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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: DR. ROBERT KADLEC

THURSDAY, MAY 19, 2022

The Interview Commenced at 9:06 a.m.

21 APPEARANCES:

22

23 FOR THE MAJORITY:

24 [Redacted]

25 [Redacted]

26 [Redacted]

27 [Redacted]

28

29 FOR THE MINORITY:

30 [Redacted]

31 [Redacted]

32 [Redacted]

33

34 FOR HHS:

35 Kevin Barstow

36

37 FOR DR. KADLEC:

38 Jonah Hecht

39 [Majority Staff]: This is a transcribed interview
40 of Robert Kadlec conducted by the House Select
41 Subcommittee on the Coronavirus Crisis. This
42 interview was requested by Chairman James
43 Clyburn, as part of the Committee's oversight
44 of the Federal Government's response to the
45 coronavirus pandemic.

46 I would like to ask the witness to state
47 his full name and spell his last name for the
48 record.

49 A Okay. Robert Peter Kadlec, K-A-D-L-E-C.

50 Q Thank you. Dr. Kadlec, my name is [Redacted] and I'm
51 a [Redacted] with the Select Subcommittee. I want to thank you
52 for coming in today for this interview. We recognize that you
53 are here voluntarily, and we appreciate
54 that.

55 A Uh-huh.

56 Q Under the Committee's rules, you are
57 allowed to have an attorney present to advise you
58 during this interview.

59 Do you have an attorney representing
60 you in a personal capacity present with you today?

61 A I do.

62 [Majority Staff]: Is there an attorney present
63 representing the Agency?

64 MR. HECHT: Yes.

65 [Majority Staff]: Would counsel please identify
66 themselves for the record.

67 MR. HECHT: My name is Jonah Hecht from
68 McGonigle, P.C., and I represent Dr. Kadlec.

69 MR. BARSTOW: I'm Kevin Barstow from HHS.

70 [Majority Staff]: Thank you.

71 And for the record, can the additional
72 staff members please introduce themselves.

73 [Minority Staff]: [Redacted], [Redacted] for
74 the Minority.

75 [Minority Staff]: [Redacted], [Redacted] for the
76 Minority.

77 [Majority Staff]: [Redacted], [Redacted] for the
78 Majority.

79 [Majority Staff]: [Redacted], [Redacted] for the
80 Majority.

81 [Majority Staff]: [Redacted], [Redacted] with the
82 Majority.

83 [Majority Staff]:

84 Q And myself as well, [Redacted].

85 Before we begin, I would like to go
86 over the ground rules for this interview.

87 As previously agreed to by counsel
88 for Dr. Kadlec, HHS staff and Majority staff, the

89 scope of this interview is the federal government's
90 response to the coronavirus pandemic from December
91 1, 2019 through January 20, 2021 and the federal
92 government's preparedness for a pandemic from
93 January 1, 2018 through January 1, 2020, including
94 the Strategic National Stockpile, the Crimson
95 Contagion Exercise, and oversight of Emergent
96 BioSolutions, CIADM contract, and other interactions
97 with Emergent.

98 The way this interview will proceed
99 is as follows: The Majority and Minority staffs
100 will alternate asking you questions, one hour per
101 side per round until each side is finished with
102 their questioning. The Majority staff will begin
103 and proceed for an hour and the Minority staff will
104 then have an hour to ask questions. We'll alternate
105 back and forth in this manner until both sides have
106 no more questions.

107 And we have agreed that if we are in
108 the middle of questioning, we may end a few minutes
109 before or go a few minutes past an hour just to wrap
110 up a particular topic.

111 In this interview, while one member
112 of the staff may lead the questioning, additional
113 staff may ask questions from time to time.

114 There is a court reporter taking down
115 everything I say and everything you say to make a
116 written record of this interview.

117 For the record to be clear, please
118 wait until I finish each question before you begin
119 your answer and I will wait until you finish your
120 response before asking you the next question.

121 The court reporter cannot record
122 nonverbal answers, such as shaking your head, so it
123 is important that you answer each question with an
124 audible verbal answer.

125 Do you understand?

126 A I do.

127 Q Thank you.

128 We want you to answer our questions
129 in the most complete and truthful manner possible,
130 so we are going to take our time.

131 A Um-hmm.

132 Q If you have any questions or do not
133 understand any questions, please let us know, we'll
134 be happy to clarify or to rephrase our questions.

135 Do you understand?

136 A I do.

137 Q If I ask you about conversations or events
138 in the past and you are unable to recall the exact

139 words or details, you should testify to the
140 substance of those conversations or events, to the
141 best of your recollection.

142 If you recall only a part of a
143 conversation or event, you should give us your best
144 recollection of those events or parts of
145 conversations that you do recall.

146 Do you understand?

147 A I do.

148 Q Thank you.

149 If you need to take a break, please
150 let us know, we are happy to accommodate.
151 Ordinarily, we do take a five-minute break at the
152 end of each hour of questioning. But if you need a
153 break before that, just let us know.

154 However, to the extent that there is
155 a pending question, I would just ask that you finish
156 answering the question before you take a break.

157 Do you understand?

158 A I do.

159 Q Although you are here voluntarily and we
160 will not swear you in, you are required by law to
161 answer questions from Congress truthfully. This
162 also applies to questions posed by congressional
163 staff in an interview.

164 Do you understand?

165 A I do.

166 Q If at any time you knowingly make false
167 statements, you could be subject to criminal
168 prosecution.

169 Do you understand?

170 A I do.

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

173 A Not to my knowledge.

174 Q The Select Subcommittee follows the rules
175 on the Committee on Oversight and Reform. Please
176 note that if you wish to assert a privilege over any
177 statement today, that assertion must apply with the
178 rules of the Committee on Oversight and Reform.

179 Committee Rule 16(C)(1) states:

180 For the Chair to consider assertions
181 of privilege over testimony or statements, witnesses
182 or entities must clearly state the specific
183 privilege being asserted and the reason for the
184 assertion on or before the scheduled date of
185 testimony or appearance.

186 Do you understand?

187 A I do.

188 Q Do you have any questions before we begin?

189 A I do not.

190 Q Excellent.

191 So, Dr. Kadlec, you have held
192 numerous key roles in the medical field and in
193 public service over the years. Briefly, can you
194 tell us more about the professional position that
195 you held before being nominated as Assistant
196 Secretary for Preparedness and Response, or ASPR.

197 A Sure. I was the Deputy Staff Director for
198 the Senate Select Committee on Intelligence for the
199 Majority. Prior to that, I had been the Special
200 Assistant to the President for Biodefense Policy, to
201 President George W. Bush. Prior to that, I had
202 served in the Senate as a Staff Director for the
203 Subcommittee on Bioterrorism Preparedness and Public
204 Health Preparedness for Senator Richard Burr. And
205 prior to that, I was a Director on the Homeland
206 Security Council for General John Gordon, Fran
207 Townsend, and Governor Tom Ridge in the -- and the
208 Director for Biodefense Policy in the White House.

209 Q Thank you.

210 And you became the Assistant
211 Secretary for Preparedness and Response at HHS in
212 August 2017; is that correct?

213 A That's correct.

214 Q ASPR is responsible for leading the
215 nation's medical and public health preparedness for
216 response to and recovery from disasters and public
217 health emergencies; is that correct?

218 A That is correct.

219 Q Was this your understanding of the Agency
220 when you assumed your role as Assistant Secretary?

221 A It is the understanding of the Agency when
222 I helped draft the legislation to create ASPR.

223 Q Thank you.

224 What were your responsibilities as
225 ASPR as they related to preparing for a possible
226 pandemic?

227 A Well, first of all, the role of the ASPR
228 is for all-hazard preparedness. So it was the
229 nature of the role that you had to be prepared for
230 pandemics, natural events, deliberate events,
231 accidental events.

232 For example, on the fifth day of my
233 tenure, we had the first of three major hurricanes:
234 Harvey, Irma and Maria. That started my experience
235 as the Secretary for Preparedness and Response.

236 Q Thank you.

237 Did these responsibilities change,
238 once we learned of the novel coronavirus and as it

239 began to spread?

240 A So the responsibilities were always there,
241 and we focused particularly on pandemic
242 preparedness; however, it was focused on pandemic
243 influenza preparedness.

244 During my tenure in the White House,
245 particularly as a Special Assistant, there had been
246 major efforts to prepare for an influenza pandemic
247 from 2006 through 2009 before I left -- before
248 Bush's tenure ended. And a lot of effort had -- was
249 devoted to creating a strategy and implementation
250 plan that were very detailed on the nature of the
251 response to influenza pandemic. And much of the
252 effort was expended on that.

253 Q You mentioned that your responsibilities
254 narrowed in, or began to focus more on pandemic
255 influenza as you learned of the novel coronavirus
256 and as it began to spread.

257 Could you just expand on that a
258 little bit more.

259 A Sure. My recollection is, is on 4
260 January, we had the first meeting, which was an
261 update from the Centers for Disease Control that
262 highlighted a pneumonia of unknown etiology in
263 Wuhan.

264 Dr. Redfield had talked to Dr. Gao,
265 who is his counterpart in the Chinese CDC, over the
266 weekend and reported to the Secretary and to the
267 rest of the senior staff on that Monday morning that
268 that was a matter of concern.

269 Coincidentally, later that afternoon, I
270 had a scheduled meeting at the National Security
271 Council with Anthony Ruggiero and his staff, where
272 amongst the topics that were focused on, mostly on
273 the National Biodefense Strategy. We did discuss
274 about the -- what was the early reports from China.

275 Q Thank you.

276 So I think we definitely want to
277 revisit that topic. I think before we do, could you
278 describe for me your responsibilities as the -- as
279 we went further into 2020, farther along into the
280 pandemic, your responsibilities and how they changed
281 as Assistant Secretary.

282 A Sure. I mean, so -- just so you
283 understand, that during the course of these events,
284 two significant other events occurred. One was the
285 targeted killing of Soleimani in Baghdad, and the
286 risk of response -- or domestic concerns about cyber
287 events or possibly kinetic events against U.S.
288 targets in the United States.

289 And the second one was my deputy, who
290 I had detailed to be a Special Assistant to the FEMA
291 Director, Edward Gabriel became ill and died. We
292 suspect he died -- he was one of the first cases of
293 COVID in the United States as a fatality.

294 So those happened in the first week
295 of January that were issues that I was also kind of
296 monitoring, as well as actively dealing with.

297 I would just point out that Gabriel's
298 detail to FEMA was actually a result of the Crimson
299 Contagion Exercise where we identified our lack of
300 integration with -- with FEMA.

301 And that was also a recorded
302 shortfall in our hurricane response -- responses,
303 subject to our -- subject to ASPR's noncompliance
304 with the National Incident Management System.

305 Q At a very high level, could you briefly
306 describe for us what aspects of the pandemic
307 response that ASPR was responsible for.

308 A So basically three. One is medical
309 countermeasure development.

310 Two is monitoring in support of the
311 healthcare systems, realizing that CDC had a
312 responsibility for the state and local public health
313 systems.

314 And the third was having taken over
315 the responsibilities for the Strategic National
316 Stockpile. One, October 2018 was evaluating what
317 were the status of our materials in the Stockpile,
318 which we had evaluated through the year previous, as
319 well as supply chains that were responsible for
320 that.

321 Q In your role as Assistant Secretary during
322 the pandemic, who did you report to?

323 A To Secretary Azar.

324 Q Who reported to you?

325 A I had a variety of direct reports. I had
326 an individual who was responsible for external
327 affairs and that was -- included congressional
328 affairs, public affairs. I had a -- a Deputy
329 Assistant Secretary for Operational -- pardon me,
330 Officer of Emergency Management and Medical
331 Operations, called the EMMO. I had a director, a
332 Deputy Secretary for Logistics. I had a person
333 responsible for policy, a Deputy Assistant
334 Secretary, as well as a BARDA director.

335 [Majority Staff]: I'm going to pause for just a
336 second because we just had someone join us.

337 [Minority Staff]: Hi. [Redacted] for
338 Republican staff -- and I'll give you my name.

339 [Majority Staff]: Thank you.

340 BY [Majority Staff]:

341 Q Generally speaking, during the pandemic,
342 who did you work most closely with at HHS on
343 response efforts?

344 A My Chief of Staff, Secretary --

345 Q What was your Chief of Staff's name?

346 Could you --

347 A Bryan Shuy.

348 Q Thank you.

349 A S-H-U-Y. And then with my individual
350 leaders from that organization, I had an immediate
351 office that included my Chief of Staff and a couple
352 other people who -- they are not germane -- their
353 names; but they were kind of basically monitoring
354 different activities across my portfolio of
355 activities.

356 Q Did you also interact or work with Admiral
357 Giroir?

358 A Yes. It's Secretary for Health.

359 Q Could you describe that, just very
360 briefly, kind of your interactions.

361 A So he would be part of the senior staff
362 meetings that we had. He was the head of the Public
363 Health Commission Core, so as it related to the use

364 of the Commission Core in light of events. He was
365 also part of the small group that the Secretary had
366 convened, not only for dealing with just the usual
367 issues, but also as it related to medical issues,
368 subject to the pandemic, myself, Steve Hahn,
369 Dr. Redfield, Dr. Fauci.

370 Q And when you say "medical issues," could
371 you expand on that a little bit more.

372 A It would be subject to EUAs. It would be
373 subject to medical procurements. And when I say
374 "procurements," medical countermeasure procurements.

375 Q Right.

376 A That happened a little later in the event
377 where those individuals would form a kitchen
378 cabinet, for the Secretary to review every
379 procurement that -- that were being made by BARDA
380 and discuss a mass subject to the pandemic. And
381 that pre-dated the Operation Warp Speed structure
382 which, again, changed.

383 The way it worked early in the
384 pandemic, those activities were delegated to the --
385 to my deputies, to the BARDA director, to each of
386 the directors, to the Director of Logistics and
387 such.

388 I do have to point out, however, I

389 gave you a sense of the issues there, and I talked
390 about the passing of one of my deputies who was at
391 FEMA; but my Policy Deputy had undergone a medical
392 procedure before the pandemic and was basically
393 rendered ineffective. We had to telecommute early
394 on and was -- had to delegate her responsibilities
395 to someone else.

396 My Logistics Deputy, who I had hired
397 in November, basically resigned in early February as
398 a consequence of the pandemic. As he said, he
399 didn't sign up for that.

400 So I had significant senior
401 leadership attrition early on in my -- in the
402 opening phase of the pandemic.

403 Q I understand. These deputies, could you
404 provide their names for us.

405 A Certainly. I mentioned Edward Gabriel,
406 who was my special envoy to FEMA. Sally Phillips,
407 who was my Head of Policy or Cipro. Kevin Cooper
408 who was my Head of Logistics. Rick Bright, who was
409 the Head of BARDA. Green -- I'm blanking on his --
410 Jonathan Green was the EMMO. And then I had a
411 principal deputy, Kevin Yeskey, who was another
412 person I interacted daily with.

413 But, again, I gave him a portfolio of

414 activities, mostly operational, that were -- that I
415 had great confidence in his abilities, that I let
416 him do that pretty much unmonitored.

417 Q Is there anyone at HHS that we haven't
418 named that you also worked with very closely during
419 the pandemic response? So --

420 A Secretary Hargan -- Deputy Secretary
421 Hargan was someone who did that and then the Chief
422 of Staff, Brian Harrison. And then Deputy Secretary
423 Hargan's Chief of Staff, Will Brady.

424 Q What about CDC Director Redfield?

425 A I mentioned him earlier.

426 Q My apologies.

427 What about working with anyone in the
428 White House -- officials in the White House?

429 A So in the early stages of the pandemic,
430 Anthony Ruggerio, who is the Senior Director for
431 Countering WMD, was the principal person at the
432 White House. A gentleman by the name of Cavanaugh,
433 who was the Head of Resilience, played an ancillary
434 role. But in the early phase of the -- during, I'd
435 say, the January/February phase, it was Ruggerio who
436 had principal domain.

437 Q Did you regularly interact with the
438 President?

439 A No. I mean, probably a handful of
440 meetings.

441 Q Could you describe those meetings for us.

442 A Early on, I didn't have any contact with
443 him at all. With the creation of the White House
444 Task Force, it would be the case -- and I was not
445 named initially on the White House Task Force, I was
446 later added. But principally, the Secretary, along
447 with Dr. Redfield and Dr. Fauci, had -- would depart
448 the situation room in the White House, Kennedy Room,
449 and go up and brief the President.

450 So I didn't have any -- my intimate
451 involvement or appearance with the President
452 occurred on two notable occasions. One where, I
453 believe it was in January, late January, early
454 February -- I can't remember the date -- where I was
455 supposed to brief him on supply chain issues, and I
456 was in the room; however, so was Dr. Fauci.

457 And I think this was early on. And I
458 think Dr. Fauci and the President carried on a
459 conversation that lasted the entire time, so I never
460 briefed anything.

461 The second time of note was following
462 the Diamond Princess repatriation where I was called
463 into the Oval Office for what I thought would be

464 being fired, where the President directed comments
465 not to me, but to Dr. Fauci, as to the
466 appropriateness of the recovering of those
467 Americans, 321, from the Diamond Princess cruise
468 ship and whether that was an appropriate action.

469 I had heard, through very reliable
470 sources, that the President was not very pleased
471 with the fact that, by the virtue of recovering
472 those people, along with, I think, 14 people who
473 were coronavirus-positive at that time, even though
474 they were not symptomatic, that I had doubled the
475 numbers of coronavirus patients or cases in the
476 United States and he wanted my head on a pike. And,
477 as it was reported to me, directed the Chief of
478 Staff at that time -- I'm blanking on his name --
479 Mulvaney -- Mick Mulvaney to fire me.

480 [Majority Staff]: Dr. Kadlec, who did you hear
481 that from?

482 DR. KADLEC: I think it was the HHS Chief
483 of Staff.

484 [Majority Staff]: So Brian Harrison?

485 DR. KADLEC: Yes, I believe so. Again, it
486 was a bit of blur.

487 [Majority Staff]: What ended up happening?

488 MR. BARSTOW: Just a minute, I'm going to

489 step in here.

490 (Discussion off the record.)

491 DR. KADLEC: Basically I was, you know,
492 brought in front of the Resolute Desk and then
493 returned back to duty. So I -- you know,
494 nothing happened in the end. However, I just
495 know that I was -- I had figured that that was
496 the nature of the meeting and that was it.

497 [Majority Staff]: What was discussed at that
498 the meeting?

499 MR. BARSTOW: I'm going to step in here.
500 That's deliberative information.

501 [Majority Staff]: Did President Trump express
502 any displeasure to you?

503 MR. BARSTOW: I'm going to step in here
504 again. That was deliberative.

505 [Majority Staff]: What was his tone? What was
506 President Trump's tone when he --

507 DR. KADLEC: Matter of fact.

508 [Majority Staff]: Was he angry?

509 DR. KADLEC: Not that I could visibly see.

510 [Majority Staff]: How long was the meeting?

511 DR. KADLEC: Not very long. Ten minutes.

512 [Majority Staff]: Did you take any action
513 following the meeting?

514 DR. KADLEC: I could say something cheeky,
515 but I would not in this case, just because of
516 the idea that I fully expected that I may have
517 or would have been relieved.

518 [Majority Staff]: Did you discuss what
519 happened at the meeting with anyone else?

520 DR. KADLEC: No. Secretary Azar was
521 present, myself, Dr. Fauci.

522 [Majority Staff]: What was your reaction at
523 the end?

524 DR. KADLEC: I don't know. Relief or
525 disappoint -- I don't know. I just -- I
526 just -- I had so much going on at that time.
527 Anything that kind of diverted me from what we
528 were trying to do just was, you know, noise at
529 that point and I just had to go back to work.
530 I mean, simple as that.

531 [Majority Staff]: You said anything that
532 diverted you from what you were trying to do.
533 What were you trying to do at that time?

534 DR. KADLEC: So what we were trying to do
535 was gain situational awareness of what was
536 going on.

537 And, quite frankly, the Diamond Princess
538 figured prominently in that endeavor. Because

539 we were able to discern, based on our work with
540 the Japanese, which occurred -- oh, by the way,
541 a year and a half prior to the event, we had
542 been working with the Japanese specifically on
543 transporting infected Americans out of Japan to
544 the United States in preparation for the
545 Olympics.

546 And at which point we were supposed to do
547 an exercise in March of 2020 simulating, or
548 actually taking 40 play actors that we would
549 have flown off -- out of Osaka, Japan, and fly
550 them to Hawaii as a way to kind of replicate
551 what would happen if there were to be some kind
552 of, either deliberate or natural introduction
553 of a highly infectious agent into the Olympics.

554 And so we did the real thing with 321
555 Americans successfully.

556 BY [Majority Staff]:

557 Q Dr. Kadlec, you mentioned these two
558 instances of two meetings with the former President.
559 Were those the only two meetings that you met with
560 him during the pandemic to --

561 A He would sometimes come into the White
562 House Task Force meetings, which I did initially in
563 person. But then did remotely for a matter of

564 saving time, quite frankly.

565 The occasions were principally around
566 preparation for press conferences for which I didn't
567 say anything specific to the President. Those were
568 usually -- I don't want to say "managed," dealt with
569 by the Secretary, by Dr. Redfield, by Dr. Fauci and
570 the Press Secretary, who I can't remember at the
571 time.

572 Q You mentioned earlier -- and I want to
573 understand your role kind of in those meetings --
574 you were prepared essentially to brief on supply
575 chain issues, medical countermeasures?

576 A And the other thing that did not include
577 the President but was part of the White House Task
578 Force early on, was in January, well before maybe
579 things got -- we began deliberative planning,
580 adaptive planning, taking the influenza plan that
581 existed in HHS, which was updated in 2017 prior to
582 my arrival, prior to my nomination and confirmation,
583 to evaluate how that plan would be applied to what
584 we understood the coronavirus problem to be.

585 And with that, we identified two
586 alternative universes because we had a fairly
587 incomplete understanding of the nature of the
588 coronavirus at that time. One that looked like

589 SARS, one that looked like influenza, based on the
590 infectiousness and severity.

591 Not knowing what was the true
592 reproductive value, R_0 , and not knowing the true
593 severity or virulence of the virus, those kind of
594 represented, what I would say, left and right
595 guardrails to the problem.

596 Q I understand. Did you regularly interact
597 with the Vice President during the pandemic in your
598 role at ASPR?

599 MR. HECHT: Just for the record, when you
600 say "during the pandemic," are we still talking
601 about the first few months of 2020 or are we
602 talking about a broader time period than that?

603 [Majority Staff]: I think -- and, you know, my
604 colleagues can correct me if I'm wrong -- but I
605 think we're exploring the entire scope --

606 A Yes. I'll try to be specific.

607 No interactions with the Vice
608 President in January. The Secretary was the head of
609 the White House Task Force. I can't recall the
610 specific date when the Secretary was relieved of
611 that responsibility --

612 Q (BY [Majority Staff]) Right.

613 A -- but it was a surprise.

614 And then the Vice President took
615 over. The Vice President then kind of chaired the
616 meetings of the White House Task Force, which were
617 kind of routine events. And again, I did so in
618 person for a period of time and then -- and I can't
619 remember how many I went to, I tried to discern, you
620 know, from just going back to a calendar and looking
621 at the day, I mean, they were literally daily.

622 But at some point, the time to get
623 into the White House and the time that usually was
624 wasted -- I'm sorry, time consumed at the White
625 House, you know, was extraordinary and diverted me
626 from what I thought were my duties to focus in on
627 the salient problems.

628 The White House Task Force meetings
629 always ended up, or likely ended up with a press
630 conference and I appeared in a couple of them to
631 begin with, and then kind of self-selected out
632 because I just -- it just -- it just wasn't -- it
633 wasn't worth my time and effort. There were other
634 things that had to be addressed.

635 So the planning -- the planning was
636 transitioned to a table-top exercise that we
637 conducted for the White House Task Force to look at.
638 Again, what would be the possible things?

639 What we did not factor in,
640 critically, which was a critical unknown and only
641 known when we conducted the Diamond Princess event,
642 was the percentage of asymptomatic infections that
643 occurred on the Diamond Princess, which were almost
644 50 percent.

645 And this, coincidentally enough, the
646 Chinese CDC at or about the same time -- I can't
647 remember the date -- published what -- their version
648 of a morbidity mortality weekly report that
649 characterized their first several thousand or 70,000
650 cases only identified the asymptomatic carriage rate
651 at 1 percent. So they significantly underestimated
652 that.

653 And that is -- that, quite frankly,
654 was a hallmark, a significant hallmark and a flaw,
655 if you will, of the planning assumptions of our
656 historic influenza planning pandemic plan.

657 The other aberrations of the plan
658 were where it was assumed that we would have
659 diagnostics, we would have a supply of therapeutics
660 that were in the National Stockpile, principally
661 Tamiflu, and we would have at least candidate
662 vaccines. We had none of any of those. And so we
663 were starting out, at least basically, a clean --

664 clean sheet of paper.

665 Q So I think we're going to revisit most of
666 these topics in kind of more detail, but I did want
667 to circle back.

668 You mentioned that you were surprised
669 when Secretary Azar was no longer chairing the Task
670 Force. Why did you feel surprised?

671 A At that point in time, he was managing his
672 department, which was the principal actors in this,
673 I think functionally effectively, in terms of
674 prioritizing -- he was very experienced from his
675 time as Deputy Secretary under Secretary Leavitt, and
676 as Chief Counsel during the time when 9/11 happened
677 the anthrax letters happened, the pandemic influenza
678 preparations began under George W. Bush. And so was
679 intimately involved in what would be the high-level
680 planning and awareness and understanding of the
681 issues.

682 So when his departure happened, which
683 coincided with the failure of CDC to produce
684 diagnostic tests, which was supposed to take two
685 weeks and never quite got finished or fixed.

686 And we were basing everything on the
687 CDC's guidelines for containment of the virus and we
688 had no diagnostics. We didn't appreciate the

689 asymptomatic information rate as high as it was.
690 And it was their reassurance that -- to the
691 Secretary, who then transmitted to the President
692 apparently, that when things kind of became evident
693 that CDC failed in the diagnostic which was
694 underpinning the whole containment strategy, I
695 believe that the President lost confidence in the
696 Secretary and removed him and substituted the Vice
697 President.

698 Q You described the Secretary's experience
699 prior to being on the Task Force with the Vice
700 President assuming that responsibility. Did you
701 feel that he had commensurate experience to chair
702 that Task Force?

703 A I didn't know the Vice President. I
704 understand from his experience in Indiana that he
705 had -- he had similar experiences, from what I
706 understood with HIV.

707 Jerome Adams, who was the Surgeon
708 General, had worked with then -- with the Vice
709 President when he was in the State of Indiana. So
710 in casual conversations, they would reiterate his
711 understanding of public health issues and that.

712 But, frankly, the issue wasn't the
713 Vice President. It was the lack of a staff and a,

714 what I would say, supporting infrastructure to
715 manage the White House Task Force that I think was
716 one of the major limitations to his ability to
717 effectively do that and to try to manage, both what
718 was -- until the introduction of FEMA, managed both,
719 what I would say, the operational policy and public
720 affairs elements of what were the early responses in
721 January/February time frame.

722 Q Thank you.

723 Before moving on, I just wanted to
724 ask one last question.

725 During the pandemic, did you work
726 with anyone else at the White House, besides the
727 people we named?

728 A Peter Navarro, who was an assistant to the
729 President and I think it was on trade issues. And
730 that was a directed assignment from Secretary Azar.

731 Q And what did you work with Peter Navarro
732 about?

733 A Well, he was particularly concerned about
734 the supply chain issues that ran the gamut from PPE
735 to medical countermeasures to anything and
736 everything, domestic manufacturing.

737 And so my instructions were to meet
738 with him, to try to answer his technical questions.

739 And I met with him with my Chief of Staff on Sunday
740 afternoons, and not to engage or commit to anything.

741 Q Why not to engage or commit?

742 A Because I was not in a position to be a
743 committing official for the department.

744 Q I understand. Thank you.

745 I want to step back for just a
746 moment.

747 When you started as ASPR, what was
748 your immediate priorities when you assumed office?

749 A So, first of all, was to understand where
750 the organization was in its maturation and
751 understand how it was managing its portfolio of
752 issues.

753 There were parts of the organization
754 again on Day Five, I had the first of three major
755 hurricanes, so everything was, you know, everything
756 of the priorities, which I had four of them, was to
757 establish, you know, strong leadership, to
758 effectively manage a medical countermeasure
759 enterprise, which was essential piece of it, which
760 was BARDA.

761 And the third piece of it was to
762 promote public health security, which really wasn't
763 about ASPR, as it was the notion about its

764 relationship with CDC and the importance of public
765 health foundational issues to any future response to
766 any public health emergency.

767 And the fourth one was really about
768 the healthcare infrastructure. How do we
769 effectively manage, not the healthcare
770 infrastructure, but how do we interface and work
771 with them effectively in a crisis.

772 Q And these kind of four pillars, so to say,
773 did those change over the course of your tenure?

774 A Well, in the first week they did because I
775 was focused on hurricanes. And the fact is, is that
776 we had never -- when I say "we," ASPR, had never
777 experienced three consecutive hurricanes of huge
778 magnitude that basically emptied our tank.

779 When I say that, the organization is
780 about 800 people. About 250 of them were devoted to
781 the operational response, and that was it. The rest
782 of the organization -- the other, whatever, 550 --
783 were doing policy, were doing medical
784 countermeasures, were doing a variety and sundry
785 different things and we had not taken responsibility
786 for the stockpile.

787 So that number was probably about 600
788 because the stockpile was about 200. So 600 at that

789 point in time, of which 250 were operators, that --
790 and one of the critical enabling functions we have,
791 the National Disaster Medical System, Disaster
792 Medical Assistant Teams, which are a group of
793 volunteers who become intermittent federal
794 employees, doctors, nurses, logisticians,
795 pharmacists, that come in and actually deploy as
796 emergency response elements. We had about 2,500,
797 which was less than half of our authorized strength.
798 And with that we had to respond to these hurricanes.

799 So by the time Maria came around, we
800 were -- we had already gone through all our
801 volunteers and my operators were totally tanked.
802 And then during Maria, quite frankly, some of my
803 senior personnel actually had to be tapped out.

804 I had to go down to Puerto Rico and
805 take charge of the response because one of my senior
806 operators basically melted down, and -- for which I
807 had to assume responsibilities interfacing with FEMA
808 in the field and at headquarters.

809 So it was a pretty busy time. And
810 that went from basically August 22nd, or so, through
811 December. So I was shuffling back to Puerto Rico
812 with regular frequency.

813 And again, the devastation there was

814 enormous. The impact on the healthcare system was
815 incredible and yet, we had to somehow support the
816 infrastructure there, which was meager to begin
817 with -- the healthcare infrastructure -- and ensure,
818 the best as we could, provision of care,
819 particularly to a population that had high incidence
820 of chronic disease, diabetes.

821 So anyway, we were tapped. So that
822 was the first six months of my tenure.

823 Q Moving forward from that, public reporting
824 has indicated that you were to increase the nation's
825 preparedness against biological and chemical
826 weapons. Is that true?

827 A That's part of my -- one of my functions,
828 so, yes, along with pandemic preparedness, hurricane
829 preparedness.

830 And then one of the things that
831 occurred in December, if you recall in that time
832 frame, was the famous Rocketman incident. And it
833 became apparent that many of the foundational
834 pillars that ASPR was built on, which was natural
835 events, pandemics, emerging infectious diseases,
836 CBRN, terrorism, now took on a different tenor as a
837 result of a nation-state that we were paring off
838 with.

839 The reason why that became important
840 is I got a formal request from Department of Defense
841 asking how our National Disaster Medical System,
842 which was a creation of the Cold War 1980s, has
843 three parts. One is the Disaster Medical Assistance
844 Teams that I talked to you about, they were about
845 half strength.

846 The second part was a program that
847 was run by the Veteran's Administration that had to
848 do with managing patient transport. As it was
849 initially intended in a war, particularly in Europe,
850 American casualties would be flown back to the
851 United States and then dispersed across a number of
852 hospitals, mostly civilian hospitals that were
853 volunteers to the program.

854 There was no -- the only requirement
855 to be a hospital was to be a volunteer and for which
856 they would get a nice plaque, but there was no
857 underlying programmatics of training, monitoring of
858 capabilities, anything of that nature.

859 And then the third element was the
860 hospital systems themselves, which was: How would
861 we manage a casualty load of a hundred thousand
862 individuals, American servicemen and women, in a
863 period of 90 days was the topical thing?

864 So that was the next kind of pivot
865 point to do that, along with the fact that I got
866 called to task by the White House Resilience
867 Director at that time run by a Coast Guard admiral,
868 to be informed that our response to the hurricanes
869 were not consistent with the National Incident
870 Management System. The program that had been
871 instituted in ASPR did not conform to how this
872 should fit into the FEMA structure of emergency
873 response.

874 So I had two major issues that I had
875 to address, independent of pandemic, independent of
876 CBRN, which was: How do I address these two
877 near-term kind of critical deficiencies in my
878 portfolio?

879 Q Speaking of ASPR's portfolio, in your
880 efforts to kind of balance these different
881 priorities, there has been some public reporting
882 that indicated that while balancing, you had to
883 decrease spending on certain areas, such as emerging
884 infectious diseases, in order to procure or focus on
885 other portfolio areas, such as biodefense
886 countermeasures?

887 A So the answer is that "reporting" is
888 probably incorrect, because the congressional

889 appropriations are very specific around what I can
890 spend money on.

891 So the point here is, I could only
892 spend CBRN money on CBRN money. In order to fill
893 the hole in the SNS, for example, we were able to
894 recover some unused flu contract money that allowed
895 me to buy generic Tamiflu at a significant discount
896 rate, versus name brand, to basically refill
897 expiring Tamiflu, for example.

898 So the fact is the rigidity of the
899 appropriations language did not give me leeway,
900 despite public reporting, subject to what I could
901 spend my money on. I had severe deficits in
902 resources that I made known in serial professional
903 judgment budgets that I submitted to HHS and OMB for
904 plus-ups for emerging infectious diseases, pandemic
905 influenza, and for CBRN, as well as for the NDMS,
906 which was, quite frankly, significantly underfunded.

907 My people -- just to give you an
908 example, give you some color commentary, the 2,500
909 people, 2,600 people that were part of NDMS had not
910 received any kind of formal medical training for
911 their roles. Now, they were all practicing
912 clinicians of one sort. But in terms of disaster
913 medicine or response for infectious diseases, like

914 Ebola or CBRN, they hadn't been trained for five
915 years.

916 Q You mentioned actually -- and I want to
917 circle back to it -- you know, those holes that
918 you've referenced in the stockpile inventory that
919 you warned the White House and OMB. Could you
920 expand on that a little more. Who did you warn,
921 when did that occur?

922 A Well, it was principally through the
923 budget process and it was after we received the SNS
924 on 1 October. It was -- we did a review of what was
925 there and did an inventory of what was spending on
926 and we found, quite frankly, it's not unusual, in
927 fact it's in the government unfortunately, because
928 we found it in BARDA, as well, that the bank of
929 BARDA, the bank of SNS, that there was money used to
930 buy a snowplow for CDC's campus in Atlanta with SNS
931 funding. They funded smoking cessation programs
932 with SNS money.

933 So there was a series of what I would
934 say utilization of the money. Now you could say it
935 wasn't a lot of money and whatever. But the point
936 is, is that in my estimate at the time we received
937 the budget in 2018 -- or the SNS, that we were at
938 least \$3- to \$4 billion in arrears.

939 Q And I think in public reporting, that you
940 gave an example that there was a low supply of N95
941 respirators?

942 A Correct.

943 Q Did you request a plus-up in the budget to
944 buy additional N95s?

945 A There was a plus-up for the SNS for a
946 whole range of things that we needed to replenish,
947 including pandemic influenza antivirals.

948 I had -- I made a choice to not buy a
949 new antiviral drug, Baloxavir, because it was like
950 \$180 for a treatment course, so I could -- that was
951 an IV drug. I chose to buy Tamiflu generic at \$35 a
952 treatment course because I had 30 million doses of
953 Tamiflu expiring over a two-year period.

954 Q So these additional Requests for funding
955 did ASPR receive that?

956 A No.

957 Q Why not?

958 A Well, because between ASPR and OMB
959 particularly, they didn't feel like we needed the
960 money.

961 Q Why do you think they felt that way?

962 A Well, I've dealt with OMB before. Their
963 answer, their going-in position is no. And at my

964 level, unless someone much higher -- and the only
965 times I've seen it in my career is when, literally,
966 the Vice President or the President of the United
967 States turns to the OMB Director -- and I did this
968 in my tenure during the Bush administration where I
969 went in late in the administration at the end of
970 tenure before -- and this was literally, again, he
971 was term-limited out, and the election was going on,
972 as we did an evaluation of where we were in our
973 preparedness status for the Bush administration, the
974 goals that were set and where we were in September
975 of 2008, that we were about a billion dollars short
976 of what we needed.

977 And I went in and, basically, you
978 know, put a proposal on the table to say we needed a
979 billion dollars and I had to take it to the
980 President, literally, to get him to direct the OMB
981 Director to do it.

982 Now, funny story about that -- it
983 involves Congress -- the President, you know, sent
984 over the request for supplemental. It was -- at
985 that time, Chairman Obey was the head of Approps who
986 approved it. And when it went to the Senate to
987 get -- to basically be approved, a certain Senator
988 from Maine objected to it, for the money for

989 influenza preparedness, and that money didn't get
990 passed.

991 So the only way you can get these
992 things done is if you get policy time with the
993 President.

994 Q Did you try to take other steps to try and
995 circumnavigate that?

996 A Yes, I did. I met with appropriators,
997 both parties, suggesting -- and I had appeared
998 before the Appropriations Subcommittee and Labor H,
999 both in the Senate and the House, but mostly in the
1000 House, and made the pitch that we were investing
1001 about a half an aircraft carrier's worth of money in
1002 the preparedness for influenza and for pandemics.
1003 And that -- again, I used that analogy -- that a
1004 half an aircraft carrier doesn't float and a half an
1005 aircraft carrier doesn't fight and reminded them
1006 that we have 11 aircraft carriers in the U.S.

1007 Q According to some public reports, some
1008 senior officials at the CDC and the White House
1009 National Security Council told you that the move of
1010 the stockpile from CDC to ASPR would be a mistake;
1011 is that true?

1012 A I don't know that -- I know that CDC
1013 resisted the idea and they resisted it from 2005

1014 when we originally drafted that provision into the
1015 PAHPA, the Pandemic All-Hazard Preparedness Act of
1016 20 -- ultimately, it was 2006. When I met with the
1017 director then, Julie Gerberding and then Rich
1018 Besser, explaining that the intent was to recover
1019 the NDMS program from the Department of Homeland
1020 Security which was inappropriately given to them,
1021 and it suffered greatly during the tenure -- there
1022 was a time in the Department of Homeland Security
1023 and that -- that idea was to consolidate the pieces
1024 of all preparedness into one place so it could be
1025 effectively managed as a priority, not as an
1026 ancillary consideration, because CDC has a lot of
1027 other issues that they have to deal with.

1028 Q Right, of course.

1029 Why did CDC resist?

1030 A I can't tell you why, but here's the
1031 interesting thing as the historical records has
1032 demonstrated to me.

