, it should read "Communication  
1784 Surveillance," Bates number 508, slide 79.

1785 The Witness. Okay.

1786 Mr. O'Callaghan. Got it.

1787 BY [MAJORITY COUNSEL].

1788 Q The fourth bullet reads: "As WHO using



1789 increasingly 'ominous language,' WH worries an outbreak  
1790 could affect President's reelection."

1791 Do you understand that WH refers to the White House?

1792 A Yes, that's my understanding.

1793 Q Do you have any recollection whether this  
1794 concern was being discussed at that time at CDC?

1795 A I was not part of any conversations where this  
1796 concern was discussed.

1797 [Majority Counsel]. I think we can take a break. We  
1798 can go off the record.

1799 (Recess.)

1800 [Majority Counsel]. I'll briefly wrap this up and then  
1801 turn it over to you if that's all right.

1802 BY [MAJORITY COUNSEL].

1803 Q Dr. Messonnier, what would you like to clarify  
1804 for the record?

1805 A So the title Communication Surveillance, I just  
1806 want to clarify what I think it refers to. I think  
1807 communication refers to an activity that the communication  
1808 team did where they scanned the media to figure out what  
1809 stories were out there and then reported to the response  
1810 what stories were in the news. So I think these bullets  
1811 refer not to discussions within CDC or information that CDC  
1812 had but instead referred to stories that they were seeing  
1813 within the news media.

1814 Q Okay. Great. Thank you.

1815 [Majority Counsel]. I will turn it over to the  
1816 minority now.

1817 [Minority Counsel]. Thanks, [Redacted], and thanks,  
1818 Dr. Messonnier, for that clarification.

1819 BY [MINORITY COUNSEL].

1820 Q If you were to describe what a virus genome is  
1821 to a layman, how would you describe it?

1822 A Oh, my goodness.

1823 Q I'm not an epidemiologist so just describe it to  
1824 me.

1825 A I guess a genome is the -- boy, a genome is the  
1826 genetic structure that describes the virus and its  
1827 characteristics. And the recipe, I guess, for that virus.

1828 Q Okay. What does knowing the genome tell you?  
1829 What are the benefits of knowing the genome?

1830 A There are a broad number of benefits to knowing  
1831 the genome. Let's start with understanding the virus,  
1832 understanding how it relates to other viruses, understanding  
1833 and being able to track it by looking at the specific  
1834 details of the genome. And then knowing the genome is an  
1835 important step in being able to design the diagnostic tests,  
1836 knowing the genome is also important in being able to design  
1837 therapeutics and vaccines.

1838 Q Okay. Thank you. Do you know -- have you ever

1839 heard the name Jeremy Farrar?

1840           A           Yes, I know Jeremy Farrar is a UK scientist and  
1841 public health leader in the UK.

1842           Q           He recently wrote a book about the coronavirus.  
1843 It says: The virus responsible for this mysterious  
1844 pneumonia in Wuhan -- I assume he's referring to  
1845 COVID-19 -- had been sequenced as far back as December of  
1846 2019, that Fudan University had a paper waiting to go, China  
1847 blocked release of the paper, and that China knew the virus  
1848 had been sequenced but had not yet released that  
1849 information.

1850                    Would it have changed the U.S. public health response  
1851 if we had the genome sequence in December of 2019 instead of  
1852 the middle of January?

1853           A           If we had had the genome sequence in December,  
1854 we would have been able to develop a diagnostic test sooner.  
1855 And presumably also had the opportunity sooner to start  
1856 working on therapeutics and vaccines.

1857           Q           So coming up with a test sooner, we would have  
1858 been able to find the transmission, human to human  
1859 transmission, all of that we would have been able to find  
1860 sooner?

1861           A           I hesitate to say that as specifically as you  
1862 said it because community transmission -- identification of  
1863 community transmission would have required us to be looking

1864 for it.

1865 Q Okay.

1866 A And we didn't start looking for it based on  
1867 having the genome, we started looking for it based on the  
1868 reports of the outbreak in China.

1869 Q Okay. But generally, having the genome sooner,  
1870 sooner is better than later?

1871 A Sooner is certainly better than later.

1872 Q Could having the genome -- you said that it  
1873 would help with therapeutics and eventually vaccines. Would  
1874 having the genome sooner have saved lives?

1875 A I really believe I can't concretely say that the  
1876 month difference in having the genome in December versus  
1877 January would have specifically made that kind of  
1878 difference. I just frankly don't know.

1879 Q That's fair. Thank you.

1880 [Minority Counsel]. That's all we have.

1881 [Majority Counsel]. Would you like to take another  
1882 five-minute break or keep powering through?

1883 The Witness. Keep going.

1884 (Exhibit No. 22 was identified  
1885 for the record.)

1886 BY [MAJORITY COUNSEL].

1887 Q I would like to direct your attention to what's  
1888 been premarked as Exhibit 22. It is a transcript for the

1889 CDC telebriefing update on COVID-19. It's dated Wednesday,  
1890 February 26, 2020 but I suspect that might be the day the  
1891 document was published on CDC's website and that it reflects  
1892 the transcript of the remarks made at the February 25th  
1893 briefing. Once you have it in front of you, I wanted to see  
1894 if my suspicion is accurate. Hard to tell?

1895 A No, it's hard to read because there aren't any  
1896 formatting, there's no paragraphs.

1897 Q If it would be helpful, I could read a few of  
1898 your statements during the briefing if it would be helpful.

1899 A If you wouldn't mind giving me a second.

1900 Q Of course.

1901 A Yes, I believe that you are correct, this is  
1902 from the February 25th telebriefing.

1903 Q Thank you. On February 25th, at this briefing  
1904 you stated, quote: "To date, our containment strategies  
1905 have been largely successful. As a result, we have very few  
1906 cases in the United States and no spread in the community."  
1907 However, you also warned, quote, "we expect we will see  
1908 community spread in this country. It's not so much a  
1909 question of if this will happen anymore but rather more a  
1910 question of exactly when..."

1911 Do you remember making these remarks at the briefing?

1912 A I do.

1913 Q You also explained at the briefing some of the

1914 mitigation measures or non-pharmaceutical interventions that  
1915 might be necessary and warned that quote disruption to  
1916 everyday life may be severe.

1917 My question to you is this. Did you believe that your  
1918 remarks were accurate based on the best-known information at  
1919 that time?

1920 A Yes, I believed that my remarks were accurate  
1921 based on the information we had at the time.

1922 Q We have been previously looking at that incident  
1923 manager briefing slide deck from February 24th and you also  
1924 mentioned some of the discussions with your colleagues at  
1925 CDC. Was this all based on that mix of information that you  
1926 were referring previously?

1927 A Yes, the statements at the telebriefing were  
1928 based on that information those conversations as an example  
1929 of the kind of information that we had not that that's the  
1930 full extent of the information that we had.

1931 Q Of course. In many respects, your remarks were  
1932 remarkably prescient of what would ultimately come to pass  
1933 with the pandemic. Before we get into them in a little more  
1934 detail I do want to ask, sitting here today with the benefit  
1935 of hindsight and all the information that we've collected  
1936 about the virus over the last year, would you revise any of  
1937 the statements that you made during the briefing?

1938 A You know, now 18 months later, there's a lot of

1939 information that we have that we didn't know then. So, for  
1940 example, at the time we thought that there were very few  
1941 cases in the United States and that there hadn't been  
1942 transmission. As science has evolved and our information  
1943 has evolved, I think the data really has suggested that in  
1944 fact even at this time there were additional cases in the  
1945 U.S. that we hadn't detected, as an example. So I think  
1946 that there are some actual pieces in this that reflect the  
1947 thinking at the time but that more information became  
1948 available.

1949 Q Of course. It's been reported that then  
1950 President Trump was angered by your remarks at the briefing.  
1951 Did you ever become aware of this fact?

1952 A Yes, I became aware of that fact.

1953 Q How did you become aware of it?

1954 A I cannot specifically remember if I became aware  
1955 of it through my colleagues at CDC or through the media  
1956 reports at the time which we all heard.

1957 Q What do you recall specifically about what you  
1958 learned?

1959 A Just what you said, that I heard that the  
1960 President was unhappy with the telebriefing.

1961 Q What's your understanding of why President Trump  
1962 was angered by the telebriefing?

1963 A I have no specific knowledge and would not want

1964 to guess at what the President was thinking at the time or  
1965 what that was reflecting.

1966 Q Did anyone discuss that with you in any  
1967 specifics around why he may have been angry?

1968 A I don't recall any specific conversations at the  
1969 time about why he might have been angry.

1970 Q What about later? Did you ever become aware of  
1971 that?

1972 A Again, conversations within CDC about why he  
1973 might have been upset, again, I don't remember any specific  
1974 conversations except again for an awareness and what the  
1975 news media was reporting and, you know, I frankly would  
1976 be -- I would have expected that I would have had general  
1977 discussions with my colleagues about what the news media was  
1978 saying but I don't recall any more details or specific or  
1979 informed conversations than that.

1980 Q You said specifically conversations with your  
1981 colleagues at CDC. Did you have conversations with people  
1982 outside of CDC about this, the White House or other  
1983 agencies?

1984 Mr. O'Callaghan. Just when you say about this, are  
1985 you talking about the press briefing or what?

1986 [Majority Counsel]. Yes.

1987 BY [MAJORITY COUNSEL].

1988 Q About President Trump reportedly being angry



1989 about your remarks at the February 25th telebriefing.

1990 A I don't recall having any conversations with  
1991 anyone in the administration about President Trump's  
1992 reaction to the telebriefing.

1993 Q Okay. Are you aware of whether anyone at the  
1994 White House contacted CDC or HHS after this briefing?

1995 A I had several conversations with individuals  
1996 within HHS about the telebriefing. I don't recall whether  
1997 those conversations specifically reflected conversations  
1998 that those individuals had had with anyone else in the  
1999 administration.

2000 Q Tell me a little bit about those discussions.  
2001 Who were you talking to at HHS and what did you discuss?

2002 A Well, I had a conversation with Dr. Redfield and  
2003 I had a conversation with Secretary Azar.

2004 Q Let's start with your or let me ask who did you  
2005 speak to first Dr. Redfield or Secretary Azar?

2006 A Dr. Redfield.

2007 Q What did you discuss with Dr. Redfield?

2008 Mr. Barstow. I think I'm going to have to step in  
2009 here. I think these discussions go at the highest level of  
2010 CDC and HHS and Dr. Messonnier is here voluntarily. And I  
2011 think for today, we shouldn't get into those discussions but  
2012 happy to have further conversations with you in the future  
2013 about them.

2014           [Majority Counsel]. So I want to put on the record we  
2015 disagree with that position. We object to it, and we will  
2016 very likely have to bring Dr. Messonnier back to answer this  
2017 question.

2018           Mr. O'Callaghan. Okay.

2019           BY [MAJORITY COUNSEL].

2020           Q           So to be clear, Dr. Messonnier, are you choosing  
2021 not to answer the question about what you discussed with  
2022 Director Redfield?

2023           Mr. O'Callaghan. So Dr. Messonnier is going to abide  
2024 by the privilege assertion that has been made by the  
2025 attorney for HHS not to participate and, therefore, at this  
2026 time we will not answer the question.

2027           [Majority Counsel]. Okay.

2028           BY [MAJORITY COUNSEL].

2029           Q           Dr. Messonnier, did Director Redfield express  
2030 that President Trump or others in the Trump administration  
2031 were upset with your remarks during the February 25th  
2032 telebriefing?

2033           Mr. O'Callaghan. I think consistent with what we just  
2034 discussed and abiding by HHS's assertion of executive  
2035 privilege over this discussion, Dr. Messonnier is not going  
2036 to answer that question.

2037           [Majority Counsel]. I'm going to ask a few more  
2038 questions for the record. If you want to just say the same

2039 objection to the extent that that's applicable that's fine.

2040 BY [MAJORITY COUNSEL].

2041 Q How did you feel after your conversation with  
2042 Director Redfield?

2043 Mr. O'Callaghan. That you can answer if you can  
2044 answer it. Otherwise, if you're going back and can express  
2045 your feeling, not the conversation itself.

2046 The Witness. Okay.

2047 Mr. O'Callaghan. Back in February of 2020.

2048 The Witness. It's a little hard to specify a  
2049 year-and-a-half later how I felt at any specific moment.  
2050 However, in general I can say that it was a very stressful  
2051 time. There was lots going on in the pandemic, things were  
2052 moving very quickly, and I felt that my job continued to be  
2053 doing the best job that I could in the position that I was  
2054 in.

2055 BY [MAJORITY COUNSEL].

2056 Q At that meeting with Director Redfield, when did  
2057 it occur?

2058 Mr. O'Callaghan. It wasn't a meeting. It was a  
2059 telephone call, to be clear.

2060 The Witness. It was a brief telephone call in the day  
2061 or two after the telebriefing. Again, I don't specifically  
2062 remember the date of the telephone call.

