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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: MICHAEL IADEMARCO, M.D.

Friday, October 29, 2021

The Interview Commenced at 9:25 a.m.



47 Exhibits:

48	Exhibit No.	Page
49	1 - Root- Cause Analysis, Bates commencing	
50	SSCC- 0022290	38
51	2 - CDC Weekly/May 8, 2020, MMWR	58
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60 P R O C E E D I N G S

61 [Majority Counsel]. This is a transcribed interview of  
62 Michael Iademarco conducted by the House Select Subcommittee on  
63 the Coronavirus Crisis. This interview was requested by Chairman  
64 James Clyburn as part of the Committee's oversight of the federal  
65 government's response to the coronavirus pandemic.

66 EXAMINATION

67 BY [MAJORITY COUNSEL]:

68 Q I would like to ask the witness to state his full  
69 name and spell his last name out for the record.

70 A Michael Frances Iademarco, last name is I- A- D as in  
71 David, - E- M as in Michael, - A- R- C- O.

72 Q Dr. Iademarco, my name is [Redacted] and I'm  
73 Majority counsel for the Select Subcommittee. I want to thank  
74 you for being with us today for this interview. We do recognize  
75 that you're here voluntarily and we really do appreciate that.

76 Under the Committee's rules you are allowed to have an  
77 attorney present with you during the interview. Do you have an  
78 attorney representing you in a personal capacity present today?

79 A No, I do not.

80 Q Is there an attorney present representing the agency?

81 A Yes, there is.

82 [Majority Counsel]. Would counsel please identify  
83 themselves for the record.

84 Mr. Barstow. Kevin Barstow, Senior Counsel.

85 [Majority Counsel]. I'll note for the record, a little  
86 tough to hear you there, just for future, but thank you so much.

87 I would like to ask the additional staff who are present to  
88 identify themselves for the record. First let's start with  
89 additional individuals from HHS or CDC.

90 Mr. Wortman. Hi, this is Eric Wortman, CDC.

91 Ms. Martinez. Good morning, this is JoAnn Martinez, HHS.

92 Ms. Schmalz. And Jenn Schmalz, HHS.

93 [Majority Counsel]. Great. Next let's go to the Majority  
94 staff.

95 [Majority Counsel]. Hi, [Redacted] for the Majority.

96 [Majority Counsel]. Hi, [Redacted] for the Majority.

97 [Majority Counsel]. [Redacted] for the Majority.

98 [Majority Counsel]. [Redacted] for the Majority.

99 [Majority Counsel]. And the Minority staff.

100 [Minority Counsel]. [Redacted].

101 [Minority Counsel]. Hi, Admiral. [Redacted]. Thank you  
102 for being here today.

103 [Majority Counsel]. Great. Before we begin I'm going to  
104 go over just a couple ground rules.

105 As previously agreed to by Majority staff and HHS, the scope  
106 of this interview today is the federal government's response to  
107 the coronavirus pandemic from December 1, 2019, through January  
108 20, 2021.

109 The way the interview will proceed is as follows. The

110 Majority and Minority staffs will alternate asking you questions,  
111 one hour per side per round, until each side is finished with  
112 their questioning. The Majority staff will begin and proceed for  
113 an hour, and the Minority staff will then have an hour to ask  
114 questions. We will alternate back and forth in this manner until  
115 both sides have no more questions. We have agreed that if we are  
116 in the middle of a line of questioning, we may end a few minutes  
117 before or go a few minutes beyond the hour just to wrap up a  
118 particular topic.

119 In this interview, while one member of the staff may lead  
120 the questioning, additional staff may ask questions from time to  
121 time.

122 There is a court reporter here taking down everything I say  
123 and everything that 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 an answer, and I will try  
126 my best to wait until you finish your response before asking you  
127 the next question.

128 The court reporter cannot record nonverbal answers such as  
129 shaking your head, so it is important that you answer each  
130 question with an audible, verbal answer.

131 Do you understand?

132 A I do. Thank you.

133 Q We want you to answer our questions in the most  
134 complete and truthful manner possible, so we are going to take

135 our time. If you have any questions or do not understand any of  
136 the questions, please let us know. We'll be happy to clarify or  
137 rephrase our questions.

138 Do you understand?

139 A I do. Thank you.

140 Q If I ask you about conversations or events in the  
141 past and you are unable to recall the exact words or details, you  
142 should testify to the substance of those conversations or events  
143 to the best of your recollection. If you recall only a part of a  
144 conversation or a part of an event, you should give us your best  
145 recollection of those events or parts of conversations that you  
146 do recall.

147 Do you understand?

148 A Yes, I do.

149 Q And if you need to take a break, please just let us  
150 know. We are happy to accommodate you. Ordinarily we take a  
151 five- minute break at the end of each hour of questioning, but if  
152 you need a break before that, again, just let us know. However,  
153 to the extent there is a pending question, I would just ask that  
154 you finish answering that question before you take a break.

155 Do you understand?

156 A I do.

157 Q And although you are here voluntarily, and we will  
158 not swear you in today, I want to remind you that you are  
159 required by law to answer questions from Congress truthfully.

160 This also applies to questions posed by congressional staff in an  
161 interview.

162 Do you understand?

163 A Yes.

164 Q So if at any time you knowingly make false  
165 statements, you could be subject to criminal prosecution.

166 Do you understand?

167 A I do.

168 Q Is there any reason you are unable to provide  
169 truthful answers in today's interview?

170 A Not that I'm aware of.

171 Q Finally, the Select Subcommittee follows the rules of  
172 the Committee on Oversight and Reform. Please note that if you  
173 wish to assert a privilege over any testimony today, that  
174 assertion must comply with rules of the Committee on Oversight  
175 and Reform, and Committee Rule 16(c)(1) states: For the Chair to  
176 consider assertions of privilege over testimony or statements,  
177 witnesses or entities must clearly state the specific privilege  
178 being asserted and the reason for the assertion on or before the  
179 scheduled date of testimony or appearance.

180 Do you understand?

181 A Yes, I do. Thank you.

182 Q Do you have any questions before we begin?

183 A I do not.

184 Q Okay. So, Dr. Iademarco, I understand that you



185 currently serve as the acting associate director for laboratory  
186 science and safety; is that correct?

187 A That is correct.

188 Q And in that position, I understand that you oversee  
189 the Office of Laboratory Science and Safety; is that correct?

190 A That's correct.

191 Q And when did you assume this position?

192 A July 2nd, I was asked to cover that office.

193 Q That's July 2nd, 2021; is that right?

194 A Yes, sir.

195 Q And what other positions have you held during your  
196 tenure at CDC?

197 A At my tenure at CDC? Well, my current permanent  
198 position is the center director for the Center for Surveillance,  
199 Epidemiology, and Laboratory Services. So when we go on  
200 assignment, deployment, or details we have other jobs.

201 What you mentioned were a detail from my permanent  
202 position. I've had I think five positions since joining the  
203 Public Health Service in 1998.

204 Q And what other positions were those?

205 A My first position was as a medical officer  
206 epidemiologist in 1998 for about two years. Then I was the  
207 associate director for science in the Division of Tuberculosis  
208 Elimination for about five years. Then I was the health attache  
209 for the Office of Global Health Affairs, now OGA, and I was the

210 health attache to the mission in Vietnam until 2010. Then I came  
211 back to CDC and I was the laboratory branch chief in the Division  
212 of TB Elimination. And then in 2014, I was selected to be the  
213 center director for a newly reorganized center, the one I just  
214 named previously, my current position.

215 Q Okay. And I think you indicated, but how long have  
216 you worked at CDC?

217 A I've been on active duty in the Public Health Service  
218 for 23 years. All of those have been at CDC except for the four  
219 that I was health attache.

220 Q So during 2020, you served as the director of the  
221 Center for Surveillance, Epidemiology, and Laboratory Services,  
222 correct?

223 A That's right, the director of CSELS.

224 Q My next question was going to be do you have an  
225 acronym.

226 A Yes.

227 Q So CSELS?

228 A CSELS, C- S- E- L- S.

229 Q And you served in that position since 2014; is that  
230 correct?

231 A January 4th, 2014. January 4th or 6th.

232 Q And as director of CSELS, who did you report to?

233 A For all of that time until recently, I reported to  
234 Dr. Chesley Richards who was one of CDC's deputy directors.

235 Currently it's called the deputy director for Public Health  
236 Science and Surveillance.

237 Recently, when he retired - - I can't remember exactly  
238 when, it might have been right before COVID - - it was  
239 initially an acting, Dr. Dan Jernigan, and he has become the  
240 permanent. So he is my current supervisor.

241 Q Great. And who does your current supervisor report  
242 to directly?

243 A Dr. Dan Jernigan is my current supervisor.

244 Q And his supervisor?

245 A Oh, I believe - - you know, on paper I think he  
246 reports to the acting principal deputy, Dr. Deb Houry, but there  
247 also could be a report to the agency director, Dr. Walensky.

248 Q And during 2020, as director of CSELS, how many  
249 people reported to you directly?

250 A I have to count. It's less than seven because that's  
251 my rule. So three division directors, an office director, that's  
252 four; the deputy and MO, that's five, six; and the  
253 editor-in-chief of the MMWR, that's seven.

254 Q Could you just at a high level walk me through who  
255 these folks are?

256 A Yeah. CSELS has three areas or domains or lanes.  
257 One is data science and surveillance systems. We have a division  
258 for that. That's Dr. Paula Yoon. There's an Office of Public  
259 Health Informatics that's closely related to that, and that's

260 Dr. Adi Gundlapalli. And then we have laboratory systems as a  
261 division. That's a direct report. And then we have the division  
262 of scientific education and professional development, that's  
263 workforce. And then there's the editor- in- chief of the MMWR.  
264 And then there's my own deputy, and then I have a management  
265 office.

266 Q And who was your own deputy during this time?

267 A I would have to go back and look. I think at the  
268 beginning of the time, if we're talking calendar year 2020, I  
269 believe it was Admiral Bill MacKenzie, but he might have been on  
270 detail. And then during that year we recruited and hired  
271 Dr. Les Dauphin, initially on detail but then as permanent.

272 Q And you mentioned the editor- in- chief of the MMWR.  
273 Is that Dr. Kent?

274 A During that time period, that's correct.

275 Q And the last instance, who was the direct report  
276 there?

277 A The deputy?

278 Q Yes.

279 A Yes. Dr. Les Dauphin.

280 And the other thing to realize, too, is that when I'm on  
281 detail or deployed, I have an acting back in that center. So her  
282 permanent role is as deputy director of CSELS. And when I'm  
283 away, she's the acting director.

284 Q Got it. And just to make sure, I think you mentioned

285 one of the buckets was lab systems?

286 A Yes.

287 Q And you had a direct report in that bucket. Is that  
288 Dauphin or is that somebody else?

289 A No, that's somebody else. So that's the division of  
290 laboratory systems, that's Dr. Ren Salerno.

291 Q Thank you. So I did want to ask you about some of  
292 the buckets in your portfolio at CSELS. I think you walked  
293 through that pretty nicely. Is there anything else you would  
294 like to convey about some of the portfolios that you oversaw as  
295 the director?

296 A No. I think those three areas plus the MMWR are sort  
297 of the high- level description. Basically, CSELS provides  
298 scientific services to the agency. We're scientific  
299 infrastructure.

300 Q And at a high level, what were your day- to- day  
301 responsibilities like?

302 A Normally, it's running the center. But with the  
303 pandemic, which covers 2020, when - - the agency's  
304 response - - supporting the response.

305 (Transmission interrupted.)

306 So we put our whole center behind data systems and science,  
307 lab systems and workforce, and the MMWR, we put all that behind  
308 as support to the response. Responsibility and task are to  
309 respond to the pandemic then CSELS does very similar work in our

310 three areas plus the MMWR to support the scientific  
311 infrastructure for the response. It's a support role for the  
312 agency in terms of scientific infrastructure in those four areas.

313 Q Thank you for that. When did you begin working on  
314 coronavirus- related matters?

315 A Well, I would say there was a gradual escalation - -  
316 (Transmission interrupted.)

317 The Witness. There was a gradual escalation that started  
318 in mid to late February that, by the middle of March to the end  
319 of March, we were in full tilt. I started - - with any type of  
320 emergency sometimes, I called together all our senior leaders  
321 just for a quick update. In this case, I set something up for 15  
322 minutes to 20 minutes every late afternoon just to make sure  
323 we're serving the response. And that meeting has continued until  
324 this day. I'm in that meeting when I'm there but I'm not in that  
325 meeting when I'm on detail or deployed for something else.

326 And a lot of our people - - one more thing. It's true  
327 throughout CDC, people are deployed into the response. But our  
328 people in particular, because of the support role, are in the  
329 response and they rotate through. And even when they're not in  
330 the response, they're still doing response- related work back in  
331 their day job.

332 BY [MAJORITY COUNSEL]:

333 Q And you said that daily meeting that you convened  
334 began in the middle of March; is that right?

335 A Yeah, I don't recall exactly when I started it, but I  
336 believe it was in the first quarter of 2020.

337 Q And were there particular aspects of the pandemic  
338 response that you worked more closely on?

339 A I think data - - in the early parts, data was the  
340 theme and the challenge. And as we've seen in the last 18  
341 months, the progress in data systems and our ability to deal with  
342 the data has greatly improved.

343 And I'll note that that's really built on eight years of  
344 quiet modernization efforts that have really been helpful. I  
345 know there's a lot of concern about data and data modernization,  
346 but it's sort of an untold story that the modernization over the  
347 last eight years put us in a better position than we otherwise  
348 would have been.

349 Then I think it shifted to laboratory systems support  
350 that's not about the test. It's about coordinating among  
351 different laboratory networks and making sure the results are  
352 flowing and that they have all the information they can.

353 So I think they were the two major themes divided in one,  
354 part one and part two, for CSELS's response. But all aspects of  
355 what we do in CSELS were integral in the response but in a  
356 smaller way.

357 Q And we'll get into more specifics about those two  
358 buckets here in a bit, but thank you for that.

359 A Mm- hmm.

360 Q Were you part of any working groups inside of CDC  
361 related to the response?

362 A No. Actually, so if you consider the emergency  
363 operation center and the various task force, I was never a member  
364 of those groups. Now, I've had assignments from the response to  
365 go do something, and I've never been a part of the task force.

366 Q Were you ever part of the incident response team?

367 A No. We're referring to the same thing. That's  
368 correct, no.

369 Q What types of assignments would you receive from  
370 them?

371 A I've had a couple deployments. I'd have to go back  
372 and think of them. The formal deployments from the response,  
373 there were two on something called CRAFT missions. I can't  
374 remember what that stands for, Community Response something or  
375 other. And these were actually run out of the JCC, the Joint  
376 Command - - what does the last C stand for, not cell,  
377 center - - Joint Command Center out of Washington.

378 And they were running these, and occasionally they asked me  
379 to go on them and I went on two, one to Gwinnett County and one  
380 to Miami. And so there were two there. And then I did an  
381 eight-month deployment starting in November at the request of  
382 Admiral Giroir and Admiral Schuchat to be the lead of the  
383 testing and diagnostics work group. And these were the official  
384 assignments.



385 Q Were there any unofficial assignments from the  
386 incident response?

387 A Well, there was a trip in February that was  
388 prescheduled before COVID where I visited the FDA for the  
389 purposes of building the FDA- CDC relationship, which was needed  
390 in the wake of some retirements. And this was in February and  
391 COVID was raging, and so that was not one of the intended topics.

392 Q And what did you do when you visited the FDA in  
393 regards to the pandemic that was - -

394 A Yeah, we were there in mid- February. Most of the  
395 meeting was - - I brought - - there was three of us, brought  
396 two senior leaders with me. And the purpose was to introduce our  
397 leadership to their leadership, and they brought their leadership  
398 to the table.

399 And we talked about various - - we kind of outlined our  
400 various mutual interests, mostly in in vitro diagnostics, and  
401 what the history was and how we worked together and how we could  
402 work together in a more, going forward. It was not - - COVID  
403 did come up near the end of the conversation, and we agreed that  
404 closer collaboration was needed or could help.

405 Q So who at CDC accompanied you on this trip?

406 A Steve Monroe, who is - - you quoted my current  
407 position. So he was in that position. He's now retired.  
408 Dr. Steve Monroe. And one of my division directors at the  
409 division of lab systems Dr. Ren Salerno. And the three of us.