1033 When the National Pharmaceutical
1034 Stockpile was created in 1998, I believe, and Scott
1035 Lillibridge was the individual responsible for that
1036 CDC, did not want the SNS. So they were actually
1037 trying to push it to somewhere else, to Department
1038 of Defense or someone else. And there was no one

1039 else at HHS.

1040 And, quite frankly, CDC has been the
1041 repository of a lot of programs, like Select Agent
1042 and other things, that really are not in their
1043 wheelhouse but yet, they get it and then they do
1044 their best and they move on.

1045 Q From your perspective, were any potential
1046 risks associated with ASPR assuming responsibility
1047 for the Stockpile?

1048 A No, not from my point of view because I
1049 was going to be a very strong proponent for it for
1050 additional funds and to bring it up-to-date, because
1051 there were significant shortfalls in the stockpile
1052 for pandemics, for CBRN, for emerging diseases, for
1053 conventional threats.

1054 And so it was, you know -- and,
1055 again, it's about proponency. And that was the
1056 issue that I felt that I could be a better
1057 proponent, advocate, for that program than the
1058 director of CDC, that has many important issues that
1059 it has to basically prioritize.

1060 Q Speaking of low supplies in the stockpile,
1061 we've talked a little bit about preparedness for
1062 pandemic influenzas, we've touched a little bit on
1063 CBRNs. In the years leading up to the pandemic,

1064 ASPR awarded several long-term contracts to buy
1065 products for the stockpile from Emergent
1066 BioSolutions.

1067 Before your confirmation, what was
1068 your relationship for Emergent?

1069 A So I had served as a consultant for
1070 Emergent from 2012 to 2014 where I provided
1071 international consultancy to the countries of Saudi
1072 Arabia and South Korea. And I believe -- I,
1073 unfortunately, wasn't able to make these available
1074 to you, but I have a copy of the contract that I
1075 signed with them. And I can make that available to
1076 both parties, if that is helpful to, at least,
1077 establish that I was doing non-U.S. subject matter
1078 expertise work, consulting work, in those two areas.

1079 Q You also worked with, I think Mr. Chris
1080 Frech previously when you were serving under
1081 President Bush; is that correct?

1082 A That's correct.

1083 Q Could you tell us a little bit more about
1084 your relationship with Mr. Frech.

1085 A Mr. Frech is, like when I was making that
1086 supplemental pitch to the House, it was at the end
1087 of the Bush administration, and, basically, he was
1088 the head -- he was the Deputy for Leg affairs, at

1089 which point in time he gave me free reign to
1090 basically engage the Congress to do that.

1091 So my relationship with him was
1092 there, just as the fact that he kind of gave me
1093 license to go advocate for additional funds for
1094 preparedness.

1095 Q I'd like to direct you to an email very
1096 quickly that Mr. Frech forwarded to you on
1097 February 20th, 2019.

1098 In this email, senior Emergent
1099 executives proposed ways that ASPR could allocate
1100 stockpile funding. There is some ASPR and CDC
1101 officials included in this conversation and it's
1102 discussing how to allocate funding for procuring the
1103 company's anthrax and smallpox vaccine.

1104 Did you discuss this with Mr. Frech?

1105 A No, I did not, that I can recall.

1106 Q Why do you think Mr. Frech forwarded this
1107 email to you?

1108 A I don't know, per se. It was to the --
1109 let me just read it here. These were the guys who
1110 were doing the thing.

1111 MR. HECHT: Yeah, you take a minute to
1112 read.

1113 DR. KADLEC: Yeah.

1114 [Majority Staff]: For the record, this will be
1115 Majority Exhibit 1.

1116 DR. KADLEC: I'm sorry?

1117 [Majority Staff]: We were just saying for the
1118 record that this will be Majority Exhibit 1.

1119 (Majority Exhibit 1 and 2 were marked for
1120 identification.)

1121 BY [Majority Staff]:

1122 Q So, for instance, at the top of page 2
1123 Emergent proposes that SNS redirect no less than \$60
1124 million to certain programs currently planned,
1125 smallpox, immediately making funds available for
1126 their anthrax vaccine?

1127 MR. HECHT: He'll answer the question, but
1128 I think it would be helpful if he could have a
1129 minute to review. It's a long chain.

1130 BY [Majority Staff]:

1131 Q Why do you think Mr. Frech forwarded this
1132 email to you?

1133 A I don't know. Again, the particulars here
1134 are something that I'm not familiar with, quite
1135 frankly, in the sense that I don't involve myself
1136 with these kinds of details as it relates to any
1137 kind of contract negotiations that are ongoing with
1138 anybody. So I don't know what -- you know, what he

1139 did.

1140 I do know, as a matter of
1141 recollection, that he was thankful for the fact that
1142 the team -- and I assume it's this team -- would
1143 be -- you know, were working with the company to try
1144 to figure out best ways to find ways to provide a
1145 sustainable supply of product.

1146 Q Is it typical for contractors, like
1147 Emergent, to advise ASPR on how to allocate
1148 stockpile funding?

1149 A No. That would not be what I would call
1150 as typical. And it's -- by the way, I wouldn't
1151 action anything of this nature. I would be
1152 interested to see what Machado and David would
1153 respond to this.

1154 Q So let's quickly look at another email
1155 that Mr. Frech sent to you December 11, 2019. This
1156 one is much shorter.

1157 It's a summary of conversations
1158 between ASPR, BARDA, DOD and Stockpile officials
1159 regarding the Stockpile's procurement of Emergent's
1160 new anthrax vaccine including what Emergent says in
1161 the email, quote: . . . what we require to sustain
1162 its capabilities.

1163 Why do you think Mr. Frech forwarded

1164 this information to you?

1165 A I don't know, per se. But one thing I did
1166 do in my tenure was try to get greater efficiencies
1167 in the stockpile. And one of the things was -- is
1168 that prior to my arrival, my nomination and
1169 confirmation, I had -- there had been an investment
1170 to develop their three-vaccine course into a
1171 two-vaccine course.

1172 Q Right.

1173 A The BioThrax and NuThrax. The fact is, is
1174 that for post-exposure prophylaxis we could go from
1175 three shots to two shots and with that, get not a
1176 third savings, but roughly almost a third savings of
1177 cost and, oh, by the way, operationally would be
1178 much easier to implement than that.

1179 One of the things, I engage with DOD
1180 directly upfront because DOD was using BioThrax as a
1181 pre-exposure prophylaxis and they had not
1182 necessarily pursued trying to change over to the
1183 two-shot version; that if they were willing to do
1184 that, then we -- "we" the SNS -- could eliminate
1185 buying BioThrax entirely and buy NuThrax.

1186 Q So if it was not typical for federal
1187 contractors to advise Emergent --

1188 A Um-hmm.

1189 Q -- excuse me --

1190 A Yeah.

1191 Q -- to advise ASPR in this way and you
1192 stated you did not typically --

1193 A I did not.

1194 Q -- involve yourself in contract
1195 negotiations. Why do you think Mr. Frech was
1196 forwarding this information to you?

1197 A I don't know. I guess for my information.

1198 But, quite frankly, in a given day,
1199 you know, I wouldn't -- you know, particularly this
1200 one, I mean, this is not something that I would, you
1201 know, respond to or deal with or do anything with.

1202 This one to me is more like, Huh,
1203 maybe it's evident that he thinks that it's of
1204 interest to me because of what we've been doing.
1205 Because I instructed the stockpile to turn over to
1206 try, again, to eliminate a lot of things that we
1207 were buying and if we would increase our buying
1208 capacity by, not a third, maybe 30 percent or
1209 28 percent, that that would be a significant savings
1210 that we could either use for other products or we'd
1211 never met a requirement for anthrax, period.

1212 MR. HECHT: Ms. Court Reporter, I think he
1213 referred to "this one" twice while pointing to

1214 documents. The first time he said "this one"
1215 he's referring to Exhibit 1. The second time
1216 he said "this one," he's referring to
1217 Exhibit 2.

1218 [Majority Staff]: Thank you for that
1219 clarification.

1220 A Yeah. I don't know, for Exhibit 1, I
1221 can't give you an explanation as to why he would
1222 send this to me. And again, I would not take action
1223 on a document of this nature.

1224 BY [Majority Staff]:

1225 Q As ASPR, did you communicate directly with
1226 Emergent lobbyists about procurements?

1227 A No.

1228 Q With Emergent senior company executives?

1229 A No. I know that they -- in the experience
1230 that I had at conferences or when we had a meeting,
1231 they would offer that they had plans to do their
1232 thing, they would like to propose different ways.
1233 And I would refer them to, Well, that's why you're
1234 doing contract negotiations.

1235 So it wouldn't be something that I
1236 would be engaged in, but I know they would want me
1237 to know that they were doing that.

1238 But I am pretty strict on the idea

1239 of, in these contract situations for any of these
1240 companies, that I would not involve myself with any
1241 kind of saying, Well, this is what we need to do.

1242 I was providing strategic guidance to
1243 my team through BARDA, and that was based on the
1244 idea that we needed to somehow squeeze every nickel
1245 out of what we had.

1246 Q Yeah. You said that "they would want you
1247 to know." What do you mean by that?

1248 A I don't know. I mean, I just think that
1249 they're trying to work with the government. They
1250 were probably the one of the more, what I would say,
1251 vocal participants. And they were not the only
1252 ones.

1253 Other suppliers of product to the
1254 U.S. Government would want us to know about what
1255 their plans were. And, typically, we would engage
1256 in, you know, conversations generally as a briefing,
1257 usually as multi-groups with their biosecurity
1258 alliance or bio, where there would be a round table.
1259 And they would say, This is what we're doing, and
1260 this is what we're doing.

1261 And we did that as a matter of trying
1262 to engage, at least, in the idea of public/private
1263 partnership so that, at least, they would have the

1264 opportunity to say what their -- you know, what
1265 their thrusts were and then, again, realizing that
1266 the contracts would have to be managed by the
1267 contracting officers.

1268 [Majority Staff]: I think our hour is up. So why
1269 don't we take a five-minute break, so we'll go
1270 off the record.

1271 (Off the record.)

1272 BY [Minority Staff]:

1273 Q Dr. Kadlec, my name is [Redacted], I'm
1274 a [Redacted] in the Republican staff and have a
1275 few questions for you.

1276 I want to go through the letter
1277 Chairman Clyburn sent you on April 11th, 2022
1278 requesting this interview.

1279 One of the lines he says is:
1280 Evidence obtained by the Select Subcommittee
1281 indicates that your office may have failed to
1282 adequately prioritize scaling up the nation's supply
1283 of personal protection equipment and other critical
1284 supplies as the virus was first spreading across the
1285 country.

1286 Are you aware of a Department of
1287 Homeland Security report regarding the Chinese
1288 government stockpiling PPE in January 2020?

1289 A I'm not sure if I'm aware of that
1290 particular report, but I'm aware of reports that
1291 would indicate that the Chinese were limiting
1292 exports of PPE and precursor materials to make PPE
1293 beginning in September of 2019.

1294 Q That's earlier than what this report says.
1295 What are you referencing; specific reports?

1296 A It was a DHS analysis that we got from a
1297 whistleblower. And for the purposes of this
1298 conversation, this is information that I'm sharing,
1299 subject to my current role in the Senate
1300 Subcommittee Investigations on the Health Committee:
1301 We're doing investigations on origins of the COVID
1302 virus for which we received information that
1303 Department of Homeland Security was able to
1304 ascertain, beginning September 2019, exports of PPE
1305 and materials to make PPE, were decreased by about
1306 20 percent from previous year historical record.
1307 It's only one year behind, 2018, but it was
1308 significant in terms of its overall number.

1309 Q The report I'm referencing was published
1310 May 1, 2020 and was specific to January 2020. And
1311 it says much of the same things that you just said.

1312 It starts with: We, being the
1313 Department of Homeland Security, assess the Chinese

1314 government intentionally concealed the severity of
1315 COVID-19 from the international community in early
1316 January while it stockpiled medical supplies by,
1317 both increasing imports and decreasing exports.

1318 So that confirms what you just said.

1319 It says: China intentionally cut its
1320 exports of surgical gloves by 48 percent, surgical
1321 gowns by 71 percent, surgical masks by 48,
1322 ventilators by 45 percent and cotton swabs by
1323 58 percent.

1324 Were all of those things important to
1325 have in the early days of the pandemic and
1326 continuing on in the response?

1327 A Yes, very.

1328 Q Can you explain what a 45 percent decrease
1329 of ventilators means in the response.

1330 A So the ventilators that we had on our
1331 stockpile was about 30,000, of which only 20,000
1332 were deployable, every third-year maintenance on
1333 those. However, it did require that, because of
1334 concerns, that we would do a major ventilator buy of
1335 \$2.3 billion of ventilators, which equates to about
1336 243,000.

1337 Q Why do you think China would intentionally
1338 horde PPE?

1339 A Well, they certainly had a need for it, as
1340 part of this investigation, which is not public
1341 knowledge to this point. It's evident or, at least,
1342 it's suspected that the virus may have been
1343 circulated in Wuhan as early as Fall of 2019. And
1344 no doubt, they needed -- they recognized the
1345 possibility they would need whatever they needed,
1346 but also could deprive others of what they needed or
1347 use it as a means to hike the prices or control the
1348 market in a way that they already had largely with
1349 PPE.

1350 Q Did the hoarding of PPE delay the United
1351 States' response?

1352 A It certainly decremented the response.

1353 Q Would it have cost any lives early on?

1354 A Well, it certainly, in light of the
1355 availability of PPE in the springtime when there was
1356 widespread concern by healthcare workers and large
1357 numbers of Americans were buying supplies of N95
1358 masks, it certainly deprived first responders and
1359 maybe healthcare workers the availability of some
1360 PPE.

1361 Q In your role as ASPR and your knowledge of
1362 the Administration efforts overall, were they doing
1363 everything in their power to secure more PPE,

1364 despite China's efforts to horde it?

1365 A Yes, and we were not aware at that time of
1366 the hoarding. However, in January of 2020, we made
1367 contact with U.S. suppliers of PPE -- 3M comes to
1368 mind -- and asked them about their capacity for
1369 production domestically and what they had available.

1370 We had, as a consequence of modeling
1371 that was done by ASPR in 2015 and also reviewing it
1372 as a consequence of Crimson Contagion in 2018-2019,
1373 we realized that the domestic need for N95 masks for
1374 healthcare workers would be somewhere between
1375 600 million and 3.5 billion masks. And that was a
1376 range predicated on the assumptions of the model.

1377 One model basically said the virus
1378 would probably be, you know, localized first and
1379 then more broadly spread. The other one said it
1380 would infect the whole nation at the same time.

1381 So that's why there's a divergence in
1382 the numbers.

1383 Q Were you involved in Project Airbridge?

1384 A Yes.

1385 Q Can you explain what Project Airbridge
1386 was?

1387 A Airbridge was the efforts to principally,
1388 at least, initially was to get swabs that were

1389 needed for COVID testing. We had a very limited
1390 domestic manufacturing capacity in the United
1391 States.

1392 The principal supplier was in Italy
1393 and we used the money from the CARES Act, which was
1394 the appropriations in March, early March, to fund,
1395 not only the procurement of swabs, but also their
1396 transport from Italy where they're made back to the
1397 United States. We used military transport, C17
1398 transports from DOD initially, until we could create
1399 a commercial Airbridge using FedEx and, I believe,
1400 UPS to fly those things back.

1401 Q Do you remember the final numbers of what
1402 Project Airbridge procured and delivered?

1403 A Not off the top of my head.

1404 Q 1.5 million N95 masks, 937 million gloves,
1405 114 million surgical masks, 51 million surgical
1406 gowns; did that procurement and delivery help
1407 counteract the dwindling supply of PPE in America?

1408 A It did.

1409 Q Do you consider Project Airbridge a
1410 success?

1411 A It certainly was one component of success.

1412 Q Back to Chairman Clyburn's letter, they
1413 allege that you failed to adequately prioritize

1414 scaling up the nation's supply of personal
1415 protective equipment.

1416 We just went through that the Chinese
1417 government was hoarding it and Project Airbridge was
1418 a success. Do you disagree with the Chairman's
1419 assertion?

1420 A I don't believe his assertion is factual.

1421 Q Thank you.

1422 The Chairman goes on further and
1423 says, quote: You were also involved in the Trump
1424 Administration's decision to award a \$628 million
1425 manufacturing contract to Emergent BioSolutions - a
1426 company with which you had longstanding professional
1427 ties.

1428 What was the last job you held prior
1429 to becoming a consultant at Emergent?

1430 A The last job that I held prior to becoming
1431 a consultant in Emergent was a Special Assistant to
1432 the President. And I went into the private sector
1433 but had no consulting arrangements or involvement
1434 with Emergent.

1435 Q And you testified earlier while at
1436 Emergent, you worked primarily on international
1437 issues with Saudi Arabia and South Korea; is that
1438 correct?

1439 A Yes.

1440 Q While you were at Emergent, did you keep
1441 or maintain a relationship with the United States
1442 government?

1443 A Yes, I did.

1444 Q With what agencies?

1445 A The Central Intelligence Agency.

1446 Q As much as you can share, what did that
1447 involve?

1448 A My relationship with the CIA began in 1996
1449 when I was a lieutenant colonel in the United States
1450 Air Force and a member of Special Operations
1451 Command. I was detailed to the Director of
1452 Operations and Clandestine Services for a period of
1453 three years, where I assisted in headquarters in
1454 field operations against several countries of known
1455 proliferation concern for biological weapons.

1456 In 2003 and '04, when I was detailed
1457 to the White House, as a colonel I was seconded to
1458 the CIA to conduct field expeditions and searches
1459 for WMD in Iraq. I made four combat deployments.

1460 [Redacted]

1461 [Redacted]

1462 [Redacted]

1463 [Redacted]

1464 [Redacted]

1465 During my time as a personal
1466 consultant, I arranged to expand my consultancy that
1467 was focused with U.S. government agencies in the
1468 United States. [Redacted] I
1469 did contract work for the Department of Homeland
1470 Security and for the Department of Defense. And I
1471 chose to travel overseas working for, not only
1472 Emergent, but one other country where I would engage
1473 foreign nationals, mostly government officials, of
1474 proliferation concerns and collected information,
1475 subject to the possibility of prohibited activities.

1476 [Redacted]

1477 [Redacted]

1478 [Redacted]

1479 [Redacted]

1480 [Redacted]

1481 [Redacted]

1482 [Redacted]

1483 [Redacted]

1484 [Redacted]

1485 [Redacted]

1486 [Redacted]

1487 Q Thank you.

1488 The Chairman continues: After public

1489 reporting revealed that Emergent contaminated
1490 millions of coronavirus vaccines, you -- being
1491 Dr. Kadlec -- acknowledged the award of this
1492 contract was a risky decision.

1493 Why was it a risky decision?

1494 A The CIADM program was created following
1495 the 2009 H1N1 pandemic. During the Obama
1496 administration, they decided to invest significant
1497 monies into three different entities. One being a
1498 facility in Holly Springs, North Carolina, that was
1499 owned by Novartis, about a half billion dollars.
1500 And then two other facilities, one owned by Emergent
1501 and the other one owned by Texas A&M University.

1502 And these three facilities would
1503 serve to help develop -- they were called Centers
1504 for Innovation and Advanced Development Manufacture,
1505 and they would help develop influenza vaccines that
1506 could be used for a pandemic. Novartis had the --
1507 was probably the most mature and most capable
1508 facility where they would produce up to 50 million
1509 doses of a cell contaminant vaccine that ultimately
1510 got licensed by the U.S. government -- by the FDA, I
1511 should say.

1512 And then the other two facilities,
1513 Texas A&M and Emergent, were facilities that were

1514 intended to do this; however, were subject to the
1515 proposal that, as part of the CIADM program, they
1516 would receive federal funding to develop
1517 manufacturing capacity.

1518 Neither of those things happened to
1519 either Texas A&M or Emergent. The candidate vaccine
1520 that Emergent was paired with failed in Phase 2
1521 clinical trials. So Emergent did not receive any
1522 kind of federal funding for either advanced
1523 development or expansion of manufacturing.

1524 So when the pandemic hit and then it
1525 was a matter of incorporating the efforts of BARDA
1526 into the Warp Speed program, which I helped develop
1527 and conceive, it was turned over to the Warp Speed
1528 leadership team that involved General Perna, Moncef
1529 Slaoui Carlo De Notaristefani, who was a Senior Vice
1530 President for one of the major generic firms. I
1531 can't remember.

1532 And they were the ones who were
1533 evaluating what were the capacities within the U.S.
1534 government through the CIADM program to produce
1535 vaccines significantly secure Novartis, which was
1536 subsequently sold to Seqirus, an Australian firm,
1537 did not renew the contract to be a CIADM and refused
1538 to basically participate in the Warp Speed

1539 development or manufacturer of vaccines. So our two
1540 principal, you know, designated CIADMs were
1541 basically nascent facilities that had not produced
1542 on scale any kind of prototype vaccine for influenza
1543 and certainly not for COVID.

1544 And so the risk that was incurred was
1545 that these facilities had not been, if you will,
1546 developed fully to receive the vaccines that they
1547 would ultimately receive through the Warp Speed
1548 program.

1549 The particular issue that you
1550 raised -- or that the Chairman raised in that letter
1551 is during the Warp Speed process, the way the
1552 approvals for procurements worked is that the Warp
1553 Speed team, that the three individuals I mentioned,
1554 would make a recommendation to me that I would
1555 review, with the consent of BARDA, recommend to the
1556 Deputy Chief of Staff Paul Mango, who would then
1557 review it and then submit it to the Warp Speed board
1558 that included Secretary Azar, Secretary Esper,
1559 Secretary of Defense, but his designate, Deputy
1560 Secretary Norquist, as well as Tony Fauci,
1561 Dr. Redfield, Dr. Birx, Jared Kushner, Adam Boehler
1562 and myself, and one other individual who I can't
1563 remember at the moment. And then it would be

1564 subject to the Secretary's -- the respective
1565 Secretary's review and consent before that
1566 procurement recommendation went forward.

1567 So that particular procurement was
1568 not something that I signed off on. I reviewed and
1569 recommended, based on the recommendation from the
1570 Warp Speed team, that it be approved.

1571 Q So one of the underlying issues with the
1572 CIADMs were, essentially, these facilities were kept
1573 cold?

1574 A Pretty much so. They were doing some
1575 contract work for other things. I don't know the
1576 status of the CIADMs. As a consequence of my tenure
1577 at ASPR, I had asked BARDA to review, do a tiger
1578 team review of what the CIADMs were up to, where I
1579 learned that they were largely cold, and Seqirus,
1580 the most capable facility, was no longer a
1581 participant.

1582 I then directed for a MITRE study
1583 that was a more comprehensive review of, not just
1584 the CIADMs, but the entire part of the portfolio
1585 which included the antimicrobials, CBRN, influenza
1586 and emerging diseases to understand what was the
1587 status of our efforts and what were the major
1588 limitations that we were confronting. That report

1589 was delivered to me November of 2019.

1590 Q During your review of awarding a vaccine
1591 manufacturing contract to Emergent, did the
1592 potential reward outweigh the risks of giving it to
1593 a cold facility?

1594 A Well, the dilemma was we didn't have many
1595 good choices. While it was left to the Warp Speed
1596 team to evaluate what were, if you will, the
1597 available U.S. assets that could be mobilized, I
1598 independently, with their knowledge -- Dr. Slaoui's
1599 and Perna's knowledge -- interrogated, surveyed what
1600 was the availability of commercial manufacturing
1601 organizations, CMOs, as well as even veterinarian
1602 vaccine manufacturers that I coordinated with FDA.

1603 The similarity between producing
1604 veterinarian vaccines and human vaccines is uncanny.
1605 And under a EUA conditions, it could have been
1606 conceived that a veterinary vaccine facility could
1607 manufacture human vaccines. However, there was no
1608 capacity available in the U.S. market, meaning
1609 domestically, to do that.

1610 Q So domestically you were relying on the
1611 CIADM program?

1612 A That's correct.

1613 Q How many CIADM facilities of the three are

1614 left today?

1615 A As I understand it, one.

1616 Q Does that pose a future risk for future
1617 pandemic manufacturing?

1618 A Most definitely.

1619 Q Do you have suggestions or solutions on
1620 how to alleviate that risk?

1621 A So one of the things in parallel, or
1622 again, independent of the Warp Speed issue was to
1623 evaluate were there other operations that could be
1624 developed in near term to supplement or substitute
1625 for the two CIADMs that we had, Emergent and Texas
1626 A&M. And engaged in conversations with Merck, who
1627 was a very large, well-established manufacturer of
1628 vaccines, and their ability to produce live
1629 attenuated viral vaccines, which were the ones that
1630 Emergent were committed to make for the country,
1631 AstraZeneca and Johnson & Johnson, and began
1632 negotiations with them to, at least for the purposes
1633 of the J&J vaccine, arrange a tech transfer of the
1634 J&J product to Merck so they could produce it at
1635 their Durham facility where they could produce
1636 upwards of one billion doses in a calendar year.

1637 So that was my view of hedging the
1638 bet on Emergent, particularly because they were the

1639 only ones making live viral vaccines. And that
1640 particular capacity in the United States is very
1641 limited to the alternative using Merck. And the
1642 Biden administration did consummate, at least, the
1643 first phase of that contract to produce the J&J
1644 vaccine with the Merck facility.

1645 Q So it would be fair to say you weren't
1646 putting all your eggs in the Emergent basket; you
1647 were actively looking for manufacturing capacity
1648 elsewhere?

1649 A That's correct.

1650 Q Were there dangers -- inherent dangers
1651 with manufacturing these vaccines overseas?

1652 A Well, the dilemma was, is that you could
1653 imagine that countries would determine, as they
1654 would for self-interest, to limit the availability
1655 of those vaccines, even though we paid for them.

1656 We found ourselves in a very odd
1657 circumstance, by the way, with Remdesivir because
1658 Remdesivir is actually produced outside the United
1659 States, though formulated in the United States.
1660 It's actually produced in Canada.

1661 So we've found ourselves in a
1662 situation where Canada could have worked to block
1663 the export of the drug substance that could have

1664 prevented us from making Remdesivir as a drug
1665 product.

1666 Q I'm going to continue on in the Chairman's
1667 letter. He says, quote: The Select Subcommittee
1668 has found that Trump Administration political
1669 employees attempted to exert pressure on the Food
1670 and Drug Administration to authorize ineffective or
1671 unproven coronavirus treatment, such as
1672 hydroxychloroquine. And they cite a whistleblower
1673 complaint by Dr. Bright, who was the Director of the
1674 Biomedical Advanced Research and Development
1675 Authority.

1676 Do you know Dr. bright?

1677 A He was one of my deputies and was the
1678 director of BARDA at the time.

1679 Q So he said that he "rankled those in the
1680 Administration who wished to continue to push the
1681 false narrative" about the efficacy of
1682 hydroxychloroquine.

1683 Early on in the pandemic, January to
1684 March or April, was there an effort to procure any
1685 possible medical countermeasure to stem the spread
1686 of coronavirus?

1687 A As I referred to before, given the
1688 situation we were in, we had no countermeasures, no

1689 therapeutics and limited diagnostics. And so there
1690 was a broad effort to identify any and every
1691 possible product -- existing product, particularly
1692 FDA-licensed product that may have efficacy.

1693 So in the case of hydroxychloroquine,
1694 there had been laboratory research in vitro in
1695 cells, as well as in vivo in small animals, that
1696 indicated that hydroxychloroquine and chloroquine
1697 could be beneficial in SARS-related cases.

1698 And there was additional information
1699 that came from China, as well as a, I think, famous
1700 French clinical study that indicated that in a small
1701 number. Again, these studies that were being done,
1702 as I call it, on the run in the midst of a pandemic
1703 in many countries, including our own, were trying to
1704 identify potentially therapeutic compounds that
1705 could be readily available in quantity. And it was
1706 that study in France that suggested that
1707 hydroxychloroquine could work.

1708 We received donations of
1709 hydroxychloroquine that Dr. Bright managed to help
1710 accumulate from several countries and several
1711 different manufacturers. And then in my role, I
1712 endeavored to set up a clinical trial to use
1713 hydroxychloroquine and one other compound that was

1714 noted to be potentially beneficial called
1715 famotidine, which you may recognize as Pepcid AC
1716 over-the-counter, that indicated that that could
1717 functionally decrease the likelihood of death and
1718 intensive care illness.

1719 And that way -- and we attempted to
1720 do a clinical trial in New York -- in the greater
1721 New York area.

1722 Q Did -- in that same time period, January
1723 to March of April, did Dr. Bright express concerns
1724 about hydroxychloroquine?

1725 A He never said to me or wrote to me or
1726 conveyed to me his concerns.

1727 Q Did he take any action himself testing
1728 hydroxychloroquine for COVID-19 effectiveness?

1729 A No, not that I'm aware of. And I directed
1730 him, over his objections, honestly, to set up this
1731 clinical trial to try to see if we could get a large
1732 enough clinical study to actually evaluate the
1733 effectiveness.

1734 The issue about hydroxychloroquine
1735 was one that it was a drug that had been used for
1736 lupus and rheumatoid arthritis, had a fairly good
1737 safety quotient, except that when combined with
1738 Zithromax, an antibiotic, showed to have a potential

1739 detrimental effect.

1740 Q So Dr. Bright claims he was removed from
1741 his position over supporting hydroxychloroquine. Do
1742 you agree with that assertion?

1743 A No.

1744 Q In your experience as Dr. Bright's direct
1745 report, do you find him to be a credible witness?

1746 A I have certain doubts about his integrity.

1747 Q Did he ever take actions, execute
1748 contracts, without your authority?

1749 A Yes. One note -- one notable one was a
1750 contract -- the early contracts for some of the
1751 COVID-19 countermeasures that he executed, which we
1752 had kind of a working agreement that contracts under
1753 a certain threshold would not be subject to my
1754 review. And yet, he issued contracts at above
1755 higher thresholds, particularly to one company,
1756 Johnson & Johnson, that actually caused a major
1757 kerfuffle insofar as having the Secretary demand
1758 that all BARDA procurements for any COVID
1759 countermeasures would be reviewed by him personally
1760 as well as by myself, Dr. Redfield, Dr. Fauci and
1761 Dr. Hahn.

1762 Q Did Dr. Bright ever bypass standard ASPR
1763 procedure to communicate policies directly with

1764 members of Congress?

1765 A Yes. And one notable one is during the --
1766 I guess, the negotiations or the development of the
1767 CARES Act, that he arranged apparently a line-item
1768 funding line for BARDA of several billion dollars.

1769 The only way I knew of this is
1770 because I received a call from Senator Blunt, who is
1771 Chairman of Labor H Appropriations, who indicated
1772 his extreme displeasure that Dr. Bright had worked
1773 with House appropriators to get that line item in,
1774 for which he felt that that was inappropriate.

1775 Wanted me to know, if I didn't already -- and I
1776 didn't at that time -- that Dr. Bright had made this
1777 deal without my knowledge or that of the department.

1778 Q To your knowledge, did Dr. Bright ever try
1779 to negotiate outside employment while serving as
1780 director at BARDA?

1781 A I learned of this fairly -- I guess it was
1782 in, maybe, before -- just before the pandemic
1783 happened and my Chief of Staff informed me of the --
1784 of a matter that he had to bring to the ethics
1785 counselor in the department concerning Dr. Bright
1786 and that he was basically seeking outside employment
1787 and not appropriately recusing himself.

1788 Q Was it with a company that had contracts

1789 in front of BARDA or ASPR?

1790 A I understood that it was.

1791 Q Do you remember what company it was?

1792 A I think it was Johnson & Johnson was one;
1793 Regeneron, two. And another outside entity, which
1794 was academic, Virginia Commonwealth University.

1795 Q And for the record, what was the contract
1796 that he executed without your approval?

1797 A It was a Johnson & Johnson contract.

1798 Q So he was negotiating outside employment
1799 with Johnson while sidestepping HHS policies to
1800 authorize contracts?

1801 A Correct.

1802 Q Thank you. I'm going to move on to a few
1803 real quick questions and I think [Redacted] has some, as
1804 well.

1805 We've seen throughout the pandemic,
1806 beginning in January until present, the CDC had
1807 multiple issues hiding data from public
1808 distribution, confusing guidances.

1809 Do you think the CDC is a more -- is
1810 more adept as a response agency or as an academic
1811 institution?

1812 A One of the dilemmas that we had with CDC
1813 was timeliness of information, whether that be data

1814 or guidance. The dilemma was, is that oftentimes
1815 they were evaluating data when decisions had to be
1816 made.

1817 So the idea of being able to do
1818 time-sensitive decision-making, as I needed to do,
1819 not only around things like the Diamond Princess,
1820 but also the deployment of assets around the
1821 country, and as well as around medical
1822 countermeasures, their information as valuable as it
1823 was often delayed and oftentimes equivocal. When
1824 you needed the best answer, we got an ambiguous one.

1825 Q It was reported that, I believe, Dr. Birx
1826 and Secretary Azar worked to shift the way CDC
1827 stored and transmitted data to a more nimble
1828 platform and it was reported in a way that made it
1829 -- that suggested it was attempting to sideline the
1830 CDC. You just said they were slow.

1831 Was this change appropriate?

1832 A Well, it certainly gave me an advantage,
1833 when I say "decision dominance advantage," when HHS
1834 Protect was stood up, it was not initially, what I'd
1835 say, the answer; however, I was able to input it and
1836 define what my needs were. And within that period
1837 of time, they were able to craft a dashboard which
1838 allowed me to see what was going on in hospitals

1839 around the country in every state and every
1840 territory that indicated what their supplies were,
1841 what their staffing was, what their COVID bed
1842 utilization was, the status of their ICU and
1843 generally their status of COVID healthcare needs.

1844 And so it allowed me -- and I made it
1845 available to states and local authorities -- to
1846 state authorities, excuse me, as a way to allow them
1847 to see themselves and they could share that with
1848 other states if they wanted to. And we were able to
1849 work more collaboratively and more in a way of
1850 forecasting where hotspots were emerging, based on
1851 case counts, and understanding which hospitals and
1852 healthcare systems were at risk for either failure
1853 or being overrun.

1854 Q To your recollection, if you wanted to
1855 change a data field in the old CDC software, how
1856 long would it take for them to do that?

1857 A I can't tell you exactly, but it would
1858 take a long time. And oftentimes, there would -- I
1859 mean weeks. And the data fields that we were able
1860 to do with HHS Protect, was literally within days,
1861 sometimes hours.

1862 Q Do you know if CDC employees were working
1863 in person or remotely during the pandemic?

1864 A In FEMA we were working in person, but we
1865 understand that the CDC campus itself was doing it
1866 remotely.

1867 Q Is that a problem, that the alleged gold
1868 standard of public health response was not in the
1869 office during once-in-a-century pandemic?

1870 A Well, it certainly wasn't my policy for my
1871 team. But for those who were responding to the
1872 pandemic were principally in place and doing it. We
1873 had some people who had exceptional circumstances,
1874 either with someone in their household, or
1875 themselves, had some immunocompromise or risk factor
1876 and we would make accommodations for that. But
1877 generally, we attended -- we were in-person
1878 attendance.

1879 [Minority Staff]: Thank you.

1880 BY [Minority Staff]:

1881 Q Hi, I'm [Redacted], I just have a few
1882 quick questions.

1883 In the prior hour with my Democratic
1884 colleagues, you discussed Peter Navarro and said
1885 that he was very focused on the supply chain issues;
1886 is that correct?

1887 A Yes, ma'am.

1888 Q So it's fair to say that there was someone

1889 in the White House during the prior administration
1890 that was deeply focused on supply chain issues; is
1891 that correct?

1892 A Yes, there was some ones. There were a
1893 number of people, besides Mr. Navarro.

1894 Q Could you estimate how many?

1895 A I would say maybe six to eight.

1896 Q And they were focused on medical supply
1897 chains, but other supply chains, as well; is that
1898 fair to say?

1899 A Yes, ma'am.

1900 Q And was it a goal -- are you aware of a
1901 goal -- unspoken or spoken goal of the prior
1902 administration to ensure that there were no
1903 shortages of supplies, whether it be food, medical
1904 supplies, building supplies, any sort of supplies
1905 that would keep our economy going?

1906 A Yes. I think there was a broad
1907 recognition and concern about supply chains, in
1908 general, but mostly those that had foreign roots,
1909 and how to basically either supplant those or create
1910 domestic capacity to make sure there were no
1911 shortages.

1912 Q And do you have any awareness, whether
1913 through the media or through your daily work, of

1914 Secretary Perdue working with public health
1915 officials to ensure that there was no protein
1916 shortage in the United States?

1917 A I do know that there were efforts --
1918 extraordinary efforts by Department of Agriculture
1919 with HHS and CDC to address that. And some of the
1920 issues there was using some of the masks that we
1921 created, part of the Masks for America as a way to
1922 ensure that the meat-packing plants had masks and
1923 that the workers could be provided that protection
1924 for themselves and their families.

1925 Q So is it fair to say the prior
1926 administration was doing everything in their power
1927 to balance worker safety and adequate supplies of
1928 meat or protein to Americans?

1929 A That was my impression, yes.

1930 Q Thank you.

1931 In the prior hour, my Democrat
1932 colleague showed you Exhibit 1 and 2, which are
1933 emails that Chris Frech -- someone you've worked
1934 with before; is that correct?

1935 A Yes.

1936 Q -- forwarded to you, correct?

1937 A Yes, ma'am.

1938 Q It does not appear that you replied to

1939 either of these emails; is that correct?

1940 A I have no recollection, actually, of
1941 either email. And I did not reply to either one,
1942 that I'm aware of.

1943 Q Okay. And again, you worked with
1944 Mr. Frech in a prior job; is that right?

1945 A Yes.

1946 Q And he was dealing with, you know,
1947 according to these exhibits, people on your team; is
1948 that right?

1949 A That's correct.

1950 Q So would it be natural for him to forward
1951 you something as sort of a for-your-information when
1952 he was dealing with your subordinate? That seems
1953 natural to me. Do you agree?

1954 A It certainly can be. And, again, I
1955 received hundreds of emails a day in that position.
1956 Particularly, I would just know my natural
1957 inclination: Anything that had to do with ongoing
1958 discussions between companies and contractors would
1959 not be something that I would either, you know,
1960 involve myself in or, you know, be involved in with
1961 my team.

1962 Q But it's natural, perhaps, for him to just
1963 keep you in the loop, right?

1964 A Right.

1965 Q And we talked about Emergent. Is it fair
1966 to say that Emergent's only customer is the United
1967 States government or some state governments?

1968 A Well, the interesting thing I learned from
1969 my foreign consultancy with them is they were
1970 actively trying to promote their product overseas.
1971 And, quite frankly, they were -- I don't know how
1972 much traction that had.

1973 I know in Korea, where I made several
1974 trips on their behalf and met with Korean government
1975 officials, that that was their intent, to expand
1976 their market and decrease their dependency on the
1977 U.S. government, which I think, quite frankly, is
1978 good for them and even better for the U.S.
1979 government.

1980 Q It's my understanding that Emergent was
1981 created for the sole purpose of supporting the U.S.
1982 government in bioterrorism, is that right, in their
1983 mission to accomplish --

1984 A Yes. I have some familiarity with that
1985 because I was one of the principal users of the
1986 first product during the first Gulf War where we
1987 immunized the Delta Force with those products with
1988 the product that was made by the predecessor, the

1989 University of Michigan Department of Public Health,
1990 which was a -- it was a state-owned facility that
1991 was, quite frankly, ramschackled. It was like a
1992 1940s state trooper barracks.