2063 BY [MAJORITY COUNSEL].

2064 Q You said it was brief. Approximately how long  
2065 did the telephone call last?

2066 A Somewhere in the ten minutes I think.

2067 Q Was anyone else on the telephone call with you  
2068 and Director Redfield?

2069 A I don't believe that anybody else was on the  
2070 telephone call. I do know that at times some of his  
2071 assistants would sit in on various calls but as far as I am  
2072 aware nobody else was on the call.

2073 Q Were you given any instructions during that  
2074 phone call from Director Redfield?

2075 Mr. O'Callaghan. Consistent with the prior objection,  
2076 Dr. Messonnier is not going to answer that.

2077 BY [MAJORITY COUNSEL].

2078 Q Did you discuss the phone call with Dr. Redfield  
2079 with anyone afterwards?

2080 Mr. O'Callaghan. So if there were discussions about  
2081 the phone call you can talk about the facts of those  
2082 discussions.

2083 The Witness. Okay.

2084 Mr. O'Callaghan. And of course it depends who you  
2085 were with.

2086 The Witness. Right, I would have discussed the phone  
2087 call with my direct supervisor Dr. Jay Butler, and I would  
2088 have discussed the phone call with the communications team

2089 that was working on the response.

2090 BY [MAJORITY COUNSEL].

2091 Q Do you recall if you took any notes during the  
2092 phone call?

2093 A I did not take any notes during the phone call.

2094 Q Do you recall if you discussed the phone call by  
2095 email with anyone afterwards?

2096 A I do not believe that I discussed the phone call  
2097 by email.

2098 Q You mentioned that you discussed wit with the  
2099 comms team. Who would that have been?

2100 A The same two individuals Ms. Burns and  
2101 Ms. Nordlund.

2102 Q Was Director Redfield upset or angry? How would  
2103 you characterize his reaction during the call or demeanor  
2104 during the call?

2105 Mr. O'Callaghan. I'm going to object to that just on  
2106 the basis of her not being in a position to gauge  
2107 Dr. Redfield's disposition, but I guess also consistent with  
2108 the prior objection to the extent that to be able to  
2109 determine that would include words that Dr. Redfield may  
2110 have expressed.

2111 BY [MAJORITY COUNSEL].

2112 Q I'm going to ask the witness to answer that  
2113 question. I assume you have the capability to assess

2114 someone's tone from perhaps -- while speaking with them.

2115 Did you have a view as to whether Director Redfield seemed

2116 angry or upset or can you otherwise characterize his

2117 demeanor during that call?

2118 A I do not recall Dr. Redfield being angry and I

2119 do not recall him being especially emotional.

2120 Q Did he raise his voice?

2121 A That, I do not recall.

2122 Q Let's move on to your discussion with Secretary

2123 Azar. Can you tell me about what you discussed?

2124 Mr. O'Callaghan. The same we're going to lodge the

2125 same objection, take the same position and abide by HHS's

2126 assertion of executive privilege.

2127 BY [MAJORITY COUNSEL].

2128 Q When did your discussion occur with Secretary

2129 Azar?

2130 A In the few days after the telebriefing. I don't

2131 specifically remember what day.

2132 Q Was it in person or on a telephone call?

2133 A It was on a telephone call.

2134 Q Approximately how long did the call last?

2135 A I would say similarly, somewhere around 10

2136 minutes maybe less.

2137 Q Are you aware if anyone else was on the line

2138 during the telephone call?

2139 A I am not aware that anyone else was on the line.

2140 Q What was Secretary Azar's tone or demeanor  
2141 during the phone call?

2142 Mr. O'Callaghan. If you can recall and you believe  
2143 you were in a position to assess that, sure.

2144 The Witness. I don't remember him being -- you  
2145 characterized it before so could you repeat your question  
2146 before?

2147 BY [MAJORITY COUNSEL].

2148 Q I think I asked what was your view of his tone  
2149 or demeanor, whether he was upset, angry, during that phone  
2150 call?

2151 A I do not remember him being angry. I do  
2152 remember him being quite serious and quite serious during  
2153 the call.

2154 Q Did he raise his voice?

2155 A I do not recall him raising his voice.

2156 Q Did he use any harsh language?

2157 A Can you be a little more specific, what harsh  
2158 language you're trying to get at?

2159 Q The question is for you however you want to  
2160 interpret it.

2161 A I don't recall any harsh language.

2162 Q Did you discuss the call strike that. What was  
2163 your reaction to the call afterwards?

2164 A I specifically remember being upset after the  
2165 call. Yeah.

2166 Q What do you mean by upset? Did you cry?

2167 A No.

2168 Q Did you discuss the call with anyone afterwards?

2169 A So similarly I would have discuss it had call  
2170 with my direct supervisor, Dr. Jay Butler. And I think I  
2171 specifically discussed the call with Dr. Redfield at some  
2172 point after that call.

2173 Q Did Secretary Azar give you any instruction or  
2174 direction during that call?

2175 Mr. O'Callaghan. Consistent with the prior objection  
2176 and abiding by the HHS executive privilege assertion, Dr.  
2177 Messonnier will not answer that.

2178 BY [MAJORITY COUNSEL].

2179 Q Why were you upset after the call?

2180 A I guess I can't answer that without telling the  
2181 details of what he said to me. So I guess the answer  
2182 is -- I can't answer that.

2183 Q Did you discuss the President's reaction to the  
2184 February 25th telebriefing with anyone else?

2185 A Did I discuss the President's reaction to the  
2186 telebriefing implies that I discussed it with them, which I  
2187 didn't say. But did I discuss the President's reaction to  
2188 the telebriefing with anybody? Again, I don't have specific



2189 memories of discussing the President's reaction to the  
2190 telebriefing. However, I would not -- I would expect that I  
2191 would have discussed it with my colleagues and the response.

2192 Q I apologize I think I asked you this but did you  
2193 discuss the call with Secretary Azar with anyone else?

2194 A I discussed it with Dr. Butler, I discussed it  
2195 with Dr. Redfield.

2196 Q Did you discuss your remarks during the February  
2197 25th telebriefing with anyone and modify your behavior or  
2198 how you did briefings as a result of any of these  
2199 conversations?

2200 A Can you try that again?

2201 Q Did you discuss your remarks during the February  
2202 25th, 2020 telebriefing and modify your behavior in any way  
2203 as a result of these conversations that we're discussing?

2204 Mr. O'Callaghan. So just I think it's a multi-part  
2205 question. It would be more helpful if you just break it  
2206 down.

2207 [Majority Counsel]. I apologize.

2208 Mr. O'Callaghan. I want to make sure we get what  
2209 you're asking.

2210 BY [MAJORITY COUNSEL].

2211 Q Apart from the conversations you've already  
2212 mentioned, did you discuss your remarks at the February  
2213 25th, 2020 telebriefing with anyone else?

2214           A        I presume you meant after the telebriefing not  
2215 before the telebriefing.

2216           Q        That's right.

2217           A        Yes, I certainly discussed my remarks at the  
2218 February 25th telebriefing with colleagues within CDC.

2219           Q        Did you change how you presented briefing after  
2220 the events of February 25th?

2221           A        February 25th was the beginning of a time at  
2222 which the disease in the U.S. sort of exponentially  
2223 increased. And so over the few weeks after that I  
2224 definitely changed my tone because the situation had changed  
2225 really rapidly.

2226           Q        Did you change the language that you used  
2227 following the February 25th briefing?

2228           A        I changed the language that I used because the  
2229 situation was changing rapidly afterwards.

2230           Q        Were you instructed to tone down your language  
2231 in any way or otherwise change your language after the  
2232 February 25th telebriefing?

2233           A        I was not instructed to change or tone down my  
2234 language.

2235           Q        It's been reported that President Trump talked  
2236 to Secretary Azar after your February 25th telebriefing and  
2237 according to the documentary Totally Under Control, the  
2238 President called Secretary Azar screaming: "What had

2239 happened? Why did Nancy Messonnier scared the shit out of  
2240 people?"

2241 Is that something you learned after the fact?

2242 A Yes, it's something I learned after this. Or  
2243 it's something I heard after the fact.

2244 Q Who did you hear that from?

2245 A I heard it from the news media and I heard it  
2246 from the same documentary that you're referencing.

2247 Q Did you believe that your remarks at the  
2248 February 25th telebriefing scared anyone or were intended to  
2249 scare anyone?

2250 A In the weeks before the February 25th  
2251 telebriefing we thought to convey that there was a threat on  
2252 the horizon and that public needed to prepare for the  
2253 possibility of this threat. On February 25th, based on the  
2254 data we made a conscious effort to personalize the message  
2255 to really convey to the American public our sense of  
2256 urgency. My intention was not and has never been to scare  
2257 the public but my intention was or our intention was  
2258 certainly to get the public's attention about the likelihood  
2259 that COVID was going to be at the U.S. and that it was going  
2260 to spread and that we thought that there was a high risk  
2261 that it would be disruptive.

2262 Q Who was part of those discussions when you  
2263 mentioned it being a conscious choice to change the

2264 messaging slightly for this conference?

2265           A           It was articulated as media escalates the  
2266 messaging, and it was the communications team within the  
2267 response and I with input from several other people who were  
2268 part of the response at the time and were subject matter  
2269 experts.

2270           Q           Are you aware whether there was any discussion  
2271 of possible employment action against you as a result of  
2272 your statements during the February 25th telebriefing?

2273           A           I'm not aware of any discussions about that.

2274           Q           Did your role or any of your  
2275 responsibilities begin to change at any time following this  
2276 briefing?

2277           A           In March the pandemic disease in the U.S. had  
2278 really exponentially increased and by mid-March there was  
2279 widespread community transmission. The White House started  
2280 taking on a larger role in leading public-facing  
2281 communication which really made my role as lead CDC  
2282 spokesperson less important. And so my role did change.

2283           Q           Are you aware if the change in your  
2284 responsibilities was directly or indirectly a result of your  
2285 specific comments at the February 25th telebriefing?

2286           A           I am not aware of that, no.

2287           Q           Are you aware if there were any other employment  
2288 or other actions taken against you during this period?

2289           A        I am not aware of any employment actions taken  
2290 against me.

2291           Q        It's been publicly reported that President Trump  
2292 directed aides to walk back the statement you made at the  
2293 February 25th briefing. Are you aware of whether there was  
2294 any discussion of Trump administration or other public  
2295 health officials doing a public appearance or taking any  
2296 other steps to walk back your statement?

2297           A        I was not aware of any discussions about walking  
2298 back the statement.

2299           Q        Larry Kudlow, the director of the National  
2300 Economics Council, went on CNBC shortly after your February  
2301 25th remarks, and during this appearance he stated: "We  
2302 have contained this. I won't say airtight, but pretty close  
2303 to airtight."

2304                    Did you believe that Mr. Kudlow's statement was  
2305 accurate at that time?

2306           A        I don't know that I was aware of Mr. Kudlow's  
2307 statement at that time.

2308           Q        Based on the information that you had on  
2309 February 25th, 2020, do you believe that it was accurate  
2310 say: "We have contained this. I won't say airtight, but  
2311 pretty close to airtight"?

2312           A        I think in February, the end of February 2020,  
2313 the data still suggested the data that we had still

2314 suggested that there was not community widespread  
2315 community -- that there was not widespread community spread  
2316 within the United States. So based on that data, I think  
2317 there was a general feeling that at that moment it had been  
2318 contained in the U.S. My comments were not in fact -- my  
2319 comments were that the immediate threat was low.

2320 I was referencing the fact or we were referencing the  
2321 fact that we expected there to be widespread transmission.  
2322 And so I think there is a differentiation between the  
2323 immediate threat which was still -- the data suggested was  
2324 still low versus the future threat which we at CDC based on  
2325 all the available data thought that it was -- that the data  
2326 really suggested that there was going to be transmission in  
2327 the U.S.

2328 Q Cases were starting to increase, weren't they?

2329 A I think that rapidly -- rapidly after February  
2330 25th, we saw a relatively rapid increase in cases. And,  
2331 again, by mid March there was widespread transmission in the  
2332 U.S.

2333 Q Cases had been detected in multiple states as of  
2334 February 25th, correct?

2335 A In February 25th, the cases in the U.S.  
2336 primarily appeared to be connected directly with travel to  
2337 China. So even though they were in multiple states they all  
2338 had a more direct connection to China, again by mid March

2339 that was no longer true.

2340 Q A second media briefing was held later in the  
2341 afternoon on February 25th, with Secretary Azar,  
2342 Dr. Schuchat, and other individuals. Do you recall this  
2343 briefing?

2344 A Yes, I generally recall it.

2345 Q Do you recall what the purpose of the briefing  
2346 was?

2347 A I don't recall a specific -- I don't recall  
2348 specifically what the purpose was.

2349 Q Were you involved in any discussions about why  
2350 it was necessary to hold a second briefing that afternoon  
2351 after your remarks earlier that day?