410 And that meeting was planned well in advance of COVID.

411 Q And who from FDA was in attendance?

412 A They had a lot of people. I'm pretty sure Jeff  
413 Shuren was there, Tim Stenzel. And I don't remember, but there  
414 was about - - because if we went there, so there was ten  
415 of - - you know, three traveled. And I would estimate there  
416 was about eight to ten of them present.

417 Q Was the FDA commissioner present?

418 A No.

419 Q I think you said that one of the conclusions was that  
420 closer collaboration on coronavirus was needed; is that right?

421 A Yes.

422 Q And why was that consensus?

423 A Well, it was February and CDC was in the middle of  
424 developing its test. With any in vitro diagnostic test  
425 development at CDC, we need collaboration with the FDA, and they  
426 have a regulatory role. When it's not emergency, we can kind of  
427 go about our work and when we're ready we send it to them. But  
428 when it's an emergency, the pattern, which goes way back - - as  
429 far as I can first remember noticing it would be with H1N1 around  
430 2009- 2010. If you take a more interactive approach, iterative  
431 approach as you're going through the development, you can move  
432 faster.

433 Q Did CDC have concerns that FDA's approval process for  
434 testing was not moving fast enough?

435 A No, not that I am aware of. I was not involved in  
436 the - - at that meeting and in general during the time period  
437 here in question, I was not involved with CDC's test development  
438 or those scientists or the pathway to interact with the FDA. But  
439 because the purpose of the meeting was to improve coordination  
440 and collaboration in general in the wake of two previous people  
441 retiring, and we were sitting there in the middle of COVID, it  
442 was a natural point to say, how much do you guys know, what do we  
443 know?

444 And a lot of people at the table were not immersed. It was  
445 not their job and they were not immersed in COVID, but we made  
446 the leadership point that that should be the case and the  
447 follow-up to the meeting was to make sure that the collaboration  
448 was sufficient.

449 In retrospect, there were definitely things that were  
450 already going on in a valid, good constructive way between CDC  
451 and FDA on the test development.

452 Q Did CDC's initial test kit get discussed during this  
453 meeting?

454 A Not in any detail, because no one at the meeting at  
455 that level had that type of specific knowledge. And I certainly  
456 did not.

457 Q So the consensus to work more collaboratively moving  
458 forward wasn't premised on events that had already occurred?

459 A It was not my sense in that meeting at that time that

460 that was a driver. It wasn't, in my mind, because I was not in  
461 on the details of the test development and where we were and what  
462 the issues were.

463 Q I'm going to circle back to the two formal  
464 assignments that you mentioned.

465 A Yes.

466 Q The incident response team. The CRAFT mission, you  
467 mentioned they were community response- based. Can you just  
468 elaborate a little more on what you were involved in?

469 A Yes. So I led a team to -- both the sites and  
470 timing were selected by JCC, and actually the team was composed  
471 by JCC. And so I led a team to Gwinnett and then Miami. And the  
472 basic design -- and it was multi- agency so we had a CDC  
473 person, we had FEMA, we had -- I'm trying to think of all the  
474 agencies. But we had multiple agencies that responded, and it  
475 was a team of anywhere from, say, four to seven people.

476 And the emphasis on most of the CRAFT missions was to look  
477 at their data in advance and go there and talk to, at the local  
478 level, about their data just to make sure that we were on the  
479 same page about the data, and to also offer any other type of  
480 local assistance -- any assistance we could help with or  
481 amplify with, not just from CDC but from a whole of government  
482 approach.

483 And that was the majority of the mission's purpose. There  
484 was some communication aspects, so that sometimes it's

485 not - - I think in Gwinnett and Miami they understood their  
486 data. They were trying to do - - they were doing or trying to  
487 do the right thing, and there were also communication issues and  
488 challenges has been present in all of COVID. So sometimes we  
489 could swing in some help in the communications area.

490 Q And what were some of the communication difficulties?

491 A As you've experienced through the pandemic, it's hard  
492 to translate imperfect science into a message that people will  
493 act on that helps contribute to the control of the pandemic. So  
494 sometimes there's added expertise or other adjunctive events that  
495 can help with those messages.

496 And just as a coincidence, in both of those CRAFT missions  
497 they were concluded by inviting the Surgeon General to come and  
498 speak with the two communities and elected leaders. And so one  
499 output to those two missions were communication events to help  
500 amplify CDC messaging, not just CDC, but whole of government  
501 messaging around. And I think one for sure was timed with right  
502 before July 4th weekend, and I forget the - - the Miami one was  
503 second. I forget the exact timing. I think there was a - - it  
504 was timed to Labor Day.

505 So timing's important from a public health response  
506 perspective.

507 Q Who are the elected leaders that were involved?

508 A I don't remember. I mean, I'll introduce the idea  
509 that, okay, maybe we could have somebody come down; would you be

510 interested? Then the chief of staff gets involved from the  
511 commissioner of health's office or the governor's office. They  
512 talk to somebody in Washington, and I kind of walk away. I learn  
513 at the Surgeon General, who is one of my bosses, so I treat it  
514 more like an advanced visit.

515 But when it gets into the representational construction of  
516 what the event will be, I turn that over to the policy and  
517 communication people and sort of stand there. So I don't - - I  
518 think in Gwinnett there were two events, one at the site where  
519 the Surgeon General was alone with the local Gwinnett County  
520 director of health, and I don't remember her name, but I think  
521 there was some other events either a few days before or after  
522 with the governor's office and I don't recall.

523 In Miami, I had never been to Miami before, that was  
524 fascinating. I didn't realize there's 11 Miamis and 11 mayors.  
525 So it was interesting to learn all that and to run around and  
526 meet all the different players. And I met a couple mayors, but I  
527 don't remember - - one I remember one of the names because it  
528 was distinctive. But again, I followed the same protocol of  
529 handing the orchestration of those media events, those  
530 representational and media events over to the common policy.

531 Q So at the Gwinnett County visit, was the governor at  
532 one of the events?

533 A I don't recall. He was not at the event - - there  
534 was one event - - my main site was the Gwinnett County Health

535 Department, and the director of that health department was there.  
536 And on the concluding day, the Surgeon General came and I think  
537 she was the highest representative of the Georgia- related  
538 government.

539 But there was some other event that was unrelated to our  
540 CRAFT visit that was very proximal in time, and I don't recall  
541 who attended. There was somebody.

542 Q And at the Miami event, do you recall if the governor  
543 attended that?

544 A No, I don't think so. It was the lieutenant  
545 governor, a woman, and I apologize I forget her name, very smart  
546 person. She might have even been a physician. And she came down  
547 to Miami and participated in some of our visits, which was very  
548 nice and constructive to get the state view. And I believe there  
549 was an event with her and the Surgeon General. In Miami he had  
550 several events, both government events and with the  
551 nongovernmental organization.

552 Q Do you know why those two locations were selected for  
553 your CRAFT missions?

554 A No, I do not. I wasn't really part of the CRAFT,  
555 proactive CRAFT strategy. I participated in some debriefings. I  
556 think that the general purpose was to focus on places that were  
557 of particular risk or had particularly high levels of cases or  
558 were concerning for a variety of reasons. I don't know what the  
559 algorithm was to weight various factors to then select the sites.

560 I believe there were six sites for about four weeks in a  
561 row, then there was a week or two break, something like that.  
562 And I had to go on to other work and so I lost track of actually  
563 what happened to the CRAFT approach. I know that eventually it  
564 shifted into something else.

565 Q Do you know whose responsibility it was to select the  
566 locations to these missions?

567 A I do not know who - - I don't know how that worked.

568 Q Okay. Taking a step back. In your position as  
569 director of CSELS, generally, not just tied to the pandemic, how  
570 did you communicate directly with the CDC director, whoever that  
571 may be?

572 A Yeah. I've been in CSELS, starting with  
573 Dr. Frieden, and I would say it's unusual to directly  
574 communicate with the director one on one. Infrequent, unusual.

575 We do have, depending on the administration, we have either  
576 a weekly or every other week meeting with the center directors  
577 and always the chief operating officer and the principal deputy,  
578 and the director can be there depending on - - you know,  
579 outside of a pandemic it's maybe 80 percent. In a pandemic or  
580 with a lot of Washington activity related to budget, it can drop  
581 down to 50 percent. But that's a group meeting.

582 Q So in terms of one- on- one - -

583 A In a briefing, like maybe four times a year you have  
584 to go brief on a special topic. But, again, it's a group



585 meeting.

586 Q So in terms of one- on- one conversations that aren't  
587 prescheduled, those would be rare events?

588 A They would be infrequent.

589 Q During the pandemic, with respect to Dr. Redfield,  
590 how frequently did you communicate with him?

591 A I recall one for sure, and I think there may have  
592 been another one. So I would say one to two.

593 Q Do you recall what those conversations concerned?

594 A Right. The one might have been coordination of CDC  
595 epidemiology deployment to the White House medical unit. And the  
596 second was a conversation related to something else that I have  
597 no idea, I can't remember what it was. It was very important,  
598 but it's been overshadowed by what at the time was a minor issue,  
599 which is the email exchange with Dr. Paul Alexander.

600 Q Well, we'll touch base on that in a bit.

601 The CDC deployments to the White House, do you recall any  
602 more about what that was about?

603 A Yes. Since March of 2020, CDC has had at least one  
604 epidemiologist - - highly skilled epidemiologist detailed to  
605 the White House medical unit to assist with contact  
606 investigations. And at first it was one person, but as things  
607 continued, as the pandemic continued, we need to rotate that  
608 person. And so I play a leadership role in coordinating the  
609 series of assignments to that job.

610 Now, the conversation I had with Redfield, I don't recall  
611 that there was one. Remember, I said one to two. But I do  
612 remember at some point, somewhere, getting his acknowledgement or  
613 sense of appreciation that we were doing that work and he had  
614 heard we had done a good job or something like that.

615 Q And to confirm, this is a CDC official who is  
616 embedded in the White House to conduct contact tracing of White  
617 House coronavirus outbreaks?

618 A I wouldn't call them an official. They're either a  
619 Ph.D. epidemiologist or a physician. They are assigned to the  
620 White House medical unit, which has the job of protecting the  
621 campus, and we're providing technical assistance and support to  
622 them. And they have a mission to interact with everyone on the  
623 campus in a way that increases the safety and security of the  
624 campus.

625 So we're supporting them. Our person of course is not just  
626 a person who has experience in contact investigations and  
627 outbreaks and handling data and how to interpret lab results, but  
628 our person also has connections back to experts and expert groups  
629 at CDC which then, you know, help support the unit.

630 I would note that, from a security standpoint, they are  
631 extremely sensitive about the disclosure of most of what I just  
632 said. It's not classified information, but for security reasons  
633 their processes and procedures are very sensitive. And so we  
634 always defer to them about any type of description or messaging.

635 So we have done our work quietly since the time period.

636 Q Sure. I do know that it was publicly reported, I  
637 believe last fall, that there was something of an outbreak on the  
638 White House campus, a coronavirus outbreak, and I believe the CDC  
639 offered to assist with contact tracing.

640 Was this individual involved with that episode?

641 A So I haven't done a thorough scan, but I agree with  
642 you that I have only noticed one report in the media that  
643 mentions a CDC epidemiologist helping the White House.

644 Repeat the question. I wanted to get that part straight.

645 And then what was the second part of the question?

646 Q Sure. So in your position and for this liaison in  
647 the White House, was there involvement from you, your part, in  
648 making this offer to the White House to conduct contact tracing  
649 after that outbreak?

650 A No. We, our job, my job and CDC's job is to deploy  
651 and project this expert as an asset to the White House medical  
652 unit. We don't talk to them about what they're doing or how  
653 they're doing it or anything. They do need consultation, of  
654 course, sometimes, on technical and medical and scientific  
655 issues, and so we have a few people inside the agency who are  
656 experts who are on hand to help them.

657 This is really no different than if, you know, an outbreak  
658 in city X in state Y, where a commissioner of health needs help,  
659 we send our team and our people and they can call up headquarters

660 and get help. And if they need more help, we send more help. So  
661 it's a very - - we've patterned it in the way that we normally  
662 support state and other federal partners with public health  
663 events.

664 Q And to follow that pattern in this particular  
665 instance, did CDC then send a team to conduct contact tracing at  
666 the White House?

667 A See, that question to me is - - it doesn't align  
668 with what we're doing.

669 Q Okay.

670 A White House medical unit is doing what it's doing,  
671 which includes contact investigation which they're very sensitive  
672 about. We have a person - - at least one person deployed as an  
673 expert to help them with their mission.

674 So the question of did CDC get asked to deploy a team, it's  
675 not - - the answer to that is no. But it's not really  
676 relevant. Because in my mind, the White House medical unit is  
677 doing what it does to protect the campus, and they have asked for  
678 assistance and we have supplied them at least one person at all  
679 times through the pandemic to do that.

680 Sorry, that's a little nuanced.

681 Q Just to make sure I'm following. I understand you  
682 said that there was no ask; CDC did not ask to conduct contact  
683 tracing?

684 A Yeah.

685 Q I guess my question is, did CDC offer to do that in  
686 this case?

687 A No. I mean, the person - - the White House medical  
688 unit asked for somebody in March of 2020. We've sent somebody  
689 since then. It's been more than one person. And we know that  
690 our person is there helping, and so we're focused on - - I'm  
691 focused on and the agency's focused on making sure they have the  
692 person or - - you know, it's a resource, it's an  
693 asset - - making sure they have the person they need to do  
694 that, to help them to do their work.

695 Q Okay. Let me ask you about your general conversation  
696 with other folks in the director's office at CDC.

697 A Yes.

698 Q Again, not tied to the pandemic, but how frequently  
699 in your position as of director of CSELS would you interact with  
700 the chief of staff to the director?

701 A So staff is in those center director meetings that I  
702 mentioned. I would say that a call or conversation with the  
703 chief of staff or the deputy chief of staff might be at the same  
704 level as talking to the director, maybe a hair more frequent.

705 Q And during the pandemic, I believe for a significant  
706 portion the chief of staff was Kyle McGowan; is that correct?

707 A That's correct.

708 Q And how frequent did you interact with Mr. McGowan?

709 A Yeah, you know, outside of the group meetings, I

710 would say maybe there were two or three phone calls in the course  
711 of his tenure.

712 Q And what did those phone calls, to the best of your  
713 recollection, concern?

714 A I don't remember - - usually - - I don't remember  
715 the specific phone calls. My sense is sort of alerting him to  
716 something that might be stuck and me not knowing why, and  
717 organizational issues.

718 Because at CDC, you know, we're in Atlanta, so it presents  
719 some disadvantages from being in Washington. And we don't always  
720 know who's who. And so navigation, sort of organizational  
721 navigation can be very helpful from the chief of staff. And I  
722 think in general in my eight years, that's sort of why you would  
723 alert them to something.

724 Q And the deputy chief of staff at this time was Amanda  
725 Campbell; is that correct?

726 A Yes.

727 Q And again, during the pandemic, how frequently would  
728 you say you interacted with her?

729 A I think because of some of the issues you might get  
730 into with the MMWR, I think for her, you either interact with the  
731 deputy or the chief of staff. If you hit one of them, it's the  
732 same, which is a good thing. And it's no more frequent than the  
733 chief of staff.

734 But because of the MMWR narrative, there were probably

735 three or four phone calls just to make sure that everybody was on  
736 the same page about something. I'll start thinking about the  
737 exact conversations, but off the top of my head, I don't recall  
738 specific conversations.

739 Q But the three to four calls would have, to the best  
740 of your recollection, concerned the MMWRs?

741 A I think - - in addition to the baseline very  
742 infrequent, I believe so, yes.

743 Q And I'll ask lastly here, did you interact at all  
744 with the subsequent chief of staff to Mr. McGowan, who I think  
745 was in a different role earlier, Nina Witkofsky?

746 A I think the answer is no, it dropped off. And there  
747 may have been one call with Nina, just in terms of introduction.  
748 I don't recall meeting her, I don't recall any calls.

749 Q Okay. And then generally, again, in your role as  
750 director of CSELS, how frequently would you interact with HHS  
751 officials outside of CDC?

752 A Such as? You mean HHS/OS, office of - -

753 Q OS, ASPA. Are there particular officials in HHS  
754 outside of CDC, again, irrespective of the pandemic, that you  
755 would frequently interact with?

756 A Yeah, so outside of the pandemic. Okay.

757 No. I think I am the CDC representative to the something  
758 called NBIC, and there, CDC plays a supportive role to the  
759 principal in HHS/OS who attends that meeting. And so I fly to

760 Washington when they have a steering committee or an executive  
761 meeting and sit in the back row and support HHS.