1993 Q So the founder of Emergent came in and
1994 turned that facility around for the benefit of the
1995 United States government; is that correct?

1996 A That's correct.

1997 Q So if the United States government is your
1998 only customer, then you might -- is it fair to
1999 say? -- provide them with a menu, which it looks
2000 like Chris Frech was doing in a lot of these emails,
2001 a menu of things that Emergent could do for the
2002 government, their only customer?

2003 A It would certainly make sense, yeah.

2004 [Minority Staff]: Okay. I think that's all the
2005 questions I have. Thank you.

2006 [Minority Staff]: We can go off the record
2007 now.

2008 (Recess from 11:01 a.m. to 11:02 a.m.)

2009 BY [Majority Staff]:

2010 Q Dr. Kadlec, I'd like to start off by
2011 showing you another exhibit. So this would be
2012 Exhibit 3 for the Majority. And I'm going to have
2013 [Redacted] pass you a copy.

2014 This is a copy of an Emergent
2015 BioSolutions slide deck, which on page 4 lays out
2016 several corporate operating plan goals for 2017.
2017 One of each corporate goals was to, quote: Support
2018 transferring procurement and requirement setting for
2019 Medical Counter Measures in the Strategic National
2020 Stockpile, or SNS to ASPR.

2021 You'll be able the find this in the
2022 second section on page 4.

2023 MR. HECHT: I see on the first page the
2024 date is May 17, 2022. Is that the date of this
2025 document?

2026 [Majority Staff]: It is not. So this PowerPoint,
2027 the way that the presentation is set up, that
2028 the date automatically updates on the front
2029 page. So when we printed this two days ago, it
2030 updated to May 17th. But on page 4 and
2031 throughout the rest of the PowerPoint, you'll
2032 be able to see that each page is labeled as
2033 "2017." So 2017 -- on the agenda on the first
2034 page, 2017 Corporate Operating Plan Goals.

2035 But I can also go ahead and hand out our
2036 next exhibit, which is related.

2037 (Majority Exhibit 3 was marked for
2038 identification.)

2039 BY [Majority Staff]:

2040 Q So this would be Exhibit 4 for the
2041 Majority. So this document is a little bit longer.
2042 You can see the date at the top of this document,
2043 it's December 13, 2018, so this was prepared as part
2044 of the presentation to the company's Compensation
2045 Committee. You can turn to page 22 of this
2046 document.

2047 (Majority Exhibit 4 was marked for
2048 identification.)

2049 BY [Majority Staff]:

2050 Q It looks like this, Dr. Kadlec. It looks
2051 like you and I are on the same page. Is that
2052 correct?

2053 Give everyone a moment to catch up.

2054 So in Exhibit 3, the one that we
2055 passed around, it's identified as a Corporate
2056 Operating Plan Goal for 2017, the transfer of the
2057 SNS from CDC to ASPR.

2058 In this Exhibit Number 4 that we
2059 passed around, this document names the, quote,
2060 Successful transfer of SNS from CDC to ASPR as a
2061 company accomplishment and performance factor to be
2062 taken into consideration by Emergent Board Of
2063 directors to award the company's top executives.

2064 Dr. Kadlec at the time, when the SNS
2065 was undergoing its transfer to ASPR, were you aware
2066 that Emergent had identified it as a corporate goal?

2067 A No.

2068 Q Did you have conversations about the
2069 transfer with Emergent employees, either before or
2070 after your confirmation at ASPR?

2071 A I don't recollect any discussion. There
2072 was a large discussion in the community, in the --
2073 let's say, the medical countermeasure, about the
2074 displeasure many people had about the SNS being
2075 managed by the CDC.

2076 Q Are you aware why Emergent identified the
2077 Stockpile transfer to ASPR as a corporate goal?

2078 A I don't know. I mean, again, I think what
2079 I understood broadly, the nature of concerns by
2080 companies -- and Emergent was one of them -- was
2081 that they felt like the contracting processes were
2082 long and, quite frankly, they just didn't think the
2083 CDC had enough priority towards the SNS.

2084 And if I can have you recall, it was
2085 the original intent of the SNS as part of ASPR when
2086 it was created back in 2005 and '06.

2087 Q So when the SNS was transferred to ASPR,
2088 did you then shorten the contracting processes?

2089 A No. Well, actually mandated by Congress
2090 and the CARES Act of 2017 -- I'm trying to
2091 remember -- there's a section on medical
2092 countermeasure and invasion in it, even though it's
2093 an FDA bill, but demanded that we facilitate and
2094 streamline that. One of the things that happened to
2095 my successor while it had its own contracting shop,
2096 as a consequence -- and I don't know the particulars
2097 here and I will not invoke the name of the
2098 gentleman, but apparently one of the head
2099 contracting guys at BARDA was found to be doing
2100 something inappropriate. My predecessor took the
2101 contracting shop and took it to the ASPR level and
2102 combined it with the overall ASPR contracting shop.

2103 And then Congress directed in
2104 January 2017, in the CARES Act, that that be
2105 separated and that the contracting support for BARDA
2106 would be under its -- under BARDA leadership and
2107 would be facilitated and improved to make it more
2108 streamlined.

2109 Q How would that streamlining benefit
2110 Emergent?

2111 A I don't know. I mean, I think generally
2112 the rule that I would invoke on that would be time
2113 is money. And so any time that you have for -- time

2114 to wait for a contract -- and that was one of the
2115 challenges, is that there were delays in contracting
2116 and renewing contracts. And I heard from companies
2117 big and small that that was something that was very
2118 detrimental to their financial status, because
2119 investors would be uncertain about whether or not
2120 the government would give them a contract and how
2121 big the contract would be and whatever.

2122 And so I know there was a lot of --
2123 there was just a general concern that the
2124 contracting that was going on within the U.S.
2125 government, particularly BARDA and HHS and ASPR, was
2126 just taking too long.

2127 Q Once that SNS was under your purview at
2128 ASPR, how much of the Stockpile's budget was
2129 allocated to purchasing Emergent products?

2130 A I don't know. I don't recall seeing
2131 something that was company-dedicated, but it was
2132 like medical-countermeasure dedicated, so I know
2133 anthrax was a big piece of it and, quite frankly,
2134 too big of a piece for everything we had to do.

2135 That was one of the major challenges
2136 I confronted was, as the universe of problems
2137 expanded, Ebola, Pan Flu, Zika, all these things,
2138 the budget was rigid, was limited. And what was

2139 worse is that money was directed towards categories,
2140 like BioShield money was for CBRN.

2141 And we had in 2018, for example, had
2142 used all the last of the pandemic supplemental money
2143 that was from 2009 and 2005 and '06. So we were
2144 again constrained in the sense of having resources
2145 to meet what were existing requirements, much less
2146 you know, potential contingencies.

2147 Q You brought up anthrax. You stated
2148 publicly in March of last year, quote: If I could
2149 spend less on anthrax replenishment, I could buy
2150 more N95s, I could buy more ventilators. I could
2151 buy, more frankly, other things that I didn't have
2152 the money to buy --

2153 A Right.

2154 Q -- in reference to the procurements that
2155 were going through Emergent BioSolutions. Is that
2156 true?

2157 A Yes. And it was one of the reasons why
2158 NuThrax the amount of accretion during my tenure,
2159 that previously my predecessor presented a real
2160 significant improvement in what we could do, not
2161 only operationally, but fiscally, by you know,
2162 reducing the investments or based on that -- based
2163 on the requirements, we were still buying less than

2164 we supposedly needed. Just one kind of factoid on
2165 that.

2166 So when I was still the Deputy Staff
2167 Director of the SSC in May of 2017, before I was
2168 nominated and before I was confirmed, I went to Iraq
2169 twice in May to basically meet with U.S.
2170 intelligence officials and Iraqi intelligence
2171 officials to basically learn about what was the risk
2172 from anthrax and smallpox as possible threats with
2173 ISIS.

2174 So I was acutely aware in my previous
2175 capacity -- and again, if you recall the whole
2176 question -- well, not even question -- the fact that
2177 ISIS was using chemical weapons, maybe was
2178 developing bioweapons. And that was one reason why
2179 I went, was to get a better sense on the ground
2180 whether those threats were, in fact, real.

2181 Q Dr. Kadlec, in July 2019 ASPR exercised a
2182 \$261 million contract option to procure Emergent
2183 anthrax vaccine for the stockpile. A few months
2184 later in September 2019, ASPR awarded a ten-year
2185 sole-source \$2 billion contract for Emergent's
2186 smallpox vaccine for the Stockpile. Why did you
2187 continue procuring these vaccines, knowing that the
2188 stockpile was low on other critical supplies?

2189 A Because we had money dedicated for that
2190 and we had requirements for that. As I just said,
2191 you know, I could not eliminate the risk of anthrax
2192 or smallpox. And, oh, by the way, if you recall, I
2193 mentioned the issue about North Korea and the fact
2194 there is no question about the existence of those
2195 kinds of agents in North Korea.

2196 So in my fiduciary duties, I was
2197 limited to what I could buy by the basis of the CBRN
2198 but, more importantly, I was driven by information I
2199 had privy to through classified sources that
2200 indicated we, as a country, could face an adversary,
2201 who had these -- a nation-state adversary who had
2202 those weapons -- or potential weapons, I should say.

2203 Q How did stockpile spending on Emergent
2204 products affect our nation's ability to respond to
2205 the pandemic in early 2020?

2206 A Well, none, because we couldn't use that
2207 money -- well, arguably, I could use 3 percent of
2208 that -- the excess money if the Secretary gained it.

2209 But in terms of what we needed, that
2210 wasn't any -- I mean, any of that available money
2211 was nothing, compared to what we needed.

2212 When we did Crimson Contagion, we
2213 estimated we would need \$10 billion at the point of

2214 a pandemic occurring as a down payment. In the
2215 Public Health Service Emergency Fund, we had
2216 \$60,000. I think, as we passed around the hat in
2217 the department between CDC and ourselves, I don't
2218 know, I think I got maybe -- please, don't hold me
2219 to the numbers -- but tens of millions of dollars,
2220 not tens of billions of dollars that we needed.

2221 So, I mean, as much as, you know, you
2222 would call that money there, the question is, is I
2223 couldn't use that color of money, number one.

2224 And, number two, is even that money
2225 wouldn't have made a big difference, honestly.

2226 Q So speaking of Crimson Contagion, could
2227 you tell us all the officials involved in that
2228 exercise.

2229 A Sure. Twelve states, 36 federal agencies,
2230 74 hospitals. It was a big deal. But it was a
2231 series of exercises that penultimately ended up with
2232 an interagency exercise that was chaired by me and
2233 FEMA. And when I say -- "me and FEMA," that's bad
2234 English, I guess -- both of us to try to figure out
2235 what would be the manner by which this would be
2236 managed.

2237 In 2005-'06, and again, I wasn't part
2238 of this directly in the Bush Administration but

2239 picked it up in '07 through '09, was part of how a
2240 pandemic would be managed.

2241 And with that, the role then was the
2242 idea of a principal federal officer that would
2243 somehow be brought in to kind of run, a kind of a
2244 Rube Goldberg organization. So when we ran through
2245 Crimson Contagion, not much as changed in that kind
2246 of address.

2247 So that was one of the reasons I sent
2248 Gabriel to FEMA was, Hey, we need to really kind of
2249 fix a lot of problems, which are penultimately
2250 represented by Crimson Contagion that were not fully
2251 integrated into FEMA at the national and regional
2252 level.

2253 Just as an example, in a region --
2254 FEMA region, they have 4- to 600 FEMA people who do
2255 that. My region, which was a coordination office,
2256 four to six people. So we had a significant
2257 disadvantage.

2258 So the idea of trying to fix that
2259 problem and figure out what would be the
2260 architecture of what would be -- you know, how to
2261 manage this, was something that we just needed to
2262 address. Now, that was the only finding.

2263 The other finding was about money.

2264 That's the \$10 billion. That was probably -- I
2265 mean, in retrospect, that was lowball, that we
2266 misjudged that.

2267 The other thing was around supply
2268 chains.

2269 The third thing -- the fourth thing,
2270 I don't know how much it was mentioned in the
2271 report, but it certainly was an issue that pervaded
2272 my thinking, was around the healthcare -- the
2273 fragility of the healthcare system.

2274 And knowing that, you know,
2275 90 percent or 95 percent of the healthcare system is
2276 in the private sector, you have very little
2277 visibility, you very little insight into that. But
2278 knowing if you had a large influx of patients, you
2279 would have the double effect of, not only pandemic
2280 casualties, but displacing people who needed their
2281 heart valve replaced, babies born, whatever the
2282 other things.

2283 Q I just want to clarify really quickly:
2284 When you were describing forming the Crimson
2285 Contagion Exercise, you mentioned your FEMA
2286 counterpart. Were you referring to Edward Gabriel?

2287 A No, no, no. It was actually Damon Penn.
2288 Gabriel was in the room, but we had, actually, FEMA

2289 represented in the room, which was to recreate how
2290 we would try to work through the statutory
2291 authorities.

2292 And that's what I was talking to, is
2293 the statutory authority's issues because there was a
2294 gap between HSPD44, which was Obama era Presidential
2295 Order, or Directive E -- excuse me, that talked
2296 about, you know, in the event of a non-Stafford
2297 event, the federal agency could manage this. This
2298 was done for -- where was the board? -- up in
2299 Michigan.

2300 MR. HECHT: Flint?

2301 A Flint, yes. Flint, Michigan. That was
2302 used for that. However, nobody made a decision
2303 whether or not Stafford Act would be invoked for a
2304 pandemic. In fact, that was one of the outcomes of
2305 Crimson Contagion thing, they told these guys, if
2306 this really happens, we're going to need the
2307 Stafford Act and maybe more on day 1 because we,
2308 HHS, will not be able to manage this both, either
2309 the financial parts or just the operational pieces
2310 of this.

2311 Q In terms of the finance, you mentioned
2312 supply chain challenges. What steps did federal
2313 agencies take after Crimson Contagion to try to

2314 remedy some of the challenges that were identified
2315 during this exercise?

2316 A Sure. Well, the budget was a big thing,
2317 right, saying we need more money because we just
2318 need to replace the things that we need to replace.
2319 We had a very small organization that dealt with
2320 that; in fact, one person, Laura Wolf at that time.

2321 And so my issue was to try to get
2322 everybody kind of level set to say,
2323 organizationally, we got to put our heads to this at
2324 a strategy level, policy level, plans level,
2325 requirements level.

2326 And so what I did was actually hosted
2327 Rosemary Gibson. I don't know if you're familiar
2328 with her, author of China RX. And we used that as a
2329 platform to kind of say, Okay, people, this is the
2330 problem we face. Everything that we make, not only
2331 for disasters, but, like, for antibiotics -- and
2332 there's a side story to that we should talk about,
2333 about AMR. But everything that we probably would
2334 need in a pandemic, PPE -- all PPE, and other
2335 things, critical healthcare stuff, were sourced from
2336 China. And whether it emanated from China or
2337 somewhere else, the likelihood would be the supply
2338 chains would be disrupted and we just have

2339 just-in-time supplies.

2340 In fact, I met -- interesting enough,
2341 as a consequence of that event, we had a supply
2342 chain sector -- healthcare sector meeting that was
2343 devoted to supply chain early in January, 2020 -- a
2344 good idea, but a little too late -- to evaluate what
2345 would be the impact of this -- of a pandemic or an
2346 event of that nature on our supply chains.

2347 And what we found is that the
2348 distributors didn't have visibility into the
2349 hospitals. The distributors had marginal visibility
2350 upstream to the manufacturers. If they didn't
2351 have -- some cardinal has its own manufacturers, its
2352 own stuff, but not everybody does. And nobody had
2353 really visibility into the raw materials and
2354 precursors that would be needed from this, which we
2355 source largely from India and China.

2356 Q Crimson Contagion also purportedly
2357 revealed that there was some confusion between HHS,
2358 FEMA, some of the other federal agencies, regarding
2359 their respective roles in a simulated pandemic
2360 response.

2361 Can you tell us about any steps that
2362 were taken to alleviate that confusion.

2363 A Well, as I said, we started with that.

2364 And in December, we had met with the FEMA team, and
2365 Gabriel started in November. And the intent was to
2366 have kind of, like, monthly meetings. But I think
2367 one of the things was to try to understand what
2368 statutorily needed to be sorted out. Because we
2369 believe that it would be the responsibility of FEMA
2370 and the Department of Homeland Security to do one
2371 critical thing, which is make an affirmation that
2372 the Stafford Act would have to be invoked or would
2373 be invoked.

2374 And if I recall -- and I'm -- now,
2375 I'm drawing a very vague recollection on this --
2376 that we had conversations that said that there
2377 was -- not agreement, but there was inclination
2378 that, yes, Stafford would be. But it was not like,
2379 Oh, we've got a memorandum from the Secretary of DHS
2380 or FEMA administrator that says we're going to do
2381 this. But it was the idea that they had thought
2382 through it and began to say, yeah, we would have to
2383 do this. And then we started having those initial
2384 conversations about how to do it and how it would be
2385 best to be managed, but, again, within -- I don't
2386 want to say weeks -- couple months, it was like, Oh,
2387 in January, I basically asked FEMA to send a team
2388 over led by a guy named Josh Dozer who is a fairly

2389 senior FEMA person, to start working out how we
2390 would integrate in the event that things progressed
2391 through January to actually having to do that.

2392 And a group of about eight FEMA
2393 people came in and, you know, were resident in the
2394 basement of HHS -- this building actually -- to
2395 actually start working through that.

2396 Q I'm going to turn it over to [Redacted] to ask a
2397 few questions, a few follow-ups.

2398 BY [Majority Staff]:

2399 Q Good morning. We met briefly earlier but
2400 I just wanted to say good morning.

2401 I want us to go back if we can to the
2402 moment when you first became aware that there was an
2403 unknown respiratory illness that appeared to be
2404 circulating and spreading around Wuhan China.

2405 Do you recall when that was?

2406 A That was the 4th of January, which again,
2407 it was just a briefing from -- it was a regular
2408 mundane senior staff meeting with the Secretary
2409 where Dr. Redfield said that there had been a number of
2410 cases -- I can't remember, but there wasn't many --
2411 cases of pneumonia of unknown etiology, and he had
2412 spoken to George Gao, who's the director of China
2413 CDC the day before.

2414 Q What was your reaction to hearing that?

2415 A Well, it's like everything, you know.

2416 First reports from the field are often wrong. I've
2417 had five combat deployments in my life, so I try not
2418 to get excited too much in terms of initial reports.
2419 But, obviously, something of that nature caught my
2420 attention.

2421 And then, particularly later that day
2422 when I met with the NSC over the National Biodefense
2423 Strategy, we had a pointed conversation about what
2424 do we know about what's going on in China.

2425 Q What did that conversation entail?

2426 A We didn't know much.

2427 Q Did you take any action as a result of
2428 that -- hearing about that news on the first day in
2429 this first --

2430 A Again, as I mentioned, we had a death of
2431 one of our senior members. We were also kind of
2432 trying to understand if there were any imminent
2433 threats as a consequence of the targeting killing of
2434 Suleimani in Baghdad because there was a risk of
2435 cyber.

2436 One thing that happened prior to my
2437 arrival to ASPR in the spring of 2017, the National
2438 Health System in the UK was cybered by, likely,

2439 North Korea, and that had a huge impact on their
2440 healthcare system. And we didn't know if we would
2441 be subject to that.

2442 There had been a lot of, you know,
2443 concern that Iran had cyber intents against the
2444 United States; that the health care industry would
2445 have huge disruptions.

2446 So those things that were, like, okay
2447 immediately here, but there was that there. But it
2448 was -- part of it was just understanding what we
2449 knew when.

2450 Now, I can tell you now as a
2451 consequence of my investigation with the Health
2452 Committee, that the events of 4 January were
2453 probably happening months before, but not known to
2454 us, not known to the U.S. intelligence community.
2455 And the Chinese government made deliberate efforts
2456 to obscure and otherwise obfuscate what was going on
2457 initially.

2458 Q The first case of the coronavirus
2459 discovered outside of China was detected in Thailand
2460 on January 13th of 2020?

2461 A Yes.

2462 Q Were you notified or aware of that?

2463 A I was aware of that and, actually,

2464 coincidentally, my Army War College fellow, who was
2465 working for me the year prior, was the commander of
2466 the military laboratory in Thailand. And I emailed
2467 him and called him, asking him if he could get
2468 contact with the Thais and whether they could make
2469 available a sample of the virus, because we were not
2470 getting any response with our request through --
2471 formally through the Chinese government through
2472 George Gao, through the Minister of Health, to get
2473 those.

2474 So I asked Colonel Lombardini to go
2475 talk to his -- they had a very close working
2476 relationship, actually, with the woman who isolated
2477 the SARS virus. And asked that they could get us
2478 the sequence to confirm what was released on the
2479 9th. And then get a sample, which, by the way, the
2480 Thais would not give us, which was -- we learned
2481 later that they were being coerced by the Chinese
2482 not to release that, even six months later.

2483 Q Did that news impact your thinking in any
2484 way about what ASPR should be doing to respond to
2485 the virus at that point?

2486 A Yes. In the sense of, Okay, let's kind of
2487 start drawing things out. But in terms of pulling
2488 the trigger -- and I'm trying to remember the exact

2489 date when we started doing what I'd say created
2490 within ASPR Task Force for medical countermeasures,
2491 for supply chain, for supplies and for healthcare
2492 response. But it was either that week or the
2493 following week.

2494 I think, notably, we had the first
2495 DLG on the 23rd, which is an all-of-HHS review. I
2496 do know that we had the memorial service for Eddie
2497 Gabriel on the Friday before -- is it Martin Luther
2498 King's birthday? So we had that event that we had
2499 to get through.

2500 But that weekend, as things developed
2501 and I had another meeting with the NSC, we committed
2502 to doing a disaster leadership group meeting on the
2503 23rd, which is across HHS to kind of do a level set,
2504 which was really more of an information sharing,
2505 because we still didn't have good -- I mean, you
2506 can -- we can argue when China admitted that they
2507 had person-to-person transmission, but it was on the
2508 21st, 22nd or 23rd of January. So those things also
2509 kind of modified what we were doing and then at that
2510 point, we actually broadened our working groups from
2511 inside ASPR to across HHS.

2512 Q You mentioned, after hearing about that
2513 first case detected in Thailand, that ASPR started

2514 drawing things out. What sort of things was ASPR
2515 contemplating or drawing out at that time?

2516 A Well, one of the things is I started
2517 inquiring about our status with the SNS and what
2518 would be the supply chains. And I can't recall
2519 specifically, but I had a -- we had a supply chain
2520 healthcare sector meeting where everybody was there.
2521 And then I started calling specific distributors --
2522 particularly 3M sticks in my mind -- because I had
2523 an extensive conversation with them to understand
2524 what their capacities were and also what their
2525 willingness was to make available what they had
2526 domestically.

2527 So in a short shrift, their annual
2528 production rates of N95 masks was about, I want to
2529 say about 350 million. That may be plus or minus
2530 10- or 20 million, but significantly, they only made
2531 about 35 million health-rated N95 masks. So unlike
2532 your KN95s, and they're splash-resistant, so if you
2533 get exposed to human, you know, fluids, they won't
2534 decrement. But they only made 35 million of them,
2535 and I'm looking at a requirement of 600 million to
2536 3.5 billion. And, by the way, I had to plead with
2537 them to sell me 500,000 N95 masks.

2538 Q You said you were looking at a figure of

2539 -- I can't remember the figure now -- 600 mill to --

2540 A 3.5 billion.

2541 Q Where was that figure coming from?

2542 A That was a modeling done in 2015 and we
2543 kind of reevaluated that based on Crimson Contagion,
2544 but it was a model based on two assumptions.

2545 One is that we'd anticipate that the
2546 demand for these kinds of PPE would increase over
2547 time as a consequence of the spread of the virus
2548 across the country, whereas the other model said
2549 every healthcare facility, every healthcare worker
2550 first responder needs masks right now on the first
2551 case.

2552 And so that was the parameters. It
2553 was kind of, like, high/low kind of parameters.

2554 Q In about this mid-January window the case
2555 in Thailand was discovered, were those the
2556 parameters that people were thinking about in terms
2557 of PPE or masks that might be needed?

2558 A Right. And we had a small number of N95
2559 masks that were expired, and we had surgical masks.
2560 We kind of checked with SNS, do what they did, and I
2561 made some high-level probes to say, Okay, we're
2562 serious about this.

2563 One of the things that was very

2564 disabling in all this, it's called this
2565 Antideficiency Act thing. Congress should do
2566 something about it -- I'm trying to be cute on this
2567 one. But the whole point is we can't make a
2568 contract for a product unless we have the money. So
2569 we send out an RFI saying, you know, we may need a
2570 lot of masks, but we couldn't make a purchase until
2571 March. I think March 6th is when CARES Act passed.

2572 We got the first apportionment on the
2573 10th of March. So we were stymied by the idea of
2574 what we could buy and when we could buy it.

2575 Q You mentioned you called some
2576 distributors, including 3M, knowing that you needed
2577 600 million to potentially 3.5 billion masks, and
2578 you said they only had the capacity to make about
2579 35 million?

2580 A Medical masks. And so the next thing that
2581 happened was going to the FDA and saying, We're
2582 going to need an EUA for the industrial masks
2583 because the majority of those other masks, the
2584 300-plus million, was being used by industry, by
2585 painting and mining industries. So it was a way
2586 that we could re-purpose those masks to do that. So
2587 that was the -- okay. We're going to have to get
2588 more masks.

2589 We can enable that by getting about
2590 half that number, maybe, through EUA to get
2591 nonmedical masks cleared and saving the medical
2592 masks for the people in the ICUs and ERs. That's
2593 where the genesis for Masks for America came
2594 through, which was we know there will be a demand
2595 for masks, can we do other things that would satiate
2596 the public need and have a benefit, right, better
2597 than telling you, Go home and cut up your T-shirt
2598 and make a mask at home. I mean, that was the
2599 intent.

2600 Q And I do want to ask about Masks for
2601 America, but before getting there, still thinking
2602 about that sort of mid-January time frame when you
2603 called the distributors and heard maybe that the
2604 number of masks would be insufficient coming from
2605 those sectors, were there any other steps that ASPR
2606 took to --

2607 A Well, I mean, I told my Chief of Staff to
2608 start looking at what we would need in money.
2609 Everybody started kind of leaning forward in terms
2610 of, Okay, let's see what we have, see what we need
2611 to do.

2612 Rick and BARDA were looking at what
2613 could be the countermeasures we could pivot on. So

2614 particularly the issue about -- so we had money left
2615 over from Ebola and so we could re-purpose contracts
2616 with limited money. I think it was \$7 million from
2617 Regeneron, or some crazy number like that. I mean,
2618 nothing. But to start them working on potentially
2619 coronavirus antibodies and looking at the
2620 possibility for other therapeutics and potential
2621 vaccines, but the vaccine issue was based on science
2622 that, quite frankly, had not been articulated.

2623 I mean, the sequence came out on 9th.
2624 I can't remember when NIH said, you know, Here's our
2625 sequence for the vaccine, which was really the
2626 entire spike protein. But that was a couple weeks
2627 delay, two or three weeks, so we're already in
2628 February at that point.

2629 But it was just the whole idea of
2630 trying to say, Okay, guys, let's start pushing,
2631 let's start thinking -- let's see what we'll need,
2632 see what we'll need to do and let's start moving in
2633 that.

2634 We also looked at the plans -- I
2635 mean, the HHS plan, which was okay, but the
2636 federal -- what they called the Fed Cap Plan, which
2637 was a FEMA plan, seemed to be a little bit more
2638 action oriented. So we kind of went through that

2639 and said, Okay, let's go through this and see where
2640 we would do that in the pandemic plan that was
2641 written with the Bush Administration, which I had a
2642 hand in.

2643 It was this idea that we could try to
2644 keep it out, contain it if it got in and then
2645 mitigate as necessary. And so then there was the
2646 idea saying, Okay, how are we going to do that?
2647 CDC, how are we going to do that? Well, we're going
2648 to set up travel restrictions, we're going to test
2649 people's temperature.

2650 Great idea, except as we learned,
2651 half the people with COVID may not exhibit symptoms
2652 and even people with mild symptoms may not have a
2653 fever. So your major, you know, steps to keep it
2654 out -- and, oh, by the way, as we know now and it's
2655 been proven, that there have been cases circulating
2656 in November of 2019, as well as December, and likely
2657 my guy died of it in January -- early January that
2658 this virus was already kind of -- was inside -- I
2659 won't say the -- the military term is "inside the
2660 wire" and we had a big problem.

2661 Q So sticking still just with January a
2662 little bit, CDC confirmed the fist U.S. case from
2663 international travel on January 21st and then the

2664 second travel-related case on January 24th. Did
2665 that continue to sort of change your evolution?

2666 A Yeah. I called John Wiesman. I actually
2667 saw him yesterday at the National Academy of
2668 Sciences meeting. He was the public health -- the
2669 state officer from Washington state. And we
2670 recounted our conversation and kind of like, Okay,
2671 you know, what can you tell me about the
2672 epidemiology? And I tried to get first-person kind
2673 of insight from people and find out what they
2674 needed. That was our role, support state and local
2675 authorities.

2676 And again, it was the uncertainty
2677 about what this was, how to protect it. I mean
2678 obviously, they were taking full protections. And
2679 at that point in time, they didn't have any concerns
2680 but it was not long after that Richland became an
2681 issue with the terrible nursing home event. And
2682 then I talked to him throughout all that.

2683 But it was basically trying to reach
2684 out to the people on the front lines and asking
2685 them, What do you need? And then, What can we offer
2686 you? And then coming up with this scheme, which was
2687 recommended by our SNS in the mid-January time
2688 frame, of how to apportion what we had in a

2689 realistic way that would be, not necessarily giving
2690 it all out at once, but actually where cases were
2691 occurring, providing, you know, pro rata amounts to
2692 basically get them there and, hopefully, figure out
2693 how we were going to basically funnel it. That was
2694 before we had the SNS thing.

2695 And again, my guy in the end of
2696 January, my logistics guy, walked in, quit at a very
2697 critical time. So I had to hire Polowczyk, the
2698 Admiral -- remember him? So he was the Deputy J4 at
2699 the pentagon. I called over there to General Tuck.
2700 It was part of the -- just part of the advance
2701 things about supply chain. It was a part of the
2702 Whole of Government -- what's called the Whole of
2703 Government Logistics Council, which I got the
2704 invitation -- ASPR had not been part of it before --
2705 but it was basically all the logistic issues across
2706 the government. We met quarterly and we would take
2707 turns to kind of identify things.

2708 And, coincidentally, I talked about,
2709 from ASPR's point of view, the demands would be made
2710 in a pandemic. I think it was in, maybe in the
2711 winter of 2018. But it would be, you know, that
2712 kind of sensitization. So when I said I need help,
2713 I got help and that was good.

2714 Q So did that news of the sort of first U.S.
2715 case from international travel impact or affect the
2716 priorities or work that ASPR was doing?

2717 A Yeah. We started tilting towards -- we
2718 were tilting towards that kind of issue. I mean,
2719 Soleimani was in the rearview mirror, you know. We
2720 buried Gabriel, and now we had to get ready for the
2721 fight. And I think that was it.

2722 If you talk about time, between
2723 Gabriel's memorial service and the time when I said
2724 to everybody, Let's pull the string and make it -- I
2725 think it was about three days. I gave people the
2726 weekend to kind of recover. He had been with the
2727 organization for almost seven years. He was like
2728 everybody's friend, everybody's pal and it was a big
2729 hit to the organization.

2730 Q I'm sorry to hear about that.

2731 A It wasn't the only loss we had, I'll tell
2732 you that.

2733 Q You mentioned that ASPR sort of tilted to
2734 things --

2735 A Yeah.

2736 Q -- that respond to the virus --

2737 A Yeah.

2738 Q What sorts of things other than --

2739 A Talking about looking at the plan, asking
2740 each of the major heads to start dusting off what
2741 the plans were for them and how they would mobilize
2742 themselves.

2743 FEMA was already in the conversation
2744 about how do we stand up -- an organization or an
2745 agreement, how we could approach this. We'd already
2746 gotten directions from the Secretary to develop a
2747 tabletop where we came up with the two kind of
2748 planning, or I would say exercise scenarios. It
2749 looks like flu, more like SARS.

2750 Q That was under Secretary Azar?

2751 A Yes.

2752 Q That tabletop?

2753 A Yep.

2754 Q And who else was involved?

2755 A It was all the principals. It was after
2756 the White House Task Force meeting in February.

2757 Q Do you recall the date of that meeting?

2758 A I don't, but it's probably a matter of
2759 public record. It was a big deal. We had cabinet
2760 secretaries, Mick Mulvaney, excluding the Vice
2761 President and the President. So it had to have
2762 happened before Azar got relieved.

2763 Q You mentioned previously the sort of

2764 revelation about potential asymptomatic spread. Was
2765 it around this time when the first confirmed U.S.
2766 case --

2767 A No.

2768 Q -- that you learned about that?

2769 A No.

2770 Q When was that?

2771 A That was with the Diamond Princess when we
2772 got data from Japanese -- and, by the way, CDC,
2773 because it was foreign data, didn't want to believe
2774 it. They said we have to do it. And by the way,
2775 there was German data, too, which was a household
2776 cluster, that indicated there could be that
2777 possibility. But CDC said, No, we're not going to
2778 call it based on that data.

2779 So we were -- I won't say stymied, we
2780 were pushing forward and we were getting pulled back
2781 a little bit by that kind of -- and here again -- by
2782 the way, they weren't saying it to me, they were
2783 saying it to the Secretary.

2784 So there was that kind of, you know,
2785 I'm pushing like, I need money, I need money, I need
2786 to go. What are we going to do? And it was more
2787 like, Hey, well, we don't know if -- and Tony Fauci
2788 even admitted at that point in time when this came

2789 up in a White House Task Force meeting -- and he did
2790 it publicly -- that asymptomatic spread does not
2791 significantly contribute to the occurrence of a
2792 pandemic so we were kind of like caught between.

2793 Q Moving forward a bit more in January, CDC
2794 reported the first instance of person-to-person
2795 spread in the United States on January 30th. I'm
2796 curious if you were aware of that at the time and --

2797 A I was aware of it at the time. But as a
2798 conversation yesterday with one of my outside
2799 consultants on this investigation, came to me -- and
2800 this was what? Today's -- Tuesday afternoon. And
2801 this is after 11 months of study of this problem.

2802 I'm just going to make a quick pause
2803 here: This 700 peer-reviewed technical journals
2804 interviewing over 60 experts in the field US and
2805 foreign experts no COVID, one of our consultants
2806 came in and said -- on our great mural that we have
2807 on the wall that has a sequence of events of when
2808 things started, pointed to December 30th and said,
2809 That's when we should have known -- December 30th,
2810 when we should have known of asymptomatic
2811 occurrence, which was a cluster of two cases that
2812 were seen by a Chinese pulmonologist who were adult
2813 parents of an older child who demanded that the

2814 child be brought in. It was asymptomatic and they
2815 CT'd the kid and the kid was 21 or 22 and he had
2816 pulmonary findings consistent with COVID. So that's
2817 when we should have known.

2818 So now, two years after the fact, we
2819 know from the Chinese on the 20th of January or
2820 21st, or 22nd that they admitted that was the case.
2821 So CDC found out about it -- you know, confirmed it
2822 on the 30th, but the Chinese said we got
2823 person-to-person spread there. I knew about that
2824 but CDC said, Well, we're going to verify that.
2825 That's -- and that's a subtlety that I can tell you
2826 that is -- today drives me nuts.

2827 It's the same thing when the Israeli
2828 vaccine studies were showing efficacy or showing
2829 benefit of either -- you know, against -- or
2830 boosting and yet, you know, it was like, No, it's
2831 not good enough.

2832 [Majority Staff]: What do you attribute that
2833 to? What's the reason for that?

2834 DR. KADLEC: In the world that I come
2835 from, it's called ethnocentric bias, which is
2836 if we didn't do it, it ain't right. And I
2837 think it's a cultural issue for them. And in
2838 the purest scientific world, it's the correct

2839 thing to do, but in an operational environment
2840 that I'm familiar with: You got to be kidding
2841 me.

2842 [Majority Staff]: So it's like they're looking
2843 for academic certainty?

2844 DR. KADLEC: Right. And I need 51 percent
2845 because I'm going to have to put a bet down and
2846 I'm going to have to decide and act and deploy
2847 people or deploy stuff or commit dollars, not
2848 because I want to, because the chain of events
2849 is, is that people's lives are at stake.

2850 That's our motto: Save Lives Protect
2851 Americans.

2852 The lives we save may not be Americans as
2853 we witnessed in Ebola when we brought the Merck
2854 vaccine and ended that outbreak in DOC. That
2855 was BARDA developing that with Merck and we
2856 deployed it and that quenched the outbreak. We
2857 saved a lot of lives and protected Americans.

2858 [Majority Staff]: Dr. Kadlec, it's been
2859 publicly reported that Director Redfield
2860 suspected persons during his initial
2861 conversation with George Gao that there were
2862 family units that were all showing signs of the
2863 virus.

2864 Is that something that had been raised to
2865 your attention?

2866 A No. I mean, it was not -- and again, Ian
2867 Lipkin, who I know very well, said the same thing:
2868 He said in December he believed it was
2869 person-to-person spread, and Gao denied it.

2870 [Majority Staff]: Do you remember when you
2871 first formed the opinion that there was likely
2872 asymptomatic spread?

2873 THE WITNESS: Well, it was with Diamond
2874 Princess. Okay. I read the German study, you
2875 know. I didn't latch on to the -- in fact,
2876 when this colleague two days ago pointed this
2877 out, I go, Oh, the JAMA article, right? And he
2878 goes, Yeah the JAMA article. It's like, Oh,
2879 yeah, it was the family portraits of the CT
2880 scans, but the leakage is saying, Okay, that's
2881 a -- out of three, right? Ended up one was
2882 asymptomatic. But, you know, okay, got me.
2883 You know.

2884 But I mean we've been poring over this for
2885 a year, you know, and it's like, Oh.

2886 BY [Majority Staff]:

2887 Q You mentioned briefly the DLG or the
2888 Disaster Leadership Group, which I think you said

2889 you participated in around January 23rd; is that
2890 right?

2891 A Yeah.

2892 Q Can you tell us what that group was?

2893 A It's a policy group principally and it
2894 brings all the different heads of the agencies of
2895 HHS together. It's a policy group; it's not an
2896 operational group. Separate from that, it's
2897 Emergency Support Function Number 8, for which that
2898 is the -- under the national response framework,
2899 National Response Plan, the operational arm, of
2900 saying, How do we employ assets to fit the needs or
2901 fill the needs of state and locals?

2902 So this policy group is really to say
2903 what are the policy issues we need to kind of true
2904 with?

2905 So, for example, one of them would
2906 have been, Hey, we have a policy issue as it relates
2907 to emergency use authorization for industrial use
2908 N95s. If that would have been surfaced there, the
2909 FDA would have said, Okay, that would have been like
2910 when that percolated up.

2911 As it related to testing, we'd go to
2912 CDC. CDC, what about testing? Well, we're working
2913 on the tests. Okay, great. CDC, what can you tell

2914 us about the epidemiology?

2915 It was mostly informational. It was
2916 unclassified. We had -- I mean all the major CMS --
2917 everybody was there. And it was to level-set them
2918 to say, This is what we know.