2352 A I was not involved in any discussions about that  
2353 briefing.

2354 Q Sitting here today, do you recall having any  
2355 concerns about anything that was said at that briefing?

2356 A Looking back at the briefing, I think factually  
2357 many of the things that were said matched what I had said  
2358 earlier in the day about the immediate risk being low, but  
2359 that CDC's technical and scientific experts were projecting  
2360 that there was going to be a higher risk and more disease in  
2361 the U.S.

2362 Q You just said that many things that were said  
2363 during that briefing were consistent with what you had

2364 shared during your briefing. Was anything not consistent  
2365 with your previous remarks?

2366 A I don't know that I looked in detail at every  
2367 aspect of the briefing but I guess what I would say in  
2368 general maybe it's not many in general the facts and the  
2369 conclusions that were laid out at that briefing matched what  
2370 I had said earlier in the day.

2371 Q Did you think that the tone was different than  
2372 at your previous press conference?

2373 A I think at my telebriefing we made a conscious  
2374 effort to personalize my statements, and that personalizing  
2375 it really connected with the American public and it conveyed  
2376 a sense of urgency which was -- it conveyed a sense of  
2377 urgency which was received by the public. I think the  
2378 telebriefing in the afternoon covered many of the same facts  
2379 that I did but perhaps didn't convey that same sense.

2380 Q You mean by personalizing the information?

2381 A Yes.

2382 Q I apologize, what did you mean when you said you  
2383 tried to personalize that information at that briefing?

2384 A So when I worked with the team to develop the  
2385 script we made a conscious decision to connect my statements  
2386 to what I was personally doing to prepare and to what I was  
2387 personally telling my family. I think those statements were  
2388 widely heard and felt and connected with the American public



2389 in a way that my previous statements which also talked about  
2390 the need to prepare really hadn't. And really, by  
2391 personalizing it, I think I was able to convey the CDC's  
2392 perception of a sense of urgency.

2393 Q And again sitting here today do you believe that  
2394 your statements at that February 25th briefing were  
2395 accurate?

2396 A Yes, I believe they were accurate.

2397 Q Vice President Pence took over for Secretary  
2398 Azar as head of the White House coronavirus task force on  
2399 February 25th. Are you aware why this change was made?

2400 A I am not.

2401 Q It's been reported that following your February  
2402 25th briefing that Katie Miller in the Office of the Vice  
2403 President gave a directive that HHS was not allowed to say  
2404 anything that might alarm the public and that all public  
2405 communications and appearances had to be cleared by the  
2406 White House. Did you ever become aware of that information?

2407 A I did not.

2408 Q You mentioned earlier that there was a change in  
2409 the approval process in late February. Are you aware if  
2410 that was following your February 25th briefing?

2411 A It was following my February 25th briefing, yes.

2412 Q And do you know who gave that direction?

2413 A I do not.

2414 Q Following your February 25th briefing, you  
2415 provided I believe four more briefings to the public over  
2416 the next week-and-a-half. Were these affirmatively cleared  
2417 by the White House?

2418 A I'm sorry it's a legal word so can you --

2419 Q I will rephrase. Do you know if those four  
2420 briefings were cleared or otherwise approved by the White  
2421 House before you gave them?

2422 A I have no specific information about that.

2423 Q Do you know if they were cleared or approved by  
2424 HHS before you gave the remarks?

2425 A Yes I knew they were cleared by HHS.

2426 Q Are you aware if any other steps were taken at  
2427 the direct or indirect response to President Trump's  
2428 reaction to your February 25th telebriefing?

2429 A No, I'm not aware.

2430 Q It's been reported that there were a lost two  
2431 weeks at the end of February and early March where President  
2432 Trump delayed due to concerns about political fallout and  
2433 the financial market disruption that followed your February  
2434 25th briefing. Are you aware of whether any measures were  
2435 delayed during this period?

2436 A I have to say that I can't specifically remember  
2437 what measures were specifically being discussed in the weeks  
2438 that you're talking about.

2439 Q Had you ever discussed the fact that there was a  
2440 lost two weeks perhaps at the end of February early March  
2441 with anyone?

2442 A No, I had not heard that term used before.

2443 Q Sitting here today does that seem accurate based  
2444 on your recollection of the time?

2445 A I don't -- again, I don't specifically recall  
2446 those two weeks. I do believe that the period of time that  
2447 you're talking about was the sort of last week in February  
2448 to the middle of March is when the disease hit a new  
2449 acceleration phase where cases sort of rapidly started  
2450 appearing throughout the United States. And I am sure that  
2451 there were many conversations about how to respond and what  
2452 were the appropriate measures. I can't specifically tell  
2453 you at what point what conversations happened.

2454 Q Following a March 9th briefing where you again  
2455 warned that the coronavirus was rapidly spreading across the  
2456 United States, CDC stopped providing public briefings about  
2457 the pandemic until June 12th, 2020. Why did CDC stop  
2458 providing the briefings?

2459 A I understand that once the White House started  
2460 taking the lead for public-facing communication, the need  
2461 for CDC to be separately communicating had diminished. So  
2462 the White House briefings were the primary way in which  
2463 communication about the COVID pandemic went to the U.S.

2464 Q Did anyone outside of CDC direct the agency to  
2465 stop briefing?

2466 A I'm not aware. I'm sorry anyone outside the  
2467 CDC?

2468 Q Yes.

2469 A I am sure the answer to that is yes. I'm sure  
2470 the answer to that is yes.

2471 Q What is that based on?

2472 A Just that the White House started having very  
2473 regular press conferences and that really made it not -- and  
2474 that really took the place of the CDC telebriefings. I am  
2475 certain that that was communicated to me through the  
2476 Communications Office, but I -- I'm sure that was  
2477 communicated to them from HHS.

2478 Q Do you know who would have been involved in  
2479 these discussions?

2480 A I was not directly involved in those discussions  
2481 myself. I think that HHS ASPA was where our point of  
2482 connection was with those kind of conversations.

2483 Q Did you ask anyone why the briefings were being  
2484 stopped as cases were getting worse?

2485 A I am sure that I was in discussions about that.  
2486 But I can't tell you that I remember specifically what  
2487 conversations I had.

2488 Q Traditionally, has the CDC stopped briefings on

2489 topics once the White House or other agencies also started  
2490 doing briefings?

2491 A I think it's hard to talk about typically when  
2492 we're in the midst of an unprecedented pandemic that's at  
2493 least within our lifetime is different than anything we've  
2494 seen before. I do think that it would be normal as things  
2495 started escalating in any epidemic or pandemic for the White  
2496 House to start taking on a more central role in  
2497 public-facing communication.

2498 Q Would there have been value in CDC providing  
2499 additional briefings on top of what the White House was  
2500 doing?

2501 A I'm not sure that I can accurately answer that  
2502 question. I think the most important thing though is to  
2503 give clear information to the public to assess risk and also  
2504 give the public clear guidance as to what we recommending  
2505 they do.

2506 Q Did you watch the White House coronavirus task  
2507 force and other briefings done by President Trump during  
2508 this period?

2509 A I saw some of the briefings. I think I probably  
2510 did not see the majority of the briefings.

2511 Q You mentioned that it was important to have  
2512 accurate, consistent information to the members of the  
2513 public. In your assessment, did that happen at the White

2514 House briefings?

2515           A        You know, by mid-March as the need for me to be  
2516 the senior federal official started diminishing. I really  
2517 moved over to working on the vaccine program and therefore  
2518 sort of was not regularly watching the press briefings and  
2519 don't feel like I'm an expert who can assess all the details  
2520 of the information because I wasn't really directly involved  
2521 in the majority of the responses.

2522           Q        But it's fair to say you work in this field,  
2523 you're at CDC, you're a member of the public who is also  
2524 dealing with this unprecedented crisis. Wouldn't that put  
2525 you in a position to assess some of the statements that were  
2526 being made at those press conferences?

2527           A        I wasn't actually watching the press conferences  
2528 so I guess it's harder for me to specifically talk about  
2529 press conferences when I wasn't watching them.

2530           Q        Around March 15, 2020 at a White House briefing  
2531 President Trump said, "this is a very contagious virus.  
2532 It's incredible. But it's something that we have tremendous  
2533 control over." Does that sound like the accurate scientific  
2534 information based on what was then known at the time about  
2535 the coronavirus?

2536           A        You know, I think there's a -- and sorry can you  
2537 hear me okay? Because there's lots of noise in the  
2538 background.

2539 Mr. O'Callaghan. It's a little distracting but --

2540 BY [MAJORITY COUNSEL].

2541 Q For what it's worth I can't hear it.

2542 A It's a lawnmower next door. I think there's a  
2543 distinction between how CDC technical experts used certain  
2544 words and certain language and how they are more generally  
2545 used or colloquially understood. So I can't really comment  
2546 on what the President meant when he said that and translate  
2547 it to frankly the technical language that someone from CDC  
2548 would have used to describe where we thought the situation  
2549 was in the middle of March.

2550 Mr. O'Callaghan. It's just very distracting to think  
2551 about an answer, I would imagine, while the question is  
2552 pending. Maybe if we could just take two minutes it will  
2553 stop.

2554 [Majority Counsel]. We can go off the record.

2555 (Recess.)

2556 [Majority Counsel]. We can go back on the record.

2557 BY [MAJORITY COUNSEL].

2558 Q Dr. Messonnier, I believe you said a moment ago  
2559 that CDC might phrase stuff differently than someone else  
2560 who is not a trained public health official such as the  
2561 President; is that correct?

2562 A Yes.

2563 Q So CDC wasn't doing briefings as of March 15th,

2564 2020, correct?

2565 A CDC was not doing telebriefings from Atlanta  
2566 yes.

2567 Q At that time do you think a CDC official would  
2568 have characterized the virus as something that we have  
2569 tremendous control over based on the best available  
2570 information at that time?

2571 A It's a little hard to remember that day and  
2572 precisely what we knew at the time. But by mid-March, my  
2573 assessment as a technical expert in infectious diseases  
2574 would not have been that we had the virus controlled.

2575 Q What's the potential risk of saying that the  
2576 virus was under control or suggesting that we have  
2577 tremendous control over the virus at a time when that was  
2578 untrue?

2579 A I guess taking one statement out of I presume a  
2580 larger press conference and not having the benefit of  
2581 hearing what else got said makes it difficult for me to  
2582 answer that precisely.

2583 Q Could it have the potential to confuse members  
2584 of the public?

2585 A I certainly think that a key principle of  
2586 communication is to be clear to the public both about the  
2587 assessment of risk and also about what actions we want the  
2588 public to take, and in anything that is less than clear has



2589 the potential to confuse the public.

2590 Q By potentially downplaying the risk to the  
2591 public, could that have the potential of influencing the  
2592 actions taken by members of the public to keep themselves  
2593 safe?

2594 A So --

2595 Mr. O'Callaghan. [Redacted], that's a very  
2596 hypothetical question. Can you just rephrase it perhaps be  
2597 a little more clear what you're trying to get at?

2598 [Majority Counsel]. I would like the witness to  
2599 answer the question.

2600 The Witness. Can you ask it again?

2601 [Majority Counsel].

2602 Q What's the potential risk to the public from  
2603 downplaying the virus, downplaying the risk of the virus?

2604 A Communication science is a complicate field and  
2605 there are lots of people who have frankly studied and have  
2606 lots of experience doing this who advise us that it's really  
2607 important to balance the messages and provide the public  
2608 with what they need to know at the right time. That would  
2609 include the appropriate level of risk that we want to convey  
2610 to the public that then connects with the actions that we  
2611 want to take. If theoretically you downplay a risk, you run  
2612 the risk of the public being less willing to do the  
2613 mitigation measures that we were recommending.

2614 Q April 3rd, 2020, CDC released guidance  
2615 recommending the use of cloth face coverings. At a briefing  
2616 that day from the White House President Trump said, quote,  
2617 "with the masks it's going to be really a voluntary thing.  
2618 You can do it, you don't have to do it. I'm choosing not to  
2619 do it but some people may want to do it and that's okay."  
2620 My question is, is this consistent with what CDC would have  
2621 said if they were permitted to do a briefing?

2622 A By April 3rd, I was no longer working on the  
2623 main part of the response, and I don't know on April 3rd  
2624 what information CDC had about the effectiveness or  
2625 importance of masking. Certainly CDC, if given the  
2626 opportunity to speak directly to the public, would have  
2627 focused on what data they knew and precisely what  
2628 recommendations were being made based on that data.

2629 Q Dr. Messonnier, you talked earlier about wanting  
2630 to personalize the message of the virus and the risks to  
2631 your family. You discussed advice that you were giving to  
2632 your family members during that February 25th press  
2633 conference. Were you wearing a mask on April 1st?