762 So in general, that's the only thing I can think of off the  
763 top of my head in terms of OS and what we call staff divs. So op  
764 divs, right, are like the agencies; CDC, NIH, FDA. So in terms  
765 of all the Os, the staff offices. There can be a call with the  
766 ethics office. Sometimes CDC punts. CDC office is very strong,  
767 but sometimes we need to consult with OGC. So that occasionally  
768 comes up over an employee's portfolio or something like that.  
769 I'm kind of running my head through all the staff divs.

770 Q That's helpful.

771 A I've never really talked to ASPA. I think that  
772 covers it. OGC would be the one. Yeah.

773 Oh, no, there is another one. What's it called, ONC, the  
774 Office of the National Coordinator. That's a staff div. Because  
775 they're concerned about data and data systems, we have regular  
776 working- level relationships between CSELS and ONC.

777 Q Okay. So as a general matter, you weren't regularly  
778 interacting with officials in HHS who were outside of CDC?

779 A No.

780 Q And then so during the pandemic, did that change?

781 A Well, the biggest change was when I was deployed  
782 within the time period covered here in November when I was  
783 working directly with Admiral Giroir on the testing and  
784 diagnostic work.



785 Let me go back to your prior question for a second. I  
786 forgot about my uniform. The Office of the Surgeon General is in  
787 OASH, which there's a lot of commission corps activity. So I  
788 don't know if you're referring to that.

789 So I would call that regular. So it's not an op div, it is  
790 a staff div. It's the Office of the Surgeon General. I'm an  
791 assistant surgeon general, so I'm part of a lead policy group  
792 that helps the Surgeon General run the commission corps and  
793 there's lots of issues. And I've been on lots of work groups to  
794 help the corps and improve the corps in terms of continual  
795 improvement. So that's another one I forgot.

796 And then I just mentioned Giroir during the pandemic. And  
797 then, because of that detail I was also interacting with the JCC,  
798 and there were OS officials there.

799 So before the pan - - before the November assignment, I  
800 was not regularly interacting with OS officials.

801 Q Okay. And what about ASPA officials?

802 A I never really spoke to an ASPA official that I know  
803 of until my testing and diagnostic work group. And the reason is  
804 that that work group was in OASH, and so it didn't - - it had a  
805 communications group that directly worked with ASPA. So it's  
806 sort of like you rise to the top and the only place to talk to is  
807 ASPA.

808 But I actually don't recall talking to them. It was mostly  
809 my communications person talking to the OASH communications

810 person talking to the ASPA communications person. So I would  
811 still say, even with that assignment, I'm not regularly talking  
812 to anybody - - officials in ASPA during the pandemic.

813 Q So aside from I guess regular interactions, you did  
814 have some interactions with ASPA officials during the pandemic  
815 prior to November?

816 A I don't think so. Not directly. I've been on  
817 emails, as you've seen, but I've had no direct  
818 interaction - - there's no phone call or direct emails that I'm  
819 aware of with ASPA officials.

820 CDC's pretty rigorous with their communications work. You  
821 know, we have comm people and they talk to the top of CDC comm  
822 people and they talk to ASPA.

823 Q That's helpful, thanks.

824 And then I guess lastly, did you have any interactions with  
825 any official in the White House during the pandemic?

826 A The White House. Remember the whole White House  
827 medical unit story, right? So they work under - - I assume you  
828 know how they work so I don't have to repeat all the details of  
829 how they're organized, but I did meet with the director and  
830 deputy director of the White House medical unit probably twice  
831 during the pandemic. And it's not infrequent that I'm talking to  
832 the deputy to deal with logistics of who we're going to send  
833 next, is this person okay, you know, how are they doing, just  
834 from a customer service standpoint.

835 And so within the time - - we had some administration  
836 issues with EOP but I don't think that was within the time  
837 period.

838 So, but no. Within this time period, there's no officials  
839 that I can think of that I've spoken with beyond that.

840 Q Other than Admiral Giroir in November when you had  
841 your assignment, that would include any official who was on the  
842 White House coronavirus task force?

843 A That's right. I've never spoken with any officials  
844 on the White House - - I actually am not exactly sure who is on  
845 the White House - - I was never quite - - I don't know if I  
846 ever saw a list. I don't know if I ever paid enough attention to  
847 know who was on the list. But I don't recall. Of the people  
848 that I can watch in the media and know who is on the task force,  
849 I don't think I've ever spoken to any of them.

850 Q Let's move a bit into coronavirus testing questions.

851 A Mm- hmm.

852 Q You mentioned your assignment in November. But just  
853 more broadly, what was your involvement in the federal  
854 government's coronavirus testing efforts during that first year  
855 of the pandemic?

856 A Yeah, so we go back to the February meeting where my  
857 involvement with the testing development was zero. But because  
858 of that FDA meeting, I made a suggestion that, let's see what we  
859 can do after the meeting to increase, no matter what it is, to

860 look into the robustness of the CDC/FDA collaboration, and  
861 whatever it is, you know, there's always room for improvement.  
862 So that would be one.

863 Then the next sort of swath is not really me but my direct  
864 report, Dr. Ren Salerno. And we were concerned not about  
865 testing and test development, but the national network of people  
866 doing tests and their capacity to do it in terms of training and  
867 coordination and communications, what I would call a subsector of  
868 the lab systems domain. And he was on one of those lab task  
869 force. He was on a task force and response, and occasionally we  
870 would have either group or single conversations about issues,  
871 about how should we involve this organization, should we do this  
872 first or communicate that first, and how we should set up the  
873 emails and the internet and things like that.

874 So, again, it's scientific infrastructure support,  
875 providing him advice as his peer and supervisor. And then the  
876 next piece would be the start of my assignment initially in OASH  
877 for the testing and diagnostic work group.

878 Q And that began in November, correct?

879 A I think it was November 7th or 8th, something like  
880 that.

881 Q Okay. So you mentioned that you were not involved in  
882 the development of the initial - -

883 A No.

884 Q - - CDC test kits.

885 As I'm sure you know, it's been widely reported that the  
886 initial test kit encountered a number of problems. Are you  
887 familiar with these issues today?

888 A Today, I am.

889 Q Okay.

890 A Because of - - you introduced me with my current  
891 temporary assignment, which started on July 2nd after the time  
892 period in question. And what I did within the first week or two  
893 was to read up and study up on that because it falls in that  
894 domain.

895 Q So it's been reported that the problems with the CDC,  
896 the initial CDC test kits occurred in early February, late  
897 January of 2020.

898 What's your understanding of what went wrong?

899 A There was an exhibit you sent on the report, which  
900 was - - I had no input or - - I didn't see that report until  
901 after my current assignment. And based on reading that report  
902 and talking to others, I think it's accurate. And they talk in  
903 that report, as you can read, they talk about two areas of  
904 difficulty that led to the performance issues with the test that  
905 have been subsequently addressed.

906 Q And would you mind, for the record, pointing out what  
907 those substantive issues were?

908 A Yeah, I'm not an expert in that area so I think it's  
909 a little - - we don't want to get into too much detail, in my

910 mind. But one was a contamination - - there's three probes.  
911 One was a contamination issue with one probe, which was rapidly  
912 resolved. And the second issue was the design of a primer that's  
913 used to target the RNA. And you have to design them optimally,  
914 otherwise things can go wrong. They can like stick to  
915 themselves.

916 So the two general areas were temporary contamination,  
917 which was rapidly resolved, and a design issue with one of the  
918 primers is my understanding of reading the report and talking to  
919 other people in July of 2021.

920 Q Why don't we, so I can direct you to the report and  
921 not have you opine otherwise on it, why don't we - -

922 A Yeah.

923 Q - - introduce it. It's premarked as Exhibit 1.  
924 I'll direct you to that exhibit, Doctor. And while you're  
925 flipping there, for the record I'll note this is Bates stamped  
926 SSCC- 022290, and this is the Root Cause Analysis. It is issued  
927 by the Office of Laboratory Science and Safety. It was issued on  
928 March 24, 2020, and updated on October 5th, 2020.

929 (Iademarco Exhibit No. 1 was  
930 identified for the record.)

931 BY [MAJORITY COUNSEL]:

932 Q So, Admiral, this is the analysis that you were  
933 referring to previously, correct?

934 A Yes.

935 Q And I'll direct you to page 2, the Executive Summary,  
936 and I think it lays out the issues that you were just summarizing  
937 for us. And I do want to direct you to page 2, the second to  
938 last paragraph there.

939 The last sentence notes that, "Later in the timeline,  
940 detection of a 33% kit failure using a 'correct' EUA Final Kit QC  
941 testing procedure did not result in a kit recall or performance  
942 alert to EUA Test Kit recipients."

943 Do you see that?

944 A Yes, I can see the sentence, thank you.

945 Q Do you know now who in CDC was aware of this 33  
946 percent kit failure at the time?

947 A No, I don't know who that would be at that time, no.

948 Q In your current position, with your expertise, do you  
949 have a sense for how significant a 33 percent kit failure rate  
950 is?

951 A Yeah, I think that that's significant.

952 Q And why do you think that?

953 A Well, you want a low kit failure rate.

954 Q Do you have a sense for how this was compared to a  
955 typical kit failure rate?

956 A No, I don't know what the order of magnitude would  
957 be. And it would vary by the type of kit.

958 Q I understand that CDC did not set an internal  
959 benchmark for what an acceptable kit failure rate would be for

960 this test; is that correct?

961 A I don't know.

962 Q Does CDC typically establish internal benchmarks for  
963 tests, to your knowledge?

964 A Not that I'm aware of in that detail. And I would  
965 just say, theoretically, it's going to depend on the type of test  
966 and the pathogen.

967 Q I think you mentioned potential contamination issues.

968 A Mm- hmm.

969 Q Design issues. Just for the record, to your  
970 knowledge, what are the key factors that led to this 33 percent  
971 failure rate?

972 A Yes, what are the key factors. So at the time,  
973 because I wasn't involved, I don't really think I have an opinion  
974 about this particular test development process.

975 Q The analysis notes that the test kits were  
976 distributed on February 6th, 2020, and at that time there was a  
977 33 percent failure rate. Does that sound right to you?

978 A If you're reading from the report, yes.

979 Q I can direct you to page 3 if you would like to - -

980 A Okay, yeah. I haven't read the report in some time  
981 actually, so.

982 Q Sure. And just for the record, do you know who at  
983 CDC would have been in charge of approving the test kits for  
984 distribution?



985 A I do not know exactly who, actually.

986 Q Do you know which office?

987 A I think that it would be - - it would be an office  
988 within the center that was developing the test. And so that  
989 would be NCIRD.

990 Q And do you know if any steps were taken to notify  
991 test kit recipients of this failure rate?

992 A At the time, no. I have heard, and I cannot recall,  
993 but there were a series of steps and communications and emails  
994 and conference calls at the time related to the test kits with  
995 public health departments. But I was not directly involved at  
996 the time, nor now.

997 Q And we're close to our hour, but if you will indulge  
998 me with a couple questions to wrap up this segment here.

999 A Sure.

1000 Q Thank you so much.

1001 So knowing what you know today, do you have an opinion on  
1002 whether the test kits should have been recalled knowing there was  
1003 a 33 percent kit failure rate?

1004 A No. Knowing what I know today, and knowing what  
1005 improvements CDC is taking to move forward, and being a physician  
1006 and being careful about retrospective judgments and being a  
1007 statistician at heart knowing about pre and post, I think we have  
1008 to be careful. And I wasn't there; and I've heard arguments for  
1009 we should have kept the test kit going with certain approach, and

1010 I've heard arguments saying no we should have recalled it sooner.  
1011 And I hear the logic in both of those.

1012 And so it's a little precarious in my professional judgment  
1013 to go back and opine on that. And what's more important is to  
1014 think about the root causes of how we ended up there, big picture  
1015 and small picture, and work on improving those systems,  
1016 processes, and science. And I think that's what the agency's  
1017 doing.

1018 Q On page 2 here, the last paragraph, it notes that a  
1019 functional analysis was postponed due to a pending assessment by  
1020 HHS.

1021 Are you aware of what this functional analysis refers to?

1022 A No. I mean, scientifically I can think about it  
1023 through a textbook picture, but in terms of what was going on at  
1024 this time to what this report refers to, I don't know.

1025 Q And are you aware of the - -

1026 A I don't know what experiments they had in mind.

1027 Q Are you aware of what the status is of HHS's pending  
1028 assessment?

1029 A No.

1030 Q And just at the very end here, I'll direct you to  
1031 page 12 of the analysis.

1032 A Got it.

1033 Q And it's the paragraph just above conclusion.

1034 A Mm- hmm.

1035 Q And the second sentence there notes that, "CDC's  
1036 failure to detect the EUA Test Kit verification problem prior to  
1037 distribution is a quality process failure of incalculable cost."

1038 And I just want to ask you again, knowing what you know  
1039 today, do you have an understanding of what this cost reference  
1040 here refers to?

1041 A No. It strikes me as a general reference that could  
1042 go from big picture to small picture. And notice that - - my  
1043 second point would be the notice says detect. It's not saying  
1044 that it was a failure to withdraw. That sentence is not saying  
1045 it's a failure to withdraw the test. And that goes back to my  
1046 prior argument about it's a very difficult decision about keeping  
1047 it going with different caveats versus withdrawing it. So I  
1048 don't know what the cost is.

1049 Q Sure. And there's the other portion of the analysis  
1050 that discussed the verification of the 33 percent failure rate  
1051 contemporaneous with distribution. But I know you weren't  
1052 involved - -

1053 A Yeah.

1054 Q - - at that time, so we can move on. The last  
1055 question, then we can take our break.

1056 A Sure.

1057 Q You mentioned that CDC has learned lessons here from  
1058 this episode and has taken steps to remediate this. Would you  
1059 mind, to your knowledge, what has occurred to ensure that this

1060 wouldn't happen again?

1061 A Yeah, let me consult with Kevin.

1062 The Witness. You know, so I don't think those steps have  
1063 been formally announced and they're after the time period. Yeah.

1064 (Pause.)

1065 The Witness. It's clear to me, as senior leader at the  
1066 agency, that we're working, you know, not only solving the  
1067 pandemic, but we're also working hard of getting this improved  
1068 even in the middle of the pandemic. And we've taken a number of  
1069 steps. And I don't really know how they've been organized or  
1070 communicated in the public domain yet, and if I give you a  
1071 specific detail, it's going to be incomplete and out of sync with  
1072 the bigger picture. But I'm positive the agency would be happy  
1073 to organize a high-level briefing on what those steps  
1074 are - - actions, actually.

1075 [Majority Counsel]. Let's go off the record.

1076 (Recess.)

1077 BY [MINORITY COUNSEL]:

1078 Q My name is [Redacted]. I'm on the Republican staff  
1079 of the Select Subcommittee on the Coronavirus. Thank you for  
1080 being here, Admiral. I just have a few quick questions.

1081 We've been talking about the testing issues in Majority  
1082 Exhibit 1. Remind me again, did you have any direct knowledge of  
1083 those testing issues while they were occurring?

1084 A No.

1085 Q Okay. And then we've also talked about CDC  
1086 deployments to the White House medical unit. Is that routine in  
1087 nonemergency situations, or does that kind of deployment only  
1088 happen only when there's a - - like when there's an anticipated  
1089 public health emergency or an actually declared one?

1090 A It was early March. And to the best of my knowledge,  
1091 this is the first time this has occurred.

1092 Q Okay. Has a person from CDC been in the White House  
1093 since March?

1094 A Yes. March 2020.

1095 Q Okay. We know it was widely reported in 2020 that  
1096 there were coronavirus cases in the White House. Have there been  
1097 coronavirus cases in the White House in 2021?

1098 A It's outside the limit, but not that I know of.  
1099 I said, not that I know of.

1100 Q Okay.

1101 A As I explained before, we don't concern ourselves  
1102 with the actual conduct and, you know, what's going on. We're  
1103 trying to support them and give them the help they need so they  
1104 can do their job. So they would obviously know about that.

1105 Q Okay. So it's not CDC's job to work - - like I  
1106 don't want to use the word "meddle" or "interfere," but - -

1107 A No. That's right.

1108 Q - - meddle or interfere in the White House medical  
1109 unit?

1110           A           I mean, you raise a good point. It's about different  
1111 shades of assistance. This is the type of assistance where you  
1112 deploy your asset and answer their questions of a technical  
1113 nature and that's it. That's different than other deployments  
1114 where we show up at an outbreak and there's robust interaction  
1115 back and forth with the receiving organization and CDC. Often  
1116 that happens in a multistate outbreak.