2919 And, quite frankly, we didn't know a
2920 lot substantively about it. We had the sequence.
2921 We had some basic understanding. The fact that
2922 China says person-to-person spread, okay, but that
2923 was kind of like the thing when we ran through each
2924 of the different agencies, CDC had a principal role
2925 there, obviously talking about what they knew about
2926 the virus.

2927 Q So is that convened or led by Secretary
2928 Azar?

2929 A No, it's me. I'm the guy who convenes it.
2930 I'm the guy who says, Okay, let's go.

2931 Q So you convened it on January 23rd?

2932 A Yes, called it on the 17th or 18th.

2933 Q How frequently did it meet?

2934 A I would say -- I'd say a couple times a
2935 week. And I can't give you an honest number on this
2936 because I delegated that as one of the things that
2937 had to be managed but I had to manage a lot of other
2938 things.

2939 So I said, Okay, head of Strategy
2940 Policy, Plans and Requirements, Sally Phillips, did
2941 it telephonically until she couldn't do it, she had
2942 the medical problems and so she kind of sunset.

2943 But then one of her -- I designated
2944 someone in her absence to do that, and that was just
2945 to make sure that everybody knew what was going on
2946 as things evolved.

2947 Q Sure. You said you called it on
2948 January 17th or 18th?

2949 A Yeah.

2950 Q What was sort of the reason for calling it
2951 then?

2952 A Yeah. That was -- we had -- so, first of
2953 all, didn't have insight from NSC if there was other
2954 information. My information from our intelligence
2955 sources in HHS were, quite frankly, lousy. I mean,
2956 Office of National Security -- I don't want to
2957 disparage anybody -- but they -- and I came from the
2958 SSC, I mean, it's light years different in terms of
2959 what you can read and what you have access to. So I
2960 was making requests, saying, What does the IC know,
2961 tell me what can we glean on this.

2962 And in frank honesty, even if we were
2963 in a SCIF, top secret thing, I wouldn't tell you

2964 more than what was known by CDC at that time.

2965 Q You mentioned that certain policy issues
2966 that were discussed, being N95 masks and testing --

2967 A It was like identifying the things we
2968 needed to do. We're going to have to do, you know,
2969 obviously employ the SNS, work on supply chains, and
2970 realize for the majority of HHS, they didn't have a
2971 role in that.

2972 The other thing I was asking for, I
2973 remember distinctly, was asking for people who would
2974 want to volunteer to help ASPR going forward because
2975 we had to do that as a consequence of the hurricanes
2976 because we ran out of people. And I figured if this
2977 was the real thing, this was a marathon being run at
2978 a sprint.

2979 Q I know you mentioned that the participants
2980 were the HHS heads. So was Director Redfield part
2981 of that?

2982 A CDC was part of it. I'm trying to
2983 remember who it was. If it was Nancy Messonnier.
2984 But, yeah, it wasn't like the director heads, but it
2985 was the working heads.

2986 Q Got it.

2987 A So I had one of the associate
2988 commissioners from FDA and Ed Abrams, who I think

2989 was Policy at that time. So again, it's a policy
2990 group, so it was just to kind of make everybody sure
2991 that everybody knew what we knew because not
2992 everybody would know as a consequence. And it was
2993 to kind of get them prepped for what could be
2994 coming.

2995 Q Was the goal of the DLG accomplished or
2996 the purpose for which you called it accomplished?

2997 A Oh, the initial one, yeah. But I mean,
2998 the thing is, is we found that those things over
2999 time as the situation became more acute and, quite
3000 frankly, dire, that the pace -- that we had to kind
3001 of move to much smaller -- we couldn't convene big
3002 meetings. We just called the people we needed in
3003 the room or on the phone to conduct the business at
3004 hand and execute it that way.

3005 I mean, that was a formality that --
3006 I mean, the person who ran it had a script and it
3007 would be all scripted out. And I'm like, Stop the
3008 scripts: Execute. It got to that point, probably
3009 in mid-February.

3010 Q In late January, China began construction
3011 on multiple large hospital facilities in response to
3012 the strain that was caused by the coronavirus in
3013 their country. Construction on those hospitals were

3014 completed, I think 10 or 14 days later. Do you
3015 recall hearing that news at the time?

3016 A Yeah. We investigated that those things
3017 were already built and assembled. And by the way,
3018 they weren't like their usual hospital. For SARS-1
3019 in 2003 and '04 when they built something similar in
3020 Beijing, they made, you know, whatever --
3021 500 to 1,000-bed hospital, each room was an isolation
3022 unit.

3023 The hospitals they built in Wuhan,
3024 those two, they were warehouse size and they were
3025 BSL-3 negative pressure facilities.

3026 How do we know that? We got video as
3027 part of the investigation that was on the web that
3028 showed the construction of these things and the
3029 exquisite, sophisticated, high-volume ventilation
3030 systems and filter systems they had, which indicated
3031 these things were already built years ago or built
3032 months ago and then assembled. We can't tell which.

3033 Q Did the news of those hospitals impact
3034 ASPR's priorities in any way?

3035 A Yeah. Everything did. Everything did in
3036 terms of the major threats that we were looking at
3037 and ESFA specifically, which was: How are we going
3038 to deal with something that could result in this?

3039 So we were looking at ulterior
3040 treatment sites. They're called ACS, Alternative
3041 Clinical Sites. And we started discussing the idea
3042 of what we would need to do.

3043 FEMA -- you know, FEMA says, We've
3044 got the Corp of Engineers, we can take stadiums
3045 and -- we didn't think that might be as prudent
3046 because you have individual problems. And we were
3047 basing -- everything that we were basing everything
3048 on was based on SARS at that point, not necessarily
3049 the reproductive rate, the transmission rate, but
3050 more specifically, the fact that fecal waste --
3051 pardon me, ladies and gentlemen -- but fecal waste
3052 is infectious and they were documenting cases in
3053 2003 and '04 where people were infected by a
3054 consequence of flushing the toilets who were using
3055 common toilets.

3056 That was actually a struggle with
3057 FEMA, by the way. They were in love with, Let's
3058 make the Civic Center an alternative care site. And
3059 the problem is they were using porta-potties to do
3060 that and those were highly infectious wastes that
3061 were going to be proximate to people, and so it
3062 would be the risk of actually reducing people who
3063 were already pretty sick. That was kind of like the

3064 mayhem we were trying to deal with -- science versus
3065 logistics, right?

3066 Q Did hearing that news cause you to
3067 contemplate or consider how the amount of PPE in the
3068 Nation's Stockpile would fare in the event that --

3069 A We were screwed. I mean, going back to
3070 CIADMs.

3071 Q And --

3072 A -- and, by the way, going back further,
3073 when we looked at the SNS holdings and saying, Well,
3074 what were -- what was the baseline requirement for
3075 these products in the SNS and then realized that we
3076 had significant numbers less. And that was the
3077 basis of the professional judgment budget.

3078 Q Yeah. And based on that realization or
3079 reality, did ASPR take any actions other than what
3080 you've already told us?

3081 A We had our team looking at who could be
3082 domestic suppliers, where could we get it. There
3083 had already started to be a market for secondary
3084 buys. I actually had people probing those to see
3085 which were legit because they were diverting
3086 shipments, you know, what do they call --
3087 intermediate shippers or whatever -- jobbers, I
3088 guess is the word, who were shipping overseas the

3089 product that was destined for, let's say the Middle
3090 East, those places and those people were coming to
3091 us saying, Do you want to buy some N95 masks for \$5
3092 apiece? And for any ones that seemed to be
3093 credible, we actually had a team to look to see if
3094 those were real deals and our Stockpile team had a
3095 method to actually look at that.

3096 So we actually did buy some of those
3097 products, but those even, too, were minimal or
3098 miniscule to the amount that would be needed. And
3099 the only way that was going to be done is if we
3100 issued -- got our money -- DPA did -- and moved out
3101 smartly, which again, happened in March.

3102 Q Sort of along those same lines, according
3103 to public reporting, U.S. manufacturers shipped
3104 millions of dollars' worth of face masks and other
3105 medical equipment to China in late January, all the
3106 way through February, with encouragement from the
3107 federal government. Do you recall that?

3108 A Well, it wasn't encouragement; it was
3109 based out of, I think, a deliberative policy
3110 decision that said what's our first -- if something
3111 happens, we want to keep it over there. So it was
3112 the belief that we could help them keep it over
3113 there since they were needing it.

3114 And I have an anecdote about that
3115 where I was contacted by about intermediary of the
3116 Chinese government asking if we would make a
3117 donation of PPE to them and I said, Well, let's
3118 talk. The individual was the nephew by marriage to
3119 Xi Jinping. Through the intermediary, I suggested
3120 that we could probably accommodate them some modest
3121 amount as a sign of goodwill and intent that we were
3122 with them and, hopefully, they could use this to
3123 protect their healthcare workers. And we came up
3124 with what they needed, like 500,000 N95s and gowns
3125 and things like that.

3126 And I said, But here's the deal.
3127 We're going to swap it. And we would like to have
3128 the viral strain that first emerged so that we can
3129 evaluate it fully, sequence it and evaluate in
3130 culture so that we could see how it performs,
3131 because the sequence tells you only part of it. And
3132 they refused to do that and for a reason that I
3133 can't say here. But we didn't do the swap.

3134 But then, with that, the view was,
3135 Hey, wait a minute. Particularly when it became
3136 more apparent that there were not becoming
3137 forthcoming, that there -- but there was a
3138 transition on that.

3139 [Majority Staff]: Just one clarification: You
3140 said you couldn't say why here. Can you
3141 clarify --

3142 THE WITNESS: It's classified.

3143 [Majority Staff]: Thank you.

3144 [Majority Staff]: I'm at my hour. I just have
3145 one or two questions left.

3146 DR. KADLEC: Go ahead.

3147 [Majority Staff]: We won't take it from your
3148 break, I promise.

3149 BY [Majority Staff]:

3150 Q What was your reaction to U.S.
3151 manufacturers selling these products to China in
3152 that time period? Did it cause you concern?

3153 A Here's the thing: We couldn't do a damn
3154 thing about it because we could have bought it if we
3155 had money. We could have DPA'd and said, Okay, we
3156 can DPA this and buy it, but you have to have a
3157 contract and rate the contract and be able to do
3158 that.

3159 So the thing is that, like, you know,
3160 Well, we need those, but people are paying -- by the
3161 way, the Chinese weren't the only ones; everybody
3162 was doing it. But we had no money. And I went to
3163 general counsel at HHS and said: Is there any

3164 way -- it wasn't you, by the way.

3165 MR. BARSTOW: Okay.

3166 A Your predecessor. But it was, is there
3167 any way we can do that to wrap this up? And the
3168 answer was: No, not legally.

3169 BY [Majority Staff]:

3170 Q In the anecdote you explained -- I'm
3171 sorry, I just want to go back to that for a second.
3172 The supplies you mentioned even though the Chinese
3173 government didn't agree to the exchange were the
3174 supplies still sent --

3175 A No. That was the deal.

3176 [Majority Staff]: Unless anyone else has any
3177 other questions.

3178 [Majority Staff]: I'm sorry, I'm unclear about
3179 the anecdote. There was public reporting that
3180 supplies were sent to China --

3181 DR. KADLEC: Yeah, but not from me, not
3182 from ASPR and not from the SNS.

3183 [Majority Staff]: Do you know who was involved
3184 in that?

3185 DR. KADLEC: I thought it was some
3186 charitable, yeah, there were some outside
3187 groups that were doing it, but I don't know of
3188 anybody in the federal government that was

3189 doing it. And we had the only supply -- in
3190 order to do that, I needed to get Secretary
3191 approval to do any of that.

3192 And the deal was, we're going to get the
3193 virus -- because one of the things we want to
3194 know was whether we could get the whole virus
3195 rather than the recreated virus.

3196 [Majority Staff]: We can go off the record.

3197 (Recess from 12:07 p.m. to 12:42. p.m.)

3198 BY [Minority Staff]:

3199 Q Dr. Kadlec, I want to ask you a little bit
3200 about your understanding of the origins of COVID-19,
3201 what was going on in Wuhan and also research based
3202 in the United States.

3203 The NIH's definition of gain of
3204 function is a type of research that modifies a
3205 biological agent so that it confers newer enhanced
3206 activity to that agent. Do you agree with that
3207 definition?

3208 A Yes.

3209 Q What kind of experiments would constitute
3210 gain of function under that definition?

3211 A Well, it could be a range of things from
3212 increased transmission, virulence. I mentioned
3213 infectivity. It could be antimicrobial resistance,

3214 so it's a variety of the things: Environmental
3215 stability, ease of production, replication, growth
3216 rate. So there are a lot of things -- oh, I forgot
3217 the critical one: Immunomodulation, which would be
3218 to somehow affect the host's response, immune
3219 response to the agent.

3220 Q Would serial passage also be?

3221 A Certainly is. That's a technique to do
3222 it. You can do it through genetic manipulation or
3223 through serial passage. It's been defined
3224 historically as being one exceptional way to
3225 increase virulence in transmissibility of an
3226 organism.

3227 Q Are you aware of Dr. Peter Daszak in
3228 EcoHealth Alliance?

3229 A Yes, I am.

3230 Q I want to read to you from their Year 5
3231 Progress Report, and I have tweaked some of the
3232 words so that they're easier to understand.

3233 A Okay.

3234 Q So in Year 5 we continued in vivo
3235 infection experiments of diverse bat SARS-related
3236 coronaviruses on transgenic mice expressing human
3237 ACE-2 mice were infected with 4 strains of
3238 SARS-related coronaviruses with different spike

3239 proteins, including full-length recombinant viruses
3240 of SARS-related WIV1 and three chimeric viruses with
3241 the backbone of WIV1 and spike proteins from three
3242 other bat coronaviruses. All of the 4 Coronaviruses
3243 caused lethal infection in human transgenic mice,
3244 but the mortality rate vary among 4 groups.
3245 Fourteen days post-infection, five out of the seven
3246 mice infected with WIV1 remained alive, while only
3247 two out of the eight mice infected with one of the
3248 full-length chimeres survived.

3249 Does that sound like a
3250 gain-of-function experiment?

3251 A Yes.

3252 Q Why?

3253 A Primarily, you're taking either a
3254 nonviable virus through the spike protein or with
3255 one which is known not to be pathogenic, and you're
3256 enhancing its virulence, meaning its pathogenicity,
3257 causing the mice to die.

3258 Q As the ASPR, did you oversee the potential
3259 pandemic package in oversight framework?

3260 A Yes.

3261 Q Can you explain what that is.

3262 A This is a review group that ASPR hosts.

3263 However, it reflects research that are done in other

3264 parts of HHS, particularly NIH, that are referred by
3265 a parent organization, like NIH or CDC, to review
3266 the methodologies, the purpose and the reason why
3267 studies of gain-of-function nature or questionable
3268 nature should be considered for funding.

3269 Q When was the P3CO established?

3270 A I think it was in 2017 prior to my
3271 arrival. It was something that was one of my
3272 additional functions, though it didn't fit easily
3273 into the preparedness and response bucket, but my
3274 predecessor took ownership of it.

3275 Q If you have knowledge, can you explain
3276 kind of the process from start to finish from when a
3277 grant was proposed to when it would get referred in
3278 the P3 meeting process.

3279 A I have to admit I don't recall the
3280 particulars, so I have to apologize. I'm kind of
3281 filling in a few blanks with "I don't knows."

3282 But a grant would be received by the
3283 grant officer and a science officer, who would
3284 review it. And then could be referred up the chain
3285 into NIH for review as a question to whether or not
3286 it is that way.

3287 Oftentimes, these things are
3288 reconciled internally, and I believe the NIH grant

3289 that you read from was one of those that did not --
3290 was not recommended or forwarded for review by the
3291 P3CO.

3292 The P3CO is a representative group of
3293 several experts. ASPR -- I don't want to say
3294 DASPR -- but ASPR facilitates that conversation for
3295 which it's basically a fact-finding endeavor. I did
3296 a couple of them myself initially just to get a
3297 sense of how this was conducted.

3298 But, basically, you would have the
3299 researcher or his emissary or someone relayed what
3300 they were doing, a synopsis of the experiment. You
3301 have the comments by the experts -- and I'm not an
3302 nonexpert -- and then you would have questions from
3303 the ASPR as to whether or not there would be
3304 additional questions that should be answered as a
3305 consequence of the research I was presenting.

3306 One thing I didn't appreciate before
3307 I held my first one was that DASPR -- "ASPR" and
3308 "DASPR" -- doesn't have any kind of power to say,
3309 Well, before we fund that, why don't we review it or
3310 why don't we get more information about biosafety.

3311 I know in one of my -- in one of my
3312 early ones, I -- it was a foreign recipient, someone
3313 who had received grants before. And I asked about

3314 the status of the laboratory and whether or not --
3315 when it was last certified for biosafety levels and
3316 equipment and things of that nature, as well as
3317 whether the personnel there were, at least, assessed
3318 for any risk for, you know, biosecurity problems.

3319 And the answer was: We'll get back
3320 to you. But the answer was also: That really
3321 doesn't matter, that the grant will be -- you know,
3322 unless there's a compelling reason that are
3323 determined by the reviewers, it just basically gets
3324 reviewed and then sent back to the parent operation
3325 for funding.

3326 So it really -- it really doesn't
3327 have a regulatory role. It's more informational.
3328 And that was very disconcerting to me because, as we
3329 witnessed, or I've learned, NIH has very limited
3330 capacity, like none, to review grants and, more
3331 importantly, evaluate whether or not the grantees
3332 are capable of abiding by their requirements
3333 identified in the grant, subject -- that particular
3334 grant or the grant itself in what we identified one
3335 of the subgrantees performing work at a lower
3336 biosafety level than established in the grant by
3337 NIH.

3338 Q That's the grantee being Wuhan Institute

3339 of Virology?

3340 A That's correct.

3341 Q What country was involved in the --

3342 A It was Netherlands.

3343 Q Okay. The NIH says that only three
3344 projects were ever referred to the P3CO. Does that
3345 right?

3346 A That sounds about right.

3347 Q Do you know what those three are?

3348 A They were influenza related. And, again,
3349 it was almost like I dared to ask the question of
3350 like: When was the last time your laboratory was
3351 certified? Kind of offended the guy. But it was
3352 proforma kind of review and not what I thought would
3353 be, I think, appropriate for things of gain of
3354 function that would be at risk for potential
3355 pandemics.

3356 Q Is Dr. Fouchier known for gain-of-function
3357 research?

3358 A Yes, he is.

3359 Q Did an experiment by Dr. Fouchier lead to
3360 the U.S. moratorium on the gain-of-function
3361 research?

3362 A I think it was involved in its day.

3363 Q Who --

3364 A By the way, the moratorium was invoked, I
3365 think 2014, so that was before my time. So I have a
3366 feeling it was, but I don't know for a fact.

3367 Q You alluded to it. Who makes the decision
3368 to refer or not refer a grant to the P3CO?

3369 A Well, I don't recall, but it's kind of
3370 within NIH. It goes either through NIAID, or one of
3371 the institutes. This one came from NIAID to the NIH
3372 office and then it gets referred.

3373 Q Would it be at the director level, so Dr.
3374 Fauci or subordinate?

3375 A I think it would be someone in that
3376 neighborhood, Dr. Fauci or Dr. Calvin's offices.

3377 Q In your experience in P3CO meetings, what
3378 documents were produced after the fact?

3379 A After the fact, I'm not sure. Before the
3380 fact was a brief -- you know, a brief -- you know,
3381 like a briefing material, one or two pages,
3382 describing generally what the science was, what the
3383 purpose was, who was doing it, where it was being
3384 done.

3385 But now it's the grant itself or
3386 details that are oftentimes contained in the grant.
3387 The reviewers would likely have those. I did not.

3388 Q Did P3CO meet regularly or only when

3389 referred?

3390 A As I recall, only when referred.

3391 Q Do you recall who the members of the P3CO
3392 are?

3393 A Yeah. I know there was a representative
3394 from FDA, but I don't recall who was -- if there was
3395 a fourth party or fifth party. It was a small
3396 group.

3397 And where I had particular concern,
3398 because I had served on the NSABB, which was created
3399 in the Bush administration but was originally in
3400 response to the Fink report, which was the
3401 National Academy Study, that identified -- defined
3402 gain of function called "The Seven Deadly Sins,"
3403 conveniently enough. And with that, a consultative
3404 body was created with some really very accomplished
3405 scientific people that was -- it was kind of hard to
3406 place in the government, but it ultimately ended up
3407 in the NIH.

3408 And when I joined it, actually before
3409 I went to the SSC when I was in the private sector
3410 and I had attended a few meetings -- a couple
3411 meetings, the NSABB was also something we frequently
3412 consulted on and that, to me, represented probably
3413 the kinds of people you'd want to review these

3414 things, particularly people in areas of expertise,
3415 you know, in deep substantive areas, you know, if it
3416 was like coronaviruses or influenza, because my
3417 sense in talking with the reviewers, that they were
3418 kind of either told or volunteered to be these
3419 reviewers and didn't necessarily align with the
3420 substantive area that they were reviewing.

3421 So it was just a bit of a mismatch to
3422 me and the NSABB, as well, because, you know,
3423 arguably, that should have been more of a heavier --
3424 I mean, should have been the kind of representative
3425 expertise you'd want to review this by.

3426 Q If you recall in the potential meetings
3427 you attended, do you remember any document
3428 destruction, any note destruction?

3429 A No. Again, it was telephonic, so I
3430 couldn't see the other reviewers or the presenter
3431 but I would listen to him and took my own notes. I
3432 don't have those available to me.

3433 But, again, I can just tell you the
3434 contour of the questions I kind of asked, which was:
3435 Okay, how do you make sure that you're safe and
3436 you're secured in this endeavor?

3437 Q The 5-Year Progress Report I read to you
3438 was from a grant that was reviewed in 2019, the

3439 original grant was 2014, so prior to the formation
3440 of P3CO. Should that grant have been referred to
3441 the P3CO?

3442 A I would think so. Again, I know that on
3443 the basis of my investigation, not my role as ASPR,
3444 for the record, is that the determination about how
3445 it was or was not gain of function was kind of a
3446 discussion between the grantor and the grantee, in
3447 this case EcoHealth Alliance.

3448 So they kind of said, Well, this --
3449 you know, if it doesn't grow more than one
3450 logarithmic level above, then it's okay. But if it
3451 does, stop and let us know.

3452 And, by the way, that happened --
3453 EcoHealth did its right of responsibility of
3454 notification, but NIH did not stop the further
3455 experiments.

3456 MR. HECHT: And when you say that, "as a
3457 result of the investigation," you're talking
3458 about the investigation you did after --

3459 DR. KADLEC: Right. This is when I worked
3460 in the Center. So that's why I would just want
3461 to say this is a product afterwards, so I did
3462 not know that as a consequence in my role as
3463 the ASPR.

3464 Q On October 20th, 2021, NIH sent letters to
3465 Mr. Comer, I believe to Senator Burr as well,
3466 stating that EcoHealth had performed an experiment
3467 that went greater than one log viral growth, an
3468 experiment that happened in 2019 and only confirmed
3469 in 2021, the -- but they said it was not
3470 gain-of-function research because it doesn't meet
3471 the refined definition of EPPP.

3472 Do you think the enhanced potential
3473 pandemic definition is too narrow?

3474 A My concern is that -- yes. Simply yes. I
3475 just think it -- the margin of safety you want with
3476 any kind of recombinant research needs to be much
3477 broader in the case of unintended consequences or,
3478 as Tony Fauci likes to say, scientific discoveries.
3479 So I think by narrowing it, it excludes things that
3480 should be included.

3481 And by the way, that has a cascade
3482 effect, because as reviewing the regulations that
3483 China was using, which are knockoffs of NIH's
3484 regulation, you see that they use a 2002 version,
3485 which is different than a 2019 version. One is
3486 broad in 2002. One is very narrow in 2019. So,
3487 clearly, this idea of excluding things has potential
3488 peril.

3489 Q Does gain-of-function research have
3490 dual-use capabilities?

3491 A Oh, yes.

3492 Q Can you explain some of them.

3493 A If you were trying to do something really
3494 nasty -- and this was a consideration for us at the
3495 SNS and other places of -- with antimicrobial
3496 resistance program, you can confer, let's say,
3497 antibiotic resistance to a bug like anthrax against
3498 ciprofloxacin, which we had a fairly large holding
3499 of, or tetracycline or doxycycline, which we had a
3500 large holding of in conceivably both. And we can
3501 kind of, like, render ineffective our stockpile if
3502 someone were devious and malicious enough to do
3503 that. And I would argue that anybody that was
3504 trying to do this against us as an act of war,
3505 terrorism or criminal intent would try to do that.

3506 Q In your experience, are there specific
3507 countries that have biological and chemical weapons,
3508 ideas or programs?

3509 A Yes.

3510 Q Which ones?

3511 A Those that are acknowledged publicly and
3512 classified by the State Department: Russia, China,
3513 Syria, North Korea and Iran. And I'm using the

3514 compilation of chemical and biological for those
3515 countries.

3516 Q Do you think the U.S. government should
3517 reevaluate how it regulates gain-of-function
3518 research?

3519 A I think that there needs to be a way of,
3520 not only defining it, but also having a process that
3521 really does provide, I think, credible oversight of
3522 those activities.

3523 And I only -- I am one who says we
3524 may need to do those things, and I think we need to
3525 do those kind of gain-of-function research. In
3526 fact, as ASPR, I sponsored some of that research in
3527 Department of Homeland Security. It was classified.

3528 But looking at some of the
3529 possibilities of immunomodulation that could defeat
3530 our vaccines, so it was based on the idea that we
3531 had reason to believe by historic precedent that
3532 adversaries of the United States were working on
3533 something that could defeat, not only our anthrax
3534 vaccine but, arguably, any vaccine that we
3535 developed.

3536 Q Do you think that reevaluation should
3537 include people outside of the scientific community
3538 in National Security --

3539 A Most certainly, definitely. I mean,
3540 there's a bit of a common sense test here. And I'll
3541 give you an example, which is the EcoHealth Alliance
3542 proposal.

3543 That one is one they did -- they
3544 submitted to DARPA in March of 2018, and the issue
3545 is -- no one is questioning the objective of trying
3546 to identify potential pathogens, pandemic pathogens.
3547 But I would argue that it's kind of like going into
3548 a basement with a lighted match looking for a gas
3549 leak. That is sometimes lost to the scientific
3550 community, that they're very focused on the science
3551 or the coolness -- I don't want to say the
3552 coolness -- but what they can demonstrate they can
3553 do with science and how they can replicate nature,
3554 that sometimes that gets lost.

3555 If it's not for the benefit of our
3556 own researchers, it is certainly, I think, important
3557 to us for the benefit of other world researchers to
3558 understand what the United States has defined,
3559 because many of them follow us, as the Chinese
3560 indicated they did -- or at least we thought they
3561 did.

3562 Q You mentioned five countries that we
3563 unclassified know have a chembio program. Should we

3564 ever fund gain-of-function research in those
3565 countries?

3566 A I find it very hard and I just don't
3567 understand the logic of doing so without strict
3568 oversight and confidence of who is doing what, where
3569 and how. We have identified that in a number of NIH
3570 grants that PLA, People's Liberation Army,
3571 researchers were contributing or both assurances of
3572 research grants that NIH gave.

3573 And I just think that, in all
3574 fairness to everybody, I think you just have to kind
3575 of remove that issue of ambiguity or concern that
3576 that may be used for dual-use purposes.

3577 Q Those five countries are also primarily --
3578 have primarily state-run academic and medical
3579 institutions. Does funding any research in those
3580 countries pose a threat to the United States?

3581 A Again, I would have to say it's hard to do
3582 a blanket, but I would have to say it has to be
3583 carefully scrutinized. And in the case of Wuhan
3584 Institute of Virology, it was part of the Chinese
3585 Academy of Sciences, who, by the way, were the very
3586 same civilian scientists who developed a nuclear
3587 bomb for China.

3588 So their historic record is they've

3589 contributed to nuclear weapons, to hypersonic
3590 missiles, to antisatellite capabilities.

3591 Q Are -- to your knowledge, are Dr. Fauci
3592 and Dr. Collins proponents of gain-of-function
3593 research?

3594 A Well, I don't know where they are now but
3595 they historically have been. I take it that, at
3596 least from Dr. Fauci's point of view from comments
3597 he made in 2015, that even risking a pandemic is
3598 important to advance science to take that risk.

3599 I haven't talked to him about the
3600 possibility that this was a -- you know, a leak or
3601 some kind of accident -- research accident.

3602 But I would have to think after a
3603 million Americans died, I think both of them would
3604 probably pause, I would hope.

3605 Q Do you think it's a conflict of interest
3606 to have the two people that are proponents of
3607 gain-of-function research in charge of determining
3608 whether or not it is gain-of-function research?

3609 A I certainly would be in favor of some kind
3610 of independent regulatory activity. And I would say
3611 that it doesn't reside in ASPR because we don't have
3612 to expertise to do that. But some place where you
3613 can get access to the expertise to, basically,

3614 monitor this kind of research because (a), we need
3615 to do it, but (b), we need to do it with reasonable
3616 precautions and guidelines.

3617 Q Do you think it should be paused pending
3618 those reviews?

3619 A I think we need to fix the problem before
3620 we add to the problem.

3621 [Minority Staff]: Can I jump in real quick?

3622 [Minority Staff]: Yes.

3623 [Minority Staff]: You mentioned Dr. Fauci 2015
3624 comments. What specifically were you referring
3625 to?

3626 DR. KADLEC: Well, he made a -- and I
3627 can't remember the setting, it was National
3628 Academies or some other public forum -- where
3629 he cited that he recognized the risks that were
3630 associated with gain-of-function research;
3631 however, citing the possibility that, even the
3632 pandemic may occur, that the risks have to be
3633 engaged or confronted because it's too
3634 important to overall science not to do this
3635 kind of work.

3636 [Minority Staff]: Do you think EcoHealth was
3637 conducting their work in China with the
3638 permission of any government agency?

3639 DR. KADLEC: Well, we know that they
3640 received funding from NIH, I think DOD and
3641 USAID.

3642 [Minority Staff]: Any other?

3643 DR. KADLEC: Not that I know of off the
3644 top of my head. I think they may have gotten
3645 some philanthropic money, but those are the
3646 only federal agencies I know.

3647 [Minority Staff]: Is it in the normal course
3648 for USAID to fund virus research?

3649 DR. KADLEC: Well, again, in light of what
3650 they viewed forecasting future pandemics, in
3651 looking at the zoonotic piece of it, the animal
3652 piece, they too felt that the risks of not
3653 doing it were greater than the risks of doing
3654 it.

3655 [Redacted]

3656 [Redacted]

3657 [Redacted]

3658 [Redacted]

3659 [Redacted]

3660 [Minority Staff]: Okay. Thanks, that's all I
3661 have.

3662 [Minority Staff]: I will introduce what is
3663 Minority Exhibit A. It is a January 11th, 2022

3664 record from Secretary Xavier Becerra from
3665 Mr. Comer and Mr. Jordan.

3666 It details redacted -- formerly redacted
3667 emails following a February 1st, 2020
3668 conference call that Dr. Fauci and Dr. Collins
3669 participated in with at least 11 international
3670 scientists.

3671 (Minority Exhibit A was marked for
3672 identification.)

3673 BY [Minority Staff]:

3674 Q To start, Dr. Kadlec, were you invited to
3675 that conference call?

3676 A No, I wasn't but my Chief Science Officer
3677 participated in it.

3678 Q Who is that?

3679 A David Christopher -- David Christopher
3680 Hassel, H-A-S-S-E-L.

3681 Q Is Dr. Hassel also the Chairman of the
3682 P3CO?

3683 A Now I believe he has that position.

3684 Q Were you aware of this call when it was
3685 taking place?

3686 A In some ways I may have initiated this
3687 call out of purest intent, which was as a
3688 consequence of the growing voice of concern about

3689 the origins of the virus. And this was in January
3690 -- early in January of 2019, and again the timing of
3691 which I'm not sure of.

3692 It was apparent that there was a lot
3693 of people speculating that that may be the case. We
3694 were confronted with internally the difficulty of
3695 getting information from China, having them share.

3696 Secretary Azar had reached out to
3697 Minister Ma. Redfield was talking to Gao every
3698 opportunity he could and yet, the information was
3699 slow and halting. We were getting some informal
3700 circuits of information that seemed to be at
3701 variance to what the officials were saying.

3702 And I asked Dr. Hassel to -- and I
3703 actually engaged the National Academies of Science,
3704 which we have an existing relationship with, to
3705 convene a quick conclave of experts to make an
3706 initial look at the -- the genome of the virus to,
3707 at least, opine whether they could, one way or the
3708 other, whether there was any issues that they
3709 immediately saw as potentially alarming or
3710 suggesting genetic manipulation.

3711 They did so. They published a letter
3712 as a consequence of that that said no obvious issue
3713 there.

3714 The question came up as a consequence
3715 of that effort and Dr. Fauci volunteered to convene
3716 a call of international experts because he knew
3717 everybody, they're on his speed dial, and that he
3718 would kind of corner them as well.

3719 So that's what I know of that part of
3720 it.

3721 Q Did you know who the experts were going to
3722 be that the National Academies were going to talk
3723 to?

3724 A I have the names -- I mean, I have the
3725 letter that listed them. There were only like four
3726 or six. I spoke to Victor Dzau, who's the head of
3727 the National Academies of Medicine. He was the one
3728 that got the group together and conducted it, but I
3729 don't recall who it was. Maybe Dr. Hassel, but I
3730 don't recall.

3731 Q Are you aware that Dr. Daszak was one of
3732 those names?

3733 A No, I was not.

3734 Q On this conference -- first, were any of
3735 the notes of this conference call related to you
3736 after the fact?

3737 A No. I think we initially saw them as a
3738 result of a FOIA release.

3739 Q In the notes various scientist raise
3740 concerns with the furin cleavage site in the spike
3741 protein. Can you explain what a furin cleavage site
3742 is.

3743 A Sure. A furin cleavage site is what we
3744 call polybasic furin cleavage site. There are four
3745 amino acids that permit certain enzymes to split
3746 whatever it's attached to, and that facilitates, if
3747 you will, a few things.

3748 I should just first say from the
3749 outset, in SARS, like beta coronaviruses, there's
3750 been no recorded furin cleavage site found to this
3751 date. They're related coronaviruses. Alpha
3752 coronaviruses and delta coronaviruses that have
3753 these.

3754 And why they're significant is
3755 because in influenza, as well as we know in pig
3756 coronaviruses, furin cleavage sites actually
3757 facilitate the replication and infection of that
3758 virus in the host cell. So it improves, if you
3759 will, the ability of the cell to infect other cells.

3760 The speculation in this case with the
3761 furin cleavage site is that that would be a gain of
3762 function, for which has never been identified. And
3763 we spoke to one of the leading experts on this,

3764 David Baltimore, who is, I guess, a Nobel laureate,
3765 and his suspicion was that its existence certainly
3766 suggested the possibility that this could have been
3767 manipulated.

3768 Having said that, it is something
3769 that has been tested in SARS-CoV-2 to eliminate it
3770 to demonstrate that if you take it out, it's less
3771 virulent and doesn't replicate as fast or as good as
3772 with it.

3773 So it is something that is
3774 significant to the virus's characteristics and it
3775 has clinical effects. And how it got there, no one
3776 is sure.

3777 Q To clarify that statement for the record,
3778 you're saying without the furin cleavage site,
3779 SARS-COVID-2 is less transmissible and less deadly
3780 in humans?

3781 A Yes -- well, it has been shown in animals.

3782 Q Okay.

3783 A And there have been cases where the furin
3784 cleavage site has mutated out and so they've
3785 identified some cases of that. And the SARS-CoV-2
3786 in those cases in humans is less virulent, and they
3787 don't know about transmissibility because they can't
3788 do the experiments.

3789 Q Dr. Redfield has said that the genome in
3790 the virus itself is why he thinks it came from the
3791 lab, that the virus gives itself away.

3792 On page 2 of the appendix in that
3793 letter, Dr. Farzan, who is a researcher at the
3794 Scripps Institute in California, says: A likely
3795 explanation could be something as simple as passage
3796 SARS-like coronavirus in tissue culture on human
3797 cell lines (under Biosafety Level 2) for an extended
3798 period of time, creating a virus that would be
3799 primed for rapid transmission between humans via
3800 gain-of-furin site.

3801 We talked about this a little bit
3802 earlier, but that kind of serial passage would be a
3803 gain-of-function research project?

3804 A Yes.

3805 Q A little bit further down, Dr. Garry, who
3806 is a scientist at Tulsa University says: I really
3807 can't think of a plausible natural scenario where
3808 you get from the bat virus or one very similar to it
3809 to the novel coronavirus where you insert exactly 4
3810 amino acids, 12 nucleotide that all have to be added
3811 at the exact same time to gain this function. I
3812 just can't figure out how this gets accomplished in
3813 nature. Of course, in the lab it would be easy to

3814 generate the perfect 12 base insert.

3815 Can you explain a little bit of that;
3816 what's Dr. Garry talking about with the 12 base
3817 insert?

3818 A So an ammino acid is typically coded for
3819 by a series of chase bearers. In this case with
3820 this virus, it's RNA. And so in order to do 4 amino
3821 acids you need, 12 nucleotides to do that, so 4
3822 nucleotides for each of the amino acids. And
3823 they're distinct. There are four flavors in RNA and
3824 four flavors in DNA and there are differences
3825 between the two.

3826 But the point here is that it takes a
3827 very specific code to result in a specific amino
3828 acid in a specific order of sequence to get the
3829 effect.

3830 So if you were to have one of the
3831 nucleotides out of order, that would probably botch
3832 this up to not -- to get you a polybasic furin
3833 cleavage site.

3834 Q If we flip to page 7 and 8, we have an
3835 email from Dr. Robert Fouchier, who you referenced
3836 earlier in the Netherlands. And on the bottom of
3837 page 8 he says: Further debate about such
3838 accusations, references leaking from the Wuhan

3839 Institute of Virology, would unnecessarily detract
3840 top researchers from their activity duties and do
3841 unnecessary harm to science in general and science
3842 in China in particular.

3843 Does that go contrary to the
3844 scientific method that debating a hypothesis would
3845 harm science itself?

3846 A It would seem that it's a peripheral issue
3847 to the substance of conversation of the origin of
3848 that furin cleavage site. So yes, I would think
3849 that's a little far afield.

3850 Q The call resulted in four of the
3851 participants writing a paper in Nature Medicine,
3852 published February 17th, 2020, whose conclusion was,
3853 quote: Our analysis clearly show that COVID-19 is
3854 not a laboratory construct or purposely manipulated
3855 virus. Prior to National Academy's consulting some
3856 of the same people who wrote that paper said they
3857 couldn't figure out -- they couldn't make a
3858 determination either way.

3859 Do you think the statement that it
3860 clearly shows COVID-19 is not a laboratory construct
3861 is false?

3862 A I would say it's not correct.

3863 Q Can we even say that today?

3864 A Yes.

3865 Q Dr. Garry, whose notes we just read and
3866 who's an author of the Nature Medicine piece, once
3867 this letter came out, told the intercept, quote:
3868 That the consensus on the call was (1) don't write a
3869 paper at all, it's unnecessary. Or (2) if you do
3870 write a paper, don't mention lab origin as that will
3871 just add fuel to the conspiracies.