2634 A I do not remember at what date I began regularly  
2635 wearing a mask, and I don't remember if it was April 1st.

2636

█ [REDACTED]

2637

█ [REDACTED]

2638

█ [REDACTED]

2639 [REDACTED]  
2640 [REDACTED]  
2641 [REDACTED]  
2642 [REDACTED]  
2643 [REDACTED]  
2644 [REDACTED]  
2645 [REDACTED]  
2646 [REDACTED]  
2647 [REDACTED]  
2648 [REDACTED]  
2649 [REDACTED]  
2650 [REDACTED]  
2651 [REDACTED]  
2652 [REDACTED]  
2653 [REDACTED]  
2654 [REDACTED]

2655 BY [MAJORITY COUNSEL].

2656 Q I apologize. That was not my intent,  
2657 Dr. Messonnier. You mentioned it during the briefing so I  
2658 just wanted to understand what advice you were telling  
2659 people in your circle at that time. But understood if  
2660 you're not can you believe going there.

2661 A I would answer it this way. I continue to have  
2662 great trust in the scientific process at CDC and in my  
2663 colleagues at CDC's ability to review the data and make

2664 recommendations based on it. So at the junction that you're  
2665 talking about I would have been following as closely as I  
2666 could the CDC recommendations and would have been advising  
2667 my friends and my family to also follow those  
2668 recommendations as expressed by CDC.

2669 Q Thank you.

2670 Mr. O'Callaghan. One more noise in fact if we're  
2671 getting close to a break it's probably best if we could take  
2672 a break.

2673 [Majority Counsel]. I have about three questions left  
2674 on the telebriefings. We could do them now or take a break.  
2675 Whatever is your preference.

2676 Mr. O'Callaghan. We could go through. It is very  
2677 distracting. That's all. So we definitely want to push  
2678 through but just bear with us to make sure that Dr.  
2679 Messonnier answers the question before she answers.

2680 [Majority Counsel]. Of course.

2681 BY [MAJORITY COUNSEL].

2682 Q Did CDC try to provide briefings, telebriefings  
2683 to the public after March 9th, 2020?

2684 A I was not directly involved in those  
2685 conversations which occurred between CDC's Office of  
2686 Communication and HHS, but I do understand that CDC did want  
2687 to do additional telebriefings.

2688 Q And what did you learn about that?

2689           A           I understood that the Communications Office was  
2690 told that the briefings would be coming instead from the  
2691 White House.

2692           Q           Who did you learn that from?

2693           A           I'm -- I would have learned that either from the  
2694 communications team and the response or from the CDC Office  
2695 of Communication, and I don't precisely remember which on  
2696 that particular issue.

2697           Q           Do you know if there were specific topics or  
2698 briefings that CDC sought to provide to the public that were  
2699 denied?

2700           A           I don't recall specifically knowing what the  
2701 requested briefings were or if CDC gave specific proposed  
2702 topics.

2703           Q           Okay.

2704           [Majority Counsel]. We can go off the record and take  
2705 a break.

2706           (Recess.)

2707           [Majority Counsel]. If we could be on the record.

2708           There was a privilege asserted earlier regarding two  
2709 conversations that Dr. Messonnier had with the HHS Secretary  
2710 and CDC Director, and I was just going to ask agency counsel  
2711 to clarify the basis for the privilege for purposes of the  
2712 record.

2713           Mr. Barstow. So the discussions Dr. Messonnier had

2714 with Secretary Azar and Dr. Redfield were deliberations at  
2715 the highest level of HHS and CDC. HHS has an interest in  
2716 protecting such deliberations especially in a setting today  
2717 where Dr. Messonnier is appearing voluntarily. We are happy  
2718 to continue to have discussions with the committee about the  
2719 interest in obtaining such information.

2720 [Majority Counsel]. Thank you. And again for the  
2721 record we disagree with the basis for the privilege in this  
2722 circumstance but we will discuss this afterwards. With that  
2723 do I turn it over to [Redacted].

2724 [Minority Counsel]. You can turn it over to me.

2725 BY [MINORITY COUNSEL].

2726 Q Dr. Messonnier, I work for the Republicans. I  
2727 just wanted to clarify a couple things that you said during  
2728 the last hour. I apologize if you've already gone over  
2729 this. My kid has been screaming. My hearing is not what it  
2730 used to be several years ago. So I just wanted to clarify a  
2731 couple of quick points.

2732 After the February 25th telebriefing, I believe you  
2733 said you had no change of responsibilities in the immediate  
2734 wake; is that correct?

2735 A I'm sorry, can you define immediate? Do you  
2736 mean a day or two after?

2737 Q In the week or two afterwards?

2738 A So I had no change in responsibilities in the

2739 day or two afterwards. However, that period of time in the  
2740 week or two afterwards corresponds to a time when the spread  
2741 in the U.S. increased exponentially and by mid-March the  
2742 White House started to take a greater role in public  
2743 communication. And so sort of around those weeks my public  
2744 facing role was diminishing.

2745 Q But I also thought I heard you say that there  
2746 was no change of action for you as a result of the February  
2747 25 telebriefing. Just as a result of that specific  
2748 telebriefing.

2749 A Change of action?

2750 Q I wrote down I thought that you had said no  
2751 change of responsibilities and no change of action.

2752 A I don't know what change of action means, so.

2753 Q That's why we're clarifying and I apologize for  
2754 that. That's what I mistakenly wrote down. But in fact  
2755 after February 25, you did four more telebriefings; is that  
2756 right?

2757 A That is correct.

2758 Q I have February 28, February 29, March 3, and  
2759 March 9, those four dates. Does that sound about right?

2760 A That sounds about right.

2761 Q If you can remember roughly how many people on  
2762 average were on these telebriefings?

2763 A I'm sorry to say that I could not remember. The

2764 telebriefings target audience was the media. However, a  
2765 variety of other people also listened in to the  
2766 telebriefings including, for example, folks from state and  
2767 local health departments. So I frankly have no idea during  
2768 that time period how many people were listening.

2769 Q Kate Galatas, do you know her?

2770 A Yes.

2771 Q She told us it could range anywhere from a dozen  
2772 to a couple hundred. Does that sound like the general  
2773 ballpark?

2774 A Yes. I would think that she would have the most  
2775 accurate information about that since her office was the one  
2776 that was managing the teleconferences.

2777 Q And you had alluded to it a few minutes ago, but  
2778 shortly thereafter the White House task force started taking  
2779 a more public role in briefing the public, and those took  
2780 place I believe from the White House briefing room; is that  
2781 correct?

2782 A Yes. Shortly again after that time as we moved  
2783 into March the White House task force took a stronger role  
2784 in communicating to the public.

2785 Q Do you know if those briefings were carried live  
2786 on the cable networks?

2787 A I'm sorry, I don't know.

2788 Q You said you watched a couple of them, not



2789 usually but you did watch a couple of them?

2790 A So the ones that I saw, yes I saw live  
2791 telebriefings. I thought your question was more broadly, at  
2792 least I definitely watched several of those live.

2793 Q And you watched them live. Do you know how you  
2794 watched them live?

2795 A When you say cable network, that's what threw me  
2796 off. Emergency operations center there are a series of  
2797 television computer screens that were sort of there and it  
2798 was on those screens. But I don't know what network  
2799 specifically they were tuned in to.

2800 Q If there was a message that the task force felt  
2801 was important to share directly with the public, would doing  
2802 so from the White House briefing room and its commensurate  
2803 audience be a more effective method than doing so via a  
2804 private CDC telebriefing directed mainly toward the media?

2805 A I think it's a multi-part question so.

2806 Q It is a compound multi-part question, that's  
2807 correct. If there's a message the White House task force  
2808 wanted to share with the public, what do you think the most  
2809 effective way to share that directly to the public would be?

2810 A I think that the CDC telebriefings communicated  
2811 to the media and through the media communicated to the  
2812 public -- a live press conference allowed the speakers at  
2813 the press conference, if it was being broadcast, to have

2814 their specific language more broadly seen by the general  
2815 public.

2816 Q Thank you very much.

2817 [Minority Counsel]. [Redacted] is going to ask you a  
2818 few questions. Thank you.

2819 BY [MINORITY COUNSEL].

2820 Q Hey, Dr. Messonnier, just a few questions. I  
2821 just want to make a statement for the record that the  
2822 majority brought up Mr. Kudlow's statement on February 25th  
2823 about controlling the virus. I just want to say on February  
2824 29th Dr. Fauci said right at this moment there's no need to  
2825 change anything that you're doing on a day-to-day basis. So  
2826 it wasn't just Mr. Kudlow who thought the virus under that  
2827 time Dr. Fauci agreed with him.

2828 On telebriefings, how many were conducted during 2020.

2829 A I'm sorry, I don't have that information. I  
2830 think the majority said that in that time period January  
2831 February there were I did approximately a dozen  
2832 telebriefings but outside of that I don't have that  
2833 information.

2834 Q When did you officially depart CDC?

2835 A In 2021.

2836 Q What date?

2837 A I feel embarrassed but I don't know the specific  
2838 date. But I actually don't know the specific date.

2839 Q Like May-ish? Does that sound right?

2840 A Yes.

2841 Q Okay. How many telebriefings were conducted in  
2842 2021 prior to your departure?

2843 A I did not conduct any telebriefings in 2021.

2844 Q Okay. So you didn't conduct telebriefings on  
2845 vaccines on variants on various other issues that were  
2846 presenting themselves in 2021?

2847 A I did not conduct any telebriefings in 2021.

2848 Q Okay, thank you. The last series of questions I  
2849 have, when clarify again when did CDC start recommending the  
2850 use of cloth face coverings?

2851 A Again, that's not something that I was directly  
2852 involved in and I again don't remember the specific dates or  
2853 sequence of guidance that CDC issues.

2854 Q Okay. I think the majority said April 3rd,  
2855 early April was about that timeframe. The Speaker of the  
2856 House Nancy Pelosi didn't mandate, masks for the House  
2857 Representatives until July 29th, another four months after  
2858 the CDC recommended the use of masks. If you were the  
2859 Speaker of the House, would you have waited four months to  
2860 mandate masks?

2861 A I really think that's beyond the scope of my  
2862 expertise to make those recommendations. And, again, at  
2863 that time I wasn't specifically working on the pandemic and

2864 wouldn't have privy to all of the detailed data that was  
2865 available.

2866 Q Okay.

2867 [Minority Counsel]. Thank you very much. That's all  
2868 I have.

2869 [Majority Counsel]. I just wanted to make one more  
2870 clarifying point before we continue with this round of  
2871 questions. I think I had meant to say on the record and if  
2872 agency counsel could confirm I understand that there's no  
2873 executive privilege being asserted, that is simply a  
2874 deliberative process for privilege; is that correct?

2875 Mr. Barstow. Yes. As you know, the President is the  
2876 only one who can assert executive privilege.

2877 BY [MAJORITY COUNSEL].

2878 Q Before our lunch break, Dr. Messonnier, you had  
2879 mentioned receiving a phone call from Secretary Azar in the  
2880 hours or days following your February 25th, 2020  
2881 telebriefing. Did Secretary Azar contact you directly after  
2882 any other telebriefing that you provided to the public in  
2883 2020?

2884 A Not that I recall, no.

2885 Q Did Secretary Azar contact you directly about  
2886 anything else in 2020?

2887 A I am going to pause for a second to ask the  
2888 lawyer a question.

2889 (Pause.)

2890 The Witness. Can you ask the question again?

2891 BY [MAJORITY COUNSEL].

2892 Q Did Secretary Azar contact you directly about  
2893 any other matter in 2020?

2894 A I don't remember -- I don't recall that  
2895 Secretary Azar contacted me about any professional matter  
2896 otherwise in 2020.

2897 [REDACTED]

2898 [REDACTED]

2899 [REDACTED]

2900 [REDACTED]

2901 [REDACTED]

2902 [REDACTED]

2903 [REDACTED]

2904 [REDACTED]

2905 [REDACTED]

2906 [REDACTED]

2907 [REDACTED]

2908 BY [MAJORITY COUNSEL].

2909 Q CNN reported in May 2020 that, quote: "CDC's  
2910 officials say they've been muzzled and that their agency's  
2911 efforts to mount a coordinated response to the COVID-19  
2912 pandemic were hamstrung by a White House whose decisions are  
2913 driven by politics rather than science."

2914 Do you agree with that assessment?

2915 A I think that our role as CDC technical experts  
2916 was to provide our best technical scientific data driven  
2917 judgment to policymakers who then took that information as  
2918 well as other information and used it to make policy  
2919 decisions. I think that CDC continued to play that role  
2920 throughout the pandemic.

2921 Q That wasn't the direct answer to my question so  
2922 I'm going to repeat it again.

2923 CNN reported in May 2020 that, quote: "CDC officials  
2924 said that they had been muzzled, and that the agency's  
2925 efforts to mount a coordinated response for the COVID-19  
2926 pandemic were hamstrung by a White House whose decisions are  
2927 driven by politics rather than science."

2928 I will ask again, do you agree with that assessment?

2929 A Again, I think my answer is that CDC's job is to  
2930 provide technical scientifically data-driven recommendations  
2931 to policymakers in the administration who would then make  
2932 policy and that CDC in the time of 2020 that you're  
2933 referring to continued to play that role of providing  
2934 data-driven scientifically-driven recommendations to policy  
2935 makers who then made policy decisions.