1117           So the first model is usually what happens when it's an  
1118 isolated physical location; but when there needs to be  
1119 coordination above the state level, then that's when CDC gets  
1120 more involved in the details. And then there's spectrum, you  
1121 know, there's different grades between those types of  
1122 engagements. In this case, it was we deployed our asset.

1123           Q           What would be - - is there an official definition  
1124 of like a super spreader event? What number of cases equals a  
1125 super spreader?

1126           A           Not that I've noticed.

1127           Q           Okay. Is there anything, you know, two,  
1128 three - - like it's been used loosely to range from two cases  
1129 to like 100 cases. Is there - -

1130           A           Yeah. It may be known and I may have the ability to  
1131 know, but this pandemic is so busy and overwhelming you really  
1132 have to focus on what your job is. So my job scientifically has  
1133 not been to delve into the answer to your question.

1134           Q           Okay. That's fair.

1135 [Minority Counsel]. That's all the questions we have this  
1136 round. Thank you.

1137 The Witness. Mm- hmm.

1138 [Majority Counsel]. Thanks, [Redacted].

1139 Admiral, would you like to take another break?

1140 The Witness. I'm good. I'll yield to your leadership and  
1141 consensus.

1142 [Majority Counsel]. Thank you so much.

1143 BY [MAJORITY COUNSEL]:

1144 Q I just want to circle back on a couple quick items  
1145 relating to testing to see if you have any involvement with these  
1146 issues.

1147 I am sure you're aware that during the summer of last year  
1148 and onward, there were issues with getting lab results for  
1149 coronavirus tests returned in a timely manner, and you mentioned  
1150 how part of your function as director of CSELS is working with  
1151 the nation's lab systems.

1152 Are you familiar with this issue last year?

1153 A In talking, I'm familiar indirectly in that I was  
1154 supporting three of the people - - remember when we were  
1155 talking about my direct reports and they get deployed to the  
1156 response. And so three of them were working on this issue  
1157 directly and they had subordinates that were also working on it.

1158 But our involvement is twofold and doesn't really get at  
1159 your question. The first is, what are the data systems and how

1160 they're organized and connected to optimize the reporting end of  
1161 those results. So maybe the results are happening, but they're  
1162 not coming back. And this has to do with the complex,  
1163 decades- long evolution of public health tapping into the  
1164 electronic health record, which is a very important area in  
1165 public health and part of our day job outside of the pandemic on  
1166 which we've made a lot of progress.

1167         And lab results are part and parcel of the medical record.  
1168 They're a little different in terms of how they coordinate. That  
1169 would be one domain. Then the other domain is how people  
1170 coordinate, organize, and communicate about it from sort of a  
1171 website communication level. And so that's that.

1172         The part that I didn't have direct understanding of  
1173 is - - at that time in the middle of that summer - - is the  
1174 supply and demand issues and how the more sort of micro and  
1175 macroeconomics of how you go get a test and why you can't and  
1176 can, and supply chain issues, et cetera. So I did not have any  
1177 direct engagement of that area at that time.

1178         Q         Okay. Are you familiar with, in your position as  
1179 director of CSELS, a policy change in August of 2020 wherein HHS  
1180 announced that FDA could no longer require premarket review of  
1181 lab developed tests?

1182         A         No. Not at that time, no.

1183         Q         Okay. So I also understand you work with the public  
1184 health workforce in your capacity as director of CSELS; is that



1185 right?

1186 A That's correct.

1187 Q And at a high level, how would you describe the  
1188 preparedness of the nation's public health workforce prior to the  
1189 onset of the pandemic for responding to an infectious disease  
1190 pandemic?

1191 A I think there's public domain peer- reviewed  
1192 scientific literature that well outlines from outside sources  
1193 beyond CDC the incremental decline in public health response  
1194 capacity. When I step back across two decades, I would say that  
1195 as tragic and devastating as 9/11 was, the country did rally  
1196 behind preparedness for about a decade or decade- and- a- half.  
1197 And I think the recession, you know, has resulted in a decline in  
1198 many state governments and their capacity.

1199 So I think it's generally well known and documented with  
1200 data that public health capacity has been decreasing over many  
1201 years leading into the pandemic. My center takes a very focused,  
1202 high- level approach to very concentrated, highly specialized  
1203 type of development. And that's different than the bigger  
1204 picture on which I was just commenting.

1205 Q I see. Did you have any involvement in efforts to  
1206 promote contact tracing during the pandemic?

1207 A Promote contact tracing. Hold on for a second.  
1208 Promote contact tracing. There was a trip in September that I  
1209 made that was related to the Washington capital region events. I

1210 don't exactly know how to label them, I think it was early  
1211 September, where there was concern for more robust transmission  
1212 or to use your term, the super spreader event.

1213 And CDC, watching that news from my  
1214 understanding - - remember, I'm not in the incident management  
1215 command structure - - we were prepared to respond and I think  
1216 we were trying to figure out how to respond.

1217 I don't really have any inside knowledge of that because I  
1218 wasn't part of it, but I was asked to stand ready, along with a  
1219 couple other senior leaders, to deploy if - - depending on what  
1220 could be organized, et cetera, in response to those September  
1221 events. And the idea at a high level was there could be some  
1222 outbreaks here that are of particular significance and CDC might  
1223 be called on and invited to respond.

1224 I was assigned to be ready to go to the national capital  
1225 region. There was not a deployment of a standard large team to  
1226 do contact investigations. That decision did not arrive. But I  
1227 did travel to the Washington capital region to informally discuss  
1228 with federal partners if they needed any - - you know, what was  
1229 going on, how could we help you, is there anything you need from  
1230 CDC.

1231 Q And you said this was in September 2020; is that  
1232 right?

1233 A I think so, yeah. It was September. It was related  
1234 to the SCOTUS event.

1235 Q And can you elaborate on what SCOTUS event you're  
1236 referencing?

1237 A There was a - - again, just reading from the  
1238 newspaper, because I had no direct involvement with that event or  
1239 contact investigation at that event. But there was an event on  
1240 the White House campus related to SCOTUS where in the newspaper  
1241 there was reported transmission of COVID.

1242 Q I see.

1243 A And so not knowing all the inner workings of that, I  
1244 was asked by the response, stand ready to go to Washington with  
1245 the team if that's needed and we're invited.

1246 Q I see. And who on the response directed you to stand  
1247 ready?

1248 A I believe at the time there's a Dr. Peggy Honein who  
1249 leads the STLT task force. STLT stands for the state tribal  
1250 territorial and local response unit or something like that. And  
1251 they're dealing mostly with state public health departments from  
1252 a programmatic perspective, and I believe they coordinate a lot  
1253 of the deployments.

1254 Q Got it. And so they notified you to stand ready to  
1255 deploy contact tracing efforts in DC following the September  
1256 event at the White House, correct?

1257 A Right.

1258 Q If the invitation was extended, correct?

1259 A That's right, if needed. If the determination by

1260 somebody else was made that it's needed and there's the right  
1261 invitation, stand ready.

1262 Q Right. Okay. Thank you for that.

1263 Okay. I think that I would like to circle back now to the  
1264 Morbidity and Mortality Weekly Reports that we discussed at the  
1265 outset.

1266 A Mm- hmm.

1267 Q So as director of CSELS, what was your role in the  
1268 review and publication of the MMWRs?

1269 A In the review of the MMWRs. Yes, so there is an  
1270 internal clearance process that I am not part of. It's a  
1271 standard scientific infrastructure process that prepares reports  
1272 to be submitted to the MMWR. So cleared - - scientifically  
1273 cleared reports are submitted to the MMWR, so then they come into  
1274 my organization.

1275 I supervise the editor- in- chief and no one else in the  
1276 MMWR. And Dr. Kent is given very full authority and autonomy to  
1277 run the MMWR in an independent fashion, and so she then begins  
1278 with what I call the editorial and publication process. And the  
1279 first step is for her and her team to make a decision to accept  
1280 or reject a cleared submission. I have no role in that process,  
1281 other than annually she'll report to me how that process is going  
1282 and we'll talk about systems issues for how to improve it and  
1283 things like that.

1284 Then it begins that chain of events leading to its

1285 publication. So there's a couple steps at the end, one of them  
1286 at the near end is called the first proofs review. You can think  
1287 of that in a traditional publication sense. They look like  
1288 they're going to be published, it's formatted that way. And that  
1289 is distributed to internal CDC communications people and several  
1290 senior leaders for a policy review. And during that review we  
1291 look for egregious technical errors which crop up because, you  
1292 know, when the MMWR goes under incredible scrutiny and discussion  
1293 and there's a lot of red ink and it's really a wonderful and  
1294 optimal process to produce great scientifically grounded  
1295 products, but something can go wrong and so you're just looking  
1296 for those last- minute major errors.

1297 But the major emphasis is to look at it for policy issues  
1298 and is it consistent with other CDC recommendations, is this the  
1299 direction we're going in terms of a strategy.

1300 And so I am one of those people who conduct that first proof  
1301 review. And then after that review, comments go in, Dr. Kent  
1302 adjudicates those comments with the authors, and then it gets  
1303 published.

1304 Q Who else traditionally is part of the first proof  
1305 review?

1306 A So it's the editor- in- chief. So the  
1307 editor- in- chief is running an operation, but she's delegated a  
1308 lot of the pieces and parts. And she's been part of the  
1309 acceptance, like, oh, we accepted it. But now she's looking at

1310 it as a near- final product one last time. So she, then me as  
1311 being responsible for the center.

1312 And I'm not so much looking at content. I'm looking at,  
1313 does the MMWR have the right resources and capabilities and is it  
1314 on track, are they under strain? I'm kind of looking at it with  
1315 a larger lens.

1316 I'm also a pulmonologist and an intensivist, and so  
1317 everyone has their own expertise so I'm looking for various  
1318 clinical issues.

1319 Then the next step is CDC has four deputies and a fifth  
1320 principal deputy; and the four deputies, two of them look at it,  
1321 and then we alternate so it's not so burdensome. This is a  
1322 weekend activity. They come out on Friday and you do your work  
1323 Saturday and Sunday and they're due Monday at 0800. So two of  
1324 the four review it and they alternate.

1325 So that's Charlotte, me, two of the four deputies. And then  
1326 there's an office of science, and the director of that office is  
1327 looking at it for issues around - - similar to me, she's  
1328 looking at scientific quality issues across the agency and  
1329 scientific integrity.

1330 And I think that's the set, and the principal deputy is the  
1331 last one, who does the not have to review it, but depending on  
1332 who it is and what year we're talking about, often does. The  
1333 current acting and the prior permanent were active reviewers on  
1334 the first proof set.

1335 So that is the list.

1336 Q Thank you.

1337 So were you, in your position, expected to review all draft  
1338 MMWRs at some level prior to publication?

1339 A I mean, Charlotte and I set up the processes. We're  
1340 expected to follow our own process. So, yes.

1341 Now, you can't be there 100 percent of the time, and so  
1342 some of the people on the list I mentioned do have an alternate.  
1343 So I have an alternate that probably helps out with 20 percent or  
1344 25 percent of them, and he's my associate director for science in  
1345 my center.

1346 Q You mentioned earlier that Dr. Kent reported to you  
1347 in the MMWR process?

1348 A Yes, that's correct.

1349 Q Did anybody else report to you in that context?

1350 A No one else from the MMWR reports to me.

1351 Q And we've been told through our inquiries that the  
1352 MMWR process is very much so like a competitive peer- review  
1353 process in other journals. We went through that earlier.

1354 Could you just characterize how the rigor of the MMWR  
1355 review process compares to an academic journal?

1356 A Yeah. I've been thinking about this for a long time.  
1357 I was an academic for ten years before coming to CDC. And most  
1358 of science is driven by what's called the peer- review process,  
1359 where two reviewers look at an article and, in combination with

1360 the associate editor assigned, make an adjudication on the piece  
1361 and either reject it, and if accepting it, they make  
1362 improvements.

1363 In first peer journals, those few select journals that are  
1364 highly respected with great quality science that are also  
1365 associated with high- impact factors, they have more than two,  
1366 but it's still limited in that regard.

1367 The MMWR is technically not an external - - it's not a  
1368 peer- reviewed journal because it's not viewed as having external  
1369 peer review. It is a federally sponsored national public health  
1370 bulletin that, in my opinion, is at least as or better than  
1371 standard peer review. When I took over CSELS, we initiated a  
1372 process where, by the major organizations, nationally and  
1373 professionally, we are recognized as a surrogate - - I don't  
1374 know what the right word is, but we're equivalent to having  
1375 external peer review, and we were assigned an impact factor. And  
1376 the MMWR rates very highly on that imperfect measure of  
1377 scientific quality.

1378 A routine, maybe not- so- exciting MMWR might have ten  
1379 people look at it in clearance and then another five people look  
1380 at it during publication. And in something like a piece related  
1381 to COVID or something that's more prominent, the number can  
1382 exceed 50. And these are people that are detached from the work.  
1383 They don't have a direct scientific - - there's no gain, it's  
1384 not - - they're not one of the authors, obviously, and they're



1385 not - - in the latter part of the process they're not even in  
1386 the same organizational line as the team. So I really do think  
1387 that the MMWR has very robust internal peer review  
1388 scientifically.

1389 Sorry that was such a long answer, but there's some  
1390 important nuances there I think for this federal asset.

1391 Q Thank you for that.

1392 And just with that with some context, just a couple  
1393 questions about how the MMWR review publication process  
1394 traditionally works. So traditionally, do officials outside of  
1395 CDC, federal officials, comment on draft MMWRs before they're  
1396 published?

1397 A No.

1398 Q And traditionally, do officials outside of CDC  
1399 typically provide edits to draft MMWRs prior to publication?

1400 A No.

1401 Q Did any of this change during the pandemic?

1402 A There's one word I need to obsess on. You said draft  
1403 MMWRs. There is a parallel product that is not a draft MMWR,  
1404 which is an MMWR summary which is designed for communication  
1405 purposes. That's another part of the process.

1406 Now, I think the answer to your question is, during the  
1407 pandemic did any of that change; I think the answer is no with  
1408 regard to the draft MMWR. But people did comment on the summary.

1409 Now, the issue is that, outside of the pandemic, that's a

1410 communication activity that I can describe only secondhand. And  
1411 I don't normally have visibility on the commenting for  
1412 communication strategic planning purposes. So it could have  
1413 happened to some degree, and I think it did, for various  
1414 prominent pieces.

1415 And so during the pandemic, because I was more engaged and  
1416 things were faster-moving, I did notice that there were comments  
1417 on the summaries. And so for me personally, I had no visibility  
1418 before and I had visibility after, so for me personally it was a  
1419 change, but to what regard it was a true change I don't know. I  
1420 will argue that because it's a high profile issue and it's a  
1421 pandemic, it probably increased.

1422 Q Let's talk about the summaries of this.

1423 Taking a step back in that context, are you familiar with  
1424 an MMWR that was published by Dr. Schuchat in early May 2020  
1425 looking at the public health response to the coronavirus?

1426 A Can you tell me the topic? I think there's more than  
1427 one.

1428 Q It's Exhibit 2 in your - -

1429 A Okay. Is that the Georgia piece?

1430 Q It is not that one, no.

1431 (Iademarco Exhibit No. 2 was  
1432 identified for the record.)

1433 The Witness. Okay. Let's see which one this is then.

1434 Exhibit 2, let me open it up. Let me see which one you're

1435 talking about. The title, I had trouble.

1436 BY [MAJORITY COUNSEL]:

1437 Q It's actually the last page. So I apologize.

1438 A The title of the last page, thank you.

1439 Q I'll read it for you. Public health response to  
1440 the - -

1441 A Yeah, yeah, I'm familiar with this.

1442 Q Okay. So it's been reported that - -

1443 A I read almost all of them.

1444 Q I can see from the process - -

1445 A I forget about them because there's so many of them.  
1446 Okay.

1447 Q So it's been reported that officials in HHS and the  
1448 White House expressed concern about this MMWR to CDC. Do you  
1449 have any personal knowledge about those events?