3872 Does that go contrary to scientific
3873 method?

3874 A It certainly wouldn't be what I consider
3875 being appropriate.

3876 Q Should scientists write papers with an
3877 outcome in mind?

3878 A No, not if they're following the
3879 scientific method.

3880 Q If we flip to page 12 of the appendix,
3881 this is an email from Dr. Collins to Dr. Fauci,
3882 Dr. Tabak, Dr. Lane and Mr. Burklow, where
3883 Dr. Collins writes: Wondering if there's something
3884 NIH can do to help put down this very destructive
3885 conspiracy, with what seems to be growing momentum.

3886 He then cites an article that says:

3887 Fox's Bret Baier sources increasingly
3888 confident coronavirus outbreak started in Wuhan lab.

3889 Dr. Collins says: I hoped the Nature
3890 Medicine article on the genomic sequence of
3891 SARS-CoV-2 would settle this. But probably didn't
3892 get much visibility. Anything more we can do?

3893 He then says: Ask the National Academy to
3894 weigh in? Which had already happened months
3895 earlier.

3896 Why would Dr. Collins want to put down the
3897 theory of the lab leak?

3898 A Well, I don't know. And personally, I
3899 think it would be more philosophical than factual in
3900 the sense of his desire not to impact the
3901 opportunity to do gain-of-function research.

3902 Q Do you think it's -- if a lab leak was
3903 proven plausible or beyond a doubt, that it would
3904 affect the NIH's budget?

3905 A I would think it would certainly affect
3906 the processes by which they review grants and how
3907 they monitor grants that are being conducted in the
3908 gain-of-function realm.

3909 Q Do you think the lab leak is a very
3910 constructive conspiracy?

3911 A No.

3912 Q Do you think Dr. Collins and Dr. Fauci
3913 took concerted efforts to suppress the lab leak?

3914 A I don't know what their intentions are,
3915 but it certainly raises questions in my mind what
3916 their intent was as it related to somehow defer or
3917 deter discussions around lab leaks.

3918 Q Do you think suppression of this evidence
3919 cost time in the response?

3920 A I don't know. From my point of view, the
3921 intent of what we were trying to do with the
3922 National Academies was to try and coax the Chinese
3923 to be as forthcoming as they were. I think, in
3924 retrospect, it was evident that they weren't going
3925 to be very transparent and it over time became less
3926 so.

3927 So it -- it -- I just don't know, but
3928 I do know that this became a real problem as we went
3929 forward, just in terms of, you know, knowing that
3930 there was people making comments that I personally
3931 knew that were somewhat questionable.

3932 And to your point, contrary to the
3933 scientific method and to science that everybody was
3934 trying to abide by in this crisis. So I kind of
3935 feel, in retrospect, that a lot of this has
3936 undermined people's trust of science if it does turn
3937 out to be something other than a natural spillover
3938 event.

3939 And to this point, the Chinese have
3940 not provided the data that would be exculpatory to
3941 their -- to the spillover event kind of event.

3942 Q Yeah.

3943 A So after two years, which itself is --
3944 speaks volumes, in light of precedence in SARS-1 and
3945 MERS, where the identity of the intermediate host
3946 was made within weeks and months of the outbreaks.

3947 Q Regardless of the origin of the COVID-19,
3948 do you think there needs to be an international
3949 re-evaluation on lab biosafety and biosecurity?

3950 A Yes.

3951 Q What do you think that should look like?

3952 A The question is: What forum should it be
3953 conducted under? Whether it should be conducted as
3954 an independent scientific group or should it be
3955 affiliated with one of the existing structures?

3956 WHO, on one hand, which has
3957 oftentimes promulgated laboratory safety
3958 requirements or the Biological Weapons Convention,
3959 which sounds absurd, but I served on it for three
3960 years and Article X of that convention specifies the
3961 opportunity to promote safe and productive
3962 scientific endeavors globally.

3963 And that would be a way to -- because

3964 it's dual-use kind of research with gain of
3965 function, it would seem that that could strengthen
3966 the BWC to use that vehicle as a purpose or as the
3967 means to do so.

3968 I just worry that WHO has become so
3969 politicized. And even most recently, we met with
3970 representatives from the WHO who are involved in the
3971 COVID investigation and they remained stymied by the
3972 intransigence of China to not disclose anything or
3973 provide additional access to either people, data or
3974 places.

3975 Q Have you -- did you read the two new
3976 market-based studies from Dr. Worobey that came out
3977 a month or so ago?

3978 A Yes.

3979 Q What are your thoughts on those?

3980 A Well, he preempted an important paper that
3981 was by Dr. George Gao, the head of the CDC of China.
3982 Dr. Gao's paper basically provided more insight into
3983 the genetic sequences that were recovered at the
3984 Wuhan Seafood Market. The market, interestingly
3985 enough, was the epicenter, or the believed epicenter
3986 for the outbreak or at least offered as such in
3987 December and January and became, I think, an area of
3988 great intense effort and focus of people who believe

3989 the natural spillover happened.

3990 Factually, the number and kind of
3991 animals that were at the Wuhan Market were not
3992 susceptible or not present with SARS-CoV-2. And the
3993 sequences that Gao reported on were environmental
3994 sequences recovered there that were genetically
3995 homologous or identical to human samples that were
3996 collected at the market from clinical cases, which
3997 implies that things that were found in the
3998 environment were shed by people that were in the
3999 market, rather than animals in the market.

4000 Q Those two studies were featured on the
4001 front page of the New York Times. They have yet to
4002 be peer-reviewed and are only in pre-print.

4003 Have you ever seen anything like that
4004 before?

4005 A That is highly unusual. And by the way,
4006 we -- as a matter of course of our studies, our
4007 investigation, we review every pre-print, as well as
4008 finally published, document and catalog what the
4009 differences are. Because oftentimes the review --
4010 the critical review does significantly change,
4011 either the assumptions or the facts or the
4012 conclusions contained in the paper.

4013 Q Have those two been published?

4014 A I'm not aware of that as of now.

4015 Q I want to talk about the WHO investigation
4016 that you just referenced to.

4017 From January 14th, 2021 through
4018 February 10th, 2021, the WHO sent a team into China
4019 to investigate the origins of COVID-19.

4020 Have you read their report?

4021 A Yes.

4022 Q It was 17 international scientists and 17
4023 Chinese scientists and there was only one American,
4024 which was Dr. Daszak from EcoHealth Alliance, we
4025 went over that he had some good relationships in
4026 China and has funded gain-of-function research in
4027 China.

4028 Do you think he has a conflict of
4029 interest in investigating this in China?

4030 A Certainly, I would question his role in
4031 providing an objective analysis or objective views
4032 in this.

4033 Q We had Admiral Giroir in here two weeks
4034 ago and he said the U.S. government submitted three
4035 names to be a part of that study and none of them
4036 were accepted by the Chinese government.

4037 Does that sound correct?

4038 A Yes.

4039 Q If you know, was Dr. Daszak --

4040 A No.

4041 Q -- submitted by the United States

4042 government? Do you know why the three names were
4043 not accepted?

4044 A I do not.

4045 Q It was reported that the Chinese

4046 government had veto power over the international

4047 scientists involved in the report. Do you know if
4048 that is accurate?

4049 A I understand they had veto power over a
4050 lot of things related to the investigation and the
4051 field studies.

4052 Q It was also reported that the Chinese

4053 government was able to design the WHO's

4054 investigatory itinerary and refused access to
4055 certain scientists and data.

4056 Does that sound correct?

4057 A That sounds correct.

4058 Q It was also reported that the

4059 investigation at the behest of the Chinese

4060 government included claims, like COVID-19

4061 originating at Fort Detrick in Maryland or through

4062 internationally shipped frozen food.

4063 Do you know?

4064 A I'm aware of those allegations, which are
4065 groundless.

4066 Q And it was also reported that the Chinese
4067 government was given full edit and approval power
4068 over the final report.

4069 Does that sound accurate?

4070 A That does sound accurate. And to clarify
4071 my statement about the frozen food, there was virus
4072 recovered from frozen food in the market, but it
4073 wasn't that it was likely transported with it. It
4074 was contaminated by someone who was sick in
4075 proximity of the frozen food of the counter.

4076 Q It wasn't internationally shipped frozen
4077 food?

4078 A It wasn't from lobsters in Maine or
4079 Norwegian salmon.

4080 Q Did the Chinese government make a
4081 concerted effort to blame the origin of the COVID-19
4082 on the United States?

4083 A Yes.

4084 Q The final report listed four possible
4085 options and then said three of them should be
4086 investigated further. The three it suggested
4087 investigating further were a direct zoonotic
4088 transfer introduction through an intermediate host

4089 and an introduction through frozen food. The only
4090 one it suggested not investigating was a lab leak.

4091 Do you think the Chinese government
4092 influenced those results?

4093 A At this point I might believe so.

4094 Q WHO investigators, after the report, said
4095 they were given no access to lab data, safety
4096 protocols, personnel sick logs, experiment logs, the
4097 Wuhan Institute's viral database or animal breeding
4098 logs.

4099 Do you think those are important
4100 datapoints for understanding the origins of
4101 COVID-19?

4102 A They're essential.

4103 Q President Biden's Secretary of State
4104 Antony Blinken said, quote: The U.S. has real
4105 concerns about the methodology and the process that
4106 went into the report, including the fact that the
4107 government in Beijing apparently helped write it.

4108 Do you agree?

4109 A Yes.

4110 Q Is the WHO COVID-19 origin report
4111 depository on the origins of the virus?

4112 A No. I would say it's a bit of a
4113 propaganda piece.

4114 Q All right.

4115 [Minority Staff]: Thank you. That's all I
4116 have. [Redacted], if you have any?

4117 [Minority Staff]: No.

4118 (Off the record.)

4119 BY [Majority Staff]:

4120 Q Dr. Kadlec, before we were talking about
4121 events in the January 2020 time period, so I'd like
4122 to take us back to that.

4123 And specifically on January 29th,
4124 2020, as you referenced earlier, the President
4125 announced the formation of a Coronavirus Task Force,
4126 which was at the time chaired by Secretary Azar.

4127 Did you have any role with that Task
4128 Force at this point in time?

4129 A No, I was not named to it initially.

4130 Q While Secretary Azar was leading the Task
4131 Force, did you ever have any role?

4132 A Yes. Later I was added to the -- the
4133 White House made the list and so, for some reason, I
4134 was not on the list and then somehow I was on the
4135 list so . . .

4136 Q Do you recall about when that was?

4137 A I think it was -- I'm not sure, but it
4138 was -- I missed a couple of meetings, maybe two or

4139 three meetings. But they were daily in nature so it
4140 would have to be early February, I guess.

4141 Q And what was your role on the Task Force
4142 at that time?

4143 A I was one of -- at that time,
4144 Dr. Redfield, Dr. Fauci, Dr. Hahn, myself,
4145 Dr. Giroir were the five, if you want to call
4146 clinicians or scientists on the White House Task
4147 Force.

4148 Q What were the priorities of the Task Force
4149 at that time?

4150 A I think one was situational awareness. I
4151 think the policy decision was made very early for
4152 containment, which was predicated on the idea that
4153 it should be based on the belief that this would,
4154 you know, comport to a SARS virus, which excluded
4155 the likelihood of a lot of asymptomatic cases; that
4156 you could identify cases, identify contacts and then
4157 effectively isolate or quarantine those people and
4158 be able to contain that outbreak.

4159 Q So there were specific priorities to
4160 prepare for a pandemic that would impact the United
4161 States?

4162 A Well, it was the belief -- there are a
4163 number of stages -- if you look at the Bush Pandemic

4164 Plan, there's one, two, three. But it was the
4165 belief that we were into what would be the potential
4166 early pandemic phase because no one knew what the
4167 transmissibility of it was.

4168 However, as in SARS-1, when they
4169 recognized the cases in particularly Canada, they
4170 were able to identify the people who were sick
4171 because they were symptomatic. They could diagnose
4172 them with a test ultimately. But, more importantly,
4173 they could do the contact tracing to take anybody
4174 who was exposed to that person and put them in
4175 quarantine.

4176 Q Did you have a particular role or
4177 responsibility in the Task Force?

4178 A We were supportive in the sense of
4179 whatever needed to be done. So, for example, there
4180 are a lot of logistics around the quarantine,
4181 particularly with travel restrictions. And the idea
4182 that they were going to be using 11 or 12 airports
4183 as points of entry from China and that anybody with
4184 a fever would be taken, anybody who would be suspect
4185 would be taken to a quarantine station, i.e., a
4186 hotel or some facility.

4187 And so I supported CDC with my
4188 personnel to assist in helping set up the

4189 infrastructure for that. It took even more of a
4190 major thing when we were taking out the Wuhan
4191 repatriation people because then we actually had to
4192 find -- and we did all that of that work, the
4193 logistics work, subject to finding lodging and
4194 facilities that could be used as quarantine areas
4195 for the period of time those people had to be in
4196 quarantine.

4197 Q You referenced this earlier, but Vice
4198 President Pence took over leadership of the Task
4199 Force at the end of February on the 26th of
4200 February. And I think you said before that was a
4201 surprise to you. Can you speak a little bit more to
4202 that.

4203 A No. It was just that it was -- we were in
4204 this kind of battle rhythm with regard to the Task
4205 Force. And, typically, there would be a call at
4206 8:30, HHS only, chaired by the Chief of Staff, kind
4207 of getting updates: What's the latest epidemiology?
4208 What's the latest here, there or whatever?

4209 And then there would be a call with
4210 the White House Chief of Staff's office at 9:00 to
4211 set the stage for what would be the Task Force
4212 agenda for later that day, usually in the afternoon,
4213 because things usually ended up with the expectation

4214 that there would be a -- I think it was 4:00? Yeah,
4215 something like that, just to be on the cusp of the
4216 evening news hour cycle. And so everything was kind
4217 of metered to that.

4218 Q Prior to the time when Vice President
4219 Pence took over the leadership, how would you
4220 describe Secretary Azar's leadership of the Task
4221 Force?

4222 A Well, he was very deferential to Redfield,
4223 to Holland, and to Fauci. And they had the
4224 principal roles if you want to talk about the
4225 science and the epidemiology. So he was using them
4226 as kind of like the bellwether of what he was
4227 pushing to do.

4228 So as I shared with you earlier,
4229 there is a latency to some of the CDC, but it's a
4230 recommendation as a consequence of, you know, their
4231 scientific methodology that sometimes took longer.

4232 Q I think you mentioned before that part of
4233 the motivation for putting Vice President Pence in
4234 the leadership was that the President lost faith in
4235 Secretary Azar based, in part, on the CDC testing
4236 debacle.

4237 Can you explain more about that.

4238 A Well, that's the -- the only thing -- I've

4239 never heard affirmatively one way or another, but
4240 that's the only thing in the chain of causation that
4241 you could say happened. Right?

4242 And, again, the idea of the Vice
4243 President is not a new idea. That is an idea that
4244 has been kicking around for a while as a consequence
4245 of, you know, I think it was Graham Tallon's (ph.)
4246 Commission. Blue -- they're not called -- they're
4247 Bipartisan Commission on Biodefense. That's Ridge
4248 and Lieberman. So that spun around.

4249 Even initially with PAHPA, there was
4250 this idea of designating the Vice President as the
4251 guy who actually met with Chaney -- I didn't. So it
4252 was no way, Jose from then.

4253 But again to your question, I mean
4254 that's the only thing that I can match up with that.

4255 Q Dr. Deborah Birx took up her position as
4256 coronavirus response coordinator on the task force
4257 on March 2nd.

4258 How, if at all, did the addition of
4259 Dr. Birx impact the dynamic of the Task Force?

4260 A Well, first of all, I'm just going to say
4261 two things that seem to be at odds with each other.

4262 One, she was very data-driven, which
4263 is good, so trying to drive what I would think would

4264 be objective analysis of things. But the problem is
4265 we just didn't have very good data. So that became
4266 her major thrust. And I applaud her for her efforts
4267 to do that.

4268 However, having served in a position
4269 similar, not in the same conditions, I would just
4270 offer that that's one piece of the problem, but
4271 there's a whole government problem that somehow
4272 needs to be helped.

4273 And that's where I think the
4274 deficiencies in the staffing of the White House Task
4275 Force when it went to the Vice President's office
4276 was disadvantaged.

4277 They eliminated the NSC, Anthony
4278 Ruggiero, who I talked about earlier, was kind of
4279 parked on one side. The guy who had the Resilience
4280 portfolio, Brian Cavanaugh, should have been kind of
4281 taking his office plus to rush into the breach, and
4282 he was kind of kept off.

4283 The Vice President's office is
4284 actually very small. It's maybe a half dozen
4285 people, including the press person. So that, I
4286 think that, really -- that was kind of like a -- you
4287 know, a challenge right from the get-go.

4288 Q So were there ways that, in retrospect,

4289 you think the Task Force could have operated
4290 differently?

4291 A Well, that's subject to the PREVENT Bill
4292 that if the House would engage in, we would be very
4293 grateful. But it's a bipartisan bill between Murray
4294 and Burr. It relates to the creation of -- they
4295 call it the -- oh, jeez, I'm blanking on the term,
4296 the term of art they talked. It's basically in
4297 statute, making the position I held as a Special
4298 Assistant to the President, a Deputy to the
4299 President for biosecurity matters, for which that
4300 person would serve as the convener and management in
4301 pre-pandemic and pandemic times to ensure that in a
4302 case of a complex biological emergency, you could
4303 bring the staff together.

4304 When I was in SAP, Special Assistant
4305 to President, I had six people working with me who
4306 had a very broad range of, I would say technical
4307 backgrounds. And, by the way, they were detailees.

4308 So when I left in January of 2009,
4309 that office continued, even though I wasn't
4310 replaced, and when the March H1N1 happened, those
4311 guys, my guys, the Wolverines, helped immeasurably
4312 to the administration.

4313 It was kind of seamless. They knew

4314 exactly what the plans were and they executed
4315 against that. And, fortunately, there was a less
4316 virulent event. However, it demonstrated the
4317 purpose of an office that had a requisite insight,
4318 competence, and also abilities to convene the
4319 interagency to drive the effort offering up to the
4320 politicals the horses of action, rather than sitting
4321 in a room saying, We should do A, we should do B.
4322 Mr. Vice President, we should do C.

4323 That lack of structure and would say
4324 due diligence, I think disadvantaged the process.
4325 And it's a process, irregardless of the politics.

4326 Q Looking back, were there any actions in
4327 January of 2020 that you think ASPR could have taken
4328 at the time in response to the virus but didn't?

4329 A I would just offer two things that I think
4330 were fundamental. I think to challenge the issue of
4331 containment. Because even though we had limited
4332 information, that information probably wasn't
4333 persuasive enough -- I know it wasn't persuasive
4334 enough with the Secretary and certainly wasn't
4335 persuasive enough for CDC to consider that there may
4336 be an alternative circumstance that they're
4337 confronting.

4338 But to me, that was the -- because

4339 you would have -- it would have given it, at least,
4340 a better perspective to say we need to go to
4341 mitigation sooner than try containment for, at that
4342 point in time, you know, like five or six weeks.

4343 Q That was one. You had --

4344 A Yeah, I would have robbed a bank, got
4345 money, because that was to me the major limitation
4346 of what I could do, was being able to access
4347 meaningful funds that I could put contracts on PPE,
4348 start medical countermeasure efforts that would be
4349 both diagnostic. We haven't talked about RADx, but
4350 we need to talk about that because that was an idea
4351 that happened that was jointly working with NIH and
4352 BARDA.

4353 They sent our diagnostic team over
4354 there with them and a billion dollars, at one point
4355 \$5 billion dollars they spent. I don't want to say
4356 it was my money; it was the people's money, but it
4357 was the idea of doing a rapid development of
4358 diagnostics on a scale.

4359 They made 300 million diagnostics in
4360 like six months. Just incredible. It makes your
4361 head explode. But what they were able to do is make
4362 lab, point of care and home tests in record time.
4363 And that could have been a huge difference, right?

4364 It could have been a huge difference. That delay in
4365 diagnostics was the other killer.

4366 Q On the first point, what more do you think
4367 could have been done on that issue of containment?

4368 A Well, the dilemma is that if the virus is
4369 spreading in China and they made deliberate
4370 decisions not to impact Lunar New Year travel
4371 internally and also not stop foreign travel, you're
4372 kind of facing a tsunami.

4373 When you look at the number -- I
4374 mean, we were looking at the numbers of flights. I
4375 think it was roughly 50,000 people a month were
4376 flying in from China. And if you believe that this
4377 thing started in December and we were in January,
4378 that's a hundred thousand. If you believe that the
4379 outbreak occurred in November, that's 150,000.

4380 So, okay, let's say it's .01 percent.
4381 Right? I can't do the math. Fifteen people which
4382 you spread around the country and they become the
4383 typhoid Marys or Joes.

4384 Q On the point you made about diagnostics
4385 and lab point of care work, which agency or aspect
4386 of government would be responsible for that?

4387 A Well, it was joint between NIH and ASPR.
4388 It was actually the precursor to Warp Speed. The

4389 story's worth telling because it's worth telling.

4390 The idea, the credit goes to Senators
4391 Blunt and Alexander, who convinced Francis Collins
4392 with the lure of \$500 million to set up a shark
4393 tank. I learned about it when Senators Alexander
4394 and Blunt called Secretary Azar and I was on the
4395 line. And they pitched it to him and they said, We
4396 have an offer you can't refuse, literally. And the
4397 offer was: Either you do this or we're going to go
4398 to the President with it.

4399 And so on face value, given the
4400 circumstance -- I think that was in early April, if
4401 I recall correctly, late March/early April. And
4402 they did a -- by the way, to know this is that they
4403 did the call on Friday to us and Monday, of course,
4404 there was op-ed about it in the Washington Post
4405 extolling the plan. But they said: You can do this
4406 now or you can do it at the direction of the
4407 President, but it's going to happen. Okay.

4408 So with that, a couple things I did
4409 notably. Rodney Wallace, who was leading the
4410 diagnostic team; ASPR said Bruce Tromberg is leading
4411 this thing, you're going to follow up with him. I
4412 signed the letter for \$1 billion for Rick Bright to
4413 take over there to execute against that. Then I

4414 said: Rick, here's your mission, man, go do it.

4415 Q And to clarify, this is the January 2020
4416 time period?

4417 A No. This is like April.

4418 Q So initially --

4419 A You're talking about the diagnostics
4420 piece. That's how we got to maybe a better footing,
4421 because we were running into challenges because of
4422 delays with CDC, and then the whole process of doing
4423 the typical thing that BARDA was doing, saying,
4424 Here's a BAA, everybody apply. It was kind of like
4425 business as usual.

4426 And to the credit of Blunt and
4427 Alexander, they said, Hey, we got to do something
4428 different.

4429 They were correct. I mean, it
4430 doesn't get the notoriety that it deserves, but that
4431 was a winner.

4432 Q You touched on this a little bit earlier
4433 and I want to talk about the testing that CDC
4434 scientists developed to test for the coronavirus,
4435 which initially I think required all samples to be
4436 shipped to CDC's lab for testing?

4437 A Correct.

4438 Q But then in early February, CDC announced

4439 on February 6th that it would begin shipping test
4440 kits to labs to cities across the country and each
4441 of those test kits could test hundreds of specimens.

4442 I'm curious: Was ASPR working on any
4443 efforts related to testing at that time?

4444 A I don't know when they put the BAA out --
4445 it would have probably been probably early
4446 February -- for looking for people. Again,
4447 obviously, CDC was leading the way. But we were
4448 trying to gin up the -- because we knew there would
4449 be a high demand for commercial tests -- was to
4450 basically put out BAAs to start getting laboratory
4451 providers and diagnostic companies to start ginning
4452 up because there would probably be a very large
4453 demand.

4454 Q I'm sorry, I think I missed BAA?

4455 [Majority Staff]: That's like a broad agency
4456 announcement?

4457 A Yes, ma'am.

4458 Q Everyone else is, I'm sure, aware, but can
4459 you explain that?

4460 A It's basically a notice saying, Well, if
4461 you have -- they'll set the requirements but say:
4462 If you have a molecular test for the novel
4463 coronavirus -- and realize, samples of the virus

4464 were a very significant limiting factor. So it's --
4465 it would be the requirement that you would have to
4466 get companies to say, I want to do this, and then
4467 somehow arrange, principally through NIH and CDC, to
4468 get samples that they could actually evaluate the
4469 test kits. Because once -- saying we're going to
4470 create a test based on an antigen that we get from
4471 maybe a rabbit antibody.

4472 But in order to test whether or not
4473 this is a neutralizing antibody, you have to have
4474 the virus. And that became a limiting factor. So
4475 it was a very -- you could say it took a long time.
4476 Yes, it did. A variety of reasons why. Supply
4477 chain issues. But access to virus was really very
4478 significant.

4479 Q Subsequently it was reported that CDC's
4480 tests were faulty, producing, in a lot of instances,
4481 inaccurate results. By mid-February, public health
4482 labs that received the tests were reporting that
4483 they couldn't validate them. FDA later concluded
4484 that CDC violated its own laboratory standards in
4485 making the kits.

4486 Do you recall hearing about that at
4487 the time?

4488 A Oh, yes.

4489 Q Did you think at the time that CDC and
4490 public health laboratories were capable of handling
4491 the testing needs in response to the virus?

4492 A Well, the question was -- and it's a bit
4493 in the weeds, but I think it just highlights -- and
4494 again, this is culture issue that CDC was out to
4495 make the perfect test.

4496 And they used an additional third, I
4497 think, antigen to basically use with it and that was
4498 the one that was misfiring.

4499 So with that, there were others in
4500 the country, particularly academic laboratories,
4501 that made their own tests. I know several of them,
4502 California, Nebraska, Washington State, New York.
4503 And they felt like they had a better test than CDC.
4504 But there was a -- and I don't remember the specific
4505 rules at the time, but I still think there's some
4506 controversy around it, about the FDA approving
4507 academic laboratories' tests for clinical use. I
4508 don't remember all the particulars around that. But
4509 I know that was a bit of a kerfuffle.

4510 Q Were there efforts on behalf of ASPR to
4511 scale up supplies that were needed for testing at
4512 that time, like swabs?

4513 A When you were talking about the Airbridge,

4514 the first thing we did was swabs because that was --
4515 the only supplier of swabs, at least initially, was
4516 the Puritan Swab Company up in some rural part of
4517 Maine. And I actually called up the guy and said,
4518 Hey, we're going to send a team to you and we're
4519 going to make you heroes, except you've really got to
4520 get your swabs moving.

4521 It was a very interesting set of
4522 circumstances because we had to import machinery
4523 from, like, Egypt to do the rolling cotton and there
4524 was a DPA action. And until we could get them
4525 operational in making stuff, we literally were going
4526 to northern Italy and flying pallets of swabs.

4527 Q At the time of CDC's test, which I think
4528 was around early/mid-February, I think that was
4529 earlier than when the Airbridge initiative was
4530 occurring in April.

4531 A Right.

4532 Q Were there efforts by ASPR in February to
4533 procure supplies that were needed for testing again,
4534 like swabs?

4535 A Well, swabs were identified as the
4536 principal limiting factor. The reagents could be
4537 made and those didn't seem to be a bottleneck, at
4538 least talking to the diagnostic companies. Brett

4539 Giroir stepped in and took that role.

4540 They gave it to me and I said, Wait a
4541 second, I got this and this supply chain, other
4542 issues, medical countermeasures and healthcare
4543 systems, Dr. Giroir is available without a
4544 portfolio, other than the Public Health Service.
4545 And he was -- and I talked to him and he rogered up
4546 and he became the testing czar. And we supported
4547 him, by the way. What he needed -- Brett, what do
4548 you need? He got it.

4549 So it was whatever he identified as,
4550 either limiting factors and shortfalls and money,
4551 that we provided to basically enable him. And swabs
4552 became the major limiting factor, at least in the
4553 interim, until the diagnostic tests could be somehow
4554 resolved.

4555 Q So in February specifically, were there
4556 particular companies that ASPR was speaking with to
4557 procure testing supplies?

4558 A I think we were talking to all of them,
4559 like LabCorp, I mean, all the major ones. And the
4560 intent was finding out who has capacity and
4561 throughput to do this.

4562 And then, more importantly, is who
4563 could -- who could create a codable, capable point

4564 of care diagnostic that could be used without the
4565 dependency on a laboratory. Because again, as we
4566 moved through February and, again, the epiphany was
4567 asymptomatic spread, we knew that something -- that
4568 the overt cases somehow didn't match the -- you know
4569 the R-naught artificially inflated, because you'd
4570 only be looking at the iceberg you could see, not
4571 the iceberg you didn't.

4572 And that up towards 40 to 50 percent
4573 of cases were emanating from people who were
4574 asymptomatic.

4575 [Majority Staff]: Dr. Kadlec, I apologize, I
4576 just want to make sure I understand that
4577 chronology. So when was the first outreach to
4578 those private companies about testing?

4579 DR. KADLEC: I think it was part of the --
4580 I don't remember exactly when, but that was one
4581 of the arms of the medical countermeasure task
4582 force that was created in late January. So
4583 BAAs are starting to emerge as a course of
4584 that. I can't give you the chronology.

4585 [Majority Staff]: Who was leading that effort?

4586 THE WITNESS: At that time it was Rick
4587 Bright at BARDA. Maybe it was Robert
4588 Johnson -- I'm not sure who was leading the

4589 Task Force. Probably not Rick, but it could
4590 have been Gary Disbrow or Robert Johnson and
4591 Rodney Wallace was leading the diagnostic
4592 piece.

4593 [Majority Staff]: And what was your
4594 understanding of what Rodney Johnson or others
4595 were doing specifically with respect to the
4596 private companies?

4597 DR. KADLEC: So they were canvassing
4598 companies to see if they had active -- either
4599 they had active programs in coronavirus
4600 research or had potential countermeasures that
4601 could be offered as such.

4602 We had a stable of them, as a consequence
4603 of Ebola, Merck, Johnson & Johnson, Novavax, I
4604 think was an earlier thing. NIH identified the
4605 two RNA companies, Moderna first, because that
4606 is who everybody invested in. Pfizer, second.
4607 And Sanofi came later. And Merck was involved
4608 because they had two candidate vaccines. One
4609 that was made for Ebola and the other one was,
4610 interestingly enough, a measles -- live
4611 attenuated measles vaccine.

4612 [Majority Staff]: On testing specifically, you
4613 mentioned there was canvassing about what

4614 countermeasures and what research was going on.
4615 When was an ask made to those private
4616 companies, specifically to develop their own
4617 tests or expand capacity, or processing of test
4618 results?

4619 A So I don't know. And I would have to
4620 think that Brett would probably know that on the
4621 back of his hand. But we started pushing the fact
4622 that, once you had primers, once you had the agents
4623 that were validated, then those could be replicated
4624 in the companies and you could flood that technology
4625 or insight into it and it would be based on their
4626 inherent capacity.

4627 There were companies, and not
4628 diagnostic that I remember, but I do know on the
4629 vaccine side, there were some people that said,
4630 Nope, we're not doing that.

4631 But otherwise, there seemed to be --
4632 I think if I remember, there was like 120 companies
4633 that lit up on the BAA, in the announcement in one
4634 of the -- like the first few hours, few days of the
4635 release of that.

4636 [Majority Staff]: And was that just that they
4637 were thinking about taking action or they
4638 were --

4639 DR. KADLEC: Interested. But part of it
4640 is then you get into this window, okay: What
4641 do you got? And what stage -- I'll just use
4642 the vaccines and maybe therapeutics, because I
4643 have the most familiarity with that. To be,
4644 like, hey, 127 companies, I believe, signed up
4645 for vaccines. Okay. Who's got a vaccine
4646 that's already been FDA-approved? Okay, maybe
4647 30. Great. How many of you guys are in Phase
4648 3 study? Phase 2 study?

4649 So working with Peter Marks of FDA helped
4650 kind of order that. So with that, we could
4651 look at kind of like blocks of companies and
4652 vaccines that would at least help us and
4653 understand the contours of what the vaccine
4654 world looked like. And the same thing with
4655 therapeutics, to understand where there would
4656 be opportunities for acceleration.

4657 [Majority Staff]: You mentioned Admiral
4658 Giroir. Prior to him becoming the so-called
4659 testing czar, was it Rodney Johnson or someone
4660 else? Who was in charge of testing?

4661 A CDC was in charge of it. Rodney Wallace
4662 was leading it for development of countermeasures,
4663 so they're going to make the gold standard test --

4664 CDC. And then Rodney Wallace was basically
4665 mobilizing what would be the industrial base to
4666 develop a broad array of diagnostics, laboratory,
4667 molecular, antigen-based, antibody-based point of
4668 care, home, that kind of thing.

4669 And it was tiered that way. And I
4670 remember specifically that, because he said that
4671 it's easier to make. Molecular, antigen, antibody
4672 capture, it takes a while because you have to
4673 immunize, whatever, rabbits or you could use
4674 humanized monoclonals to do that.

4675 The issue there was developing a home
4676 test that had the highest degree of sensitivity and
4677 specificity that you could get kind of picking the
4678 best of the litter of the tests to screen. So it
4679 was kind of a sequential activity.

4680 [Majority Staff]: At this point in time -- or
4681 let me clarify. What was the point of time you
4682 were referencing when this work was happening?

4683 DR. KADLEC: This was happening probably
4684 in early February because the BAA could be
4685 given out without consequence of money because
4686 you're not contracting. You're just saying,
4687 who's interested? Send in your ideas.

4688 That's where white papers were starting to

4689 filter in. And again, there were literally --
4690 I won't say hundreds, but a lot of them coming
4691 in.

4692 [Majority Staff]: So at that point was there
4693 any time frame that was understood to bring
4694 that testing capacity online?

4695 DR. KADLEC: No. For the commercial
4696 tests, no, not necessarily because it was
4697 anticipated that the CDC tests would be the
4698 first reference test to be developed and
4699 produced by CDC to go to public health labs, so
4700 they could be used as directive.

4701 It would then be the next wave to have the
4702 companies. Again, for a molecular test, which
4703 are secrets-based, that didn't seem to be an
4704 issue. It could be done faster than some of
4705 the other tests that we talked about.

4706 [Majority Staff]: In this February time frame,
4707 was ASPR or anyone else preparing projections
4708 about how many tests would be needed?

4709 DR. KADLEC: I don't remember the numbers,
4710 but it was based on the case accruals. And the
4711 fact is, is we knew we needed a lot of them in
4712 the sense of millions of tests. But again, it
4713 was not based on the realization or

4714 appreciation of asymptomatic cases.

4715 So it would be like, Okay, let's use your
4716 flu numbers, right? That's what was driving a
4717 lot of those requirements. I don't recall the
4718 numbers, but it was tens of millions of tests,
4719 if not conceivably hundreds of millions of
4720 tests based on this other kind of planning
4721 factor.

4722 [Majority Staff]: So is it fair to say by
4723 February, you knew that millions of tests would
4724 be needed?

4725 DR. KADLEC: I would say by mid to end of
4726 February. Again, the thing that changed my
4727 perception of all this is when we got the data
4728 from the Diamond Princess, which said high
4729 estimate 51 percent, but 51 percent of the
4730 people who tested positive on the Diamond
4731 Princess did not have symptoms.

4732 [Majority Staff]: Based on what CDC was
4733 initially preparing with their tests, how many
4734 were they expected to have online if the tests
4735 had worked?

4736 DR. KADLEC: I don't remember offhand.
4737 I'm sorry, I don't. But I think it was
4738 millions. I mean it was -- I think the

4739 production was like 300,000 per week or
4740 something like that, hundreds of thousands a
4741 week that they could produce initially. That
4742 was based on a flu model, which, again, this
4743 thing wasn't.

4744 [Majority Staff]: When was the rest of the
4745 capacity going to come online in case there
4746 was --

4747 DR. KADLEC: I think it was into March if
4748 I remember correctly.

4749 [Majority Staff]: Was that pre-understanding,
4750 the asymptomatic spread, was that thought to be
4751 enough or was there still a delta?

4752 DR. KADLEC: When you say -- it was not
4753 this test; it was the swab. Then you get into
4754 the ancillaries that make this possible.

4755 And then there was like -- I think it was
4756 mentioned about the Airbridge, but we were --
4757 just so you know, when we recognized that we
4758 needed to go full throttle on testing and we
4759 talked to the people in Puritan, understanding
4760 what their capacities were domestically, where
4761 we could access it from foreign sources, we
4762 actually canalized people flu tests. I
4763 directed BARDA to buy flu tests so we could

4764 canalize the swabs. We could keep the tests
4765 for next year's flu season or whatever, but we
4766 could get the swabs.

4767 [Majority Staff]: What about the processing
4768 capacity for the labs; was that thought to be
4769 sufficient at that time?

4770 DR. KADLEC: I don't recall a discussion
4771 about that, I'm sorry.

4772 [Majority Staff]: In January, late January,
4773 what was your assessment of the threat level to
4774 the United States posed by the coronavirus?

4775 DR. KADLEC: Boy, let me kind of clear my
4776 head a little bit because I'm conflicted by
4777 what I know now and the subsequent events.

4778 So end of January, DLG, human
4779 transmission, uncertainty about R-naught, is it
4780 SARS or flu, asymptomatic spread? It was like
4781 severe -- moderate to severe.

4782 What wasn't clear to your point was we
4783 were not at least getting public reports of
4784 fatalities in China. And that seemed to be --
4785 and again, one of the things that I inquired
4786 with and I was fortunate to reach out to a
4787 couple people who had active collaborations
4788 with the Chinese healthcare system was

4789 appreciating two things.

4790 One, that they only test people in
4791 hospital. Their healthcare system is
4792 hospital-based. So they don't -- the idea of
4793 going to a mini clinic, or whatever, and
4794 getting tested, that's not it.

4795 So there's almost a bias to severe disease
4796 to people who get tested that go in hospital.
4797 So that was an uncertainty.

4798 And then the other thing was that we just
4799 didn't know if the numbers that China was
4800 sharing with us were accurate. Because, you
4801 know, we're looking, we're trying to get the
4802 case fatality rate and you're just getting a
4803 handful of people are sick and people are dead.
4804 You know, it's like, Okay, wait a second. So
4805 there was that element.

4806 But I thought -- again, I was -- probably
4807 by the 23rd, 24th, I was saying, This is not
4808 going to be good; that this is going to be
4809 moderate to severe. Critical unknowns, but we
4810 need to start ramping up as fast as we can. I
4811 was very concerned about whether or not
4812 containment strategy would be effective.

4813 CDC, I think, held sway over the Secretary

4814 and the President that containment was going to
4815 work, containment with travel restrictions,
4816 containment with identification of cases
4817 domestically, you know, contact tracing and
4818 quarantine and isolation would be sufficient to
4819 hold this back. And that just didn't turn out
4820 to be the case.

4821 [Majority Staff]: On January 22nd, 2020,
4822 President Trump said, quote: We have it fully
4823 under control. It's one person coming in from
4824 China. It's going to be just fine.

4825 What was your reaction to that statement?

4826 DR. KADLEC: I'm glad he was confident. I
4827 wasn't. I didn't know of the certainties --
4828 uncertainties, I should say. I think it was
4829 positive signal saying, Our plan is keep it
4830 out. And his direction was, Keep it out.

4831 That's why he got so mad about the Diamond
4832 Princess.

4833 [Majority Staff]: Thank you.