2936 Q You mentioned that CDC provides recommendations  
2937 and then others make the policy. Did you see evidence that  
2938 CDC's technical scientific recommendations were rejected or

2939 not listened to during the pandemic?

2940           A           I think I'm generally aware that -- I'm aware  
2941 that there were a number of technically contentious issues  
2942 where various parties at CDC offered advice and then  
2943 decisions were made by the administration. I wasn't at that  
2944 juncture directly, still directly involved in those  
2945 conversation but I generally know that there were a number  
2946 of voices making -- providing input.

2947           Q           You mentioned I think contentious discussions.  
2948 What did you hear and who did you hear it from?

2949           A           So again we were in an emergency operations  
2950 center. There were a variety of people around and general  
2951 awareness that there were frankly every day issues and  
2952 recommendations that needed to be made and judgments that  
2953 needed to be made and I know that there were a lot of  
2954 conversations about some of those policy decisions. I  
2955 wasn't so intimately aware myself but I certainly again in  
2956 an unprecedented pandemic with many points insufficient  
2957 scientific information judgments were made about what to do  
2958 about a variety of issues.

2959           Q           Did you learn of any specific recommendations  
2960 made by CDC that were rejected by those policy makers?

2961           A           I guess I, for example, know that, as you asked  
2962 one of the previous questions that there were a series of  
2963 discussions around screening of returning travelers to other

2964 countries or a series of discussions around whether to issue  
2965 travel alerts for various countries. I certainly know this  
2966 year there have been a series of discussions around  
2967 reopening schools and what the considerations should be  
2968 around that. So I guess what I would say is that if you  
2969 look at the CDC website you will see a very large number of  
2970 recommendations and guidances, and in this pandemic in  
2971 particular because of the threat and scope and length there  
2972 has been a variety of needs to keep revisiting  
2973 recommendations as new information comes down.

2974 Q You mentioned a few of the early events around  
2975 screening of travelers. What about later? Did you ever  
2976 hear from any of your colleagues or otherwise learn that CDC  
2977 recommendations on other topics, such as reopening for  
2978 schools or any other topic were rejected by the White House  
2979 or other policymakers?

2980 A I know that there were a series of contentious  
2981 discussions by the points that you're talking about I wasn't  
2982 directly working on the main body of the response so I'm  
2983 less aware or able to speak to whether CDC, the incident  
2984 manager or whether CDC leadership held positions that were  
2985 inconsistent with what was eventually decided. I just  
2986 frankly by then to be honest when CDC started teleworking I  
2987 was much less directly aware of sort of the conversations  
2988 that were occurring because I was no longer physically in



2989 the same space and I was so very focused on the vaccine.

2990 Q But during this period were you still attending  
2991 the incident manager update calls and other conference calls  
2992 with folks outside of the vaccine work?

2993 A Can you give me a when, in what time period  
2994 you're asking?

2995 Q Starting in March 2020, and then continuing  
2996 until January 2021.

2997 A So in March 2020 as my role transitioned, I  
2998 stopped -- over the course of several weeks stopped so  
2999 regularly attending those incident manager briefings, not at  
3000 once but sort of stopped attending them so regularly and  
3001 wasn't on calls with the general part of the response as,  
3002 again, I was focused and my days were filled with meetings  
3003 really focused on the vaccine.

3004 Q You mentioned that you learned about these  
3005 contentious discussions. Who did you learn about it from?

3006 A The discussions that I'm mostly referring to are  
3007 the ones where I was more directly aware when we were still  
3008 in the emergency operations center. After that point, I  
3009 certainly have a network of friends and colleagues at CDC  
3010 and might have caught some information in passing, and like  
3011 everybody else I was reading the media, reading social media  
3012 and I also think it's completely possible that I heard about  
3013 some of these issues in that way as opposed to directly from

3014 CDC colleagues.

3015 Q Do you recall any specific conversations with  
3016 CDC colleagues where anything was shared about CDC's  
3017 recommendations being overruled?

3018 A I don't recall any specific conversations after  
3019 that March timeframe about CDC recommendations being  
3020 overruled. Most of my days and most of my conversations  
3021 were taken up by meetings around the vaccines, not around  
3022 general topics. And I would say that I'm not the best  
3023 person to accurately reflect what was happening in the main  
3024 part of the response after that.

3025 Q Who do you think the right people would be to  
3026 discuss that?

3027 A Well, so Dr. Anne Schuchat was the incident  
3028 manager and then Jay Butler. Dr. Jernigan, Dr. Schuchat,  
3029 and Dr. Butler, and then Dr. Henry Walke are the people that  
3030 I think held the role of incident manager.

3031 Q Beyond those who held the role of incident  
3032 manager, were there others that would have been privy to the  
3033 recommendations CDC was making to White House and HHS and  
3034 the content of those conversations?

3035 A Yes.

3036 Q Who do you understand those people to be?

3037 A It depends on the topic. So as a response grows  
3038 in scope and individuals, there is some differentiation of

3039 roles in order to get all the work done. So for specific  
3040 topic areas, the person who was the CDC lead would have been  
3041 different depending on what the topic area was. So if you  
3042 give me a specific topic I might remember who the lead was  
3043 but broadly it really depended on the topic area.

3044 Q So would there have been different leads for  
3045 different types of mitigation measures, so mask guidance  
3046 versus social distancing versus some other topic?

3047 A The responses in general but especially this one  
3048 because of the complexity and the length changed not only to  
3049 individuals but they changed organizational structures as  
3050 issues come and go. So there was a community mitigation  
3051 task force which is where I think those issues were led from  
3052 but I don't know exclusively that that was the place that  
3053 masking and social distancing was led from. For a while  
3054 there was a specific school team. So it depends at the  
3055 juncture of the response who it would have been.

3056 Q In that CNN report, CDC officials say that  
3057 they've been, quote, "muzzled." I guess just speaking of  
3058 yourself did you ever feel that you had been muzzled?

3059 A I was conscious of my role changing and of CDC's  
3060 role directly communicating with the public diminishing  
3061 through the response. If that's what that provocative  
3062 language means then yes CDC technical experts had less of a  
3063 role facing directly to the media as this wore on.

3064 Q Did you hear from other officials at CDC that  
3065 they felt that they had been muzzled or otherwise prohibited  
3066 from sharing information to the public?

3067 A I don't think I heard that from other colleagues  
3068 at CDC directly.

3069 Q What about the agency? Did you ever feel that  
3070 the role of CDC in managing the public health crisis was  
3071 diminished during the coronavirus pandemic?

3072 A There's a clearly unprecedented event something  
3073 we've never seen before something of the scope and  
3074 complexity and impact that dwarfs anything else in our  
3075 lifetime, it wasn't surprising to me that as things  
3076 escalated in scope and complexity and impact that the White  
3077 House would take on a stronger role of both leading and of  
3078 speaking to the public about it.

3079 Q So you were not surprised. But did you agree  
3080 with that decision?

3081 A You know, I think that -- I think that I accept  
3082 that it's appropriate for the public to expect to hear  
3083 directly from their elected leaders in a situation of this  
3084 scope and complexity, and that the American public would  
3085 expect to be hearing directly from the administration. When  
3086 you and I first talked, you told me that I should use the  
3087 word public communication broadly, so I'm going to just  
3088 maybe try to add a second point here, which is that while

3089 CDC was not doing the communication through telebriefings  
3090 and the media, CDC continued through the spring to have a  
3091 large number of points of engagement with a large variety of  
3092 our partners and an ever growing number of partners in which  
3093 I'm talking about health care providers, health departments,  
3094 schools, so while they weren't directly talking to the  
3095 public through the media yeah, there were many places that  
3096 CDC had the opportunity to engage with various sectors of  
3097 the population.

3098 Q You mentioned a moment ago and I'm paraphrasing,  
3099 but that you think members of the public expect to hear  
3100 through their elected leaders in an emergency like this. Do  
3101 you think that Americans also expect to hear from the  
3102 Centers for Disease Control and Prevention?

3103 A Yes, I think that the public would expect to  
3104 hear from their technical experts in an emergency.

3105 Q Do you think it would have been in the public  
3106 interest for CDC to provide regular telebriefings to media  
3107 and the public as the coronavirus continued to spread in  
3108 March and beyond?

3109 A You know, I think that it's important for the  
3110 public to get consistent technically rooted clear and  
3111 concise information and that that process continues to be  
3112 now led by the White House and by the administration today.  
3113 So I think -- yeah, I guess that's what I would say.

3114 Q For public health officials and health care  
3115 providers, was there a specific audience that CDC's  
3116 telebriefings were aimed at providing information for?

3117 A CDC's telebriefings were generally targeted to  
3118 the general public. CDC had other channels to communicate  
3119 directly to health care providers and to public health  
3120 officials.

3121 Q You mentioned in terms of consistent accurate  
3122 scientific information. I just want to refer you to another  
3123 statement that President Trump made at a White House  
3124 briefing in April 2020. He said on April 23rd, quote: "I  
3125 see the disinfectant, where it knocks it out in a minute,  
3126 one minute. And is there a way we can do something like  
3127 that by injection or almost a cleaning, because you see it  
3128 gets in the lungs and it does a tremendous number on the  
3129 lungs. So it'd be interesting to check that."

3130 Is that information that you believed to be accurate at  
3131 that time?

3132 Mr. O'Callaghan. [Redacted], Dr. Messonnier will  
3133 answer it however she will answer it but two things.  
3134 There's been now these repeated questions about other  
3135 individuals, other agencies' remarks and positions. Dr.  
3136 Messonnier has demonstrated that she is more than capable to  
3137 talk about the positions that she held as director of the  
3138 emergency operations center for CDC, so to focus on that

3139 probably would be a better use of the witness's voluntary  
3140 testimony time than asking her about for more of her remarks  
3141 that she wasn't aware of and has no basis to assess through  
3142 her testimony here.

3143 But if you can answer it, I'm not going to say no.

3144 The Witness. Can you just repeat the comment that  
3145 you're asking me to comment on?

3146 BY [MAJORITY COUNSEL].

3147 Q Yes. So the former President said: "I see the  
3148 disinfectant, where it knock it out in a minute, one minute.  
3149 And is there a way we can do something like that by  
3150 injection inside or almost a cleaning, because you see it  
3151 gets in the lungs and it does a tremendous number on the  
3152 lungs. So it'd be interesting to check that."

3153 A I know of no therapy that would behave in the  
3154 way that was described in that statement. The statement  
3155 asks is it possible, and if I was asked that question my  
3156 response would have been there is no reason to think that we  
3157 have any treatments now that would be able to accomplish  
3158 that.

3159 Q So my question is you've mentioned the  
3160 importance of providing consistent, accurate, scientific  
3161 information to members of the public. And there was just a  
3162 couple of instances that it sounds like you did not believe  
3163 were accurate. Is that fair to say?

3164           A           I don't know the full context of which the  
3165 comment you just read was made. So it's a little frankly  
3166 taken out of context and the statement you raised sounds  
3167 like he's asking a question as to whether or not there is  
3168 something worth exploring, to which I would answer no.

3169           Q           Is there a risk that having comments like that  
3170 made from the White House potentially on a live screen to  
3171 millions of Americans, is there a risk that information like  
3172 that -- misinformation like that poses to the public?

3173           A           Yes, there is a risk that misinformation to the  
3174 public would be a problem.

3175           Q           And was there a concern? Did you have a concern  
3176 that President Trump may have been spreading misinformation  
3177 or inaccurate information during the White House briefings  
3178 related to the coronavirus?

3179           A           So again, at the juncture that you're talking  
3180 about I do not believe that I was regularly watching  
3181 telebriefings. So information that I would have gotten, for  
3182 example, would have come from the media later so it's a  
3183 little hard for me to again comment with the multiple  
3184 iterations of that question. Again, though, in general I  
3185 would say that this is a complicated pandemic where  
3186 frequently officials that had to make public health  
3187 recommendations had insufficient information at the time  
3188 that they were making the recommendation, and science



3189 continued to evolve in real time which is very confusing to  
3190 try to convey to the public. In that setting it's very  
3191 important to be accurate to the public about what we know  
3192 and what we don't yet know so that the public understands  
3193 the recommendations that are being made at that moment but  
3194 also the recommendations that may be made subsequently as  
3195 more information becomes available.

3196 Q Is there a risk that inaccurate information  
3197 could lead people to take decisions that might put them at  
3198 risk?

3199 A Broadly speaking, there is always a risk that  
3200 inaccurate information will lead the public to make  
3201 incorrect decisions.

3202 Q Are you aware that there were reports of people  
3203 calling poison control after that press conference from  
3204 ingesting bleach?

3205 A I definitely recall hearing about that in the  
3206 media, yes.

3207 Q And is that why it's so important to have  
3208 messages and information shared at these briefings to be as  
3209 accurate as possible at least based on what was then known  
3210 about the virus and possible treatments and preventative  
3211 measures?