1450 A No, I do not.

1451 Q So following the publication - -

1452 A Following what?

1453 Q I'm sorry, I thought I heard something on your end.  
1454 I apologize.

1455 A No.

1456 Q Following the publication of this MMWR, are you  
1457 familiar with any efforts by CDC officials to create a new  
1458 process in which officials outside of CDC would have more  
1459 visibility into MMWR summaries?

1460 A Into MMWR?

1461 Q Summaries.

1462 A No.

1463 I'm looking for the date here. What's the date of this  
1464 piece?

1465 Q Sure. It was released - - I believe at the top - -

1466 A The month?

1467 Q It was released online, it was May 1st, 2020.

1468 A Okay, thank you.

1469 Q So irrespective of this MMWR, in or around May of  
1470 2020, are you aware of any steps taken by CDC officials to create  
1471 a new process in which officials outside of CDC were given more  
1472 visibility into MMWR summaries?

1473 A Yeah, I would say no. But it's based on the way  
1474 you've phrased it. The summaries are traditionally an  
1475 abstraction of the abstract without quantitative information that  
1476 are designed for communications awareness, and they go up to our  
1477 communications lead and then they go into HHS. And there is  
1478 the - - what people don't often think about, there is an  
1479 important assumption that the director of the agency with his  
1480 authority - - his or her authority is the ultimate arbitrator  
1481 of MMWRs. And so with regard to the MMWR but not the summary,  
1482 there's an assumption that the director agrees the MMWR should be  
1483 published. It's sort of the oversight role for me and the  
1484 editor-in-chief.

1485 And during the pandemic at some point, and I'm not sure the  
1486 exact date but it's in that range probably, plus or minus two  
1487 months or three months on the far end, because we wanted to make  
1488 sure - - the way I understood it with Charlotte was we wanted  
1489 to make sure we didn't make some type of mistake given  
1490 the - - we're producing all the normal ones we do and we're  
1491 producing a high volume of early releases which are even faster  
1492 and more pressurized. We wanted to make sure we didn't make a  
1493 mistake.

1494 So at some point someone communicated to us that we should  
1495 wait until - - we shouldn't assume that the director approves  
1496 the MMWR, but we should make sure that he actually is giving us  
1497 an affirmative signal that that's the case. And my understanding  
1498 was it was due to the pace and the volume of things.

1499 During normal season with the normal volume of MMWR, it's  
1500 really busy, but it's a safe assumption that given the lead time,  
1501 he or his delegated staff are looking at it and if there's a  
1502 problem, they're going to call us. And those calls rarely and  
1503 occasionally do happen on some type of policy issue or public  
1504 health impact issue and that happens as normal. But given the  
1505 volume during the pandemic, at some point in the pandemic  
1506 Charlotte and I understood that in order to make sure, we don't  
1507 make a mistake we should make sure we get an affirmative signal  
1508 from the director.

1509 Q So what steps were taken to ensure you would receive

1510 an affirmative signal from the director?

1511 A Right. So go back to those conversations about the  
1512 chief of staff. And I believe we mostly dealt with Amanda. We  
1513 would make it her problem. Okay? Dr. Redfield could come in  
1514 and say looks good, you know, or I have this question  
1515 and - - but he's busy, so that didn't always happen. So then  
1516 we would ping Amanda and she would get the answer we need.

1517 It was a very strict and tight deadline, and he realizes,  
1518 like any director, that that's a priority and we just need to  
1519 help and support him in cascading the volume.

1520 So that answers your question in my mind about the change  
1521 in the process.

1522 Q Why did you go to Amanda Campbell as opposed to other  
1523 officials in the director's office for these requests, these  
1524 signoffs?

1525 A I don't know who else that would be. I mean, the  
1526 role of the chief of staff is to support the director. I have a  
1527 special assistant and it's the same kind of arrangement. I guess  
1528 we could have made it - - there's other options, but that would  
1529 be the most normative one, in my mind.

1530 Q Did anyone instruct you to speak with her about MMWR  
1531 issues?

1532 A Someone did, yeah. It would be some combination of  
1533 one or the other - - I don't recall who it was, but it would be  
1534 another senior official in CDC's OD, one of two or three people.

1535 Q And other than - -

1536 A You used the word "instruct." It was more of, like,  
1537 This is a good idea. Let's do it. Yeah.

1538 Q Okay.

1539 [Majority Counsel]: Let's turn to Exhibit 3.

1540 (Iademarco Exhibit No. 3 was  
1541 identified for the record.)

1542 BY [MAJORITY COUNSEL]:

1543 Q And while you're flipping there, I'll note for the  
1544 record this is Bates stamped SSCCManual- 000142 to 000143. And  
1545 this is a May 27th, 2020 email chain initiated by Dr. Charlotte  
1546 Kent to CDC officials including you. The subject line, Updates  
1547 to MMWR early spread of COVID- 19.

1548 And at the beginning of this chain, Dr. Kent writes to  
1549 Gregory Armstrong, who was the corresponding author of a May  
1550 29th, 2020 MMWR on early spread of COVID- 19.

1551 A Mm- hmm.

1552 Q And she writes, "Greg, I heard there might be  
1553 comments from leadership about your report." And she goes on to  
1554 say, "Would be great to get all comments settled by tomorrow for  
1555 Friday's publication."

1556 Do you see that?

1557 A Yep.

1558 Q And just to confirm, the report here that's  
1559 referenced is what eventually became the MMWR titled Evidence for

1560 Limited Early Spread of COVID- 19 within the United States,  
1561 January through February 2020. Does that sound right?

1562 A Yes.

1563 Q And Armstrong replies to Dr. Kent here, "I haven't  
1564 heard anything since Monday, when the publication was delayed, so  
1565 I have no idea why it was delayed or if there are any concerns."

1566 Do you see that?

1567 A Yes.

1568 Q And do you recall why the release of this MMWR was  
1569 delayed?

1570 A No, I do not. I do not recall why this one was  
1571 delayed.

1572 Q Did you learn of the delay from this email chain, to  
1573 the best of your recollection?

1574 A I don't know. It's not impossible that I had a  
1575 conversation before Charlotte's email. It's possible, likely,  
1576 with her. But I don't recall.

1577 Q Normally, do MMWR publications get delayed proximate  
1578 to their intended publication date?

1579 A It's not common. It does occur. You'd have to ask  
1580 Charlotte to sort of count it up. But if it was once a month, it  
1581 wouldn't surprise me outside of a pandemic.

1582 And the reasons are it's usually - - two- thirds of the  
1583 time, it's usually there's some problem with the data or the  
1584 method or someone, you know, trying to move it through quickly.



1585 It's usually a quality step that then we send it back to the  
1586 authors and the delay is due to their ability to respond  
1587 analytically from a time perspective. And that's the majority of  
1588 the delays.

1589 Q In your experience, are comments from leadership a  
1590 typical cause for delaying an MMWR publication?

1591 A To the degree that first proofs are reviewed by CDC  
1592 senior leaders, I would say yes. We're doing that first proof  
1593 review, and if we spot something from a major scientific  
1594 standpoint or a policy standpoint and ask a question, sometimes  
1595 that question is not easy to answer.

1596 Q But comments from officials outside of CDC, is that a  
1597 common reason to delay the publication of an MMWR?

1598 A No.

1599 Q You reply further up here to Dr. Kent and Dr. Jay  
1600 Butler, "Maybe one of you should take this up definitely with  
1601 Amanda." And it appears you also sketched out a potential draft  
1602 email for them to use writing, "We addressed concerns over the  
1603 weekend for Friday's publication. Can you double check to make  
1604 sure there are no other concerns?"

1605 Do you see that?

1606 A Yes.

1607 Q And the Amanda reference here is Amanda Campbell; is  
1608 that correct?

1609 A Correct.

1610 Q Why did you advise Dr. Kent and Dr. Butler to take  
1611 this step?

1612 A I don't recall. But looking at the email, I would  
1613 say that this leads me to believe that there was no elaborate  
1614 robust process of conversation before this chain, and I was just  
1615 learning about it.

1616 The second thing is because I'm pointing to Amanda, I think  
1617 the reason I would go to that is I was concerned that  
1618 Dr. Redfield just didn't see it. And so if we go to Amanda, we  
1619 can get him to see it. So it was just a matter, if I were to  
1620 read into that a little bit, for why I would make that third  
1621 line, it would be like we just haven't heard from him. Where is  
1622 he? Can we get his comment? Because he's really busy, you know,  
1623 it's hard to get his attention sometimes and that's why there is  
1624 a chief of staff. So that's my read on the third line.

1625 And then I'm not going to do that. It's either Charlotte's  
1626 going to do it, but Jay Butler also, who's one of the other  
1627 deputies, is in this line. And so normally Charlotte would  
1628 actually talk to Amanda, but Dr. Butler jumped in there and said  
1629 he would do it.

1630 Q So by this time Amanda Campbell was involved in the  
1631 MMWR process; is that right?

1632 A In my view, Amanda Campbell's role in the MMWR  
1633 process, as I described it, was to facilitate affirmation from  
1634 Dr. Redfield that publication was good to go and we've addressed

1635 any comments to his satisfaction.

1636 In other words, she's not participating materially or  
1637 substantively from a policy perspective. She's facilitating  
1638 communication with the director. That was my understanding and  
1639 assumption.

1640 Q In the draft email that you include here, you note  
1641 that, "We addressed concerns over the weekend."

1642 A Mm- hmm.

1643 Q What concerns over the weekend had CDC addressed with  
1644 respect to this MMWR?

1645 A Right. So because there was a delay, I'm reading  
1646 into this that there was a concern. I don't recall what that  
1647 concern was. And we've addressed it and I knew it and Charlotte  
1648 knew it. So because it was addressed, Charlotte and I are  
1649 thinking it's good to go, but we just need to hear from  
1650 Dr. Redfield and we hadn't, so let's ask Amanda to get  
1651 Dr. Redfield to give us the thumbs up.

1652 Q Sure. And my question was, what concerns were  
1653 addressed?

1654 A I don't recall.

1655 Q Do you recall how you came to hear about there being  
1656 concerns generally about this MMWR?

1657 A No, I don't. I would need some more data to kind of  
1658 look at.

1659 Q I will say that prior releases have found that the

1660 titles of this MMWR did have a change at some point in the  
1661 process to insert the word "limited." Does that refresh your  
1662 recollection at all about concerns?

1663 A No. You said prior something? Prior what?

1664 Q Prior releases from the committee.

1665 A Okay. Yeah. If you think about - - there's two  
1666 things going on. One are the summaries where Dr. Redfield and  
1667 people beyond the MMWR are looking at them. And second, there's  
1668 the actual MMWRs that Dr. Redfield's looking at.

1669 The title is a fairly common communication policy type of  
1670 comment from senior leaders. And so tweaks to the title are  
1671 important and I think are fairly, fairly common in  
1672 regular - - in the routine process. So your story - - I  
1673 don't recall that specific incident as being a concern or the  
1674 concern, but I provide my comment as context to the review  
1675 process.

1676 Q Thank you for that. Let's turn here to Exhibit 6.  
1677 If you would.

1678 (Iademarco Exhibit No. 6 was  
1679 identified for the record.)

1680 BY [MAJORITY COUNSEL]:

1681 Q While you're flipping there, I'll state for the  
1682 record that this document is Bates stamped SSCManual- 000141,  
1683 and it begins with a May 28, 2020 email from Emily Eisenberg to  
1684 Gregory Armstrong and other CDC officials, initially not you.

1685 Dr. Kent adds you to the chain at 5:16 p.m. And the subject  
1686 line here is, "Urgent: Does this proof have your edits in it."

1687 Do you see where Dr. Kent adds you to this email chain?

1688 A Yes.

1689 Q So the initial email here from Ms. Eisenberg, she  
1690 writes that Dr. Redfield wants to approve the final MMWR, but  
1691 they're having a hard time confirming what the final final is.  
1692 And after adding you, Dr. Kent notes, "This includes Greg's  
1693 edits." She further writes, "This is the third final proof we  
1694 have made, which is atypical."

1695 Do you see that?

1696 A Yes. Now, where's that third final proof?

1697 Yeah, I got it.

1698 Q Okay. Do you recall why there were three final  
1699 proofs of this MMWR?

1700 A I do not.

1701 Q Okay.

1702 [Majority Counsel]. Let's move to Exhibit 7.

1703 (Iademarco Exhibit No. 7 was  
1704 identified for the record.)

1705 BY [MAJORITY COUNSEL]:

1706 Q While you're flipping there, I'll say this is Bates  
1707 stamped SSCCManual- 000133 to 137. The email commences on June  
1708 7th, 2020 from Dr. Charlotte Kent to CDC and HHS officials  
1709 including you.

1710 A Mm- hmm.

1711 Q It concerns an upcoming MMWR on coronavirus  
1712 infections and serologic responses from a sample of U.S. Navy  
1713 service members.

1714 Do you see that?

1715 A Yes.

1716 Q And I'll note that several officials outside of CDC  
1717 appear to be copied on the distribution list, including Brett  
1718 Giroir and Paul Alexander.

1719 A Mm- hmm.

1720 Q Do you see that?

1721 A I've seen it before, but yeah, I trust they're in  
1722 there. Okay.

1723 Q So when did officials outside of the CDC start  
1724 getting added to the summary distribution list?

1725 A Yeah. So this goes back to my earlier comments about  
1726 before the pandemic, the summary distribution outside of CDC for  
1727 communications channels and purposes was managed by the  
1728 communications team. And even the MMWR may not have had complete  
1729 understanding of where the summaries went or were cascaded. But  
1730 Charlotte and I became more aware of that during the pandemic  
1731 because of the speed and the priority of these.

1732 So I don't know that there was a change systematically, but  
1733 Charlotte and I definitely became more aware of people who were  
1734 getting these summaries. And I would say that because it's a

1735 pandemic and we have to move fast, people would come to us more  
1736 directly, to Charlotte more directly and say can we add so and  
1737 so.

1738 And so it was easier to just add them. And there was some  
1739 people, for example, were not - - every once in a while were  
1740 cleaning up the list, maybe once a year or something as people  
1741 retire or move on to their different jobs. So it's my  
1742 understanding that Charlotte and her team more frequently  
1743 reviewed the list to make sure, for communications purposes, we  
1744 had the right people that were intended on the summary  
1745 distribution list. And if we had any question as to whether they  
1746 should or shouldn't be on there, then Charlotte would speak to  
1747 the right senior leader or the chief of staff office.

1748 Q You'll see here the back and forth between Admiral  
1749 Giroir, Dr. Kent; Dr. Birx also chimes in. And I'll direct you  
1750 to the top email chain - -

1751 A Yeah.

1752 Q - - which you're copied on. Dr. Kent here writes  
1753 that one of Admiral Giroir's comments about the MMWR, she notes  
1754 that "this broad statement was not necessary to include."

1755 A Yeah.

1756 Q Was Dr. Kent's - - did she document proposed  
1757 comments to MMWRs that CDC did not accept during this time?

1758 A Document. What do you mean by that?

1759 Q Keep track of them?

1760 A No, not that I'm aware of. You mean like a response  
1761 matrix that someone would use in a policy work? No, I don't  
1762 think so.

1763 Q I mean in any fashion where - -

1764 A No.

1765 Q - - I know Dr. Kent and you used to work on these  
1766 where there was a process of tracking proposed recommendations  
1767 that CDC decided not to include.

1768 A Yeah, I think you're asking two different things  
1769 here. One is there's a comment that doesn't have to do with  
1770 proposed recommendations. So I don't think she has any tracking  
1771 of that.

1772 Q Okay. So just to be clear, Dr. Kent did not have  
1773 any process where input coming from officials outside of the CDC  
1774 on MMWRs was tracked?

1775 A Not that I'm aware of, other than our email.

1776 Q Okay.

1777 [Majority Counsel]. Let's move ahead then to Exhibit 8.

1778 (Iademarco Exhibit No. 8 was  
1779 identified for the record.)

1780 BY [MAJORITY COUNSEL]:

1781 Q And while you're scrolling there, I'll note that this  
1782 document is Bates stamped SSCCManual- 000064 to 70. And this  
1783 email chain begins, it is a July 26th, 2020 email chain initiated  
1784 by Dr. Kent to CDC and HHS officials, including you. It's



1785 concerning upcoming MMWR on coronavirus transmissions and  
1786 infection among attendees at an overnight camp in Georgia.

1787 Do you see that?

1788 A Yes.

1789 Q And do you recall this MMWR?

1790 A Not - - actually I don't recall if I was a reviewer  
1791 in this one. It's become a point of discussion in the media so  
1792 I'm aware of the Georgia piece. But actually compared to other  
1793 pieces, I don't recall its content cleanly and clearly.