4834 BY [Majority Staff]:

4835 Q Well, the Diamond Princess is exactly what
4836 I wanted to ask about next.

4837 You've talked about it a little bit
4838 but can you tell us about your role in the Diamond

4839 Princess repatriation.

4840 A Sure. Unfortunately or whatever --
4841 fortunately, I guess -- I shared with you a little
4842 bit of the story that we had been working with the
4843 Japanese for about a year and a half, subject to the
4844 idea of doing exercise.

4845 The root of that effort was based on
4846 the events that happened in late '18, early '19
4847 where there was concern about North Korea. The
4848 State Department, along with Department of Defense,
4849 said, Hey, look, not only are you going to get a
4850 hundred thousand American casualties but you could
4851 get up to 300,000 American citizens that we're going
4852 to repatriate from Asia, Japan and South Korea to
4853 the United States and, oh, by the way, they could be
4854 infected.

4855 It was like, okay, a hundred thousand
4856 wounded, that's one thing. 300,000, you know, who
4857 may be wounded, or civilians who have other medical
4858 needs, I mean, this would be calamitous.

4859 So we kind of started a zero base
4860 review of saying what would we need to do, if we
4861 needed to do this.

4862 So we identified the stages of
4863 what -- I went to Korea literally to understand how

4864 they're going to move American citizens out of Korea
4865 to Japan. From Japan, ideally back to the United
4866 States, except that what the military was saying is,
4867 If we get them out of Korea, we're not going to get
4868 them back from Japan.

4869 And the planning assumptions was
4870 Japan was going to be a theater of operations, which
4871 was going to be subject to, probably, the use of
4872 WMD.

4873 So the question was: Okay, how do
4874 we -- if DOD's not going to get them out of Japan,
4875 what are we going to do with the Japanese and how
4876 are we going to deal with this?

4877 So distill it down to a short answer,
4878 we came up with the idea that Hawaii will be vacated
4879 by U.S. military. Tourism won't be big at that time
4880 and that we could use contract civilian air to fly
4881 those people out of Japan to Hawaii where we could
4882 repatriate them and bring them back to the United
4883 States as appropriate.

4884 We investigated and ASPR does have a
4885 contract on -- it's a former Naval base of P3 Orion
4886 subchasers, where it's vacated. The Coast Guard has
4887 a facility there. It's point-something or other,
4888 maybe 12 miles away from Oahu, where they have two

4889 hangars. And where we were going to basically use
4890 that as a point to process people in, with the
4891 intent that ORR that has the responsibility to do
4892 this, it only has seven people to do it; that we
4893 would functionally manage the logistics of getting
4894 those people back, screening them with CDC and then
4895 either putting them into civilian accommodations in
4896 Hawaii or flying them back to the United States. So
4897 that's how it started.

4898 The intent of the -- working with the
4899 Japanese is that they didn't want to talk about Neo
4900 but they wanted to talk about the Olympics, so we
4901 used the Olympics as a way to suggest to them if
4902 there were to be a case, where we would have to
4903 evacuate Americans from Japan and we could
4904 demonstrate the capability to the Japanese by
4905 running an exercise in March 2020.

4906 Q So just to bring it back to the response
4907 specifically to the Diamond Princess --

4908 A Yes.

4909 Q -- I know you -- I think you presented on
4910 that at the White House Coronavirus Task Force. Can
4911 you tell us what you presented on.

4912 A Sure. Well, I'll give you broad strokes,
4913 which is we've been working with the Japanese a year

4914 and a half. We've done planning meetings with them.
4915 They've done capabilities demonstrations. They knew
4916 that we could -- we showed them what we could do.

4917 When Diamond Princess happened, and I
4918 went to the White House Task Force, I said, We can
4919 do this mission with the assistance of State
4920 Department and the support of DOD to fly Americans
4921 who are not infected back to the United States, put
4922 them into quarantine, get them out of Japan and get
4923 them off a boat that was turning into a floating
4924 petri dish.

4925 Q Did you work with anyone on those
4926 repatriation efforts?

4927 A A lot. Probably the most insightful
4928 person we worked with was Arnie Hopland, who
4929 happened to be a patient on the Diamond Princess who
4930 was reporting to Representative Phil Roe from
4931 Tennessee, that the conditions on the boat were
4932 dangerous and getting worse, more people were
4933 getting sick.

4934 And it was during a briefing at the
4935 House that Dr. Roe made apparent his displeasure
4936 with CDC's recommendation that those people be kept
4937 on the boat and it was after that meeting that we
4938 conferred with Hopland and then conferred with

4939 State, CDC, and DOD to say, Okay, let's see if we
4940 can do this. Presented it to the White House Task
4941 Force because Deputy Secretary Biegun, he
4942 said: Execute.

4943 And with that, permissions went up to
4944 Pompeo, I guess to the White House. I didn't have
4945 visibility into that. And we organized an effort
4946 sending in NDMS teams into Japan that assessed all
4947 321 Americans on the boat. We agreed with CDC that
4948 no one who was infected with COVID would get on the
4949 boat and that we could physically assess them. The
4950 Japanese were testing the Americans and all the
4951 passengers in kind of lumps.

4952 So a day or two would go by and the
4953 number of patients or passengers would be taken off
4954 the boat and put into quarantine because they tested
4955 positive.

4956 Q How much of your time were you spending
4957 around that time on the Diamond Princess
4958 repatriation?

4959 A Little, because I had Ken Yeskey, who was
4960 head of my operations, and my two FHCs, Federal
4961 Health Coordinated Officers, Mick Cody, and I'm
4962 blanking on the other gentleman's name who were
4963 doing that.

4964 Q And they were doing that full time?

4965 A Yes. And with that, that was a small
4966 wedge of my organization. NDMS who had, at that
4967 time had not been deployed, were being mobilized to
4968 support that operation, both in Japan and at March
4969 Airfield and Miramar and we used the NITC in
4970 Nebraska as the third point that we could refer
4971 people who we planned if people got sick on the
4972 plane, because not everybody would be tested, that
4973 we could manage those people with medical teams who
4974 are expert, to highly trained infectious disease
4975 people with all kinds of stuff and DMAT teams and
4976 State Health teams. Fly them back to the United
4977 States and be able to put them in a quarantine or
4978 isolation setting, either in Nebraska or at Cedar
4979 Sinai in LA. And I'm blanking on the one near March
4980 Air Force Base, but we had another place there.

4981 Q Was there any concern or did you have any
4982 discussions with anyone about putting those
4983 passengers on an airplane?

4984 A Of course. You know, I'm a flight surgeon
4985 by training. So anybody who is old -- and these
4986 people were average age 60 or older -- they were
4987 frail to begin with, many of them there had
4988 preexisting medical conditions for which we had to

4989 be prepared to provide them chronic medications
4990 because some of them were running out. That was
4991 number one.

4992 Number two is that we intended not to
4993 take anybody who was infected on that plane. We,
4994 again, were basing our fact on visual observation,
4995 temperature-taking. And if anybody looked
4996 questionable, we didn't have the means to test in
4997 situ, but we knew that there were passengers who
4998 were being tested, that if there was any question,
4999 those people would be self-eliminated prior to
5000 getting on an airplane.

5001 Q Other than the phone call that you
5002 mentioned with the physician that was on board
5003 was -- did you have conversations with anyone else
5004 inside or outside HHS about the decision to --

5005 A Dr. Will Walters, I think, Anne Schucat.
5006 Anne Schucat was principal coordinator there, but a
5007 lot of people because we had never done this before.

5008 But I have in a strange way during my
5009 time at Fort Bragg, we used to rehearse with elite
5010 Navy SEALs on taking down hostage -- taking down
5011 cruise ships with hostages on there, sometimes a
5012 thousand people, and how to manage medical
5013 conditions on the boat that could be incurred and

5014 how to evacuate people from the boat. Interestingly
5015 enough, Dr. Will Walters was also from that
5016 community, the State Department doctor, and so we
5017 were simpatico on that.

5018 The team I sent to Japan, besides
5019 including infectious disease experts, I coincidentally
5020 hired a couple of people who were retired military I
5021 happened to work with from that community, one of
5022 whom spent 12 years as my unit's liaison officer to
5023 the elite Navy SEAL unit. So he had 12 years of
5024 incredible experience on how to effectively manage
5025 mass movement of people off the boat, so he provided
5026 insight on how to do that. And he was with another
5027 group of people who has, again, similar experience
5028 that allowed us to evaluate, process and evacuate
5029 those people off the boat onto buses to take them to
5030 Anita Airport.

5031 Q I want to show you a document --

5032 [Majority Staff]: I'm sorry, I have a follow-up
5033 there. I understand that there was a
5034 disagreement between some of the folks at CDC
5035 and the -- your team or, perhaps others, about
5036 the circumstances of the repatriation.

5037 Can you just tell us --

5038 DR. KADLEC: Sure. What happened was that

5039 in order to inform the patient, CDC wrote a
5040 letter, saying that you're going to be subject
5041 to repatriation. We will take you home. We
5042 will ensure your safety taking you off the
5043 boat, put you on an airplane. But you won't
5044 get off the boat and you won't get on the
5045 airplane if you test positive.

5046 The only thing we didn't plan for in all
5047 of this -- and, again, this was a very
5048 compressed 72-hour planning cycle -- was what
5049 would happen, as it did, that when these
5050 people, these elderly people were on the bus
5051 going to the airport for an hour and a half,
5052 that someone would be handed a stack of lab
5053 slips saying, We've got 12 or 14 people who
5054 have tested positive. And we didn't have a
5055 bump plan, a contingency plan for that.

5056 So when they arrived at the airport, which
5057 was about 10:00 p.m. at night, it was raining
5058 heavy, and I was talking to my guys on the
5059 ground. There was no U.S. State Department
5060 official at the scene and we could not identify
5061 a Japanese Minister of Foreign Affairs or
5062 Health on site, what do we do?

5063 And my team, who had transported with the

5064 people on the buses, were all going to go on
5065 the plane and fly away.

5066 So we engaged a phone call with CDC as I
5067 recall. I was standing outside the room and,
5068 yes, I was yelling to be heard on the phone.
5069 Basically told him, Look, what can we do?

5070 And she says, Take them off.

5071 And I go, Where are we going to put them?
5072 These are 65 and older people, what are we
5073 going to do with them; we have no arrangements
5074 to do this.

5075 Now, we made arrangements on the plane, as
5076 imperfect as those were, to put those people in
5077 the back on the plane, behind some sheeting
5078 that would allow us a physical separation from
5079 the rest of the cabin where they would be
5080 segregated from people who are not positive
5081 that we knew of.

5082 And, by the way, we are going to test
5083 everybody when they got to where they're going
5084 and we could monitor them in flight. None of
5085 them were symptomatic, none of them had a
5086 fever, none of them claimed to have any
5087 symptoms. So, yes, they were likely
5088 asymptomatic, I think a couple ultimately

5089 became symptomatic.

5090 But the point was what do we do with these
5091 people? And so I called over to the White
5092 House, called Anthony Ruggiero and said, I'm
5093 coming there for a meeting -- actually, I spoke
5094 to his underling, Phil Ferro (ph.) who is a
5095 State Department guy working for Ruggiero. And
5096 I said, I'm coming over there for a meeting
5097 anyway, you're going to have to resolve this.

5098 And I told him the situation and he goes,
5099 Okay. I get there to the White House, Ruggiero
5100 was kind of like, Okay, we'll do that in a
5101 minute but we got to talk about this. And by
5102 the time we did talk about it, State Department
5103 made a decision to go wheels up.

5104 [Majority Staff]: So ultimately it was the
5105 State Department's decision?

5106 DR. KADLEC: Ultimately, the decision was
5107 made -- I can say this -- because of the
5108 duty-crew day of the flight crew on the
5109 airplane on the Kalitta 747s. They were
5110 running out of flight -- of crew-duty day.
5111 They could only be up for 12 hours. And if
5112 they exceeded that time in flight, they
5113 wouldn't take off, they would have to go to

5114 crew rest.

5115 And if they had to go to crew rest, that's
5116 ten hours of uninterrupted crew rest, and that
5117 means either people stay on the plane or we
5118 find lodging for them.

5119 [Majority Staff]: Were the other passengers
5120 notified that there were possibly infected
5121 patients on the plane?

5122 DR. KADLEC: I don't know when they were
5123 notified, but they were ultimately notified.

5124 [Majority Staff]: Before the flight?

5125 DR. KADLEC: I don't know. I don't know
5126 when they were notified. But it was a very --
5127 as you can tell, a very complex situation where
5128 we were trying to put the best interests of the
5129 passengers and the patients before them.

5130 Because the only thing we could think of
5131 doing -- my guys on the ground -- was, let's
5132 dial the equivalent of 9-1-1 and just have
5133 ambulances come and haul these people away.
5134 But that wasn't -- that was kind of a, what
5135 then? How do we manage all that?

5136 [Majority Staff]: Do you know who at the State
5137 Department made the decision ultimately?

5138 DR. KADLEC: I think it was a State call

5139 for the flight to go wheels up.

5140 [Majority Staff]: But you don't know who
5141 actually had the final say?

5142 DR. KADLEC: Secretary Biegun I
5143 think, was one of the lead seniors --
5144 politicals there.

5145 Will Walters, who was my counterpart, was,
5146 I think, advising Biegun on what was the
5147 situation of the flight crew. And I informed
5148 Will because it was on the call, what the
5149 situation was with the patients and our
5150 commitment.

5151 [Majority Staff]: But you didn't have awareness
5152 of the decision being made until after the
5153 plane was --

5154 DR. KADLEC: Yeah. Well, I went to the
5155 White House to say, Here's a policy dispute.
5156 Let's get it resolved, guys. And the answer
5157 was they were -- by the time we even got to the
5158 conversation, the plane had taken off. It was
5159 probably within 30 minutes of the conversation
5160 we had with the people at State.

5161 [Majority Staff]: Okay.

5162 [Majority Staff]: Great. I would like to pass
5163 around a document that we will mark as

5164 Exhibit 5.

5165 (Majority Exhibit 5 was marked for
5166 identification.)

5167 BY [Majority Staff]:

5168 Q This is a document marked SSCC-00001769.
5169 It's a long email thread dated February 16th through
5170 the 24th with the subject: Red Dawn Breaking,
5171 COVID-19, Collaborative, February 16 start.

5172 I just want to look at the email that
5173 starts on the bottom of the second page, which is
5174 from you in response to Eva Lee, who appears to be a
5175 professor at Georgia Institute of Technology.

5176 Do you see that?

5177 A Yep.

5178 Q And in her email, which starts at the
5179 bottom page, 3 Dr. Lee had circulated a conclusion
5180 from a study showing that a 20-year-old Chinese
5181 woman had infected five relatives with the virus,
5182 even though she never displayed any symptoms
5183 herself.

5184 In response to Dr. Lee's note, you
5185 replied saying, quote: Eva, is this true? If so,
5186 we have a huge hole on our screening and quarantine
5187 effort.

5188 Do you see that?

5189 A Yep.

5190 Q What did you mean by your response to
5191 Dr. Lee?

5192 A Well, if this information suggested you
5193 could infect five people with one noninfectious
5194 people that had an high R-naught -- I mean, that's
5195 an R-naught of five.

5196 Like many things, first, this
5197 coincidentally happened about the time of Diamond
5198 Princess, a lot going on, you know. It was to me
5199 like saying, Holy smokes, how are we -- you know, if
5200 150,000 people came in and instead of 15, 30 people
5201 were infected with coronavirus and half of them were
5202 uninfected, that changes the dynamics of what we
5203 were going to look at.

5204 Now, again, I think I shared this
5205 email with -- or this chart with Tony Fauci and Bob
5206 Redfield -- if I remember correctly, this one on
5207 page 1 -- asking for what their thoughts were,
5208 because this was -- all these guys, the Wolverines
5209 were my guys from the Obama White House or the Bush
5210 White House who transitioned over.

5211 And I asked them to convene calls,
5212 when can we convene calls to help me kind of think
5213 through this because I had no time to think. So

5214 they elicited expert advice to me, Lee and others,
5215 to say, What's the possibilities here?

5216 Q Did you take any action in response to
5217 your assessment that there was a huge hole in our
5218 screening and quarantining efforts?

5219 A Again, I think you can find emails with me
5220 and Cuccinelli, the Deputy Secretary of DHS, to try
5221 to move our response from containment to mitigation.
5222 And the reason why is because I was getting no
5223 traction in HHS.

5224 Q In response to seeing this email, did you
5225 speak with anyone?

5226 A I spoke to a lot of people. But I shared
5227 this piece with Fauci and Redfield. Never got a
5228 response from Redfield. I think I got one from
5229 Fauci. I think it was, like: Unbelievable or what?
5230 I don't remember what it was. But he of the two
5231 responded.

5232 Q When you say that "efforts should have
5233 shifted from containment to mitigation," what do you
5234 mean by that?

5235 A You get into the whole thing of
5236 non-pharmaceutical interventions because we didn't
5237 have pharmaceutical interventions to use, no
5238 antivirals, no vaccines, limited diagnostics. So

5239 the argument that the Wolverines were talking about
5240 was we should shut down everything. That's a great
5241 answer, except that in the policy community, the
5242 question was: Could you do selective shutdowns?
5243 Because we don't want to shut down the economy. And
5244 the question here is: What is the best thing to do,
5245 I mean, at this point?

5246 Q I think I'm at my hour but I just have a
5247 couple questions left on this email if this is
5248 possible.

5249 A Yeah, this is a keeper.

5250 Q It is. Did you propose any of those
5251 mitigation measures that you mentioned --

5252 A We had the whole panoply, but, again, that
5253 was CDC's call. CDC had to say, Well, we need to
5254 close schools. That was not ASPR's role.

5255 My role was to deploy our Strategic
5256 National Stockpile, we were anemic. Deploy our
5257 national disaster medical system teams, where, how
5258 many, whatever. And by the way, we did deploy
5259 people to Kirkland up in Washington State to help
5260 with the -- just as an example, we were doing
5261 things.

5262 We need medical countermeasures,
5263 yeah, we do. Okay. I've kind of run out of options

5264 right now. And the only option I could do is
5265 somehow try to change the policy debate.

5266 Remember, at that point in time, I
5267 think it was at the crux of when Azar gets removed
5268 or tapped out, that it was trying to get somebody
5269 who could say, Hey, wait a minute, we should be
5270 shifting. And DHS was the best one, Duane Caneva --
5271 I guess he was the Chief Medical Officer -- and just
5272 suggest that, Hey, somehow we've got to change the
5273 narrative here because we're sitting on this. And
5274 if all these things are true, look at this epidemic
5275 curve, that this thing is going to go like a
5276 skyrocket.

5277 Q What mitigation proposal did you make
5278 specifically to CDC?

5279 A I don't know if I made any specific ones.
5280 The usual suspects are: Close schools, close
5281 transportation systems. These are domestic, right?
5282 Close work environments, shelter in place.
5283 Everybody go home.

5284 Q Did you make those proposals to Director
5285 Redfield?

5286 A Not that I'm aware of. Because at that
5287 point in time, they were still talking containment.
5288 It's just like, Hey, wait a minute. Again, I was

5289 talking -- I'm the principal adviser to the
5290 Secretary. Mr. Secretary, I think we should do
5291 this.

5292 Well, Bob Redfield says no. Tony
5293 Fauci, what do you think? I'm with Bob. Okay.
5294 Lost that vote.

5295 Q I think you mentioned that you weren't
5296 getting traction with these at HHS?

5297 A Right.

5298 Q Who didn't support your proposals?

5299 A I think Redfield and CDC. They were
5300 saying, We can contain this. And if you recall, it
5301 was about this time that -- I can't remember when
5302 the President went to India. But it was on that,
5303 because during that time Dr. Messonnier made her
5304 public comments that said, Hey, we better -- she was
5305 the one who kind of, I think, shifted the narrative
5306 by saying, We better get ready to go to ground here.

5307 Q Did Secretary Azar support the proposals
5308 you were making about mitigation?

5309 A He was listening to his expert.
5310 Dr. Redfield trained me, okay? He was a colonel in
5311 Walter Reed. I was a major. I think that
5312 relationship tainted my ability to say, Hey,
5313 Director of CDC, I'm the responsible guy for

5314 logistics and widgets and stuff. You're messed up.

5315 Q And did you say that to Secretary Azar?

5316 A No. I just said, In light of what we
5317 don't know, you need to be prepared to consider
5318 going to mitigation, mitigation may be the case.
5319 And when we get the Diamond Princess stuff, it's
5320 like, Mr. Secretary, we now have data that we can
5321 say, more than he believes, not six people but 300
5322 people now, Americans who we brought back and can
5323 demonstrate that 51 percent of them have the virus
5324 and show no symptoms of it.

5325 Q Was Secretary Azar receptive to that?

5326 A I don't remember that I said it that way.
5327 He was aware of that. I briefed him, and this is
5328 the Secretary now.

5329 And then he would turn to CDC. And
5330 CDC would hedge on, Well, we don't know -- that's
5331 not our data. I'm like, Okay, got it.

5332 And in fairness to Dr. Redfield and
5333 the CDC, you know, they were operating from their
5334 position of strength, which was the science. And
5335 what we were getting was, as Carter Mecher says,
5336 redneck epidemiology where we're getting bits and
5337 pieces of information. And we were kind of getting
5338 a running meta analysis of what we were seeing.

5339 Right? So it's not like, Let's do a
5340 T-test and run the statistical analysis of this.
5341 It's like, Crap, you know, you've got four people in
5342 Germany, one who is asymptomatic, but you have this
5343 one and you have these things.

5344 And they're kind of anecdotes that we
5345 were beginning to paint a picture that were, at
5346 least to me, were very troubling, if not exposing
5347 where the weaknesses were in our strategy, in our
5348 execution of a plan that I think proved to be
5349 inadequate to manage what was happening.

5350 Q Did you attempt to speak to the President
5351 about this issue?

5352 A No. I was not in that kind of
5353 conversation with him.

5354 [Majority Staff]: Just a couple more
5355 questions. Just to clarify, were you having
5356 these conversations in, is it mid-to late
5357 February with Secretary Azar and others within
5358 HHS?

5359 DR. KADLEC: Well, I know specifically I
5360 was having them with Ken Cuccinelli, who was
5361 the Deputy Secretary of DHS, because I was
5362 briefing what I felt like was appropriate to
5363 say, Mr. Secretary, you know, there's a

5364 feeling that we should do mitigation.

5365 And, again, Dr. Redfield, what do you
5366 think? Well, we think we can contain this.
5367 Well -- and this is -- this is, I don't know
5368 where to kind of put this, where I think that
5369 was being briefed up because that's what was
5370 being briefed by CD, the experts. And so I
5371 don't know what I'd say, my glancing blow, or
5372 my, Hey, Mr. Secretary, have you thought about
5373 mitigation in light of this? Ken Cuccinelli
5374 actually reached out to the Secretary to try to
5375 have a different level -- remember, I'm working
5376 for Azar -- to have a different level of
5377 conversation with him to say, Hey, why don't we
5378 do this? And he got rebuffed as well?

5379 [Majority Staff]: Did you ever learn why
5380 Secretary Azar didn't think it was necessary?

5381 DR. KADLEC: It wasn't that he didn't
5382 think it was necessary. It wasn't the time to
5383 do it. The data, at least according to CDC,
5384 didn't indicate we should pull the trigger on
5385 this.

5386 But what we knew -- and this is why the
5387 Wolverines and I went through a kind of a
5388 catharsis, not on this, but back in 2006 and

5389 '07, '08, '09 was we looked at the 1918 flu --
5390 and, actually, Richard Hatchet identified here
5391 did an exclusive analysis that looked at
5392 different cities in the United States that
5393 prohibited social gatherings, going to movies,
5394 you know, parades during World War I, and other
5395 things of that nature, and shut down schools.
5396 And I know it was the same in Philadelphia.
5397 Philadelphia didn't put any restrictions.
5398 Their cases went off the roof.

5399 St. Louis shut down appropriately early
5400 and their cases were minimized. There's the
5401 political decision if you shut down too early,
5402 you're going to pay some regret fee on that.
5403 If you shut down too late, you get regret fee.
5404 If you do it just right, Goldie Locks, you can
5405 actually blunt the curve and actually buy time.
5406 That's all you can do. Buy time.

5407 [Majority Staff]: You just mentioned that it
5408 was a political decision. Was that ever
5409 explicitly discussed?

5410 DR. KADLEC: Everybody knew all of these
5411 things were a political decision strategy where
5412 the political guys made the decisions
5413 ultimately, right?

5414 [Majority Staff]: Was there discussion that
5415 people were concerned it was the type of thing,
5416 impact on the economy?

5417 DR. KADLEC: I think everybody understood
5418 that and bigger impacts were viewed as if we
5419 didn't have supplies, shut down the supply
5420 chains, overrun the hospitals. You know, this
5421 -- again, yeah, we're still operating in a
5422 certain amount of uncertainty with regard to
5423 what's the case fatality rate? We don't know
5424 the R-naught. You know, we're still kind of
5425 driving a little blind.

5426 It seems as we started, this was
5427 SARS-like, but the needle was moving towards
5428 influenza-like. But yet, the agreement of that
5429 and the execution towards that, Hey, we need to
5430 execute NPIs now, was lagging. Right? Lagging
5431 behind the data. And that was just -- you
5432 know, you just sit there and go "blah." We
5433 war-gamed this out.

5434 MR. HECHT: Can we take a break soon?
5435 We've allowed it if we're close --

5436 [Majority Staff]: I have one more question.

5437 MR. HECHT: That's fine.

5438 [Majority Staff]: You mentioned it was a

5439 Goldie Locks problem implementing measures too
5440 early, too late, or just the right time.

5441 In hindsight, what do you think the impact
5442 of delaying a few weeks to implement those
5443 mitigation measures are now?

5444 DR. KADLEC: Here's the problem that I
5445 have now: I'm conflicted, based on my
5446 investigation, that the decision should have
5447 been, could have been made almost at the outset
5448 of the known outbreak.

5449 [Majority Staff]: So you're saying
5450 January 1st?

5451 DR. KADLEC: Maybe even earlier.

5452 [Majority Staff]: But based on what you knew
5453 in mid to late February, what do you think the
5454 impact ultimately was?

5455 DR. KADLEC: I don't know. It's hard to
5456 understand. You know, you miss it by -- you
5457 can miss it by a couple weeks and that has all
5458 the difference in the world.

5459 But I think what we could say is, you
5460 could look at like, Seattle, where they did
5461 shut down early and other places that didn't,
5462 like Manhattan, and you can see the functional
5463 differences.

5464 And that was a decision made by local
5465 guys. And John Wiesman in Seattle was -- he
5466 was really good. And he made the right call
5467 with the governor and said, We're going to put
5468 a blanket on this. Whereas, in New York,
5469 particularly in New York City, Blazio fought
5470 with the State Health officer and the Governor
5471 and that delay, I think, was a huge difference
5472 for them.

5473 [Majority Staff]: Thank you so much.

5474 [Minority Staff]: We can go off the record.

5475 (Recess from 3:15 p.m. to 3:16 p.m.)

5476 [Minority Staff]: We can go on the record.

5477 BY [Minority Staff]:

5478 Q You just said you should have, could have
5479 started mitigation in early January. That's because
5480 China was covering up the virus, correct?

5481 A That was part of the problem. I can say
5482 that now with great certainty, that they were
5483 certainly obscuring what was going on and that there
5484 was probable evidence of person-to-person spread
5485 that it was happening in December that they knew
5486 about that they didn't share with the world, WHO or
5487 anybody.

5488 Q Thank you.

5489 You also said that in the meetings
5490 about instituting mitigation Secretary Azar turned
5491 to Redfield for his advice. Where do you think
5492 Redfield was getting the advice it was still
5493 containable?

5494 A Well, he was getting it from his team.
5495 And again, I know those people well, but I think
5496 they were dogmatic in thinking because, everything
5497 we had done in the 10, 15 years before was
5498 flu-related. That was the box we were in and I
5499 think that was so difficult to kind of get out of.

5500 Q Was CDC making, like, the perfect the
5501 enemy of the good?

5502 A As I shared with you, they were methodical
5503 in their decision-making, which is good science; but
5504 in terms of operational decision-making that I've
5505 experienced, not only in medicine but also in
5506 military environments and combat environments, you
5507 can't wait for the perfect to execute the decision,
5508 which, by the way, you can adapt to once you made a
5509 decision. Now, once you print out guidance, that's
5510 a different story.

5511 But I'm just saying decisions of
5512 policymakers about what should be done can be made
5513 with less than perfect information.

5514 Q Last two. You mentioned closing schools.

5515 Dr. Redfield testified to us that his
5516 efforts to reopen schools received pushback from
5517 inside the CDC. Do you have any knowledge of that?

5518 A No.

5519 Q Admiral Giroir testified to us that he
5520 wasn't advising against closing schools at task
5521 force meetings and did not know who was. Do you
5522 know who made this decision?

5523 A No.

5524 Q Okay. Thank you.

5525 (Off the record.)

5526 (Recess from 3:18 p.m. to 3:35 p.m.)

5527 BY [Majority Staff]:

5528 Q Dr. Kadlec, on March 3rd, 2020, you
5529 testified before the Senate Health, Education, Labor
5530 and Pensions Committee estimating that the country
5531 would need roughly 3.5 billion medical grade N95
5532 masks if the coronavirus outbreak were to erupt into
5533 a full-blown pandemic.

5534 You stated the country possessed
5535 about 35 million masks at the time, which was
5536 1 percent of the needed amount. When did you make
5537 that assessment?

5538 A Well, it was based on the modeling. And I

5539 took the higher number, which is primarily covering
5540 for the uncertainty of the modeling.

5541 Q You made that in mid-January 2020?

5542 A Yeah, because that was a modeling that was
5543 done in 2015 that we used for CIADMs, which, again,
5544 ended up August was the principal time of 2019 when
5545 I did that. So again two numbers, 600 million,
5546 3.5 billion, I took the higher number, which was to
5547 account for, I'd rather say a bigger number than a
5548 smaller number and be proved asking for too much
5549 versus not enough.

5550 Q When did you first began assessing the level
5551 of supplies in the Strategic National Stockpile in
5552 connection with the possibility that the coronavirus
5553 might become a pandemic?

5554 A Well, kind of immediately. I mean, we had
5555 done a fairly fulsome review when we took it over
5556 during 2018, so I have a pretty good idea of what
5557 were the requirements that were -- what was brought
5558 as a result of the 2009 H1N1. And then again, there
5559 was (H7), (H5).

5560 Q And I guess, specifically with regard to
5561 the coronavirus pandemic, though?

5562 A That would have been in late January.

5563 Q Late January?

5564 A Yeah. And it was based on the modeling. I
5565 mean, the only uncertainty I had was is it more like
5566 flu or was this SARS? And so that was kind of like
5567 the binary choice.

5568 Q What did the assessment find other than
5569 for N95 masks?

5570 A The one done in 2015 was just about masks.

5571 Q No, no. Sorry --

5572 A We would need a lot of everything:
5573 Gloves, gowns, the whole 9 yards.

5574 So the question was: What was the
5575 supply chains around those? And all the supply
5576 chains quickly led to going to China for meltblown
5577 fiber products, like gowns, like surgical masks.

5578 Latex glove was another issue that we
5579 tried to kind of do a deep dive on because all that
5580 was made in Asia. Some in Indonesia. Some in
5581 Malaysia. Some in Vietnam.

5582 Q So when you made those assessments, what
5583 actions did you and ASPR take to stock up on those
5584 supplies?

5585 A So we -- again, not having the money, the
5586 one thing we did do, based on American
5587 manufacturers -- and I can give you a specific
5588 example of Tyvek suits. One of the big issues was

5589 gowns, disposable gowns. I don't know if you're

5590 familiar with Tyvek --

5591 Q Um-hmm.

5592 A -- waterproof, you can actually clean

5593 those. And so the point was, is I contacted DuPont

5594 and I said, talked about Airbridge. Said, Where do

5595 you make Tyvek? We make it in the USA? Where do

5596 you sew Tyvek suits? Vietnam. So we arranged the

5597 Airbridge.

5598 Q That was in April?

5599 A No. We started it earlier than that. I

5600 mean, we started with the swabs. I mean, there's

5601 Polowczyk's Airbridge and then there's the early

5602 Airbridge that we started doing. I would have to

5603 check on the dates for the Tyvek, but I think it

5604 was -- pretty sure it was in March.

5605 Q Again, we also started looking at

5606 things like cloth gowns.

5607 Q To clarify, this is at the end of January

5608 when you made the assessment of the stockpile?

5609 A Yeah, we need more. We need lots more.

5610 Right? And for the detail, it is on how many gowns

5611 and whatever else you needed, the issue there was

5612 the gowns that we have disposable.

5613 Q The question is: Can we find

5614 alternatives to those gowns, for example, and N95
5615 masks for the hospital workers and gloves? Those
5616 are the three principal things.

5617 And you needed billions of gloves,
5618 right? Each procedure needed a new set of gloves,
5619 non-sterile gloves. So we came up with number that
5620 was like 10 billion pairs of gloves, for example.

5621 I can't remember the number of gowns
5622 but it was a huge number.

5623 Q Did the number in Strategic National
5624 Stockpile increase from the time you did that
5625 assessment in January?

5626 A Well, we didn't have money to buy things
5627 until March, so we were kind of stuck. We were able
5628 to buy limited things. I think I shared with you a
5629 hundred thousand gowns, which were additional. I
5630 think we bought more than that, but it was for the
5631 swap. 500,000 masks, and those were added for the
5632 stockpile. But there wasn't much else added to it
5633 in the January until March time frame until we got
5634 the money.

5635 Q Did anyone request money to increase the
5636 supplies in the SNS?

5637 A Well, yeah. We came up with budget
5638 numbers and Brian Shuy, who's former Appropriations

5639 Staff, was my Chief of Staff, he was creating
5640 numbers by the third week of January.

5641 Q Sending those to who?

5642 A ASPR, and Azar made a couple pitches about
5643 getting money. And I had a meeting with NSC and
5644 this would have been about the same time, third week
5645 in January, with Ruggerio, myself, Redfield. We
5646 were talking about the numbers and so I had rough
5647 numbers from Brian, but I gave them to Ruggerio.

5648 I don't remember what it was, but it
5649 was big numbers for different PPE. And then, I
5650 think it was 25 billion, and that included PPE, what
5651 we thought would be the initial outlay for medical
5652 countermeasures. So I had a lump number, and Brian
5653 had the numbers for each of the categories.

5654 Q You said that funding didn't come through
5655 until March?

5656 A Yep.

5657 Q Who was preventing funding from being
5658 obtained earlier?

5659 A All I know is we submitted it to ASPR.
5660 Azar requested it. It didn't happen through
5661 February, maybe up to mid or latter February. And
5662 then the administration decided -- and I don't
5663 remember the specific days --

5664 Q Who was the roadblock in February, do you
5665 know?

5666 A I don't know. I think it was over at the
5667 White House, OMB.

5668 Q Do you know the reason that they weren't
5669 moving funding along?

5670 A Again, I think the belief was, and the
5671 assessment was, that containment could manage this
5672 outbreak. So I think in some ways that began,
5673 you're trying to step on the gas while you're
5674 putting your foot on the brake.

5675 So that's where I felt like I'm
5676 stepping on the gas and the brake is, Well, we think
5677 we can handle it so why do you need to, you know,
5678 hit the panic button, so to speak?

5679 Q You mentioned that assessment that you did
5680 of the SNS in late January. Following that
5681 assessment, was there a time when you started
5682 assessing the ability of the nation's manufacturers
5683 to produce medical supplies needed to respond
5684 physically to coronavirus?

5685 A We did that immediately. Laura Wolf was
5686 our person. She was contacting me, having calls
5687 with the different manufacturers and the
5688 distributors because some of those were

5689 manufacturers.

5690 Q That was late January?

5691 A That was beginning January, through
5692 February and throughout.

5693 Q And what was the result of the assessment
5694 of those manufacturers?

5695 A The short answer is: Domestic
5696 manufacturing capacity is limited.

5697 Q You mentioned earlier the America Strong
5698 initiative. I understand that was a partnership, I
5699 believe with Hanes and the United States Postal
5700 Service?

5701 A Hanes and 12 other manufacturers of
5702 garments.

5703 Q How did that initiative start?

5704 A I called my former boss from North
5705 Carolina and asked them. I guess it was in, I'm
5706 trying to think, February or early March and said,
5707 Do you have a contact at Hanes or the North Carolina
5708 Chamber of Commerce where I can reach out to Hanes
5709 or one of the -- I picked Hanes because they were
5710 the largest -- and Fruit of the Loom was next -- but
5711 asked if they had a point. And I got a name and I
5712 kind of sat on it for maybe a week or so,
5713 principally to just see where we were in the need.

5714 You know, again, what are the dynamics on the
5715 ground? I need money before I can do this.

5716 So it was based on, Okay, when can I
5717 reach out and have a serious conversation with
5718 somebody saying, Can you produce a mask that we can
5719 make for adults over the age of 16 and make
5720 650 million of them?

5721 Q And the idea was that a pack of masks
5722 would go to every American household essentially; is
5723 that correct?

5724 A That's correct, five.

5725 Q Five, right?

5726 A So \$3.55 without postage.

5727 Q In an interview with NPR you said, quote:
5728 When it came time to brief it to the audience at the
5729 White House Task Force, I didn't even get to the
5730 first slide. It was interrupted and stopped. End
5731 quote.

5732 What happened there?

5733 A I was told it was not ready for briefing
5734 the Vice President.

5735 Q And who told you that?

5736 A Mark Short, Chief of Staff.

5737 Q Do you know why he said it wasn't ready
5738 for the Vice President?

5739 A No.

5740 Q Do you know if it had anything to do with
5741 the physical appearance of the mask?

5742 A Well, people made fun of it, right. Said
5743 it looks like -- excuse the expression, right? -- a
5744 jockstrap. I said, they're not for design purposes,
5745 they're designed to be protective.

5746 They're three-ply, the middle layer
5747 impregnated with an anti-microbicide to kill
5748 coronavirus, and they were intended to prevent
5749 respiratory droplet spread of the virus and would
5750 have attenuated, if used properly, both people
5751 wearing masks, with at least 6 feet of separation,
5752 lower the likelihood of aerosol spread.

5753 Q Did you have any reaction to Mark Short
5754 pushing back on your program?

5755 A Well, yeah, I was flabbergasted. I mean,
5756 I figured, Well, maybe we'll get another bite at the
5757 apple here, and that never happened.

5758 Q Did you ever try to revisit the issue?

5759 A Yeah.

5760 Q What happened?

5761 A I was told it was dead.

5762 Q By who?

5763 A It was either Dr. Birx or somebody in the

5764 White House Task Force at the White House. And my
5765 view was I committed to make these damned things.
5766 We were going to have 110 million packages for each
5767 of the residents. And even though it wasn't going
5768 to be delivered by the Postal Service, we delivered
5769 them.

5770 Q Did Dr. Birx, or whoever on the Task
5771 Force -- I think you said it was Dr. Birx, who
5772 prevented it when you sought to revisit?

5773 A She did not prevent it. I think she told
5774 me when I asked about it: Is there any chance to
5775 get this back? And she says no.

5776 Q Do you know for what reason?

5777 A No. She said -- she said to me -- I think
5778 it was kind of a half joke/half not -- You may want
5779 to consider Amazon. And somebody else from OMB
5780 said, Yeah, I don't think people wanted to use the
5781 Postal Service.

5782 And what I can't believe is that
5783 there was a card that CDC produced that I still
5784 have -- I should have brought it just as an
5785 exemplar -- that said, President Trump says, wash
5786 your hands, cover your cough, cover your sneeze,
5787 wear a mask and keep your distance kind of thing.