3212 A At every juncture, communication should be as  
3213 accurate as possible and also convey what is known and what

3214 is not yet known to be able to help the public understand as  
3215 clearly as possible the recommendations that are being made.

3216 Q A senior CDC official told Pro Publica: "The  
3217 threat is clear. If we ever want to be able to talk  
3218 tomorrow or next week or next month -- or whatever is being  
3219 dangled in front of us, you stay inside the lines."

3220 Do you agree with that statement?

3221 A I don't know what that statement means.

3222 Q Did you ever feel that you were being pressured  
3223 to stay inside the lines with what you were communicating to  
3224 the public?

3225 A Can you define what stay inside the line means?

3226 Q What does it mean to you?

3227 A I actually don't --

3228 Mr. O'Callaghan. To try to answer that question about  
3229 somebody else's words that's not attributed, and asking her,  
3230 that's a square peg in a round hole type of situation. If  
3231 there's a direct question that you have on this, please pose  
3232 it and she'll try her best to answer it.

3233 BY [MAJORITY COUNSEL].

3234 Q Dr. Messonnier, did you ever feel that you were  
3235 pressured to convey a specific message about the coronavirus  
3236 that perhaps was not consistent with the best available  
3237 information known at that time?

3238 A And I think that I want to be just precise. You

3239 mean in my public-facing role.

3240 Q Correct.

3241 A In my public-facing role working with a team of  
3242 experts at the CDC, I believe that the things that we said  
3243 in the telebriefings and elsewhere were what I believed to  
3244 be scientifically accurate at the time that we made those  
3245 statements.

3246 Q Did you maintain an official Twitter account  
3247 during your time at CDC?

3248 A Did I what?

3249 Q Did you maintain an official Twitter account  
3250 during your service at CDC?

3251 A Yes.

3252 Q Was the account DrNancyM\_CDC?

3253 A I think that is correct.

3254 Q You appeared to regularly use your Twitter  
3255 account to share information about the coronavirus as well  
3256 as other public health issues with the public in January,  
3257 February, and March 2020; is that correct?

3258 A Not precisely correct. My communication team  
3259 regularly used that account to share information with the  
3260 public.

3261 Q So you did not directly control it?

3262 A I delegated responsibility for controlling it to  
3263 a team of communication experts who were the ones who were

3264 posting on those channels.

3265 Q Did you think it was important to use Twitter or  
3266 other social media platforms to communicate with the public?

3267 A I in general think it's important to use every  
3268 channel possible to communicate to the public knowing that  
3269 the public uses themselves different channels to receive  
3270 information.

3271 Q So you mentioned that you delegated the  
3272 responsibility to your communications team. Who precisely  
3273 was responsible for your Twitter account?

3274 A Ms. Kristen Nordlund and Ms. Burns during the  
3275 time period that you're referring to.

3276 Q Got it. Thank you. Did that change over the  
3277 course of 2020?

3278 A When I went back to my day job, I think the  
3279 responsibilities shifted back to the center communication  
3280 lead. During that time period so much of our staff was  
3281 deployed to the response that I actually can't precisely  
3282 tell you who it was that was responsible after that, after I  
3283 returned.

3284 Q How did the delegating authority work with  
3285 respect to your Twitter account? Would you ask for a tweet  
3286 to be written on a specific topic and they would then give  
3287 you a draft? Would they craft messages for your approval?  
3288 Did they just send them out without your approval? If you

3289 could just talk a little bit more about how that worked from  
3290 the process standpoint.

3291 A I think that I saw some of the tweets in that I  
3292 approved some of them, but I also think that they generally  
3293 had authority to post on the account without me seeing  
3294 things and that they -- I trusted their judgment to show me  
3295 something if they thought it needed my input.

3296 Q It appeared that you stopped tweeting on March  
3297 30, 2020 and did not send another tweet until December 1st,  
3298 2020. Why did you stop using Twitter during this period?

3299 A So again that corresponds loosely to when I had  
3300 transitioned back to any role as center director, and to  
3301 where my focus was on vaccine development. And that role  
3302 was different than my public communication-facing role, so  
3303 therefore I really leading to the public information just  
3304 wasn't the focus for me.

3305 Q Were you instructed to stop using Twitter during  
3306 this time period?

3307 A As far as I know, I was not.

3308 Q Were you instructed to stop using any method of  
3309 communicating with the public?

3310 A As far as I know, I was not.

3311 Q Is there anything else that you would like to  
3312 tell us with respect to public messaging with respect to the  
3313 coronavirus crisis during this period?

3314 A Nope.

3315 Q Okay. I would like to talk briefly about the  
3316 public health guidance published by CDC. As director of the  
3317 NCIRD, did you have any role in the process of formulating  
3318 public health guidance related to the coronavirus?

3319 A So it depends a little here again on the timing  
3320 of things. Before January 20th, when I was overseeing the  
3321 investigation, any guidance that came out before then I  
3322 would have directly been responsible for overseeing. After  
3323 January 20th any such guidance would have gone through the  
3324 emergency operations center.

3325 Q But prior to January 20th, was there any public  
3326 health guidance that was released through the CDC about  
3327 coronavirus?

3328 A Yes, see, I'm not sure that I remember there  
3329 being any public health guidance but I can't say that there  
3330 wasn't something that we put out in those first couple  
3331 weeks.

3332 Q After January 20th, did you have any role  
3333 reviewing draft public health guidance that CDC wanted to  
3334 put out related to the coronavirus?

3335 A So I had no formal role after January 20th up  
3336 until the time that we started putting out vaccine guidance  
3337 which was much later. If you're asking about the time  
3338 period in between, I had no formal role in putting out CDC

3339 guidance.

3340 Q You said no formal role. But did you have any  
3341 role?

3342 A I had no specific role. I can't say that a  
3343 staff person for example wouldn't have asked me to look at  
3344 something in general as a senior person who was at the  
3345 response. So I don't want to say that I didn't for example  
3346 have any role because I would expect that at times I did  
3347 look at a particular document at someone's request. But I  
3348 didn't have a role in clearing documents.

3349 Q Sitting here today do you recall reviewing or  
3350 revising or otherwise commenting on draft guidance a  
3351 specific piece of draft guidance during that middle period  
3352 after January 20th, 2020 but before the vaccine rollout  
3353 guidance was issued?

3354 A The one specific thing that I remember working  
3355 on, not clearing but working on was early guidance to state  
3356 and local health departments around what measures they  
3357 should be taking. So I remember not public guidance but  
3358 guidance to state and local health departments in the time  
3359 period you're referring to.

3360 Q What type of measures were being recommended in  
3361 that guidance to the state and local health officials?

3362 A It was things like enhancing surveillance and  
3363 contact tracing and preparedness things that we were

3364 recommending state and local health departments to do to  
3365 make sure that they were in a forward-leaning stance to  
3366 potentially prepare for pandemic.

3367 Q Is there any other guidance that you recall  
3368 commenting on, discussing with colleagues?

3369 A It was a long time ago. I can't say that I  
3370 didn't but the only specific thing I remember being directly  
3371 involved in was the early guidance to state and local health  
3372 departments.

3373 Q Understanding that you didn't have a formal role  
3374 in drafting or clearing guidance, did you have any  
3375 conversations with your colleagues at CDC about guidance  
3376 that may have been altered by the White House or others at  
3377 other agencies?

3378 A There's specific guidance that you want me to  
3379 try reference?

3380 Q We can just briefly go through and see if  
3381 anything jogs your mind. Do you recall being consulted on  
3382 any guidance relating to the use of face masks?

3383 A No.

3384 Q What about guidance on slowing the spread such  
3385 as the March 16, 2020 document 15 days to slow the spread?

3386 A I remember discussion, being part of discussions  
3387 about the idea of slowing the spread. I generally remember  
3388 them but not the content and I don't recall being



3389 specifically involved in any guidance.

3390 Mr. O'Callaghan. If you can be specific reference to  
3391 public guidance on the context, that's you're asking?

3392 [Majority Counsel]. That's right.

3393 The Witness. Then no I don't remember being  
3394 specifically being involved.

3395 BY [MAJORITY COUNSEL].

3396 Q Do you recall having any discussions about  
3397 changes to 30 days to slow the spread?

3398 A I do not.

3399 Q Do you recall any discussions with CDC officials  
3400 about whether 30 days to slow the spread should have been  
3401 extended beyond the end of April 2020?

3402 A I do not believe that I was any part of any  
3403 discussions about that guidance.

3404 Q Did you have any conversations about CDC's  
3405 reopening guidance?

3406 A I did not have any conversations about CDC's  
3407 guidance. I don't recall having any conversations about  
3408 that.

3409 Q Do you recall having any discussions with CDC  
3410 officials about the guidance for communities of faith that  
3411 was issued in May 2020?

3412 A I do not believe that I had any conversations  
3413 about that guidance.

3414 Q Do you recall having any conversations with CDC  
3415 officials about the recommendations for election polling  
3416 locations?

3417 A I do not recall having any conversations about  
3418 them.

3419 Q Do you recall having any conversations about the  
3420 CDC's school reopening guidance that was published in July  
3421 2020?

3422 A I do not recall having any conversations with  
3423 CDC or any officials about the school reopening guidance.

3424 Q Do you recall having any conversations about the  
3425 testing guidelines which I believe were revised in late  
3426 August 2020?

3427 A I do not recall having any conversations about  
3428 the revised testing guidance.

3429 Q I would briefly just like to show you a couple  
3430 of documents related to the testing guidance. I want to  
3431 direct your attention to Exhibit 15. It will ultimately be  
3432 Exhibits 15, 16, 17, if you want to open them up?

3433 (Exhibit No. 15 was identified  
3434 for the record.)

3435 (Exhibit No. 16 was identified  
3436 for the record.)

3437 (Exhibit No. 17 was identified  
3438 for the record.)

3439           The Witness. Okay, we have 15 open.

3440           [Majority Counsel]. Perfect.

3441           BY [MAJORITY COUNSEL].

3442           Q           Exhibit 15 appears to be guidance available on  
3443 CDC's website prior to August 24, 2020, which is dated  
3444 updated July 17, 2020.

3445           A           Yes.

3446           Q           I would like to read, it's actually on the last  
3447 page at the top of the last page but it reads, quote:  
3448 "Testing is recommended for all close contacts of persons  
3449 with SARS-CoV-2 infection. Because of the potential for  
3450 asymptomatic and pre-symptomatic transmission, it is  
3451 important that contacts of individuals with SARS-CoV-2  
3452 infection be quickly identified and tested."

3453                   Is that right?

3454           A           We're still trying to find.

3455           Mr. O'Callaghan. The last page you said?

3456           [Majority Counsel]. The last page of Exhibit 15, at a  
3457 time very top it says --

3458           The Witness. Can you read us the heading maybe?

3459           BY [MAJORITY COUNSEL].

3460           Q           I think it starts with there's some larger text  
3461 that says "known or suspected exposure to SARS-CoV-2 to  
3462 control transmission."

3463           A           Yes, we see it.

3464 Q And then right underneath that it says, "Testing  
3465 is recommended for all close contacts of persons with  
3466 SARS-CoV-2 infection."

3467 A Yes, I see it.

3468 Q Did you have any involvement in the decision to  
3469 issue this guidance?

3470 A I was not involved in the decision to issue this  
3471 guidance.

3472 Q Did you have any discussions with CDC or other  
3473 colleagues about whether this made sense from an  
3474 epidemiological standpoint?

3475 A I don't recall any discussions that I had about  
3476 this guidance.

3477 Q I would like to point you to Exhibit 16. This  
3478 is a copy of the same guidance. It reads: "Overview of  
3479 Testing for SARS-CoV-2 (COVID-19)" and reflects it was  
3480 updated August 24, 2020.

3481 A Yes, we see it.

3482 Q Had you seen this guidance previously?

3483 A There's a lot of guidance on the CDC website so  
3484 I might have seen it previously but I don't specifically  
3485 remember this guidance, no.

3486 Q I would like to direct you to the second page.  
3487 Under the heading "Considerations for COVID-19 Diagnostic  
3488 (Molecular or Antigen) Testing."

3489 A Yes, I see.

3490 Q There's a bunch of bullets but it's the second  
3491 bolded bullet that reads: "If you have been in close  
3492 contact (within 6 feet) of a person with a COVID-19  
3493 infection for at least 15 minutes but do not have symptoms:  
3494 You do not necessarily need a test unless you are a  
3495 vulnerable individual or your health care provider or State  
3496 or local health officials recommend you take one."

3497 Do you see that?

3498 A Yes. Yes, I see it.

3499 Q Do you recall hearing about the change in  
3500 guidance during this time period?

3501 A I don't specifically recall hearing about this  
3502 change in guidance.

3503 Q Do you recall discussing it with anyone?

3504 A I do not believe that I discussed it with anyone  
3505 or was in any way involved in the drafting of this policy.