1794 Q Okay. Well, you'll see that Dr. Paul Alexander  
1795 replies all here with a number of observations and questions.

1796 A Yep.

1797 Q At one point towards the end of his message, he  
1798 claims that this, quote, "just sends the wrong message as written  
1799 and actually reads as if to send a message of NOT to re- open."

1800 Do you see that there at the end of Dr. Alexander's email?

1801 A I do.

1802 Q Okay. And then subsequent to that, Dr. Kent emails  
1803 a small group of CDC officials, including you, and she writes  
1804 that in order to share approved with senior leadership this  
1805 evening, quote, "we need a plan to respond by early afternoon  
1806 today." And Dr. Kent has told us in a transcribed interview  
1807 that this referred to planning a response to Dr. Alexander's  
1808 email.

1809 A Mm- hmm.

1810 Q So what do you recall about planning a response to  
1811 Dr. Alexander's email here?

1812 A Unless you show me something, I don't recall  
1813 specifically. But I would say that the way I look at Charlotte's  
1814 email, one of the options is not responding. And so  
1815 Dr. Kent - - you know, the approach Dr. Alexander was taking  
1816 with regard to commenting on summaries was not normative. So  
1817 Dr. Kent and I would often consult when he wrote and figure out  
1818 the best thing to do, which could include a non- response.

1819 So I interpret the "we need a plan to respond by early  
1820 afternoon" as also meaning, what are we going to do, or what am I  
1821 going to do?

1822 Q So you consulted with Dr. Kent frequently about how  
1823 to address Dr. Alexander's emails; is that right?

1824 A In the beginning. As I said a second ago, that this  
1825 was something different than we had dealt with in our normal MMWR  
1826 routine and so early on, her and I, as her supervisor, did  
1827 consult on the best way to deal with it. And we agreed that the  
1828 best way was to share the comments and, thinking about a  
1829 response, that two heads were better than one. And that pretty  
1830 much was our SOP in the response. As time went on and similar  
1831 patterns emerged with Dr. Alexander, she could act more  
1832 independently.

1833 Q And did you feel that you and Dr. Kent had an  
1834 obligation to address Dr. Alexander's emails?

1835 A Personally, I do not. I don't think I had an  
1836 obligation. And I don't know what Charlotte thought. I never  
1837 asked her that.

1838 Q Okay.

1839 A I'm fairly certain I told her I don't think we have  
1840 an obligation. But of course, it's part of the administration  
1841 and in the hierarchy and the chain. And so we want to  
1842 be - - our approach, I remember the principle we talked about  
1843 was we're going to be objective and professional and responsive,  
1844 you know, as best as possible like we would with anyone.

1845 Q And Dr. Alexander was above you in the hierarchy  
1846 here?

1847 A No, it's a complicated question. You went over early  
1848 who I report to, and Dr. Alexander is nowhere near my reporting  
1849 chain.

1850 Q But he's in HHS?

1851 A He's in HHS, yes.

1852 Q Okay.

1853 [Majority Counsel]. Let's move ahead to Exhibit 10.

1854 (Iademarco Exhibit No. 10 was  
1855 identified for the record.)

1856 [Majority Counsel]. And while you're flipping there, I'll  
1857 say that this document is Bates stamped SSCCManual- 000062 to 63.  
1858 It's an email chain initiated by Dr. Kent to CDC officials,  
1859 including you and Dr. Redfield and Dr. Schuchat, among others.

1860 And the subject line here is Current draft of GA Camp Report.

1861 A Mm- hmm.

1862 Q And Dr. Kent writes, quote, "There is tremendous

1863 interest at HHS in this report. Here is the current draft."

1864 Do you see that?

1865 A Yes.

1866 Q And do you recall why there was tremendous interest

1867 in HHS about this report?

1868 A No, not specifically.

1869 Q You'll see about 25 minutes later, Dr. Kent forwards

1870 the draft MMWR to Kyle McGowan noting that there's a request in

1871 HHS to see a draft of this which is scheduled to be published on

1872 Wednesday, and Dr. Kent notes that Dr. Schuchat suggested Kyle

1873 handle the request.

1874 Do you see that email?

1875 A Yes.

1876 Q And then you subsequently email Dr. Kent directly

1877 noting, "when you do share give it to Kyle who can then share as

1878 needed."

1879 Do you see that?

1880 A Yes.

1881 Q Okay. And just with respect to this specific MMWR,

1882 was there a particular reason that you thought Kyle McGowan

1883 should be the one to receive this draft?

1884 A Yeah, I think so. So first is I noticed the off to

1885 the airport. So that tells you that I was busy doing something  
1886 else, which is why I don't - - well, I was always busy doing  
1887 something else but I was extra busy flying around doing something  
1888 else. So that's why I don't have tight recollection on the  
1889 content for the Georgia camp result, camp report.

1890 So the second point is that it's the MMWR's practice not to  
1891 share the draft MMWRs outside of CDC with one caveat, which is  
1892 sometimes there's external authors, of course, and we invite and  
1893 encourage non- CDC people to submit MMWRs.

1894 So the fact that - - and the ultimate authority to do  
1895 that really rests with the director. So if it was going to be  
1896 done, it was my view that the director should do it. And when  
1897 you're interacting with the director, you interact with the chief  
1898 of staff office. So that is likely why I said, okay, Charlotte,  
1899 if this is going to happen, then let's have the chief of staff  
1900 doing it or engaged in making that decision.

1901 Q I see. You also note, though, I am wondering whether  
1902 we should make this available to Birx and Alexander.

1903 What gave you that thought?

1904 A You know, my focus was on Dr. Redfield being the  
1905 authority to work outside of precedent. But we knew that the two  
1906 other people who were most substantively engaged were Birx and  
1907 Alexander.

1908 So for the sake of - - in the pandemic, it's all about  
1909 speed. If you do the right thing but it takes too long, then

1910 you're not going to have a big enough impact. So you're always  
1911 thinking about efficiency. And so I was just raising the  
1912 possibility for the point of efficiency that if it goes outside  
1913 of - - if it's decided to go outside of CDC, Birx and Alexander  
1914 might also be in consideration.

1915 I see it as sort of an afterthought because - - and just  
1916 a commentary, because my intent of the email was to suggest to  
1917 Charlotte that we should just have Kyle handle it.

1918 Q And so at this point, July, had you received any  
1919 communications from anyone asking you to keep Dr. Alexander in  
1920 the loop on MMWR development?

1921 A No. I don't think that ever occurred.

1922 Q And Dr. Kent replies to your email here that "Birx  
1923 requested we publish quickly" and asked to call your mobile.

1924 Did you speak with Dr. Kent any further about this?

1925 A I don't recall. It's probable.

1926 Q And are you aware whether this draft MMWR was  
1927 ultimately shared outside of CDC?

1928 A No, I'm not, actually. I do not recall whether the  
1929 draft - - what the subsequent actions were. Possibly there's  
1930 evidence out there that would indicate such. And it's likely due  
1931 to the I'm off to the airport comment.

1932 Q And are you aware of any, to your knowledge, any  
1933 draft MMWR related to the coronavirus was shared outside of CDC?

1934 A My general impression is, no, there were not. But in

1935 looking through all the exhibits, it seems to me there could have  
1936 been two.

1937 Q And which two?

1938 A This one. And then in these exhibits, there's  
1939 reference by Dr. Schuchat to another one, but I don't recall  
1940 which one that was.

1941 Q Okay.

1942 [Majority Counsel]. I think we're approaching our hour. I  
1943 think this is a good stopping point. We'll take a break here if  
1944 that works with folks.

1945 We'll go off the record.

1946 (Recess.)

1947 [Minority Counsel]. We have no questions for this hour.

1948 Thank you.

1949 [Majority Counsel]. Okay. Admiral, do you want a break or  
1950 are you ready to keep going?

1951 The Witness. I'm good, Kevin. You okay? We're good on  
1952 our end.

1953 [Majority Counsel]. Okay. I want to direct you now to  
1954 Exhibit 11 in your packet. And this is Bates stamped  
1955 SSCCManual- 000059 to 61.

1956 (Iademarco Exhibit No. 11 was  
1957 identified for the record.)

1958 BY [MAJORITY COUNSEL]:

1959 Q This is a July 28, 2020 email chain initiated by

1960 Dr. Kent to CDC and HHS officials, including you. And Dr. Kent  
1961 writes that, "The MMWR Early Release related to the COVID- 19  
1962 Response originally scheduled for Wednesday, July 29, has been  
1963 delayed. The scheduled release is now Friday, July 31 with the  
1964 planned embargo lifting at 1 p.m." And the referenced MMWR is on  
1965 coronavirus transmission at the overnight summer camp in Georgia.

1966 Do you see that?

1967 A Yes.

1968 Q Dr. Kent then emails you directly writing, "Amanda  
1969 called me to say requested delay by Dr. Redfield and HHS. Delay  
1970 will make for better timing."

1971 The Amanda here, your understanding, is Amanda Campbell; is  
1972 that correct?

1973 A That's my understanding.

1974 Q And do you have any understanding of why this delay  
1975 was requested?

1976 A I do not recall specifically, but it's an early  
1977 release. So one thing I should say about - - you're talking  
1978 about processed earlier? I gave you the process for regular  
1979 MMWRs. The process is a little bit modified with the COVID in  
1980 the clearance end, not the MMWR end. But early release is  
1981 something that is normal, but there's a lot of them in COVID.  
1982 And things are faster and certain steps are combined or  
1983 abbreviated.

1984 So it's more - - if we were to look at it statistically,



1985 it's more common that an early release will run into something  
1986 that will result in a delay than a regular MMWR even during  
1987 COVID.

1988 Q And did you have any further conversations with  
1989 Dr. Kent about this particular delay?

1990 A I vaguely recall that her and I discussed the  
1991 rationale that we were hearing for the delay, and I vaguely  
1992 recall what she was saying and we both thought it was reasonable.

1993 Delay I told you before is usually due to scientific,  
1994 technical, and mechanical issues, but occasionally that  
1995 third - - one- third space that I didn't elaborate on, I'll do  
1996 so here. And that is, in order for public health to have an  
1997 impact it has to be timed optimally. Faster isn't always better.  
1998 There's always a curve of quality, the development of the data  
1999 and, you know, it's sort of a - - it's a shaped curve where  
2000 there's an optimal point. And sometimes when you go too fast, a  
2001 delay is actually a good thing.

2002 The second point is that outside factors - - we don't  
2003 work in a bubble. And so other things that are going on in terms  
2004 of getting the attention of our readership, which is largely  
2005 health care providers and secondarily the public, is influenced  
2006 by other events. And so timing is important. There can be  
2007 things directly in the pandemic, decisions and recommendations,  
2008 and the timing might not be right.

2009 So from a policy perspective and a public health

2010 perspective, timing is important. So I vaguely recall talking to  
2011 Charlotte about the reasons, and I vaguely remember thinking,  
2012 okay, that's reasonable.

2013 Q And was there a particular event that - -

2014 A I don't recall. I don't recall.

2015 Q Do you recall the rationale that you referenced  
2016 earlier for the - -

2017 A No, I do not.

2018 Q Okay.

2019 [Majority Counsel]. Let's move forward to Exhibit 13.

2020 (Iademarco Exhibit No. 13 was  
2021 identified for the record.)

2022 BY [MAJORITY COUNSEL]:

2023 Q While you're flipping there, I'll state for the  
2024 record this is Bates stamped SSCC- 0022285 through 89. And it is  
2025 an August 8th, 2020 email from Dr. Alexander to Dr. Kent,  
2026 Dr. Redfield, Nina Witkofsky, Assistant Secretary Caputo, and  
2027 Ryan Murphy, who was at ASPA. And the subject line is, "Follow  
2028 up on CDC report on COVID- 19 in children hospitalized; see link  
2029 below."

2030 And Dr. Alexander writes, "Michael" - - this is to  
2031 Michael Caputo for the record. "Michael, I am asking that you  
2032 put an immediate stop on all CDC MMWR reports due to the  
2033 incompleteness of reporting that is done in a manner to mislead  
2034 the public."

2035 Do you see that?

2036 A Yes.

2037 Q And later in that paragraph, Dr. Alexander discusses  
2038 the MMWRs, saying that CDC "appears to be writing hit pieces on  
2039 the administration," which he claimed were "deceiving."

2040 Do you see that?

2041 A Yes.

2042 Q And on the next page in bold font Dr. Alexander  
2043 writes, "so I request that CDC go back to that report and insert  
2044 this else Michael, pull it down and stop all reports  
2045 immediately."

2046 Do you see that?

2047 A Yes.

2048 Q And lastly, a bit further down Dr. Alexander writes,  
2049 "This is designed to hurt this President for their reasons which  
2050 I am not interested in."

2051 Do you see that?

2052 A Yes.

2053 Q So shortly after sending this, Dr. Alexander also  
2054 sends the email to Dr. Christine Casey writing, "see below to  
2055 Dr. Kent but she is on leave and I am informed you are taking  
2056 her role for now."

2057 Do you see that?

2058 A Yes.

2059 Q Are you familiar with this email from Dr. Alexander?

2060 A I am.

2061 Q And how did you become aware of it?

2062 A I think at some point - - I don't know the exact  
2063 mechanics and we'd have to trace out all the emails. But I  
2064 believe that either Dr. Casey or Dr. Kent forwarded it to me or  
2065 included me in the reply pretty early on in the chain.

2066 Q Did you have - -

2067 A Yeah.

2068 Q Sorry.

2069 A That's it. Go ahead with your question.

2070 Q Did you discuss this email with anyone in CDC?

2071 A Yeah. I think that that's where I was going. So I  
2072 had a conversation with Chris Casey, I don't remember if she  
2073 called me or I called her, and I think it was in the same timing  
2074 as me getting this email. Whether it was right before or right  
2075 after, I don't recall. So there were two events; one, me  
2076 receiving this email through the mechanism that I described, and  
2077 second a conversation with Chris Casey about the email.

2078 Q Do you recall roughly when that conversation with  
2079 Dr. Casey occurred?

2080 A What day is the email?

2081 Q It was sent on Saturday, August 8, late at night, it  
2082 looks like here. Although I will caution that the timestamps in  
2083 production can sometimes get a little wonky.

2084 A Yeah. I didn't know that.

2085           So I recall it was - - it could have been - - could  
2086 Sunday morning be possible with the timestamp? I know it was  
2087 either - - we dealt with this either on Saturday or Sunday and  
2088 it was a one- day affair.

2089           Q       Do you recall if your conversation with Casey  
2090 happened in the nighttime, daytime?

2091           A       I kind of think it was in the morning.

2092           Q       Okay. And what did you and Dr. Casey discuss on  
2093 this call?

2094           A       So Dr. Casey, who was acting as the  
2095 editor- in- chief, called me and was concerned about the email.  
2096 And I was concerned, but I think we were concerned for different  
2097 reasons as I remember the conversation. She was concerned, I  
2098 think, because she never had an email like this before of this  
2099 nature or wasn't sure what to do and assumed we would need  
2100 engagement of top- level leadership.

2101           My reaction to the email given my executive experience  
2102 was - - and in monitoring Dr. Alexander's  
2103 trend - - remember, I told you in the beginning, him sending us  
2104 comments given his role was not normative on the abstract  
2105 for - - I'm sorry, the summaries for communications purposes.  
2106 And there was a trend in them.

2107           And when I looked at this email, my immediate conclusion  
2108 almost subconsciously was that this crosses a line and we're not  
2109 going to have anything about this email. But Chris had a

2110 different reaction. And so my third point comment would be my  
2111 focus was on Chris as her supervisor, given that she was acting,  
2112 was to help her manage this exchange.

2113 And so I listened to her, tried my best to assure her that  
2114 I don't think we're going to have - - I don't think we should  
2115 do anything, and I don't think we're going to do anything. I  
2116 remember her emphasizing that, well, we might need to check with  
2117 higher up. And I told her that I may - - I may talk to  
2118 Dr. Redfield, let me think about this and look about this.  
2119 Right now, Chris, don't do anything and I'll get back to you.

2120 Q So you advised Dr. Casey to not take any action  
2121 while you considered what next steps to take; is that right?