5788 I thought, Well, that was the -- the

5789 precedence for using the Postal Service. And it was
5790 at the top when the lockdowns were going on and how
5791 long the lockdowns would last was uncertain.

5792 But it was -- I think there was -- I
5793 remember when it was circulated, Well, maybe it will
5794 go away in the summertime.

5795 But to me it was, Hey, here's a way
5796 to deliver to every American adult or child the
5797 opportunity to wear a mask that is reusable up to 10
5798 times, actually 20 -- I tested it to show its
5799 effectiveness -- that could protect someone from
5800 going out to their house, running errands, doing
5801 what they needed to do, and giving themselves some
5802 reason for confidence they're protected, or at least
5803 have partial protection, as long as they follow the
5804 rules, which is 6 feet of distance, I wear a mask,
5805 you wear a mask.

5806 Q Were the masks ultimately made and
5807 distributed?

5808 A Yes.

5809 Q To who?

5810 A We gave them to federally qualified health
5811 clinics. We tried to get them to churches. We
5812 tried to target areas which are hot, meaning like at
5813 that time was New Orleans and Detroit and tried to

5814 get them out to the people who could not afford or
5815 could not make masks.

5816 So they were used in Colorado with
5817 meatpackers, but we delivered every single damn one
5818 of them. And if you'd like a souvenir, you can
5819 still get them at the TSA, at the Reagan Airport.
5820 And they're free for handouts.

5821 Q I didn't know that.

5822 A Yeah, I'll sign one for you.

5823 Q According to one administration official
5824 who was quoted in the Washington Post, quote: There
5825 was concern from some in the White House, Domestic
5826 Policy Counsel and the office of the Vice President,
5827 that households receiving masks might create concern
5828 or panic.

5829 Did you ever hear anything along
5830 those lines?

5831 A Nope. But here's the dilemma on that
5832 account, is that we had the Surgeon General, Jerome
5833 Adams, who had made a YouTube video to instruct
5834 people how to make masks for themselves using shirt
5835 -- you know, T-shirt material.

5836 Now, those were single-ply masks and
5837 probably wouldn't afford any protection.

5838 Q From your experience, were officials in

5839 the White House generally concerned about taking
5840 action about or sharing information about the
5841 coronavirus that might concern the public?

5842 A I mean, if there was any of that, that was
5843 punctured when Nancy Messonnier kind of made her
5844 public comments, whenever that date was. I think it
5845 was in February.

5846 Q Previously, you mentioned that you worked
5847 with Dr. Peter Navarro, who was in the White House,
5848 and that he was concerned about supply chain issues.
5849 How were you familiar with his work?

5850 A Well, I wasn't until I was directed to go
5851 over there and spend time with him on Sunday
5852 afternoons and try to offer him technical advice,
5853 but made no commitments.

5854 Q Who directed you to do that?

5855 A Secretary Azar.

5856 Q Do you know why?

5857 A Because he was asked to go over there, and
5858 so he sent his minion over to do that.

5859 Q What was your reaction to that?

5860 A Well, Peter Navarro was -- well,
5861 personally, I didn't have a lot of spare time, but
5862 spending two hours with Peter Navarro is enlightening.
5863 The guy is kind of a lively personality. He is an

5864 economist, I guess, by training and you know, he
5865 thinks in very concrete terms about getting things
5866 done, so he wanted to know what we need done.

5867 And so when we talked about the
5868 panoply of issues that had to be addressed, he
5869 focused on things like chemical precursors, things
5870 that related to domestic, onshoring of things that
5871 had been lost. So he was very interested in
5872 chemical precursors.

5873 And ultimately got very interested in
5874 ventilators, though I did not work on those with
5875 him. And he, obviously, was very interested in
5876 hydroxychloroquine at one point in time. And there
5877 was kind of a series of things that he kind of
5878 grabbed on to.

5879 Q Can you -- I missed what you said about --
5880 did Secretary Azar, you said, direct you to make no
5881 commitment?

5882 A Because I'm not a committing official.
5883 He's assistant to the President, he talks to the
5884 President. My secretary is assistant to the
5885 President-level guy, who talks to the President.
5886 I'm two steps down below. I take notes. I report
5887 back. I say this is -- then Secretary makes the
5888 decision.

5889 Q And you said that someone directed
5890 Secretary Azar to work with Dr. Navarro?

5891 A I thin Dr. Navarro didn't -- the Secretary
5892 didn't need anybody directing him, but I think
5893 Mr. Navarro reached out to Azar to do that.

5894 Q I see.

5895 A That's an assumption.

5896 Q And from your experience, I think -- I'm
5897 sorry, I think you mentioned Dr. Navarro's
5898 experience was not in procurement; he was an
5899 economist by training.

5900 What was your reaction to somebody
5901 with those credentials leading procurement efforts?

5902 A He was reaching out to a variety of
5903 different people in a variety of different
5904 departments: Department of Defense, Homeland
5905 Security, outside experts, myself, others. Like
5906 Bright spent a lot of time with him on precursors on
5907 pharmaceutical precursors. Phlow, I think, was one
5908 of the generated ideas that came out of their
5909 collaboration.

5910 Q Is that the -- I'm sorry, that P-H-L-O-W?

5911 A Yeah, P-H-L-O-W.

5912 Q I was always saying that wrong.

5913 How, from your experience, did

5914 efforts by the White House and Dr. Navarro to
5915 procure PPE and medical supplies impact the ability
5916 of other government agencies, like HHS and FEMA, to
5917 also procure supplies at the time?

5918 A So they were looking for alternative
5919 supplies or suppliers, so I know there was some
5920 efforts to get N95 or KN95 masks, gloves, gowns, but
5921 that they were brokering with outside people that I
5922 had no visibility on.

5923 The ventilator piece was directed to
5924 FEMA through DOD, so that was a White House
5925 generated activity.

5926 Q Did any aspect of Dr. Navarro's work cause
5927 competition for procuring supplies amongst various
5928 government arms?

5929 A So I can't speak with great specificity.
5930 In fact, I don't know. I mean, the fact is, is I
5931 had -- Polowczyk who I said, Build me a supply chain
5932 control tower. Do what you got to do. Make sure
5933 that whatever you're doing, you have the support
5934 from my team. And if you need help, let me know.

5935 And periodically I'd get updates from
5936 him. And so they were working through more
5937 conventional distributors and suppliers, and
5938 manufacturers, whereas I viewed what Navarro was

5939 doing was kind more of supra level in terms of
5940 trying to get supplies.

5941 Q You said you went over to work with Dr.
5942 Navarro on some of those efforts. What specifically
5943 were you doing?

5944 A Mostly listening to him about what his
5945 issues were. For example, he talked about
5946 hydroxychloroquine and I conveyed to him that, you
5947 know, as appealing as it sounds, the science yet is
5948 not baked on this. So it just gets to the idea that
5949 part of my -- I saw myself being more tempering to
5950 his zeal to try to get things done. And, you know,
5951 and so you need that push/pull kind of thing.

5952 But on hydroxychloroquine, he briefed
5953 to the White House Task Force on hydroxychloroquine.
5954 On the chemical precursors, he -- again, the
5955 proposal for Phlow came through. I think there was
5956 one with Kodak, which got killed. There was some
5957 PPE issues that were considered and gauged on for
5958 KN95 masks, which were ultimately turned around
5959 because of issues with the quality of the
5960 manufacturer.

5961 Q You mentioned Phlow. I want to show you a
5962 document that we will mark as Exhibit 6.

5963 (Majority Exhibit 6 was marked for

5964 identification.)

5965 BY [Majority Staff]:

5966 Q And this is a March 20th, 2020 email from
5967 Dr. Navarro to you and Dr. Bright?

5968 A Yeah.

5969 Q And in this email Dr. Navarro writes to
5970 you and Mr. Bright about the Phlow contract, saying,
5971 quote: My head is going to explode if this contract
5972 does not get immediately approved. This is a
5973 travesty. I need Phlow noticed by Monday morning.
5974 This is being screwed up. Let's move this now.

5975 Do you recall receiving this email?

5976 A I do, but this was like several that I got
5977 from him or calls that I got from him. The issue
5978 here was this was then going through legal contract
5979 review and so I acknowledged. I don't know if I
5980 responded to this, but typically I didn't.

5981 The fact, is like anything else
5982 that's going through legal contract review, it goes
5983 through legal contract review, it takes as much time
5984 as it takes.

5985 Q Are you aware why Mr. -- excuse me, Dr.
5986 Navarro thought the contract was being screwed up?

5987 A Because it wasn't going fast enough. His
5988 favorite line is: Let's do this in Trump time.

5989 Q Did you agree it wasn't moving fast
5990 enough?

5991 A The complexity of what they were
5992 proposing -- and I have very superficial -- Bright
5993 would be the guy to ask. What they were saying is
5994 that they could at a -- I guess this was a VCU-based
5995 activity. What they were proposing is to make an
5996 industrial scale facility using, DPA I think was the
5997 plan, and be able to produce whole sorts of
5998 precursors.

5999 Quite frankly, I didn't know if this
6000 was legit or not, and I wasn't going to get in the
6001 middle of it.

6002 Q By "legit," you mean the contract?

6003 A I'm talking about the capability, the
6004 science and everything else. Can you do this?
6005 There were a lot of proposals that were thrown up in
6006 the air for people to look at, that we can provide
6007 you 500 million KN95 masks --

6008 Q Did you express the fact that you weren't
6009 sure whether this was legit to Dr. Navarro or anyone
6010 else?

6011 A I turned to the legal contract team. I
6012 said, You guys are the experts on this that. I
6013 said, You figure -- when you tell me it's okay, it

6014 will be okay, but I'm not going to sit here and
6015 demand that you do anything other than your job.

6016 Q But you did contact the legal contract
6017 folks?

6018 A I spoke to our Chief Contracting Officer
6019 and I -- Skyler. And I said, Skyler, the time it
6020 takes is the time it takes. And he says, We're
6021 working on it. And I said, I understand, but the
6022 time it takes is the time it takes.

6023 Q Were you concerned at all that this
6024 contract was potentially being offered to a
6025 brand-new company?

6026 A There were a lot of brand-new companies
6027 offering stuff. So the answer to that question was,
6028 You bet, that's why you have a legal contract
6029 review, to just evaluate these things.

6030 And, quite frankly, where these
6031 things were getting vetted and how they were getting
6032 vetted entirely to me was like the supplier of KN95
6033 masks, for which we had to go through OGC, Brian
6034 Simpson was the principal deputy, and just go
6035 through it and make sure we followed the rules on
6036 that to make sure they were, you know, NIOSH
6037 approved; that we didn't get counterfeits. I mean,
6038 to me, that would have been the greater thing. It's

6039 one thing to say you're going to buy, like,
6040 \$5 million of something, and say, Oh, we got a
6041 counterfeit. It's another thing to spend a billion
6042 dollars.

6043 Q Were you aware of any scenarios where Dr.
6044 Navarro didn't follow the proper procurement process
6045 like this one?

6046 A The answer is, I don't know. I think he
6047 was directing people to do things. So what was
6048 happening in DHS or FEMA, I can't speak to.

6049 Q Do you know if there was ever a time when
6050 due diligence on a procurement contract was ever
6051 rushed due to pressure from Dr. Navarro?

6052 A I knew he put a lot of pressure. Again,
6053 for my part, my responsibility, fiduciary and
6054 otherwise, was to be sure that he followed the rules
6055 on this.

6056 Q What kind of pressure did Dr. Navarro put
6057 on pushing contracts like this?

6058 A He would be yelling at me. Call me up
6059 say, Get going. I can only go as fast as I can,
6060 sir. I'll look into it.

6061 But the thing is, there was a lot
6062 of -- everybody was trying to get things done.

6063 Q Did he -- was there ever a time when a

6064 competitive bid was overlooked because of pressure
6065 from Dr. Navarro?

6066 A Not that I know of.

6067 Q I want to ask -- we can put this exhibit
6068 aside.

6069 I want to ask you about another
6070 individual in the White House. That's Jared
6071 Kushner. It was reported in the book, "Nightmare
6072 Scenario," that Jared Kushner spearheaded efforts in
6073 mid-March 2020 to mobilize pop-up testing sites
6074 around the country and that he and his team reached
6075 out to people at FEMA and ASPR to help get the
6076 initiative off the ground.

6077 Did you help with that?

6078 A No. Actually, Giroir was managing that.
6079 Again, he was Mr. Testing and whatever he needed or
6080 whether we could support that, we would do that.
6081 And given that the nature of those pop-up testing
6082 sites probably wouldn't use masks, you know, my
6083 limit force was going to be used for clinical care,
6084 not testing.

6085 Q According to "Nightmare Scenario," Mr.
6086 Kushner and his team hadn't procured the supplies
6087 necessary to execute such an ambitious project, including
6088 the re-agents, swabs and other materials, to conduct

6089 tests, including PPE. And instead of sorting out
6090 the supply issues, he commandeered supplies from the
6091 SNS.

6092 Is that true, to your recollection?

6093 A We supported the testing efforts that were
6094 passed on to me as a priority, you know, that was
6095 recognized, saying, We've got to get testing done.

6096 So, yes, there were materials used
6097 for that.

6098 Q The authors of "Nightmare Scenario" wrote
6099 that Kushner used 30 percent of the key supplies
6100 from the SNS to operate 44 drive-through testing
6101 sites for five to ten days.

6102 In the end, according to the authors
6103 of that book, blame for Mr. Kushner's testing
6104 initiative reportedly fell on ASPR and you. Is that
6105 your recollection?

6106 A We were blamed for a lot of things.

6107 Q Why do you think, or do you know why the
6108 blame fell on you?

6109 A Again, I don't know why. You have to ask
6110 him. Because, again, we were a very popular dog to
6111 kick.

6112 Q Why is that?

6113 A Well, I just -- I mean, maybe I'm not a

6114 team player, but I have a bit of an independent
6115 streak.

6116 Q Did you speak with anyone about blame
6117 falling on you for the testing initiative?

6118 A Well, I got blamed for Remdesivir. There
6119 were too many things to kind of sort out. If I did
6120 that, I would be trying to figure out all the things
6121 that I'm responsible for that I had nothing to do
6122 with and focus on the things that I was responsible
6123 for and I had to do.

6124 So that's how I looked at it. It was
6125 just the nature of the beast.

6126 Q But at least with regard to the testing
6127 initiative, you didn't speak to anyone?

6128 A No. Because, again, I turned to Giroir,
6129 who was the testing czar, and my intent was to
6130 support him.

6131 Now, they took 30 percent of the
6132 material at the time to do it. There was very
6133 little left in the stockpile. So what they took was
6134 a very marginal amount of what we had. However,
6135 prioritized in the big picture was testing. So
6136 regardless of whether it was Jared Kushner or
6137 somebody else, we would have been supporting that
6138 initiative because that was an initiative that was

6139 identified as, Get that done.

6140 Q So you didn't have any adverse reaction to
6141 him taking supplies from the SNS --

6142 A I can just comment on the fact that there
6143 were many things being done that were not -- that
6144 were my responsibility, my statutory authority, that
6145 were not done by me. And that was a problem.

6146 Q Does that include this testing initiative?

6147 A Well, the supplies and there was a series
6148 of issues with supplies. So, the answer is yes, but
6149 point being is I got to keep focusing on the prize.

6150 Q Did you discuss the fact that that was a
6151 problem with anyone?

6152 A I'm sure I griped about it, but the point
6153 is who would I discuss it with? It's the
6154 President's son-in-law.

6155 Q How do you think that problem affected the
6156 nation's response to the coronavirus?

6157 A Well, failed testing, right? Utilization
6158 of scarce resources, so, yeah, it had some impact.
6159 How that figures into the bigger problem? I don't
6160 know.

6161 I mean, it's certainly a blip in the
6162 screen. But was it the ultimate failure? No. But
6163 there were a lot of things that were tried and

6164 didn't work.

6165 Q It's been publicly reported that Mr.
6166 Kushner also assembled a task force comprised mostly
6167 of a few dozen or couple dozen volunteers and
6168 contractors from the private sector, like private
6169 equity firms and consulting companies, to help with
6170 the government's procurement efforts.

6171 Are you familiar with that?

6172 A I know there were a bunch of consultants
6173 running around. I took a briefing of one group and
6174 did not utilize their services.

6175 Q So you didn't play any role in that?

6176 A No. Here's the dilemma. I was a former
6177 management consultant. There are smart guys, some
6178 of them Harvard MBAs. But what do they know about
6179 pandemic and preparedness response that I don't?

6180 If there's something exceptional,
6181 great. But I was getting a lot of good help from
6182 people who knew the business and who were doing it
6183 for free and were in the government.

6184 Q You mentioned before you worked on Project
6185 Airbridge, which I think some of these folks also
6186 worked on. What specifically was your role in
6187 working on Project Airbridge?

6188 A I made a couple of calls to DOD about it,

6189 particularly on swabs. And early on, some of the
6190 work we did with the Tyvek suits, which was actually
6191 a very nice activity, was flying material to
6192 Vietnam, flying several hundred back a week
6193 finished. And that rotation was giving us
6194 substitutes for gowns that could be cleaned and
6195 reused by healthcare workers and alleviated the
6196 concerns, I think that were highlighted with people
6197 wearing garbage bags.

6198 That was a specific intent, to find
6199 an innovative alternative to disposable suits that
6200 would give us more confidence so we could provide
6201 healthcare workers physical protection.

6202 Q I think earlier today when we were talking
6203 about Project Airbridge, you mentioned that Project
6204 Airbridge was a component of success. Are there any
6205 aspects of Project Airbridge that could have been
6206 better?

6207 A I think if we could have gotten more
6208 product. The problem was not flying it over. We
6209 had the means between the military and FedEx and UPS
6210 to do that. Coincidentally, I met with Fred Smith
6211 in the year before the pandemic and kind of worked
6212 with him because he had been supportive of the SNS
6213 and was talking to him about ways we could work in

6214 the future because there could be other
6215 circumstances we may need his services to move
6216 things or people very quickly. And his team was
6217 very responsive when we did pick up the phone and
6218 call them.

6219 Q I want to move on to a different topic and
6220 ask you about some of the therapeutics that were
6221 used to treat the coronavirus early in the pandemic.

6222 One such therapeutic was chloroquine
6223 and hydroxychloroquine. I believe an emergency use
6224 authorization was issued for hydroxychloroquine on
6225 March 28th.

6226 Were you involved in discussions
6227 around that time about the possibility of FDA
6228 granting an EUA?

6229 A I don't recall specifically what that
6230 conversation would be. I know that we -- there was
6231 a perceived benefit with hydroxychloroquine and
6232 chloroquine and that we received large donations.
6233 How those donations were conjured up, I don't know.

6234 But they came from Bayer, they came
6235 from countries like Pakistan, that suggested that we
6236 need to do it. I think there was the issue of
6237 saying we needed to get an EUA to use those and we
6238 turned to BARDA to do that, which was a little bit

6239 out of the norm.

6240 Q I want to show you an email from
6241 March 18th. We're getting it and I'll just tell you
6242 right now.

6243 [Majority Staff]: And for the record this will be
6244 Exhibit Number 7.

6245 (Majority Exhibit 7 was marked for
6246 identification.)

6247 BY [Majority Staff]:

6248 Q This is a March 18th email from you to
6249 AMA2, who I believe is Secretary Azar; is
6250 that right?

6251 A Yes.

6252 Q Copying Stephen Hahn and Brian Harrison?

6253 A Yes.

6254 Q Secretary Azar wrote, quote: I don't
6255 understand the difference, but please be sure we are
6256 looking at both this and hydroxychloroquine and
6257 manufacturing. Laura Ingraham mentioned on her show
6258 that Sanofi makes hydro.

6259 Did you understand that reference to
6260 mean that Secretary Azar learned about
6261 hydroxychloroquine and chloroquine on the Laura
6262 Ingraham show?

6263 A I don't know what the context of that was

6264 but I responded to that that Sanofi made the product
6265 called ARALEN, which is used for malaria
6266 prophylaxis, so that's how I responded. But I don't
6267 know -- in just looking at this, I don't even recall
6268 this email. But, obviously, from the Secretary, I
6269 would respond to it and I did in short order.
6270 That's good.

6271 But, so yeah, I don't know what Laura
6272 Ingraham was talking about, but I looked at -- I
6273 looked it up and said Sanofi makes chloroquine.

6274 Q It's been publicly reported that on
6275 April 2nd, President Trump met with Laura Ingraham
6276 of Fox News in the oval office to discuss
6277 hydroxychloroquine.

6278 Are you familiar with that meeting?

6279 A No.

6280 Q You didn't know that had occurred?

6281 A No.

6282 Q On June 15, 2020, FDA revoked the
6283 emergency use authorization for hydroxychloroquine
6284 and chloroquine. Did you, at the time agree with
6285 FDA's decision to revoke --

6286 A There's nothing to disagree with. The FDA
6287 is the decider.

6288 Q After the EUA for hydroxychloroquine was

6289 revoked, was there continued discussions within the
6290 Trump administration about hydroxychloroquine?

6291 A I know people were advocating for it.
6292 Peter Navarro was a big fan. But as far as having
6293 conversations with people about hydroxychloroquine,
6294 you moved on. It doesn't work. Move on, right?
6295 Find something that works. Figure something out.

6296 Q So after the FDA revoked the EUA, did you
6297 move on from promoting hydroxychloroquine?

6298 A I didn't promote it. I just made sure it
6299 was available. And my role was making sure it was
6300 available in pharmacies and areas where there was
6301 increased incidence because physicians can write
6302 this as a prescription off label.

6303 My issue was, that would create
6304 potentially a run on the pharmacy. The problem with
6305 that is not necessarily the chloroquine, which is an
6306 antimalaria, but it's hydroxychloroquine, which is
6307 used by many people for rheumatoid arthritis and
6308 lupus.

6309 So the question was, is could we
6310 create a demand where for COVID, for whatever
6311 reason, when it was originally thought to be
6312 effective -- and again, I looked at the French
6313 study, it was somewhat equivocal, maybe favorable.

6314 But when the FDA said it was no
6315 longer approved, my concern about availability of
6316 that product for other purposes, other legitimate
6317 pharmaceutical purposes was kind of abated. I said,
6318 Okay, one less thing to worry about.

6319 Q You mentioned Dr. Navarro working on
6320 hydroxychloroquine and that continued after FDA's
6321 revocation of the EUA?

6322 A I don't know if that was the case or not.
6323 I remember one occasion on the White House Task
6324 Force where he came in and made a presentation where
6325 he suggested there was data to support that.

6326 Q Dr. Navarro -- well, let me strike that
6327 and rephrase.

6328 Are you familiar with Dr. Steven
6329 Hatfill, who was a medical advisor on Dr. Navarro's
6330 team?

6331 A Yes, I do know the gentleman.

6332 Q How do you know him?

6333 A I know him from long ago and far away when
6334 I was a major and he was a researcher in good
6335 standing at the U.S. Army Medical Research Institute
6336 for Infectious Diseases at Fort Detrick.

6337 Q When you say "long ago," approximately?

6338 A The '90s.

6339 Q Did you have any interactions with
6340 Dr. Hatfill in the White House?

6341 A Occasionally. But you could knock me over
6342 with a feather when I walked over there and saw him.

6343 Q I'm not familiar with that expression.
6344 I'm sorry.

6345 A I was stunned.

6346 [Majority Staff]: Why were you stunned?

6347 A Well, because I hadn't seen him for 30
6348 years, but he had a significant past where he was
6349 one of the persons of interest around the anthrax --
6350 2001 anthrax event.

6351 And so I mean, obviously, he was
6352 exonerated and last I heard, he owned an island off
6353 of Puerto Rico and was living there. So he was the
6354 last person I thought I'd see in the old Executive
6355 Office Building.

6356 Q I want to show you an email that, for the
6357 record, we will mark as Exhibit 8.

6358 (Majority Exhibit 8 was marked for
6359 identification.)

6360 BY [Majority Staff]:

6361 Q This is an April 9, 2020 email from Dr.
6362 Hatfill to Dr. William O'Neill at Henry Ford
6363 Hospital. You're not on this email, but as you'll

6364 see, Dr. O'Neill and Dr. Hatfill are discussing, at
6365 the bottom page 1 and spilling on to the top of
6366 page 2, a study proposed by Dr. O'Neill to give
6367 hydroxychloroquine to sailors on the USS Comfort as
6368 a way to study the efficacy of the drug. And Dr.
6369 Hatfill replies saying he has a call put in to Bob
6370 Kadlec, Assistant Secretary at HHS on this matter.
6371 Bob is in a meeting at moment. We will get this
6372 done.

6373 Did you ever connect with Dr. Hatfill
6374 about the --

6375 A I don't recall this topic. But I can tell
6376 you as a former military officer, that there is no
6377 flicking way that we would ever give this to
6378 sailors. And I don't know what his opportunity
6379 would be to do a clinical trial of that nature
6380 without the involvement of Department of Defense.

6381 Q So funding for this study, to your
6382 knowledge, was not provided?

6383 A I have no idea.

6384 Q Do you know why Dr. Hatfill intended to
6385 reach out to you about this?

6386 A We had significant stockpiles of
6387 hydroxychloroquine and chloroquine in our SNS as a
6388 consequence of those donations. So I assume that

6389 would be it.

6390 Q I want to show you another email for the
6391 record. This will be Exhibit 9.

6392 (Majority Exhibit 9 was marked for
6393 identification.)

6394 BY [Majority Staff]:

6395 Q And as this is getting passed out, this is
6396 an August 15th, 2020 email between Joanna Miller and
6397 Dr. Hatfill. Again, you're not on the email. The
6398 subject is: Proposed clinical trial funding. And
6399 at the first email in time, Dr. Hatfill sends an
6400 email to an individual at Texas Tech University
6401 Health Sciences Center about funding a study of
6402 hydroxychloroquine saying that he has, quote,
6403 \$5 million for a study and a truckful of
6404 medications.

6405 Then later up in the chain Dr.
6406 Hatfill writes to Joanna Miller who is a White House
6407 policy aide, who worked for Mr. Navarro saying,
6408 quote, Kadlec never sent me the PS-whatever for
6409 funding from DHS/FEMA. Did he send it to you, or is
6410 it in my MBX email. I waited pretty late but he
6411 never sent it yesterday. Would you mind checking
6412 please.

6413 And Ms. Miller responds no he has

6414 never replied to me. Do you know what funding Dr.
6415 Hatfill is referring to?

6416 A No, I don't. And, quite frankly, as I
6417 recall, this is in August?

6418 Q Correct.

6419 A I mean, hydroxychloroquine was a dead
6420 issue to me, at least.

6421 Q So had you discussed with Dr. Hatfill --

6422 A No.

6423 Q -- hydroxychloroquine around this time?

6424 A No.

6425 Q And so apologies if you already
6426 answered this. But to confirm, you or ASPR did not
6427 provide any funding, to your knowledge, to Dr.
6428 Hatfill in response to this?

6429 A No. The only funding we did was for a
6430 study, as I mentioned earlier, to Northwell Medical
6431 System in New York in the initial phases of the
6432 outbreak when New York had such high cases. And we
6433 tried to set up a clinical trial for two products;
6434 hydroxychloroquine and Famotidine. And we did
6435 arrange that and then could not recruit enough
6436 people for the study. And, quite frankly, there was
6437 issues around the design of the clinical trial that
6438 BARDA recommended to me that we stop it, and we did.

6439 Q I'm sorry, I missed the date of that.

6440 A Whenever New York was burning, I think it
6441 was in February.

6442 Q That was before the revocation of the --

6443 A Right.

6444 Q And I think you mentioned that study when
6445 we first met earlier in the day. Is that the same
6446 one?

6447 A Yeah, that's correct.

6448 Q I want to show you another email that, for
6449 the record, we will mark as Exhibit 10.

6450 (Majority Exhibit 10 was marked for
6451 identification.)

6452 BY [Majority Staff]:

6453 Q And this is an August 25th email. This
6454 does have you on it between you and Dr. Hatfill.
6455 And in the initial email, Dr. Hatfill asks, quote:
6456 What specific paper on hydroxychloroquine is getting
6457 in the way of our request? It's not the
6458 retrospective on Rheumatoid Arthritis I trust. Can
6459 you send me the reference, please?

6460 What was Dr. Hatfill referring to in
6461 this email?

6462 A I don't know, but it was a paper that
6463 basically, if I remember correctly, was showing that

6464 hydroxychloroquine didn't work. I was taking a
6465 different tact than ignoring him, which was in this
6466 case, I think, but the evidence was accruing that it
6467 didn't work.

6468 Q Had you had some discussion prior to this about
6469 hydroxychloroquine?

6470 A I don't know what the dates are, but it
6471 may have been in response to the earlier email,
6472 Exhibit Number 9.

6473 Q I want to show one other email. This will
6474 be, for the record, Exhibit 11.

6475 (Majority Exhibit 11 was marked for
6476 identification.)

6477 BY [Majority Staff]:

6478 Q And this seems to be affiliated with the
6479 same thread as the exhibit we just looked at. And
6480 in the email Dr. Hatfill writes to you saying,
6481 quote: Is this the paper you were talking to Peter
6482 about that is causing concern?

6483 A Yeah.

6484 Q That's, I'm assuming, a reference to Dr.
6485 Navarro?

6486 A Uh-huh.

6487 Q Do you recall what you were discussing
6488 with Dr. Navarro?

6489 A I don't remember what the paper was. But
6490 if you can pull it up, I can give it -- I'm sure it
6491 was saying it doesn't work, so . . .

6492 Q I want to show you one last email. This
6493 one's from a little later in time, and I'm sorry.
6494 For the record, this will be Exhibit 12.

6495 (Majority Exhibit 12 was marked for
6496 identification.)

6497 BY [Majority Staff]:

6498 Q This is an email from Dr. Hatfill to
6499 Ms. Miller, who we discussed earlier. And Dr.
6500 Hatfill says, quote: I picked up 24 bottles of HCQ
6501 from Kadlec last night.

6502 I understand HCQ to be
6503 hydroxychloroquine?

6504 A Yeah.

6505 Q Do you recall giving Dr. Hatfill
6506 hydroxychloroquine around this time?

6507 A I don't remember personally giving it to
6508 him. We had material but, I don't know what that's
6509 about. I don't have the context for it.

6510 (Reporter interruption for clarification
6511 of the record.)

6512 DR. KADLEC: I'm sorry. I'm just reading,
6513 just laugh out loud. I picked up -- that was

6514 November 2020.

6515 Q Did you ever actively advocate for the
6516 discontinued use of hydroxychloroquine in treating
6517 the coronavirus?

6518 A Actively -- I had no role in advocating
6519 it. So far as I'm concerned, it was not an issue to
6520 be managed. I had other issues that I was managing
6521 that were probably more relevant at that time, which
6522 had to do with Warp Speed and, you know, hospital
6523 care response and SNS stuff. I'm a little at a
6524 loss. I'm sorry, I can't give you --

6525 Q No, I understand. That helps.

6526 [Majority Staff]: We're a little short on hour,
6527 but I think it makes sense to go off the record
6528 here.

6529 (Off the record.)

6530 BY [Minority Staff]:

6531 Q Dr. Kadlec, you mentioned that you were
6532 worried with regard to hydroxychloroquine about a
6533 run on pharmacies. And I think, indeed, that did
6534 happen in some areas.

6535 Do you have anecdotal information
6536 that that is the case?

6537 A That's interesting. I can recall one
6538 specific mention of it and the -- I remember it was

6539 in Philippines, interesting enough. But it was the
6540 thing that happened before we started moving on it,
6541 that it was happening in other countries. And
6542 that's where I was concerned about the availability
6543 of the product for the prescribed use of it for
6544 rheumatoid arthritis and for lupus.

6545 Q I am a customer of the CVS in Arlington,
6546 Virginia. And at the time, the pharmacist was a
6547 lovely young woman that I used to converse with.
6548 And she said that local Arlington doctors were
6549 prescribing it for their family members and they
6550 were getting it filled, so she was having a run on
6551 hydroxy and she said the pharmacist had to shut it
6552 down.

6553 Is that your understanding, that the
6554 pharmacist has that authority?

6555 A I think, in light of what the indications
6556 are, I think they can make a decision. But I'm not
6557 familiar with law in Virginia as it relates to what
6558 pharmacists can or cannot do. But it's not hard to
6559 imagine that people were prophylactically prescribed
6560 or asking for it. I had family members asking for
6561 me and I did not write prescriptions for it because
6562 I just, in good conscience, have data that would
6563 suggest that it would be helpful for them. I said

6564 if you get sick, let's talk about it then.

6565 Q So you would agree there were probably
6566 doctors out there doing that?

6567 A I'm sure there were people doing it.
6568 That's what I picked up from -- I don't remember
6569 when that -- again it's an odd thing to say,
6570 Philippines, but they apparently were doing it
6571 before we were. And that's the thing that cued me
6572 on, Oh, well, we may have a run on this, we better
6573 make sure that for other reasons besides COVID. We
6574 need to make sure we have it for people that have
6575 rheumatoid arthritis.

6576 The other thing is -- and this is a
6577 bit of an aside was things circulating from
6578 rheumatologist, and I spoke to one where they
6579 anecdotally suggested that somehow people who were
6580 on hydroxychloroquine weren't getting COVID. I
6581 said, Well, that's interesting. I look forward to
6582 the paper or a study that confers that. And I never
6583 saw one, honestly, that proved one way or the other.

6584 [Minority Staff]: How about any of the ACE
6585 inhibitors? I think some of those drugs --

6586 DR. KADLEC: Yeah, I think they were
6587 considered early on not to be available things.

6588 The two things that linked, I think, with

6589 the hope that hydroxychloroquine would work was
6590 the work that CDC did in 2005 and '06 and then,
6591 you know, just as an example and you can have
6592 this as far as I'm concerned, but two papers
6593 that I have from China that were about this
6594 hydroxychloroquine that I just -- I never knew
6595 what the heck, you know. And like one says
6596 here, More randomized clinical control studies
6597 are warranted. So it was never kind of a thing
6598 where I found anything that would be -- I'll
6599 give it to my lawyer so he can review it, but
6600 it seems to be appropriate.

6601 But there was a lot of stuff circulating.
6602 A lot of it was ambiguous. And I'm not the
6603 FDA. And all I know is is my job was to make
6604 sure we had it, could be distributed if
6605 required. And then see what the clinical
6606 trials would result in.

6607 Q So is it fair to say at all times, as far
6608 as you know, your office and everyone at the White
6609 House was working to find therapeutics --

6610 A Oh, yeah.

6611 Q -- vaccines, everything else, as fast --

6612 A We were -- we were.

6613 Q -- as you could, in good faith?

6614 A In good faith. And, in fact, I'll give
6615 you the example of famotidine. Famotidine,
6616 interesting enough, was cited in two studies --
6617 retrospective studies, which means something in the
6618 sense, one from China, one from Columbia
6619 Presbyterian that indicated people who were on
6620 famotidine, that indicated that people who were on
6621 famotidine, which is Pepcid AC, for their peptic
6622 ulcer disease, they're at lower risk for advancing
6623 to severe illness in the intensive care unit and
6624 being on a ventilator and dying, so there was some
6625 protective effect.

6626 Famotidine is not hydroxychloroquine.
6627 It's over-the-counter. During that time
6628 famotidine was -- you couldn't buy it in CVS. I
6629 have peptic ulcer disease, reflux, whatever, but I
6630 couldn't find Pepcid in its generic form of
6631 famotidine. So people were making decisions on
6632 their own about doing things, like cerebrolysin
6633 (ph.), you know, as an example recently where people
6634 were using that as a potential therapeutic.

6635 But regardless of those things, we
6636 were trying to use the full weight of the U.S.
6637 government to get a whole variety of different
6638 antivirals if we could. Molnupiravir, which is a

6639 Merck product, was one that was big in terms that we
6640 had awareness about as a protease inhibitor before
6641 the pandemic. And there were others that we learned
6642 as a consequence of efforts during the pandemic.

6643 Q And do you agree, you mentioned you
6644 weren't familiar with Virginia Rules, vis-a-vis
6645 pharmacies, and that's because we have federalism in
6646 this country, our government is set up.

6647 And do you agree that states and
6648 localities are best positioned to know, you know,
6649 how, where --

6650 A Yes.

6651 Q -- and when to vaccinate?

6652 A Well, that's what our whole business is.
6653 Everything that's done as a consequence of the
6654 National Response Plan is based on the premise that
6655 all disasters are local and the role of the federal
6656 government is to support state and local authorities
6657 in response to their communities.

6658 Q And you just mentioned a National Response
6659 Plan; so there was a national plan you were
6660 operating under?

6661 A Yep.

6662 Q My friends on the other side of the aisle
6663 routinely planned for a national plan, we need a

6664 national plan, we need a national plan. So it
6665 sounds like this was a national plan and part of
6666 that relied on the states and localities to do what
6667 they do best, which is to take care of the health
6668 and welfare of their citizens.

6669 Do you agree with that?

6670 DR. KADLEC: I mean, that's the way our
6671 Constitution was written.

6672 [Minority Staff]: Thank you. Nothing further.

6673 BY [Minority Staff]:

6674 Q You mentioned Molnupiravir, you had your
6675 eye on it prior to the pandemic. It was authorized
6676 in 2021?

6677 A Yes.

6678 Q Was it being explored while you were at
6679 ASPR?

6680 A It was a product that came to my attention
6681 in the Fall of 2019, and it was an interesting
6682 product because it had broad spectrum reviews. It
6683 was useful against influenza. It was an oral drug,
6684 which other than Tamiflu, we didn't have an oral
6685 drug. We had baloxivir, which was an intravenous
6686 drug, and we needed a second generation oral. It
6687 was useful against Alphavirus, which are Venezuelan
6688 equine encephalitis, eastern equine encephalitis.

6689 These are things that, quite
6690 frankly -- and western equine encephalitis that had
6691 both epidemic benefit. If you recall, we had some
6692 eastern equine encephalitis that was in the
6693 northeast, as well as VEE, which is a classic BW
6694 agent developed by Russia and other countries. And
6695 then we also had efficacy against coronavirus, which
6696 at that time it was like -- okay -- and also
6697 proposed benefit against viral hemorrhagic fevers,
6698 which is the Ebola.

6699 But we had no oral preparation, or at
6700 least candidate preparation for Ebola. So it was
6701 just of an interesting drug.

6702 Q Did you instruct or nudge anyone to look
6703 at molnupiravir more closely?

6704 A Well, the generic, or whatever, was called
6705 EIDD-2801. Early on in the pandemic, I think it was
6706 February, I asked BARDA to take a look at it because
6707 I remembered it and I said, Hey, I got this briefing
6708 about this, maybe it can be brought up for
6709 conversation.

6710 Q What happened? Did BARDA look into it?

6711 A Well, I suggested they look into it. It
6712 wasn't -- I even -- because of the nature of the
6713 event, I even reached out to the guy who developed

6714 it, who's a well-known AIDS drug developer. And I
6715 said, Have you guys put in a white paper on this in
6716 the BAA? And he goes -- and I don't remember the
6717 answer. Maybe they did. But all I know is it
6718 became a source of controversy later on.

6719 Q What was the controversy?

6720 A Well, I think in the matter of
6721 Dr. Bright's complaint, I think he believed that I
6722 was exerting, you know, unfair advantage or pressure
6723 on him to consider that. And my issue was: You
6724 don't have anything else. And I put pressure on him
6725 on famotidine as a consequence of that and they
6726 didn't like that either, I'm sorry. But it was the
6727 idea that we had nothing and we needed to look at
6728 all reasonable alternatives.