3506 Q Are you aware of who was involved in the  
3507 drafting of the policy?

3508 A I am not.

3509 Q Sitting here today, do you agree with the  
3510 statement that even if you've been in close contact with a  
3511 person with a COVID-19 infection that you don't necessarily  
3512 need to get tested?

3513 A I think it is really difficult to answer that

3514 question. Are you asking me to answer it based on what we  
3515 might have known then or based on what we know now based on  
3516 how science has evolved? I can answer it based on what we  
3517 know now.

3518 Q We'll go with that and then we can go back to  
3519 that time.

3520 A I mean, I think CDC recommendations have changed  
3521 as CDC and the rest of the world learned more about how this  
3522 virus is transmitted and recommendations now would recommend  
3523 that you consider testing with the lower threshold.

3524 Q So going back to what was known in around the  
3525 time that this was published, would your answer be any  
3526 different?

3527 A My answer would be that I don't actually know  
3528 what CDC knew at the time that this was published and what  
3529 information was available, what the data was at the time to  
3530 be able to judge whether or not I would have agreed a with  
3531 this at the time that it came out.

3532 Q Well, at least you do know that as of July and  
3533 early August CDC was recommending that anyone with a close  
3534 contact to someone with a confirmed case of COVID-19 be  
3535 tested. And then it was changed that they don't need a  
3536 test. Are you aware of anything that would have changed  
3537 during that period to change the recommendation?

3538 A I am frankly not able to remember exactly what

3539 happened in this space in July and August of 2020. I just  
3540 frankly don't remember.

3541 Q Did the understanding of the virus change such  
3542 that there was a new understanding that people were no  
3543 longer at risk if they were in close contact with someone  
3544 with COVID-19?

3545 A So you know in my role as a CDC technical expert  
3546 in July and August of 2020 I was completely and utterly  
3547 focused on vaccines. And so I can't tell you that I thought  
3548 about this, knew about this, deliberated about it. I  
3549 frankly just can't tell you at all that I know what the data  
3550 was at the time at all or what considerations went into this  
3551 change in recommendations.

3552 Q Do you recall the state of the pandemic as of  
3553 late August? I don't mean to do a memory trick but  
3554 generally speaking do you recall when the phases of  
3555 different surges happened and where we were generally in  
3556 August versus earlier in the summer or later in the fall?

3557 A What I can tell you is that in August I was  
3558 head-down, 150 percent of my time focused on trying to get  
3559 the country ready for vaccines. And focused on that to the  
3560 exclusion of some of the situational awareness that I might  
3561 have otherwise had about the state of the pandemic. So I  
3562 really -- if you put a graph up in front of me about the  
3563 outbreak I could go oh yeah but off the top of my head I

3564 would say I don't.

3565 Q Briefly would like to direct your attention to  
3566 Exhibit 17. Again, this is the same guidance entitled  
3567 "Overview of Testing for SARS-CoV-2 (COVID-19) Testing  
3568 Overview," and it's listed as updated September 18, 2020.  
3569 And just let me know when you have that in front of you.

3570 A Okay, we've got it.

3571 Q I would like to direct you to the second page  
3572 again under the heading "Considerations for SARS-CoV-2  
3573 Diagnostic (Molecular or Antigen) Testing." It's the second  
3574 bolded bullet but it's close to the end of the page that  
3575 reads: "If you have been in close contact, such as within 6  
3576 feet of a person with documented SARS-CoV-2 infection for at  
3577 least 15 minutes and do not have symptoms. You need a  
3578 test."

3579 A I see it. Yes.

3580 Q You see it? It continues, "Testing is  
3581 recommended for all close contacts of persons with  
3582 SARS-CoV-2 infection. Because of the potential for  
3583 asymptomatic and pre-symptomatic transmission, it is  
3584 important that contacts of individuals with SARS-CoV-2  
3585 infection be quickly identified and tested."

3586 Do you recall this guidance changing?

3587 A I do not.

3588 Q Do you have any understanding of why it was



3589 updated on September 18th?

3590 A I have no information about why this was updated  
3591 or the circumstances around the change in this guidance.

3592 Q And I assume I know the answer to this question  
3593 but do you know who was involved in the decision to revise  
3594 and update this testing guidance?

3595 A No. I would say again that I would start with  
3596 who was the incidents manager at the time that this change  
3597 was made.

3598 Q Okay. Very briefly, there were other pieces of  
3599 guidance during the course of the pandemic including a piece  
3600 of guidance entitled considerations for restaurants and  
3601 bars. Did you have any involvement in drafting those?

3602 A I was not involved in drafting those.

3603 Q Did you have any discussions with CDC or other  
3604 federal government officials about changes to policies?

3605 A I did not have any discussions about changes to  
3606 the policy.

3607 Q Were there any other guidance documents that  
3608 you're aware of were changed at the request of the White  
3609 House?

3610 A You said any other so that would --

3611 Q Are you aware of any pieces of guidance that  
3612 were changed at the request of the White House?

3613 A I'm not aware of involvement or knowledge of any

3614 public health guidance that was changed at the request of  
3615 the White House.

3616 Q Are you aware of any public health guidance  
3617 documents that were changed at the request of HHS?

3618 A The word public health guidance is a broad word,  
3619 and so I'm struggling a little bit with the breadth of what  
3620 you would mean. So can you maybe be more precise?

3621 Q Well, we just discussed a number of different  
3622 pieces of guidance, testing, masks, restaurant and bars and  
3623 what have you. Anything similar in nature to those  
3624 documents?

3625 A No. I was not involved in any discussions of  
3626 similar documents with HHS.

3627 Q Are you aware of whether any of those any  
3628 similar documents were changed at the request of HHS?

3629 A I'm not aware of any documents, whether any  
3630 documents were changed at the request of HHS.

3631 Q And I apologize for belaboring the point but  
3632 just to make sure the record is clear. You said public  
3633 health guidance as a category is very broad. Are you aware  
3634 of any other documents related to the coronavirus that were  
3635 changed at the direction of HHS?

3636 A When I was working on the vaccine program, I  
3637 worked with individuals within Operation Warp Speed who  
3638 commented on various documents and made suggestions about

3639 revisions. Those documents were not public-facing. Those  
3640 were, for example, documents to give guidance to state and  
3641 local health departments about what we wanted them to do to  
3642 be prepared for the vaccine.

3643           So for those kind of documents, I don't think of them  
3644 in the same category as what you're talking about, but I did  
3645 receive comments from various parts of HHS about some of  
3646 those documents and made changes based on those comments.

3647           Q           Understood. Are you aware of whether any  
3648 guidance documents were changed at the request of any other  
3649 federal agency or any other part of the executive office the  
3650 President such as the Office of Management and Budget?

3651           A           Public recommendations like you're referring to.

3652           Q           That's correct.

3653           A           The only specific potential thing that's  
3654 answerable to that is when I was working on the COVID  
3655 vaccine, I had documents for which we got technical comments  
3656 from, for example, our colleagues within FDA or within BARDA  
3657 or other parts of HHS that would be looking at it from a  
3658 technical scientific.

3659           So other than that the answer is no.

3660           Q           And the last question before we take a break.  
3661 Are you aware of any public health guidance or other public  
3662 documents in the same way that we've been discussing that  
3663 were purposefully delayed from being released to the public

3664 whether by White House or by any agency during the  
3665 coronavirus pandemic?

3666 A Can you define purposefully to be specific.

3667 Q Well.

3668 Mr. O'Callaghan. Beyond a normal editing process?

3669 [Majority Counsel]. That's what I was trying to get  
3670 at, that seemed to be maybe held up or delayed beyond just  
3671 the normal process of developing and finalizing it.

3672 A I wasn't involved and have no awareness of  
3673 documents that were held up in the way you were describing.

3674 [Majority Counsel]. We can go off the record.

3675 (Recess.)

3676 [Minority Counsel]. Dr. Messonnier, thank you very  
3677 much for coming in and sitting through this all day you've  
3678 been exerting a great deal of patience much more patience  
3679 than I have as an individual. The last hour of questioning  
3680 seemed to wander all over the place and asked for a lot of  
3681 speculations, questions for things you weren't involved  
3682 with, things you weren't aware of. I hope this last hour if  
3683 we go that long should be sharper more focused stick to  
3684 things you actually witnessed and try not to stray too far  
3685 from those lines and I hope that we can be respectful of  
3686 everybody's time on a Friday afternoon before a holiday  
3687 weekend. And again, thank you very much for coming in and  
3688 sitting through this. That's all I have.

3689 BY [MAJORITY COUNSEL].

3690 Q Thank you, Dr. Messonnier. We have been on the  
3691 record, apologies.

3692 Did you have any role in the publication of Morbidity  
3693 and Mortality Reports, MMWRs, during your time at CDC?

3694 A During my 26 years at CDC, I definitely had  
3695 occasion to be involved in the publication of MMWRs.

3696 Q Limited to the time period of our inquiry,  
3697 related to the coronavirus, did you have any role in the  
3698 publication of MMWRs?

3699 A In the earliest part of the pandemic or in the  
3700 first initial reports that were still while the response was  
3701 under my center, I would have been directly involved in the  
3702 review and clearance of MMWRs.

3703 Q And what specifically was your role during that  
3704 time period?

3705 A Before January 20th, I would have reviewed  
3706 drafts of MMWRs before they went to further clearance which  
3707 means to CDC leadership and to the MMWR office.

3708 Q Did you review all MMWRs on the coronavirus  
3709 prior to January 20, 2020?

3710 A I can't tell you that I know how many MMWRs that  
3711 was, I generally believe that I would have reviewed any MMWR  
3712 from that period. That was around the coronavirus outbreak.

3713 Q So after January 20th, did you have any ongoing

3714 role in the MMWRs being published related to the  
3715 coronavirus?

3716 A After January 20th but before the end of March  
3717 when I was still in the main part of the response, I had no  
3718 specific responsibility for clearance or development of  
3719 MMWRs. I may have seen some of them as part of my general  
3720 role in the response but I had no specific roles. After the  
3721 end of March we have to move forward many months until we  
3722 specifically were writing MMWRs about the recommendations  
3723 for the COVID vaccine, and those MMWRs which are at the end  
3724 of 2020 I would have directly been involved in. But nothing  
3725 sort of in between.

3726 Q Were you still receiving copies of MMWRs during  
3727 that interim period after March but before the vaccine issue  
3728 started being discussed?

3729 A So I think you're asking about draft MMWRs as  
3730 opposed to publish MMWRs.

3731 Q That's correct.

3732 A During some of those time periods the MMWR  
3733 drafts went out broadly to a bunch of people at CDC and I  
3734 think there was perhaps not great discipline at who was on  
3735 those recipient lists. And so I definitely believe that I  
3736 got some draft MMWRs at least during sort of the beginning  
3737 of that time period.

3738 Q Those would have been drafts of the articles

3739 themselves or the summaries that were circulated more  
3740 broadly before they were being published or both?

3741 A I think that the summaries I continued to get,  
3742 which I believe that I got again in that time period you're  
3743 talking about some of the draft MMWRs that were being  
3744 circulated while in development.

3745 Q Are you aware of any efforts by political  
3746 appointees at HHS to influence the content of specific MMWRs  
3747 related to the coronavirus?

3748 A I think like frankly anyone in the American  
3749 public I'm certainly aware of the reports of attempts to  
3750 influence the content of the MMWR, yes.

3751 Q Apart from what you may have seen in the press,  
3752 did you see or hear any of this firsthand during 2020?

3753 A I believe that I was on at least one email where  
3754 some of this was documented. I don't believe I had further  
3755 engagement than that and I frankly am not sure I saw any of  
3756 those emails in real time. As you can imagine there were  
3757 frankly hundreds of emails passing my desk every day and I'm  
3758 not sure that I noticed it at the time.

3759 Q Did you have any interactions with Michael  
3760 Caputo who served as the assistant secretary for public  
3761 affairs at HHS for a period during the pandemic?

3762 A The only specific interaction that I remember is  
3763 during the summer of 2020 when I went to HHS for a series of

3764 meetings around Operation Warp Speed and I think that he was  
3765 in one of those meetings that were a large assemblage of  
3766 people. But I know of no other specific interactions I had  
3767 with him.

3768 Q Do you recall if you had any interactions with  
3769 his senior adviser Paul Alexander?

3770 A I do not recall any interactions that I had with  
3771 Paul Alexander.

3772 Q Did anyone ever instruct you as to Mr. Caputo's  
3773 role or authority over CDC documents or communications?

3774 A No, I had not instruction regarding Mr. Caputo's  
3775 authority.

3776 Q What about -- did anyone give you any indication  
3777 of his authority with respect to any public communications  
3778 about CDC or Operation Warp Speed or any other issue?

3779 A No, I have no such conversations that I was part  
3780 of.

3781 Q Sitting here today, are you aware of any efforts  
3782 by Mr. Caputo or Dr. Alexander to influence any documents  
3783 released by CDC during the pandemic, but once again limited  
3784 to what you heard or saw directly not from what was reported  
3785 in the press?