2122 A Right, to sit tight. In my head, I had decided that  
2123 we were not going to do anything.

2124 Q And do you recall how long this initial conversation  
2125 with Dr. Casey lasted?

2126 A Five to 12 minutes.

2127 Q Okay.

2128 A But I really don't know. I just base that on - - I  
2129 can't remember.

2130 Q Okay. I'll point you up here on the email chain on  
2131 August 9th; Dr. Casey sends the email from Dr. Alexander to  
2132 Dr. Redfield, including you and other CDC officials.

2133 A Yes.

2134 Q Did you advise Dr. Casey to forward this to

2135 Dr. Redfield?

2136 A You know, I don't recall specifically. Vaguely. But  
2137 in looking at the email, I can see that I would have  
2138 said - - she may have been concerned we need to let  
2139 Dr. Redfield know about this, that she was the acting  
2140 editor-in-chief and that we were taking care of it.

2141 So I think I could have made a suggestion that resulted in  
2142 the first two sentences. I do not recall making any suggestions  
2143 about the third sentence, which is we're available - - it just  
2144 says we're available. But it has the sense - - it could be  
2145 perceived as meaning we'd like to talk to you about it or we need  
2146 to talk to you about it. It doesn't say that, but it could mean  
2147 that. And I don't recall making that suggestion. So I will say  
2148 that the first two sentences are consistent with what I may have  
2149 told her.

2150 I do recall clearly, though, that there was a lot going on  
2151 every weekend. I mean, a lot. Big problems. Big things we're  
2152 trying to help advance with the control of the pandemic. And  
2153 there was this weekend - - that weekend, definitely other  
2154 things going on that were much larger than this issue for the  
2155 MMWR.

2156 And even though they're larger, I don't recall what they  
2157 are because so much happened across so many weekends. This, at  
2158 the time, I considered to be minor and not really a big issue.  
2159 And the only reason I remember it all is because of the attention

2160 that this has gotten in retrospect.

2161 Q I see. You mentioned that you were pondering whether  
2162 to speak with Dr. Redfield about this during the conversation  
2163 with Dr. Casey. Did you ultimately have a conversation with  
2164 Dr. Redfield about this?

2165 A I did.

2166 Q And when did that conversation occur?

2167 A Shortly thereafter. So the reason was that either I  
2168 had to call him or he had to call me about something else that  
2169 was important and much bigger than this issue. But as I just  
2170 explained, I don't remember what it was.

2171 So one of us texted each other to say, okay, we need to  
2172 chat for five minutes. And so I knew that was going to occur, so  
2173 the major focus in my mind was to deal with that other major  
2174 issue, which I don't remember what it is.

2175 I think I knew that going into the call with Chris. I  
2176 can't remember that, if in the back of my mind, I knew that I was  
2177 going to be speaking to him anyway. I can't recall.

2178 So when I did speak with him, at the end of that  
2179 conversation, I raised this issue about, you know - - yeah.

2180 The Witness. Are you off mute? Let me go to mute.

2181 (Pause.)

2182 Mr. Barstow. We want to note for the record that this is  
2183 ordinarily the type of deliberative conversation with the agency  
2184 director and high-ranking official that HHS would have an



2185 interest in protecting. But given the subject matter and issues  
2186 being raised, we'll allow the doctor to answer these questions.

2187 The Witness. Did you catch that, [Redacted] and Desirae?  
2188 [Majority Counsel]. I did. Yes. Thank you for that,  
2189 Kevin.

2190 BY [MAJORITY COUNSEL]:

2191 Q Let me take a step back there. So you mentioned that  
2192 you had a prescheduled conversation with the director planned; is  
2193 that right?

2194 A Yeah, I wouldn't use the word scheduled. I knew of a  
2195 time- sensitive, urgent communication that was occurring. I  
2196 can't recall if that was before I spoke to Chris Casey or after.

2197 Q And you said you texted with Director Redfield about  
2198 that; is that right?

2199 A Usually when I speak to the director, back across  
2200 three administrations, I told you before that it's an infrequent  
2201 event and you have to kind of arrange it. So sometimes the chief  
2202 of staff office or the administrative assistant will do it if  
2203 it's more casual or not so urgent.

2204 When it's urgent, either I or he text each other to say,  
2205 can we chat? So the texting is based on one of us starting  
2206 the - - indicating the need for a conversation, and so one of  
2207 us texts each other to say can we chat and then how we're going  
2208 to do that. Like I'll call you, you call me.

2209 In this instance, I don't recall the matter and I don't

2210 recall who started it, and I don't remember who texted who. But  
2211 that's how we would have set up the call. And then the next step  
2212 is someone pushes call and you're on the phone.

2213 Q I see. So from time to time you would text Director  
2214 Redfield on his work phone about your work on the coronavirus?

2215 A Right, and this is the only one I recall with  
2216 certainty.

2217 Q Got it. And you would use your work phone to  
2218 initiate these conversations, right?

2219 A Correct.

2220 Q And you would send them to the director's work phone,  
2221 correct?

2222 A Correct.

2223 Q Okay. So to make sure I have the timeline here  
2224 correct, to clarify again, are you still in possession of the  
2225 phone that you used to communicate with the director?

2226 A I am, but it's not working. I can't get it unlocked.  
2227 It was overdue right before COVID for replacement and it died in  
2228 the middle of COVID. I believe it was the old phone that I now  
2229 can't get into and I'm suffering with all my contacts past the  
2230 letter O. And I have a new phone.

2231 Q Okay. Let's get back to the timeline here as I  
2232 understand it.

2233 Dr. Alexander sent this email out the evening of August  
2234 8th. You had a phone conversation with Dr. Casey sometime

2235 thereafter this email was sent. At that time you already had  
2236 plans to speak with Director Redfield around that time.

2237 A Mm- hmm.

2238 Q And you were texting about setting up that call with  
2239 Director Redfield.

2240 Do I have all of that right so far?

2241 A Yeah. I think the texting was just maybe one text or  
2242 a back and forth. It was nothing elaborate.

2243 Q And do you recall who initiated the actual phone call  
2244 that you had with Director Redfield?

2245 A No. I don't recall if I hit call or he hit call.

2246 Q Was anyone else on the call other than you two?

2247 A Not that I am aware of.

2248 Q And what was discussed on the call?

2249 A The majority of the call was on another major issue  
2250 or issues, and I don't recall what they were. It's likely they  
2251 were related to data or lab issues, or it could have been  
2252 something else. It could be some special need. All kinds of  
2253 things pop up. But I just don't recall.

2254 Q What else did you discuss on the call?

2255 A So at the end of the call I believe I said, and did  
2256 you see the email about the MMWR? Something like that. And he  
2257 interrupted, in a good way, and said, yes, we're not going to do  
2258 anything about that. Please tell your people - - please tell  
2259 your people. He may have said tell your people to ignore it. It

2260 was very short and to the point.

2261 And I believe that I responded something like I agree, and  
2262 I may have even said we've already decided - - or something  
2263 that conveyed that we already had that decision in mind.

2264 Q Okay. Do you recall the exact phrasing of what he  
2265 said to you in connection with this email?

2266 A No, not better than what I just paraphrased.

2267 Q Do you recall Director Redfield using the word  
2268 "delete" at all in connection with this email?

2269 A No, I do not. I don't think he said the word delete.

2270 Q So how did you interpret what you were supposed to do  
2271 following that call?

2272 A My biggest impression was it's sort of, I wasn't  
2273 really worried. I knew we weren't going to do anything about it.  
2274 And so it was sort of unnecessary affirmation that we weren't  
2275 going to do anything about.

2276 And I do recall saying, okay, at least when I talk to Chris  
2277 I can say I talked to Dr. Redfield. That would help me with  
2278 her, as her supervisor, do this job in an acting capacity, get  
2279 her on track as tight as possible to not worry about the email  
2280 and focus leading her team to produce a quality, scientifically  
2281 grounded report.

2282 Q So what did you do following your call with Director  
2283 Redfield?

2284 A I remember I was busy and I couldn't get back to her

2285 right away, doing other things. But I did eventually call her  
2286 back and had a conversation with her.

2287 Q And the "her" here is Dr. Casey; is that right?

2288 A Yes, I'm sorry. That's right,  
2289 Dr. Chris - - Captain Chris Casey.

2290 Q Do you recall around roughly what time this call  
2291 occurred?

2292 A I do not. I do remember there was a delay and I  
2293 wrote it down on my list, and I'm cranking through my list and I  
2294 got to it.

2295 Q Do you recall if this call occurred on August 9th?

2296 A It occurred either - - I think it occurred the same  
2297 day. I just don't remember if that was Saturday or Sunday.

2298 Q And roughly do you recall how soon after speaking  
2299 with Dr. Redfield you called Dr. Casey?

2300 A Within hours, but not ten minutes.

2301 Q And do you recall roughly how long you spoke with  
2302 Dr. Casey for?

2303 A Not - - shorter than the first time.

2304 Q And what did you discuss with Dr. Casey?

2305 A I don't remember the order that I discussed it with  
2306 her, except for one part. I remember conveying that I spoke with  
2307 Dr. Redfield just as a fact, and that he and I agree we're not  
2308 going to do anything and just proceed with, don't worry about the  
2309 email and just proceed.

2310 At the end, the supervisor in me kicked in and I asked her  
2311 a question at the end saying had you shared this email with  
2312 anyone, expecting the answer to be no. But she said yes. And  
2313 then I said, with who? And she said with various - - something  
2314 like several staff. I did not ask who. I just had a switch in  
2315 my head that, oh, she shared it with various staff in the MMWR.

2316 And then in my mind what kicked in was, that was  
2317 unnecessary. Charlotte and I were always working in a way to  
2318 insulate the various policy and other nonscientific issues from  
2319 the staff so we can keep the staff focused on their  
2320 scientifically grounded, independent job of producing MMWRs. So  
2321 my immediate sense was, okay, now there's a couple staff who got  
2322 this unnecessarily and it could be a distraction.

2323 And so I did explain that to her that - - I don't  
2324 remember the exact words, but that the points were this  
2325 email - - it was unnecessary to send it to them. I don't think  
2326 I said you made a mistake or this was a problem, because I didn't  
2327 want her to obsess on that. I was really thinking, these things  
2328 happen all the time, and I was thinking, okay, if we get another  
2329 one of these I want you to think about not sharing it next time,  
2330 because it's unnecessary.

2331 And so my focus was on the future. And so they didn't need  
2332 to get that email. It was unnecessary. We need to keep the  
2333 staff, the professionals at the MMWR focused on doing their job.

2334 Q Did you ask Dr. Casey to take any actions?

2335 A I think I said you can let the staff know if they're  
2336 worried or they can ignore it. But I don't recall specifically.  
2337 My focus, I recall strongly, is, you know, these things are  
2338 happening all the time. This MMWR is a low-level issue given  
2339 the big things that are going on; and thinking forward, she's in  
2340 an acting role, you know, here's how Charlotte and I would deal  
2341 with these in the future.

2342 Q You said that these things are happening all the  
2343 time. I just want to clarify what you're referring to.

2344 A Yeah, I believe that's poorly phrased. Thank you for  
2345 picking that up.

2346 The fact that we're getting comments on summaries is  
2347 something that's not normative, and Charlotte is dealing with  
2348 them on a regular basis, responding from comments from a small  
2349 set of people. And so that was a new nonstandard,  
2350 pandemic-related, understandable point, and that's what I meant.

2351 Q Okay.

2352 A And as an acting, I don't recall that Chris had ever  
2353 acted as the editor-in-chief before, and so it was something  
2354 that would have been outside of her experience as an editor  
2355 including this time as acting.

2356 Q Did you raise that process of deleting that email  
2357 with Dr. Casey?

2358 A No, I do not recall saying delete the emails.

2359 The other thing that's going on almost - - definitely

2360 subconsciously, but consciously, is the capstone process.

2361           So Dr. Redfield and I are capstone employees. That means,  
2362 from a federal record law and rules and regulations standpoint,  
2363 any email in our inbox ever is automatically, permanently  
2364 archived as a federal record. And, therefore, we don't have the  
2365 same burden as usual staff in that I don't have to worry is this  
2366 a federal record or not. Do I have to save it? Because for me  
2367 and Dr. Redfield, that's automatic. So in the back of my mind  
2368 I'm not worried about it.

2369           So the issue of deleting or not deleting with the federal  
2370 records, I don't have to worry. That's a good thing. It's a  
2371 great law. I'm more concerned about people getting unnecessary  
2372 information that they - - trying to help, as a supervisor and  
2373 mentor, how to manage complex communication chain.

2374           Q       Did you refer to your or Director Redfield's  
2375 capstone obligations in your conversation with Dr. Casey?

2376           A       I don't recall if I took that moment to explain it to  
2377 her. Charlotte knows about it. Charlotte and I have talked  
2378 about that. I don't recall, and Charlotte may have - - one  
2379 thing I remember telling Charlotte is - - because we've had  
2380 different actings during the - - you know, we have to give  
2381 Charlotte a break. It's a hugely intense job. And she's had a  
2382 few breaks here and there.

2383           And I remember telling her at one point, I don't know if it  
2384 was before or after this incident, that whenever we have an



2385 acting, you, Charlotte, need to make sure you orient them as  
2386 fully as possible about how we're dealing with things, et cetera.  
2387 And I don't - - you know, it's possible that she might have  
2388 mentioned it to her.

2389 So I don't recall saying capstone to Chris, although I may  
2390 have. I don't think it's in the regular training for  
2391 non- capstone employees. And Charlotte I know knows about it,  
2392 but I don't know if Charlotte explained that to Chris.

2393 Q Was Dr. Casey concerned about record retention  
2394 obligations on this call?

2395 A Not that I recall as - - I don't recall that issue  
2396 or concept coming up in our conversations, those two  
2397 conversations.

2398 Q What was Dr. Casey's reaction on your second call  
2399 with her?

2400 A I think she was - - she accepted the news, was  
2401 probably glad that we can move on with our work, and was  
2402 appreciative of my engagement. I wouldn't call it an  
2403 intervention, but was appreciative of my engagement in helping  
2404 her triage the issue.

2405 Q In your conversations, you said that your manager hat  
2406 went off when - -

2407 A Yeah.

2408 Q - - you learned that this email was sent to other  
2409 individuals. Why were you concerned about other individuals

2410 getting this email?

2411           A           The MMWR does its best and I think has done really,  
2412 really well in working independently based on taking data and  
2413 producing scientifically grounded observations and conclusions.  
2414 And public health is a combination of science, policy, and  
2415 politics, frankly. And the MMWR's job is to focus and insulate  
2416 itself and focus on the science.

2417           So as you know, COVID is a huge load and distraction on so  
2418 much of our lives that - - and these people are working  
2419 overtime to produce not just the regular volume, et cetera. And  
2420 so Charlotte and I are very protective of making sure we have  
2421 adequate resources in the MMWR to do their job.

2422           And so this whole - - this one email could upset people  
2423 in the MMWR where they would think that it wasn't consistent with  
2424 the way we operate in terms of sticking to the science and  
2425 insulating ourselves from other influences, and I didn't want  
2426 people to be unnecessarily distracted from that.

2427           I guess you could argue that it's sort of like  
2428 over- protectionism. But, you know, they're really busy and I  
2429 need them to focus on the science and know that their leadership  
2430 is working on those principles of science and data, et cetera.

2431           Q           So if Dr. Casey left this conversation with you with  
2432 the impression that she was to delete the email and that the  
2433 folks she sent it to were also to delete the email, how do you  
2434 think that happened?

2435 A What's the basis of your two statements?

2436 Q We have spoken with Dr. Casey and Dr. Kent from  
2437 last year's - -

2438 A Okay. So I'll take your word that that's her  
2439 impression. I have not spoken to her about it. And so if that  
2440 is her expressed concern, then there must have been something I  
2441 said or didn't say that resulted in a miscommunication about  
2442 that, would be my interpretation. But I do not recall saying to  
2443 delete the email.

2444 I recall my focus, which I've explained to you; and,  
2445 therefore, if she had that impression or had heard that, then  
2446 there was a miscommunication, which is understandable and sort of  
2447 the pace in the heat of the moment and given her role as acting.

2448 Q Did Dr. Casey tell you that she printed out a hard  
2449 copy of the email?

2450 A I don't think so, no.

2451 Q Did you take any other actions in regards to this  
2452 email following your conversation with Dr. Casey?

2453 A I don't think so. I think that when she - - no  
2454 other actions. I do believe that when Charlotte returned from  
2455 vacation, we talked about it and went over the events of it,  
2456 maybe. But if you were to ask me what that conversation was  
2457 about, I would say that it's nothing different than what I just  
2458 told you.

2459 Q Besides Dr. Kent, did you discuss Dr. Alexander's

2460 email with anybody else in the government?

2461 A No, definitely not in that time period.

2462 Q And in Dr. Casey's email to Dr. Redfield that we're  
2463 looking at in this exhibit, there are other individuals copied  
2464 there. Did you ever discuss this email with any of those  
2465 individuals?

2466 A We'd have to go back and look sort of name by name.  
2467 I don't think so. I do have a policy person who helps me handle  
2468 congressional inquiries. So he is - - you know, when you make  
2469 these inquiries, both with Dr. Kent and myself, we're aware of  
2470 them and he's aware of them. And, you know, he helps facilitate  
2471 meetings and conversations with OGC. So he would be the only  
2472 other person I can think of that I talked to him about this.

2473 Q And I'd be happy to direct you to the email that's  
2474 Exhibit 13 - -

2475 A Thanks.

2476 Q - - to refresh your recollection here.

2477 A What's the exhibit?

2478 Q It's Exhibit 13.

2479 A 13.

2480 Q And it's the first page.

2481 A Okay.

2482 Q We can start with Dr. Schuchat there. Do you recall  
2483 discussing this email with Dr. Schuchat?

2484 A No. I kind of - - later, I distinctly saying that

2485 Anne and I didn't have a chance to discuss this one. I kind of  
2486 remember that like a month or two later, but you'd think it might  
2487 come up, but I don't think it did. Well, I guess Amanda  
2488 Campbell. So she's on the list.

2489 So at some point a couple days later, I don't know where it  
2490 came from, but someone said, okay, we're going to take Paul  
2491 Alexander off the distribution for summaries. I don't know where  
2492 the idea came from or how it got relevant, but I do know  
2493 that - - and I kind of vaguely recall that I might have had a  
2494 conversation with Amanda and Charlotte or just Charlotte who had  
2495 talked to Amanda. I don't remember the triangulation.

2496 But the net effect involving Amanda was we were hearing  
2497 that we're going to take Dr. Alexander off the email. So that's  
2498 that. So that's Redfield, Amanda, Schuchat; McGowan, no;  
2499 Charlotte, Nina, no. I'm going down to the other chains to kind  
2500 of look at people who saw this. I don't know who Ryan Murphy is.  
2501 I've never spoken to Mike Caputo. So in terms of this chain, I  
2502 think we've gone through all the people.

2503 Q Okay. Have you spoken with Director Redfield about  
2504 this incident since August 9, 2020?

2505 A Not intentionally. But at some point months later in  
2506 the prior administration, I was traveling - - I was in the DCA,  
2507 in Reagan, and I was going one way and he was going the other  
2508 way, I don't remember who was going which direction, and we just  
2509 stopped for literally like 36 seconds and had some just

2510 pleasantry exchange and him being supportive of all the work.  
2511 And there was a brief little mention at the end where I said  
2512 thanks for helping us navigate the email from Alexander,  
2513 something like that. And then we left, because he was running  
2514 and I was running. That was it.

2515 Q So this occurred months later. Do you recall which  
2516 month this occurred?

2517 A No, I don't. I'd have to go back and look at my  
2518 travel calendar. I'm thinking, because I was coming from  
2519 Washington, it had to be after November when I started the  
2520 testing and diagnostic work group and then I stayed there for a  
2521 long time. So it could have actually been in December, but I'm  
2522 guessing. That's kind of my calculation of when it was.

2523 Q I see.

2524 A By this time, it had gotten into the newspapers. So  
2525 at the time, I just thought this was another incident and that  
2526 was the end of it. As you can tell from the record, there's  
2527 several Paul Alexander exchanges, et cetera. I just thought this  
2528 was another one. And it's only after it hit the media that it  
2529 got attention, that people started thinking back on the incident.

2530 If this had occurred sooner after the event, I wouldn't  
2531 have even mentioned it to him. But because it hit the media and  
2532 then this was later, I did thank him.

2533 Q And you mentioned that you had raised  
2534 Dr. Alexander's email. Did you raise the press reports around

2535 the possible deletion of this email?

2536 A No. I didn't get into a discussion of the press  
2537 reports.

2538 Q Did you have a conversation about what you discussed  
2539 on August 9, 2020 regarding this email?

2540 A With? With who?

2541 Q When you saw Director Redfield - -

2542 A Yes.

2543 Q - - at Reagan, did you have a conversation that day  
2544 about your prior conversation on August 9, 2020?

2545 A No. It was just as I told you. It was a tailing  
2546 comment about thanking him for his support or something. And  
2547 there was the recognition that this one hit the media and it  
2548 caused some problems, but it didn't come up in the words of the  
2549 conversation is my recollection.

2550 Q Okay.

2551 A You know, it was the obvious point. I mean, why am I  
2552 thanking him? Well, because it occurred and hit the media. It  
2553 was - - people could interpret it as not reflecting well on him  
2554 and I'm taking the high ground saying, okay, thanks for your  
2555 support in this series of events.

2556 Q And other than this interaction, you have not  
2557 discussed any of this with Director Redfield since August 2020?

2558 A No. Not that I - - no.

2559 Q Okay.

2560 [Majority Counsel]. Just one moment, please.

2561 The Witness. Sure.

2562 (Pause.)

2563 [Majority Counsel]. Thanks so much for that. I think we  
2564 have just a couple more questions here - -

2565 A Sure.

2566 Q - - Admiral, and appreciate your time.

2567 I'm going to direct you to Exhibit 14.

2568 (Iademarco Exhibit No. 14 was  
2569 identified for the record.)

2570 [Majority Counsel]. While you're scrolling there, I'll

2571 state for the record that this document is Bates stamped

2572 SSCManual- 000017 through 22. And it is an August 24th, 2020

2573 email chain initiated by Dr. Kent to CDC and HHS officials,

2574 including you. There's an upcoming MMWR and it concerned

2575 preventing and mitigating the coronavirus transmission in four

2576 overnight camps in Maine.

2577 Do you see that?

2578 A Yeah, I'm looking through it now.

2579 Okay. So there's the abstract or the summary. This is

2580 Mr. Alexander, he's making some comment; Charlotte responds.

2581 Q I'll just direct you to the initial email here and  
2582 the MMWR that it's referencing.

2583 A So where's your pointer?

2584 Q Sure. It's Bates stamp page 21.



2585 A Okay. Thank you.

2586 Okay. Twenty- one. Okay. The top of that? No, there's  
2587 nothing there on page 21.

2588 Q Apologies. The beginning of the chain starts on 20,  
2589 the email itself.

2590 A Okay. So - - okay. I see the one that's date  
2591 stamped 7:56 a.m. Is that the one you mean?

2592 Q I do not. No.

2593 A Okay. Are you on Exhibit 14?

2594 Q I am on Exhibit 14, yes.

2595 A Okay. And this one curiously doesn't really have  
2596 page numbers in the same fashion.

2597 Q The bottom right- hand corner, are you not seeing  
2598 Bates numbers?

2599 A I don't on the first page. On the second page, it  
2600 says Manual with a lot of zeroes and then 17 on the second page.

2601 Q Okay. I'm not sure if there are certain issues, but  
2602 I think we can navigate them.

2603 A Okay.

2604 Q So if you go down about four or five pages, you'll  
2605 see - -

2606 A Okay. One, two, three - -

2607 Q - - Charlotte Kent sending an email to another long  
2608 chain of CDC officials on Monday, August 24th at 1:51 p.m. Do  
2609 you see that?

2610 A Monday, August what?

2611 Q 24th.

2612 A At what time?

2613 Q 1:51 p.m.

2614 A So that would be before this one.

2615 Okay, I've got it now. Yeah, that's just the summary.

2616 Okay.

2617 Q Correct.

2618 A Yeah, she's sending out the summary to the usual

2619 summary distribution. Okay, got it.

2620 Q And for the record, this concerns an MMWR on

2621 preventing and mitigating coronavirus transmission in four

2622 overnight camps in Maine; is that right?

2623 A Yes, correct.

2624 Q Thank you. And subsequent to that, Dr. Alexander

2625 replies to Dr. Kent copying Director Redfield and Assistant

2626 Secretary Caputo.

2627 A Mm- hmm.

2628 Q And he writes, quote, "And once again I/we offer all

2629 and any way we can collaborate to ensure that the MMWRs are

2630 balanced and reflective within this COVID emergency."

2631 Do you see that?

2632 A I do.

2633 Q Dr. Alexander then, subsequent to that, emails

2634 Dr. Kent directly on August 24th at 10:48 p.m. And he asks her,

2635 "is there scope for us to collaborate? For us at ASPA to be more  
2636 involved in your reports??"

2637 Do you see that?

2638 A Yes.

2639 Q Dr. Kent then forwards that overture to you and Dr.  
2640 Schuchat on August 26th, along with a draft reply for discussion.

2641 Do you see her draft reply there?

2642 A I do.

2643 Q Okay. And then you reply directly to Dr. Kent,  
2644 "Good edits. Let's wait for her response."

2645 Do you see that there?

2646 A Yes.

2647 Q Okay. So had you and Dr. Kent been discussing how  
2648 to respond to Dr. Alexander's email here?

2649 A It's likely.

2650 Q And what did you discuss?

2651 A I think we made a - - what I recall is we made a  
2652 decision to educate him from our perspective that the  
2653 MMW - - you know, he's in a communication job up in Washington,  
2654 and we're publishing MMWRs from a scientific independence  
2655 viewpoint. So without saying it, there's no role for him to  
2656 collaborate with the MMWR.

2657 And so, therefore, I believe we probably spoke about saying  
2658 nothing, or going back with an explanation for how the MMWR  
2659 works. I base that on the draft reply, the draft email, and it's

2660 likely I - - it's possible I saw it before she put it in this  
2661 email, or it's possible we talked about it and she drafted it and  
2662 now she's sending it to Dr. Schuchat and I.

2663 Q And you also note, "I'm 70 percent sure Anne will  
2664 come up with a very different approach."

2665 What did you mean there?

2666 A Meaning, don't send it and either do nothing or  
2667 whatever normally occurs from a communication perspective between  
2668 CDC/OD leadership and the Office of the Secretary or ASPA would  
2669 occur and Charlotte and I don't have to worry about it.

2670 Q Did you have a conversation with Dr. Schuchat about  
2671 this?

2672 A I don't recall on this one. And I  
2673 actually - - unless you can show me an exhibit, I don't recall  
2674 what we did or how she responded or if she ever did respond.

2675 Q So Dr. Schuchat did tell us that she had  
2676 conversations with you in regards to this email.

2677 A Okay.

2678 Q Dr. Schuchat indicated that you may have had a  
2679 conversation with Dr. Redfield regarding this. Does that sound  
2680 familiar?

2681 A That she did or I did?

2682 Q That you did.

2683 A I don't recall that.

2684 Q Do you recall if any response to Dr. Alexander

2685 occurred here?

2686 A No, I don't recall. It's possible, but I don't  
2687 recall it.

2688 [Majority Counsel]. Okay. I think that's all I have, so I  
2689 will stop there and we can take a break.

2690 [Redacted], are you there? I'm not sure of what you're  
2691 thinking in terms of questions. I think we can go off the  
2692 record.

2693 (Pause.)

2694 BY [MINORITY COUNSEL]:

2695 Q Dr. Iademarco, can I turn back to Majority Exhibit  
2696 13. It's the really long Paul Alexander email asking MMWRs to  
2697 stop publication.

2698 A Got it.

2699 Q Did MMWRs stop after this email?

2700 A No.

2701 Q Okay. You said you got several Paul Alexander emails  
2702 like this one and this was just kind of another one that you saw,  
2703 you didn't think it was a big deal.

2704 How seriously did you take Paul Alexander?

2705 A So I would rephrase that a little bit. I would say I  
2706 don't think there was any other email that was like this one.

2707 Q Okay.

2708 A There were several emails, right, where the trends in  
2709 them led up to this email, which I think crossed the line. So

2710 it's easy for me to look at this email and say we,  
2711 Michael - - meaning me - - and the agency are not going to do  
2712 anything about this. We're not going to take the actions  
2713 suggested in this email.

2714 Q Okay. But it was kind of a trend of Dr. Alexander's  
2715 to write these like page- long, kind of bloviated emails about  
2716 various topics?

2717 A Right. I mean, I started out with my initial  
2718 response to questions saying this was not normative. Then, you  
2719 know, we got some comments that were actually valid. They were  
2720 unnecessary because other people would come up with them, but  
2721 they were valid sort of communication and grammatical points.

2722 We didn't need them but, you know, he sent them so we were  
2723 respectful of that fact. And then it drifts into this, okay, we  
2724 can collaborate, which, as I just explained in the last response,  
2725 would not be the way things are organized. And then we have this  
2726 email that crosses the line.

2727 So that's sort of a high- level view of the trend.

2728 Q Okay. We have all read more of Dr. Alexander emails  
2729 than I think I ever want to ever again.

2730 A Yeah.

2731 Q Was he more of an annoyance, or did you take him as  
2732 like a legitimate person that could give you direction?

2733 A I think he was - - as I explained earlier, I have  
2734 never seen him in my hierarchical chain. And he was - - you

2735 know, in retrospect I would say he was providing us with  
2736 unnecessary commentary on summaries designed for communications  
2737 products where he was interested in participating in the MMWR,  
2738 which was not the way CDC at the time nor now runs things.

2739 Q So there is never any indication that Dr. Alexander  
2740 did give you an order?

2741 A No.

2742 Q Okay. I think you already said this, but at the time  
2743 of this email that you said obviously crossed the line, no action  
2744 was taken because of it. Were there things, in your mind, that  
2745 were more important than what Dr. Alexander was suggesting?

2746 A More important in what regard?

2747 Q To your job, in the country, in responding to  
2748 COVID- 19.

2749 A Oh, yeah, definitely. I've already made that comment  
2750 a couple times that there were a lot of major things going on at  
2751 the time that were much bigger and more impactful than the MMWR.  
2752 At the time I saw the MMWR, and still is, doing a tremendous job.  
2753 And the sideline story here is that Dr. Alexander was in ASPA  
2754 and was sending us comments and we dealt with them.

2755 Q It looks like the entire issue was dispatched somehow  
2756 between like midnight and the next morning. Is that about all  
2757 the time that you guys thought about this email exchange?

2758 A I think 24 hours would be - - I can't remember the  
2759 exact timing, but it was a couple conversations that were quick.

2760 I think it was relatively easy from my perspective to deal with.  
2761 It probably was as stressful for Dr. Casey who hadn't been in  
2762 that role before, and it was resolved, in my mind, within 24  
2763 hours definitely.

2764 Q Was any aspect of the federal COVID response delayed  
2765 because of this email from Dr. Alexander?

2766 A Not that I'm aware of or would judge so.

2767 [Minority Counsel]. All right. Thank you. That's all we  
2768 have.

2769 [Majority Counsel]. Okay. I think that concludes today's  
2770 interview.

2771 So, Admiral Iademarco, thank you again for taking the time  
2772 today.

2773 The Witness. Thank you for all of you for doing your job  
2774 and doing it well. I really appreciate it. It's when we work  
2775 together like this that we have a strong government. So thank  
2776 you.

2777 [Majority Counsel]. We can go off the record.

2778 [Whereupon, at 12:23 p.m., the interview concluded.]



Iademarco review of transcript HVC302550 interview with Select Subcommittee on the Coronavirus Crisis, US House of Representatives, Friday, October 29, 2021

Reviewed November 26, 2021

\*indicates substantive comment

Page 10, line 209, I meant "Mission," not "mission." When referring to a U.S. Mission in a specific country, USG style capitalizes "Mission."

Page 32, line 766, I don't recall saying "Sometimes CDC punts," and it does not seem to follow. Deletion helps.

Page 38, line 914, I may have inserted the word "like," but the scientific fact is that they can, so the word can be deleted.

Page 46, line 1120, there was an article "a" after "there's" and before "spectrum."

\*Page 77, line 1905. I did say "knew." However, that is inaccurate. Accurately, I "**presumed** that the two..." I did not actually know.

\*Page 85, line 2108 and 2109, the phrase "we're not going to have anything about this email," omits the words "to do." I said, "we're not going to have **to do** anything about this email..."

Page 92, line 2260, there is a typo: it is "point" not "potent."

Page 96, line 2363, the word "ever" is distracting and could be deleted.

Page 97, line 2391, typos, should be "Charlotte and I know about it."

Page 103, line 2558, "no" should be "know."