3786 A I know that there is an email that circulated  
3787 for which I am one of many recipients that references  
3788 specific comments I think from Dr. Alexander, so I'm aware



3789 of that from those comments but not beyond what's in the  
3790 MMWR.

3791 Q Sitting here today --

3792 A I'm sorry not beyond what's in the email about  
3793 the MMWR.

3794 Q Of course. Sitting here today do you have any  
3795 view as to whether it's appropriate for political appointees  
3796 to try to influence the content of MMWRs?

3797 A I think that CDC sees the MMWR as a rigorous  
3798 effort with a lot of scientific oversight by CDC experts who  
3799 are well placed to have that expertise to be able to  
3800 analyze, interpret, and present science. So I think that,  
3801 and CDC's MMWR has a long history of serving that role and  
3802 being managed in that way.

3803 Q So do you have a concern that outside influence  
3804 could impact the integrity of the publication?

3805 A Outside influence is a broad word but I guess  
3806 not to try to belabor this but I think that CDC's MMWR is  
3807 held to a high standard for its scientific integrity. I do  
3808 know that MMWRs that I was involved with did get reviewed by  
3809 others within the administration and specifically for  
3810 example by experts at FDA that would comment on various  
3811 aspects of it. So I think the way that you described it as  
3812 being only reviewed by CDC isn't exactly how I would convey  
3813 it.

3814 Q Moving on. You mentioned earlier about your  
3815 role with Operation Warp Speed with respect to vaccines. My  
3816 understanding is that there was originally -- the Operation  
3817 Warp Speed was originally designed to also involve the  
3818 development and manufacturing of therapeutics; is that  
3819 correct?

3820 A If I remember correctly, at the very beginning  
3821 of the project there were supposed to be three sets of  
3822 activities, vaccines, diagnostics and therapeutics. I was  
3823 only ever involved in the vaccine piece.

3824 Q That was going to be my question. Perfect.  
3825 Very briefly, I was wondering if you have any views about  
3826 the vaccine rollout, specifically from a forward-looking  
3827 perspective what could be done better for the next pandemic  
3828 to ensure that the rollout can be done efficiently,  
3829 effectively, as soon as a pandemic vaccine or other product  
3830 is administered?

3831 A That's a broad question. I think it is complex  
3832 to look back now but of course important to try to figure  
3833 out what we would do better next time. And certainly  
3834 starting with having the data as early as possible, having  
3835 starting with a large quantity of vaccine as opposed to  
3836 having to start with such a small amount of available  
3837 vaccine that made prioritization essential. Those were sort  
3838 of two things that may be beyond control. Another area that

3839 I would say is the infrastructure to deliver vaccine in this  
3840 country we've appropriately invested heavily in being able  
3841 to deliver vaccines to children and it shows in how  
3842 efficiently we're able to do that. I think we were in a  
3843 situation of not having such robust infrastructure to  
3844 deliver vaccines to adults, and that made parts of the  
3845 rollout difficult. And I guess the third area that I would  
3846 definitely say is hugely important is education and  
3847 communication of the public around vaccines, around what it  
3848 means to rapidly develop a vaccine around what the science  
3849 of vaccines say, and the safety and effectiveness of  
3850 vaccines. And, frankly, I didn't expect this question and  
3851 I'm sure if I had more time I would have other things also.

3852 Q Of course. Thank you. Just a couple follow-ups  
3853 based on what you said. You mention that had the vaccine  
3854 administration infrastructure was most effective for  
3855 children. Can be done to better build up that  
3856 infrastructure for adult vaccinations moving forward?

3857 A I mean, I think this is complicated. I mean,  
3858 kids get routine vaccinations all the time so they have a  
3859 place that they get it, they have infrastructure around it,  
3860 pediatricians who they know and generally families know  
3861 where to go to get those vaccines. Many adults don't  
3862 generally get vaccines they're not used to infrastructure,  
3863 they don't have a regular place that they get vaccinated.

3864 In addition for kids we have robust vaccine registries where  
3865 kids vaccines are documented. We don't have the same  
3866 information system for adults and really had to work very  
3867 hard in 2020 to build the end-to-end information systems  
3868 that were needed to be able to really follow the vaccine and  
3869 track it from the time it left the manufacturer to the time  
3870 it got into those arms. That information was incredibly  
3871 important especially in the early days when there was a  
3872 limited quantity of vaccine.

3873 Q I know from watching that a huge amounts of  
3874 progress has been made in building that infrastructure. Is  
3875 there anything sitting today that you think is still needed  
3876 to build up for the next pandemic?

3877 [Minority Counsel]. I'm sorry Dr. Messonnier to  
3878 interrupt. Before you answer. I know that we're trying to  
3879 single-handedly solve the supply chain crisis here for the  
3880 vaccine but stated at the outset of the interview that the  
3881 scope of the dates was going to be from December 31, 2019 to  
3882 January 2020, 2021, and now we're talking about today and  
3883 moving forward. So if that is the questions outside of the  
3884 scope we're happy to ask a whole bunch of questions about  
3885 things that are occurring right now. But it seems like  
3886 that's the route that you guys are going down right now so I  
3887 just wanted to put it out.

3888 [Majority Counsel]. [Redacted], we don't entertain

3889 objections for the minority here. So if counsel wants to  
3890 object, that's absolutely fine. I think the question was  
3891 perfectly valid. It was generally applicable. But perhaps  
3892 if you want to just ask it sitting from December 2020,  
3893 January 2021, that would work.

3894       The Witness. Okay. I mean, you were asking about the  
3895 vaccine delivery. So it didn't bring up sort of the supply  
3896 chain issues which are certainly issues where I thought not  
3897 what [Redacted] was asking me about. So to very  
3898 specifically focus on delivery, again I think that there  
3899 weren't routine mechanisms in place to deliver vaccines in  
3900 adults during that time period, and we developed those  
3901 pathways the information highways and that in the setting of  
3902 the next pandemic having those in place in advance would  
3903 make the initial rollouts simpler.

3904       BY [MAJORITY COUNSEL].

3905       Q       What was not in place by December 2020 that  
3906 could have made that rollout smoother? Were there any  
3907 resources that you did not have that would have been  
3908 helpful?

3909       A       So I guess -- I need to be precise here. I'm  
3910 actually talking about what would have been in place before this  
3911 pandemic started as opposed to where we were in December  
3912 2020. So if you're talking specifically sort about where we  
3913 were in December 2020, I think my evaluation is that given

3914 how complex these vaccines were, given the storage and  
3915 handling requirements, given the availability of only a  
3916 limited supply of vaccines, and given the fact that these  
3917 are vaccines that the public hadn't seen before, public  
3918 health officials hadn't seen before, and we were rolling out  
3919 vaccines in the midst of national holidays, I think that we  
3920 had in December I believe that things went as smoothly as  
3921 they could have given all the complications of those days.

3922 Q A few more questions. Apart from what we've  
3923 discussed today, are you aware of any instances of pressure  
3924 on CDC that impacted the agency's ability to protect public  
3925 health during this pandemic?

3926 A I think you mean that I want to specify  
3927 pressures from the administration?

3928 Q That's correct.

3929 A No. I'm not aware of any additional instances  
3930 of pressures from the administration that would impact the  
3931 response to the pandemic during the time period.

3932 Q Were there any instance of retaliation against  
3933 CDC officials or other public health officials during the  
3934 coronavirus pandemic?

3935 A No. I'm not aware of any instances of  
3936 retaliation against CDC or the public health officials by  
3937 the administration during this time period.

3938 Q Are there any policies and procedures that you

3939 wish were in place that could have protected CDC from  
3940 outside pressure from the administration last year?

3941 Mr. O'Callaghan. Policies. I'm trying to understand  
3942 what policies you're trying to get at. Within the CDC?

3943 BY [MAJORITY COUNSEL].

3944 Q Anything -- I would say any type of policy that  
3945 you would have liked to be in place whether at CDC or  
3946 anything else to ensure that CDC was protected from any  
3947 outside pressure by the administration or political  
3948 officials?

3949 A I don't think I can have anything to add in  
3950 addition to what I've said previously about these issues.

3951 Q Okay. Thank you.

3952 [Majority Counsel]. Thank you. I'm going to pause to  
3953 see if any of my colleagues have any additional questions  
3954 for you, Dr. Messonnier.

3955 [Majority Counsel]. No additional questions although  
3956 I think there are a couple questions that have been left  
3957 unresolved because of the agency's privilege assertion but  
3958 we will follow up about that. I just want to say thank you  
3959 very much for your time today.

3960 [Majority Counsel]. And I will echo that. Thank you  
3961 very much Dr. Messonnier. Do you just want to confirm  
3962 [Redacted], [Redacted], any further questions from the  
3963 minority?

3964 [Minority Counsel]. No, ma'am.

3965 Thank you, Dr. Messonnier, thank you [Redacted], thank  
3966 you [Redacted], Ed, Kevin, Alyssa, everybody else. Thank  
3967 you. Hope you all have a nice weekend. Thank you.

3968 Mr. O'Callaghan. I just want to make sure, I'm not  
3969 going to have any follow-up or clarifications but I want to  
3970 make sure that my partners on the phone, Alyssa and Kerry,  
3971 do you think there's any follow-up just to clarify anything  
3972 with Dr. Messonnier before we sign off today?

3973 Ms. Bollerman. Not me.

3974 [Majority Counsel]. Thank you very much for your  
3975 time, Dr. Messonnier. We will follow up to the extent  
3976 necessary, and we can go off the record.

3977 [Whereupon, at 3:23 p.m., the taking of the instance  
3978 interview ceased.]



December 14, 2021

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**BY ELECTRONIC DELIVERY**

The Honorable James E. Clyburn  
Chairman  
Select Subcommittee on the Coronavirus Crisis  
United States House of Representatives  
2157 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Clyburn:

Thank you for the opportunity to review virtually Dr. Nancy Messonnier's transcript from her October 8, 2021 interview. Please make the following edits to the transcript to resolve minor errata.

- Page 24, line 588 – delete “what”
- Page 25, line 593 – change “for an implementation for vaccine” to “for the implementation of a vaccine”
- Page 25, line 613 – change “recommendation” to “recommendations”
- Page 25, line 614 – add “the” after “about”
- Page 27, line 642 – change “the” to “from”
- Page 29, line 699 – change “the” to “that”
- Page 33, line 804 – add “which” before “could”
- Page 33, line 806 – change “moving” to “she moved”
- Page 33, line 806 – change “there” to “you referencing” (proposed for clarity)
- Page 35, line 858 – change the first “that” to “whether”
- Page 39, line 958 – delete “in”
- Page 39, line 965 – change “at” to “in”
- Page 44, line 1089 – delete “to be”
- Page 45, line 1104 – add “know” after “don't”
- Page 47, line 1156 – change “through” to “throughout”
- Page 49, line 1190 – change “where” to “when”
- Page 50, line 1223 – delete the first “that”
- Page 59, line 1456 – change “was” to “were”
- Page 61, line 1512 – delete “were that”
- Page 78, line 1928 – add “and” after “information”
- Page 78, line 1929 – change “not that that's” to “but that's not”

- Page 79, line 1939 – add “now” after “have”
- Page 80, line 1972 – add “there were” after “again”
- Page 80, line 1974 – change “and” to “about”
- Page 81, line 1998 – delete the second “had”
- Page 83, line 2045 – add “talk about” after “not”
- Page 84, line 2066 – add “range” after “ten minutes”
- Page 88, line 2169 – change “discuss” to “discussed”
- Page 88, line 2169 – change “had” to “on a”
- Page 89, line 2191 – change “and” to “in”
- Page 91, line 2251 – change “thought” to “sought”
- Page 91, line 2267 – add a comma after “I” and before “with”
- Page 93, lines 2313-14 – delete “the data that we had still suggested” after “suggested” (there is a repeated clause that renders the sentence confusing)
- Page 94, line 2335 – change “in” to “on”
- Page 96, line 2362 – delete “to” after “and”
- Page 101, line 2504 – add “are” after “we”
- Page 102, line 2516 – change the period after “diminishing” to a comma
- Page 104, line 2588 – delete “in” after “and”
- Page 109, line 2694 – change “and the response” to “in the response”
- Page 111, line 2764 – change “target” to “targeted”
- Page 115, line 2853 – change “issues” to “issued”
- Page 119, line 2945 – change “bus” to “but”
- Page 119, line 2956 – add “at” after “with”
- Page 119, lines 2956-57 – add commas after “pandemic” and after “information”
- Page 119, line 2962 – add “in” before “one”
- Page 121, line 3007 – change “when” to “because”
- Page 124, line 3072 – change “there’s” to “this was”
- Page 125, line 3111 – delete the second “that”
- Page 135, line 3363 – insert a comma after “preparedness”
- Page 142, line 3530 – delete “a” after “agreed”
- Page 155, line 3849 – change “say” to “says”

Respectfully,

/s/ Edward C. O’Callaghan