6729 Q So did BARDA, or Dr. Bright not look into
6730 it --

6731 A That's correct.

6732 Q -- because they thought you were exerting
6733 pressure?

6734 A Well, it was part of his, you know, EU
6735 complaint that everything froze on that.

6736 Q And so BARDA didn't look into it, then,
6737 and it has since been approved?

6738 A Yes, it has. And it -- I don't want to

6739 say in my judgment, it could have been part of the
6740 Warp Speed portfolio. It wasn't. Merck picked it
6741 up independently and then proceeded without Warp
6742 Speed assistance to develop it, do clinical testing
6743 and manufacture it.

6744 Q If BARDA had looked back to it in 2020, do
6745 you think it would have come to market faster?

6746 A If it was part of the Warp Speed program,
6747 you betcha.

6748 [Minority Staff]: All right. I don't have
6749 anything further.

6750 (Off the record.)

6751 BY [Majority Staff]:

6752 Q So; Dr. Kadlec, I know we discussed this a
6753 little bit earlier but very briefly, I'd like to
6754 return to the task order awarded to Emergent
6755 BioSolutions --

6756 A Um-hmm.

6757 Q -- for manufacturing coronavirus vaccine.
6758 Earlier in the day you did touch on this, but I also
6759 wanted to circle back.

6760 A Sure.

6761 Q So in talking about your previous
6762 professional and personal working relationships with
6763 Emergent's executives, so we talked about your

6764 former consulting work for the company, so I believe
6765 that was from 2015 -- or 2012 to 2015; is that
6766 correct?

6767 A It was '14.

6768 Q '14? Excuse me. And we also discussed
6769 your prior work with Mr. Frech under the Bush
6770 administration; is that correct?

6771 A Correct.

6772 Q I think you also founded a biodefense
6773 company in 2012 with Mr. Fuad El-Hibri; is that
6774 correct?

6775 A I turn to you for the year. If that was
6776 it, it was it.

6777 Q Yeah. And at the time, he was the
6778 President and CEO of Emergent?

6779 A I don't know what his status was. He was
6780 either transitioning out or was looking for a new
6781 endeavor, so I don't know what his status was.

6782 Q Can you describe to us your relationship
6783 with Mr. El-Hibri over the years?

6784 A So I didn't know him very well until that
6785 point when he invited me to work with him, I was in
6786 the private sector.

6787 The nature of the business was to
6788 develop a consulting firm that dealt in

6789 international biodefense consulting. The intent was
6790 to make the first client Saudi Arabia. He
6791 apparently had strong personal ties to members, I
6792 don't know if it was the royal family or people in
6793 Saudi Arabia. So the idea was to create an offering
6794 that would be representative of that.

6795 And so we spent, I don't even know
6796 how many months. I would have to go back to figure
6797 out when we started.

6798 Q Right, right.

6799 A But we were trying to say, Hey, Kingdom of
6800 Saudi Arabia, you live in a tough neighborhood, you
6801 have a lot of people -- you have a lot of
6802 immigrants, so how could you create something that
6803 would have biodefense and public health benefit?

6804 Q And moving forward in time, I believe it's
6805 been publicly reported that you sold your share in
6806 the company to Mr. El-Hibri when you were nominated,
6807 or around that time?

6808 A No, actually not. It was when I returned
6809 to government service at the Senate Intelligence
6810 Committee.

6811 Q Thank you for that correction.

6812 After you returned to the committee
6813 and also moving forward into your time being

6814 nominated and then confirmed as ASPR, did you
6815 maintain this relationship with Mr. El-Hibri?

6816 A Not in any regular way. I would be
6817 hard-pressed if we exchanged Christmas cards
6818 annually. He was Muslim, I guess, from what I
6819 understand. I guess he recently passed and I was
6820 reading his obituary.

6821 Other than during the time of trying
6822 to develop this offering and soon after, I guess, I
6823 left to go back to the Senate Intelligence
6824 Committee, which was basically November, December of
6825 2014, they apparently made the proposal to Saudi
6826 Arabia and McKenzie got it.

6827 So I don't know what -- the
6828 trajectory of what happened after that. A third
6829 person who I know who was part of that effort
6830 indicated to me that they were looking for other
6831 kinds of business and I don't know if they had much
6832 success.

6833 In my most recent conversation before
6834 Mr. El-Hibri, before he died, with this person, you
6835 know, it sounded like they folded the company. I
6836 didn't ask when but it was not profitable. I don't
6837 think it ever turned to profit.

6838 Q And so when you were ASPR, could you

6839 estimate how frequently you spoke with either Mr.
6840 El-Hibri or Mr. Kramer, who's the current President
6841 and CEO of Emergent?

6842 A I think you could do it on one hand, if it
6843 was that many, over the three and a half years.

6844 Q What did those conversations detail?

6845 A The one with Kramer was within the
6846 professional setting with others there about what
6847 their anticipations were, what their plans were,
6848 generally. El-Hibri was more of a social kind of
6849 event. I had dinner with him once. And this was
6850 probably just before he got diagnosed with their
6851 cancer -- I didn't realize that -- he was already
6852 ailing. But they were kind of more general kind of
6853 things.

6854 You know, with Kramer, I'm trying, to
6855 think one other time I saw him. I know I was
6856 invited to -- this was after I left government
6857 service -- to a golf tournament and did that. But
6858 that's been the extent of it. I think -- I saw
6859 Mr. Kramer last -- it would have to have been last
6860 spring, maybe May of 20 --

6861 Q '21?

6862 A '21.

6863 Q When was that dinner with Mr. El-Hibri as

6864 well?

6865 A I don't recall. I'm trying to think what
6866 season it was. It was probably in the fall. Had to
6867 be. I think he was ailing for -- so it had to be
6868 maybe in the fall of -- it was probably in the fall
6869 of 2020, around the election.

6870 Q And what about Mr. Frech, did you interact
6871 with Mr. Frech more regularly because he was an
6872 Emergent lobbyist?

6873 A No. More or less I -- I just know the guy
6874 for a while. But sometimes we'd text or have a call
6875 about some events, more political. I know the Bush
6876 reunion happened. He called me about that. Asked
6877 if I was going. Couldn't, you know, there was a lot
6878 going on. But that was more social events.

6879 Q Earlier when you were talking with our
6880 Minority colleagues about the November 2019 MITRE
6881 Review that you commissioned that looked at many
6882 topics, but also evaluated Emergent's readiness
6883 under its CIADM contract, you mentioned that the
6884 review identified some deficiencies in Emergent.

6885 Were any of those related to
6886 Emergent's ability to comply with quality standards,
6887 like CGMP controls?

6888 A I don't think it was that. I think it was

6889 more qualitative in the sense of: What were their
6890 capacities to do influenza? That was the whole
6891 CIADM analysis back in the summer of 2019, was
6892 saying, We have these CIADMs. And it was very kind
6893 of top level.

6894 Now, Emergent showed up in a couple
6895 categories. That, as well as its chem bio stuff.
6896 So they were shown, I think, twice.

6897 And there were no, that I can
6898 remember, quality issues around their work with the
6899 anthrax vaccine. And they had, I think, smallpox
6900 vaccine listed there. Yes, they had smallpox.

6901 Q The 2019 review mentioned all the training
6902 of its employees working at Bayview or the other
6903 Maryland facilities?

6904 A Yeah.

6905 Q So I think, generally -- and we talked
6906 about this a little bit earlier -- the review did
6907 find that Emergent's ability to deliver in a
6908 pandemic remained largely unproven.

6909 Can you expand on that?

6910 A They never had a candidate vaccine -- an
6911 influenza vaccine that they produced on scale at
6912 their facility.

6913 And, quite frankly, the fact was that

6914 they were not willing to do it; it was that the
6915 vaccine candidate they were assigned to -- and I
6916 can't remember the name, but it was an
6917 insect-derived vector -- it means that it uses
6918 insect cells to produce the antigen for the vaccine,
6919 had failed FDA Phase 2 clinical trial, so it wasn't
6920 subject to any kind of advance manufacturing scale
6921 up or development and they were never assigned.

6922 And I think that happened, maybe in
6923 2018, maybe 2017-2018 -- no, it couldn't have been.
6924 It had to have happened before that because I think
6925 they got commissioned in the spring of 2017 before I
6926 got nominated, I think. But for whatever reason,
6927 there was no candidate vaccine.

6928 Q And after this review was conducted, did
6929 ASPR take any steps in regards to Emergent's Bayview
6930 facility to help prepare them for a possible
6931 pandemic or help to find them partnered with a
6932 candidate?

6933 A I, quite frankly, got into a bit of a
6934 struggle with BARDA over the report because they
6935 were against commissioning it, to begin with.

6936 Q Why is that?

6937 A Good question.

6938 I think it questioned a lot of

6939 strategies in a couple different areas, influenza,
6940 with the CIADMs. And it wasn't necessarily focused
6941 on the ineffectiveness of the Texas A&M or Emergent
6942 one, but it was a loss of the Novartis or the
6943 Seqirus facility. That was one.

6944 And then the second area was around
6945 antimicrobial resistance, which was the CARB-X
6946 program where there had been a number of big
6947 investments that BARDA made to fledging antibiotic
6948 companies that were successful, got FDA approvals,
6949 but then failed economically because the support --
6950 the economic support didn't have any kind of
6951 guarantee purchase on the back end. And so that the
6952 revenue that they could get is an interesting
6953 dynamic push/pull with antibiotics. You want new
6954 ones but you don't want to use them very much.

6955 And that works against -- that
6956 doesn't provide a viable commercial profile for a
6957 fledgling company.

6958 Q You mentioned Texas A&M as the other CIADM
6959 facility, three down to two. Did the 2019 MITRE
6960 review identify any deficiencies or any issues with
6961 Texas A&M's readiness to respond?

6962 A They were in the same boat; they had not
6963 been invested in, if you want to call it. They were

6964 not giving developmental projects to do that.

6965 There was also a sale of that from
6966 Texas A&M to FUJI Diosynth, which created a
6967 different dynamic because now you had a for-profit
6968 company, not an academic facility doing that -

6969 Q Dr. Kadlec, you mentioned this earlier
6970 with my Minority colleagues, and I'm glad you
6971 brought it up because I want to follow up. You
6972 mentioned this issue of Emergent, perhaps from their
6973 viewpoint, that they were not receiving sufficient
6974 federal funding or investments.

6975 But under the 2012 CIADM contract,
6976 BARDA issued numerous task orders. Before the
6977 pandemic, they issued five task orders. They were
6978 awarded to Emergent to manufacture medical
6979 countermeasures for Ebola, for Zika, for viral
6980 hemorrhagic fever, there was the influenza
6981 pre-pandemic one as well. So each of those task
6982 orders had tens of millions of dollars attached to
6983 it.

6984 Based on that information, can you --
6985 I mean what is your reaction to Emergent saying they
6986 were not receiving interest from BARDA or
6987 investment?

6988 A I'm interested just to know the dates of

6989 those things. Particularly the Zika and maybe the
6990 Ebola, I think those were maybe 2014. But in terms
6991 more recent ones, and particularly for the antiviral
6992 vaccines -- when I say "antiviral," the live
6993 attenuated vaccines -- I don't recall at all that
6994 they were asked to do that before.

6995 And that's one thing that I viewed
6996 as -- because there are certain issues around that
6997 that are specific, and I learned this through my
6998 conversations with Merck and others. The
6999 veterinarian vaccine manufacturers, many of which
7000 are live attenuated viral vaccines, that that is --
7001 that requires unique, physical construction safety
7002 BSL-3 level protection, as well as specially trained
7003 people, as well as people who are familiar growing
7004 those things in scaled environments.

7005 And that -- you know, those are
7006 doable things, but, you know, at least in the Warp
7007 Speed time frame, didn't seem to be, you know,
7008 really -- it seemed like a high-risk proposition.

7009 And, by the way, Sanofi Pasteur,
7010 which was making a different kind of vaccine, had
7011 failures. Navarro had failures. Moderna had
7012 failures. So it's an industry fraught with the risk
7013 of mistakes.

7014 I mean, Moderna lost several million
7015 doses of MRNA vaccine because of a clogged filter,
7016 for example. So, you know, those -- well, that was
7017 fixed. Moderna had two facilities, one was Lonza,
7018 which was the CMO and then Moderna had its own
7019 facility.

7020 So there's a difference of capacity
7021 and skill when you talk about -- and that's just an
7022 example I used. Moderna had problems, Lonza didn't.
7023 Same product, different work force, different skill
7024 of manufacturer, but with the intent to scale up
7025 Moderna to be more like Lonza.

7026 So I think that that's -- that was
7027 the inherent, I would say, flaw in the CIADM
7028 approach, with the exception Novartis. Novartis was
7029 a major company, successfully built the facility at
7030 Holly Springs, developed the influenza vaccine,
7031 proved through FDA cell recombinant, then the
7032 business decision said, it's not a business we want
7033 to be in, and then off we go.

7034 Q Thank you. Yeah, okay. I'm going to pass
7035 around -- or [Redacted] is going to show an exhibit. This
7036 exhibit we're going to label as Majority Exhibit 13.

7037 (Majority Exhibit 13 was marked for
7038 identification.)

7039 BY [Majority Staff]:

7040 Q So this is an email that Mr. Frech sent to
7041 you on March 16, 2020 --

7042 A Um-hmm.

7043 Q -- with a description of, quote: Help
7044 your discussions, end quote.

7045 What did you understand Mr. Frech to
7046 be asking for?

7047 A Well, first of all, I don't have a real
7048 good, solid recollection about this "of Who/What/
7049 When to help your discussions. We usually use FedEx
7050 Custom Critical for large shipments." They're
7051 talking about COVID-HIG. This is convalescent
7052 plasma, I assume?

7053 Q Uh-huh.

7054 A And then equine -- so this was when?
7055 March?

7056 Q March 16. Do you know what discussions he
7057 was referring to?

7058 A I don't recall. But I know that in the
7059 course of events, we were probably trying to sort
7060 through. There was a large -- and I think there may
7061 have been, either a BAA -- and I would have to check
7062 on this -- or some discussions about the use of
7063 convalescent plasma.

7064 Q Yes. ASPR awarded its first
7065 coronavirus-related task order to Emergent on April
7066 12th for that, and that was for \$23 million.

7067 A Okay. Yeah. But not for the equine,
7068 right?

7069 Q No, not to my understanding.

7070 A Yeah. Well, I'm not familiar with that
7071 procurement, but I'm not surprised.

7072 We were, again, looking for
7073 everything and anything that would work. As I
7074 recall, they owned that company. I can't remember
7075 the company's name -- that did plasmapheresis up in
7076 Canada. But that must have been it with regard to
7077 the HIG.

7078 Q When did ASPR first connect with Emergent
7079 about potentially supporting the government's
7080 coronavirus response?

7081 A I do not know.

7082 Q Do you know who reached out to Emergent?

7083 A I did not. I mean, we did it through the
7084 BAA, that I know of.

7085 [Redacted]

7086 [Redacted]

7087 [Redacted]

7088 [Redacted]

7089 [Redacted]

7090 I mean --

7091 Q Correct.

7092 A -- again, the intent is there is a process
7093 that's followed for these kinds of things and it's
7094 with the contracting officer, through BARDA, to do
7095 this.

7096 Q Sorry. Let me rephrase.

7097 A Okay.

7098 Q Instead of the BAA, to your awareness did
7099 BARDA reach out to Emergent because they had the
7100 standing CIADM contract? Because --

7101 A Yeah, I assume they did because they
7102 reached out to people with Ebola, like Regeneron I
7103 know for a fact. And I know for a fact, with J&J
7104 that was occurring. So I would assume that they did
7105 it with Emergent. And as far as anyone else, any
7106 others, it would have been Texas A&M. I don't know
7107 if they did or not with that.

7108 Q So when did you first become aware that
7109 ASPR or BARDA were in conversations with Emergent to
7110 support the government's coronavirus response?

7111 A I don't recall particulars. But in the
7112 flood of events, probably in February they were
7113 talking to everybody. And when I say "everybody,"

7114 BARDA was reaching out to our existing partners and
7115 existing relationships through Ebola, through -- no
7116 doubt this, through the CIADM.

7117 So, yeah, I would assume that's how
7118 it happened.

7119 Q AstraZeneca representatives told
7120 Subcommittee staff in a bipartisan briefing that
7121 they began having discussions around March 2020
7122 about manufacturing coronavirus vaccines.

7123 A Um-hmm.

7124 Q In a similar conversation, Johnson &
7125 Johnson told the Subcommittee staff they started
7126 discussing this with BARDA in January of 2020.

7127 Were you involved in conversations
7128 with AstraZeneca?

7129 A No.

7130 Q Were you involved with conversations with
7131 Johnson & Johnson?

7132 A No, not that -- AstraZeneca, I know I took
7133 a phone call from them and I don't remember what the
7134 nature of that was.

7135 But no. In terms of what they were
7136 doing with BARDA, no.

7137 Q I think I would actually like to discuss
7138 an email. This exhibit number --

7139 (Majority Exhibit 14 was marked for
7140 identification.)

7141 [Majority Staff]: So we'll introduce this as
7142 Exhibit 14.

7143 BY [Majority Staff]:

7144 Q So there was an AstraZeneca email sent on
7145 May 4, 2020, describing a meeting between the
7146 company's chief executive officer, you, Dr. Gary
7147 Disbrow, Dr. Peter Marks and others.

7148 On the very last page of the email
7149 you can see -- or page of the document, you can see
7150 a summary of AstraZeneca's notes from that meeting.

7151 In that summary you requested that
7152 the company, quote: Start the DSTT, unquote,
7153 process at Emergent's Bayview facility that month.
7154 I'm assuming that this is referring to the drug
7155 substance technology transfer process; is that
7156 correct?

7157 A Yeah. And that was in May and that was
7158 during the Warp Speed because they had made a
7159 decision to do that. So that was reinforcing what
7160 Warp Speed had decided.

7161 Q So prior to this, do you remember when you
7162 first began having conversations with AstraZeneca?

7163 A No, not particularly. I know it was early

7164 on discussion when they came out with their
7165 potentially Oxford vaccine, which was the British
7166 vaccine. And I think it was -- and I'm trying to
7167 remember if it was BARDA or CEPI that contacted me
7168 about it because CEPI had former -- Richard Hatchet,
7169 who was former Acting Director of BARDA under the
7170 former administration, had indicated that they were
7171 very excited about the potential of this vaccine.

7172 And I talked to Peter Marks about it
7173 because he had some concerns, as well with the J&J
7174 vaccine, though he had more concerns with this one,
7175 for reasons I don't know, that had to do with the
7176 risk of some kind of untoward reactions.

7177 And I think that proved to be
7178 pressing because if you recall, the Brits delayed --
7179 they had a delay in there because there was a
7180 question about what they call inflammatory
7181 sclerosis, I think it was.

7182 So the thing is, is -- I know this
7183 was during the time, early time of transitioning to
7184 OWS. And I think that had already been decided,
7185 that AstraZeneca would likely go -- paired with
7186 Emergent.

7187 Q Who decided that?

7188 A Well, it was, as I understand it, Carlo

7189 Notaristefani, Moncef Slaoui and then Perna was
7190 part of that. He was the COO, he had to make the
7191 recommendation for that.

7192 Q And then you found out after that?

7193 A Yeah. I sat in every meeting of Warp
7194 Speed, by the way.

7195 Q When was the first meeting?

7196 A It started, I think, in earnest about this
7197 time, around early May, but it was formulating in
7198 April when they were bringing all the pieces
7199 together. I can't remember when the Rose Garden
7200 event was, but that was kind of like it had already
7201 started when that happened. So it preceded by
7202 several days. That's my only recollection in terms
7203 of timing.

7204 Q Do you know why the federal government
7205 chose to partner with AstraZeneca and Johnson &
7206 Johnson to manufacture their vaccines at Emergent's
7207 Bayview facility?

7208 A No. I think, based on analysis that was
7209 told to me, that that facility was more ready than
7210 Texas A&M. Because they had to do some major -- and
7211 again, I don't know the details about the DPAs that
7212 were done, subject to what had to be physically
7213 arranged in each of those facilities.

7214 But I know that it was expected that
7215 the Novartis Sanofi products, which were protein
7216 subunit vaccines, would take longer and so that the
7217 facility changes that need to be done at Texas A&M
7218 were going to take longer.

7219 Q I apologize, I'm not familiar with the
7220 acronym VPA?

7221 A DPA, Defense Production Act. When they
7222 had to invoke that to buy the equipment, do the
7223 construction to retrofit the facilities.

7224 I don't know the particulars about
7225 what happened at Bayview, I never visited the
7226 facility.

7227 But the point is that they needed
7228 upgrades, they needed equipment -- there was
7229 specialized equipment for J&J that they imported,
7230 and so I know there was a lot going on there.

7231 But as far as the decision, that was
7232 a Warp Speed, Moncef Slaoui, and Carlo was a
7233 critical player in that because he was a production
7234 guy.

7235 Q I'm curious about your role along with
7236 those three other players that you named since ASPR,
7237 as a parent agency to BARDA, was ultimately the
7238 agency and you were approving those task orders to

7239 Emergent?

7240 A For all things, by the way. Not just
7241 Emergent, but all things that were in the portfolio.

7242 I felt it was my obligation to do two
7243 things: One was to oversee, as best I could. BARDA
7244 was intimately involved every step of the way, Gary,
7245 Johnson and each of the product development teams
7246 for vaccine and for therapeutics, which were the
7247 principal weight of Warp Speed, were doing that.

7248 And so my queue was, Okay, I need
7249 to -- I'm going to have to -- I'll be the first
7250 signature up the chain before Mango, before review
7251 by Warp Speed board, I better have a pretty good
7252 handle of what's going on and so I attended the
7253 major vaccine meetings. Every day they had a
7254 vaccine call and weekly they had a therapeutics
7255 meeting.

7256 Q AstraZeneca and Johnson & Johnson
7257 representatives told the Select Subcommittee that
7258 BARDA recommended that they partner with Emergent.

7259 A Um-hmm.

7260 Q One AstraZeneca representative told us
7261 that, quote: BARDA was pretty keen on the use of
7262 Emergent. Unquote.

7263 Do you know why BARDA would be keen

7289 A I am not and I'm interested to know about
7290 these things, but --

7291 Q Do you know what prompted BARDA to conduct
7292 this risk analysis?

7293 A I think they were doing it on everything,
7294 frankly. I know they did it with every facility,
7295 but this one I'm not familiar with.

7296 Q So you did not discuss this analysis with
7297 BARDA? This is your first time seeing it?

7298 A Yeah, that I know of. I don't recall
7299 this.

7300 But we knew that there was issues
7301 with both CIADMs, so it would be interesting to me
7302 to see what they said about Texas A&M, as well, if
7303 you have that.

7304 Q I do not, unfortunately.

7305 Were you familiar with an April 2020
7306 FDA inspection of the Emergent's Bayview facility
7307 that also revealed serious quality control issues?

7308 A No. Was that public or was that given to
7309 the company or was that -- because I would not get
7310 those kinds of reports. Did it make public domain?

7311 Q It is publicly available now.

7312 A Now, but was it then?

7313 Q I don't know that.

7314 A Fair point.

7315 Q It was provided to Emergent because it
7316 identified deficiencies they needed to address, the
7317 company went back and forth with Emergent on a
7318 corrective action plan.

7319 A Okay.

7320 Q And so you were not aware of that
7321 April 2020 FDA inspection?

7322 A No.

7323 Q And you did not discuss it with BARDA?

7324 A No, not that I recall.

7325 Again, the first I heard of it is
7326 when you said it. But again, to get back to my
7327 early conversation, there was a sense, okay, of
7328 risks that we were going into with these two CIADMs.
7329 And that prompted me to go to Slaoui and Carlo to
7330 say I would work with my team, independently of Warp
7331 Speed, to canvas whether or not there was any other
7332 CMOs or veterinary vaccine facilities that could
7333 mitigate risks I think we have.

7334 And I'm trying to remember with
7335 whether or not -- in any of the course of
7336 investigation or participation in this, whether or
7337 not there was concerns fettered by people like
7338 Carlo, who was the guy for all production. He did

7339 write reports, but I was not privy to them.

7340 Q So speaking of Carlo, were you aware that
7341 he conducted an inspection of the Bayview facility
7342 in June 2020?

7343 A I know that he did regular visits of the
7344 facilities, so I'm sure that there was more than
7345 one.

7346 [Majority Staff]: I'm going to introduce this
7347 exhibit, I'm going to ask [Redacted] the pass it
7348 around.

7349 (Majority Exhibit 16 was marked for
7350 identification.)

7351 BY [Majority Staff]:

7352 Q So this was an inspection conducted by
7353 Carlo on June 4th, 2020, which cited key risks in
7354 Relying on Emergent to handle the production of the
7355 coronavirus vaccines.

7356 Were you aware of this report when it
7357 came out?

7358 A No.

7359 Q It wasn't discussed in any of the Warp
7360 Speed meetings?

7361 A I know that there was a concern about risk
7362 and how to mitigate it and how there were issues of
7363 training and equipment and other things, but it was

7364 very high level. They didn't get into any detail.

7365 Q So you mentioned risk. Can you expand on
7366 that for me?

7367 A You know, risk, like I said, in
7368 biopharmaceuticals is a natural event that has to be
7369 mitigated or addressed. As I told you, all the
7370 manufacturers that we had in the Warp Speed at one
7371 point or another had a problem in some production
7372 phase of it. So the issue there is around, you
7373 know, experience of the team. And I know they had
7374 to hire, I think, a couple hundred people here that
7375 they had to bring in and managers to basically
7376 oversee this and to introduce a new technology and
7377 to do all this stuff that was going to be --
7378 technology transfer typically takes over a year.
7379 And they were going to try to fix, do that much
7380 faster, which was trying to be commensurate with the
7381 development of the vaccine and the clinical trials
7382 of the vaccines that were being conducted.

7383 Q BARDA told Subcommittee staff in a
7384 bipartisan briefing that manufacturing two viral
7385 vaccines in Emergent's Bayview facility was, quote:
7386 Not ideal and not in line with practices in the
7387 industry. Unquote. Is this true?

7388 A That's my understanding.

7389 Q Who was involved in the decision to
7390 manufacture both vaccines concurrently at Bayview?

7391 A That was the Warp Speed team. That was
7392 the technical team between Slaoui, Carlo and Perna.

7393 Q And did they consult with you?

7394 A No.

7395 Q These risks that you mentioned, did ASPR
7396 take any steps to mitigate those risks?

7397 A As I said, I was looking high and low for
7398 other qualified companies or entities that could
7399 manufacture vaccines, or particularly live viral
7400 vaccines to do so.

7401 Q And ultimately, did you present those
7402 options to the Operation Warp Speed team?

7403 A The dilemma was, is there were none. That
7404 there -- there were limited capacity to do that.

7405 And remember, this was going to be
7406 voluntary; that we could not demand that a company
7407 do that. Interesting enough, some of the companies
7408 that manufacture veterinarian vaccines domestically
7409 are Foranode (ph.) and I ran into one that didn't
7410 want to do it on the basis -- they were very blunt
7411 about it, it was a German company, that didn't want
7412 to do it because of Trump, literally.

7413 Q Dr. Kadlec, just very briefly I'd like to

7414 turn your attention back to 15, which is the BARDA
7415 risk analysis.

7416 So in this risk analysis, it mentions
7417 that Bayview had experienced prior, quote: Failed
7418 tech transfers.

7419 If you had been aware of this
7420 analysis, would you have recommended to AstraZeneca
7421 that email that we reviewed in May that they start
7422 the tech transfer process?

7423 A The question is that's a hypothetical and
7424 I just don't know how to address it, other than
7425 saying if I had that knowledge, I probably would
7426 have asked more questions about it.

7427 But as I think I conveyed to you, we
7428 were looking for every reasonable alternative, even
7429 without this information, to see about opportunities
7430 to find ways to mitigate risk.

7431 MR. HECHT: I'm sorry, we don't have a
7432 Bates stamp version of this exhibit.

7433 [Majority Staff]: That was provided directly by
7434 HHS without a Bates number.

7435 BY [Majority Staff]:

7436 Q To your knowledge, when BARDA awarded the
7437 task order in May 2020, was anyone in the White
7438 House involved in that decision --

7439 A I'm not aware of any -- well, wait a
7440 second.

7441 In the Operation Warp Speed board
7442 meeting, Dr. Birx, Jared Kushner and Adam Boehler
7443 were present. Again, each of person -- General
7444 Perna or Moncef Slaoui would present the technical
7445 issue that had to be done. Typically, if it dealt
7446 with the vaccine activity, it was Slaoui. If it was
7447 -- had to do with some physical facility issue or
7448 the logistics, it was Perna. So that was the
7449 Division of Labor.

7450 As I recall, I don't recall that
7451 particular issue being brought up, but I do know
7452 that typically Dr. Birx was very vocal in those
7453 meetings asking questions, questioning about whether
7454 or not there were alternatives, not just for
7455 vaccines but for therapeutics.

7456 So there was usually a pretty lively
7457 discussion that went on. Fauci was typically there,
7458 if not in person, on the phone. And Redfield
7459 attended as well.

7460 Q And so when BARDA awarded that Task Order in
7461 May 2020, you were not aware of the April 2020,
7462 either FDA inspection or the BARDA risk analysis?

7463 A No.

7464 Q You were only aware of the 2019 CIADM
7465 review that --

7466 A That's correct.

7467 Q Okay.

7468 A And again, those issues there were very
7469 high-level subject to that.

7470 Q Were you aware that BARDA conducted an
7471 audit of the Bayview facility in late June 2020 and
7472 early July?

7473 A Not surprised, but I did not know
7474 specifics, no.

7475 [Majority Staff]: So we'll introduce this exhibit
7476 as Exhibit 17.

7477 (Majority Exhibit 17 was marked for
7478 identification.)

7479 [Majority Staff]: [Redacted] will provide you with a
7480 copy of the audit.

7481 BY [Majority Staff]:

7482 Q So this audit was conducted from June 26,
7483 2020 through July 10, 2020. During this audit,
7484 BARDA identified numerous observations that
7485 indicated, quote: A significant compliance risk
7486 that would adversely impact patient safety, product
7487 quality and/or result in significant regulatory
7488 action if not corrected immediately.

7489 A Excuse me, what page is that on?

7490 Q So let's see. So that's in reference --
7491 during this audit, BARDA identified three critical
7492 observations, five major observations and three
7493 minor observations?

7494 A I'm not familiar with the document, so let
7495 me flip through it.

7496 Q So the Summary of Observations, so in this
7497 table right here --

7498 A I got it.

7499 Q -- it lists the definitions of what a
7500 critical audit observation is: Major, Minor and
7501 Other.

7502 So the language that I just read --
7503 and I can repeat -- so critical observation is a
7504 significant compliance risk that would adversely
7505 impact patient safety, product quality and/or result
7506 in significant regulatory action if not corrected
7507 immediately?

7508 MR. HECHT: You can answer the question
7509 but I'm just going to note for the record that
7510 this is a 65-page document that the witness was
7511 not previously familiar with and is not going
7512 to have an opportunity to review the whole
7513 document before he -- you know, while we're

7514 here today.

7515 DR. KADLEC: Sure.

7516 BY [Majority Staff]:

7517 Q So, Dr. Kadlec, you were not aware of this
7518 audit?

7519 A No.

7520 Q Is that typical, that BARDA would conduct
7521 an audit --

7522 A Uh-huh.

7523 Q -- and you would not be aware of the
7524 findings?

7525 A That's correct. I mean, typically, they
7526 have independence to review this and there would be
7527 no reason to share this, unless it would result in
7528 some recommended major decision subject to this.

7529 So again, I'm kind of surprised
7530 reading this. But that said, that would be internal
7531 to the Warp Speed review and management by Carlo,
7532 Moncef Slaoui, General Perna. So I would assume
7533 they knew about this. I would assume Carlo at least
7534 knew about this.

7535 Q And so in your role as ASPR, you did not
7536 have eyes on this --

7537 A No, not this level of granularity. Unless
7538 somebody brought it to my attention, I would not

7539 know about it.

7540 [Majority Staff]: Do you recall if you were
7541 briefed on this matter just as --

7542 DR. KADLEC: No, I can't even recall it
7543 being discussed in the general context of our
7544 weekly vaccine meetings where there were often
7545 deep dives. They were often focused on the
7546 vaccines themselves, but not on the
7547 manufacturing piece of this.

7548 [Majority Staff]: Are you surprised this was
7549 not brought to your attention, given the
7550 severity of the issues?

7551 DR. KADLEC: Well, it's kind of a big
7552 deal, I think. Prima facie, I haven't read
7553 these documents, so I can only just give you my
7554 impression saying, Jeez, it seems like a drum
7555 beat of issues that were being raised. And
7556 again, the recommendations, however, that I
7557 would review did not include, like, you know,
7558 red line. This is -- again, I can't give you
7559 any other discussion of that.

7560 BY [Majority Staff]:

7561 Q On July 23rd, 2020, BARDA awarded Emergent
7562 a second Task Order for coronavirus vaccine
7563 manufacturing for \$30 million.

7564 Were you aware that BARDA awarded
7565 that Task Order?

7566 A I'm sure it came through the Warp Speed
7567 review. I don't know the nature of what the
7568 particulars were, I don't remember that. Can you
7569 refresh my memory, maybe.

7570 Q Absolutely.

7571 [Majority Staff]: So this is a copy of the
7572 contract modifications, so we will introduce
7573 this as Exhibit 18.

7574 (Majority Exhibit 18 was marked for
7575 identification.)

7576 BY [Majority Staff]:

7577 Q So the first Coronavirus Task Order that
7578 BARDA awarded was on May 24, 2020. That was for
7579 \$628 million. BARDA awarded the second Task Order
7580 on July 23rd, 2020, just to reserve additional
7581 manufacturing space.

7582 A I generally recall this as -- okay. Thank
7583 you.

7584 Q I'm going to have [Redacted] pass around another
7585 exhibit, so we will introduce this as Majority
7586 Exhibit, I believe 19.

7587 (Majority Exhibit 19 was marked for
7588 identification.)

7589 BY [Majority Staff]:

7590 Q So if you turn a few pages, you will see
7591 attached to this contract modification, so on -- it
7592 starts on the third page of the document. It's a
7593 memorandum to Secretary Azar from you. Excuse me,
7594 one, two, three, four -- it starts on the
7595 fifth page, the memorandum.

7596 And on the sixth page -- and that
7597 page number is stamped Bates number 0001831. You
7598 can see that this memorandum was signed by you --

7599 A Yes, it is.

7600 Q -- on August 17, 2020. So this memorandum
7601 was sent to Secretary Azar requesting authorization
7602 to priority rate Emergent's contract under the
7603 Defense Priorities and Allocation system.

7604 Do you remember sending and signing
7605 this memorandum?

7606 A Vaguely. I know I signed a number of
7607 recommendations for DPA actions.

7608 Q So this memorandum states that BARDA
7609 determined that the Emergent CIADM possesses the
7610 required experience and available capacity to be
7611 ready to manufacture Ad-vectored vaccine components
7612 at a commercial scale and within the OWS-required
7613 timeline.

7614 A Where is that that you're looking?

7615 Q That is at the top of the page that

7616 contains your signature --

7617 A BARDA determined that -- okay.

7618 Q That's Bates-stamped 00018 --

7619 A I got it.

7620 Q -- -31.

7621 A I've got it, sorry.

7622 Q Do you know how BARDA determined that?

7623 A They made the recommendation to me and

7624 seeing here that Gary Disbrow, you know, signed it,

7625 so that was no doubt there's another piece of this

7626 that may be the forwarding memorandum or cover page

7627 that has to do with this.

7628 But this would have been something

7629 that was recommended to me to do. I did not have

7630 this authority to execute DPAs, so this had to go to

7631 the Secretary.

7632 Q Do you find it surprising that BARDA

7633 recommended this, given that there had been, as you

7634 said, a drum beat of concerns that have been raised,

7635 by not only BARDA, but FDA?

7636 A Well, it seems to be out of sync with some

7637 of the other material you gave me. But, again, I

7638 hadn't seen this, other than to say it was

7639 recommended to me by BARDA, as it says here, to do
7640 this.

7641 Q Were you aware that Emergent provided
7642 BARDA, in July and August 2020, two of its
7643 monthly reports, so monthly deliverables under the
7644 Task Order, describing that most of its staff were,
7645 quote: Temporary employees with little or no
7646 pharmaceutical experience?

7647 A I'm not aware of those particular factors
7648 or facts. But I knew, generally, that they had to
7649 hire quickly and were training a work force in situ.

7650 Q Did that concern you at all?

7651 A As I shared with you before, it was a
7652 longstanding concern that drove me to look for other
7653 possibilities that we were not able to conjure up.

7654 Q Between September and December 2020, 13
7655 batches of AstraZeneca vaccine drug substance and
7656 two batches of Johnson & Johnson's drug substance
7657 manufactured at the Bayview facility were rejected
7658 or aborted due to microbial contamination and
7659 equipment failure.

7660 Q Were you aware of these issues?

7661 A That, I heard about, and I heard about it
7662 through public sources.

7663 Q Do you remember when you heard about that?

7664 A No. You're saying in September of 2020?

7665 Q So this was between September and

7666 December 2020.

7667 A I don't know exactly when, but I knew
7668 there was an issue. As it was described to me, it
7669 was apparently some kind of hose that was
7670 misconnected, but that was the extent of it. And
7671 that there were a number of doses. And, quite
7672 frankly, I wasn't surprised, insofar that you talk
7673 about a risk-laden process to begin with, that they
7674 had probably a failure of project management or
7675 oversight that resulted in that.

7676 Q That -- can you clarify who had a failure
7677 of oversight?

7678 A Somebody on the project did, at the work
7679 site, whoever took the hose and connected it to some
7680 place it shouldn't have been. That person or the
7681 person supervising that person made a mistake.

7682 Q So Emergent officials?

7683 A Yeah -- well, I assume the Emergent
7684 officials, I assume the person who's connecting the
7685 hose and whoever is watching that person that was a
7686 failure there. Is that official?

7687 To me, then it's about notification.

7688 And if there were any delays, I don't know of any.

7689 Were there?

7690 Q So Dr. Disbrow told Subcommittee staff
7691 that Emergent notified BARDA within 48 hours each
7692 time the company aborted, terminated or rejected a
7693 manufacturing run, and Dr. Disbrow said that this
7694 information was provided to senior leadership
7695 because, quote, every lot of material was important,
7696 end quote, given the global pandemic. So --

7697 A So just to be clear, I was not the
7698 recipient of that notification.

7699 Q Do you know who would have been?

7700 A It would have been the Warp Speed team.

7701 Q The three individuals that you listed?

7702 A But the vaccine -- so there's a vaccine
7703 person for each company who then reports to the
7704 vaccine manager, who is Dr. Matt Hepburn, who would
7705 then report to Slaoui, Carlo and Perna.

7706 Q And these 15 batches that were aborted and
7707 rejected between September and December 2020, were
7708 those discussed in the Operation Warp Speed
7709 meetings?

7710 A I didn't know the number was 15. I heard
7711 there was issues about failures of lots and we had
7712 reports of failures of other lots from Sanofi and
7713 Novartis -- not Novartis; Norvak, excuse me.

7714 Q Who was discussing those -- or presenting
7715 that information on the failure of lots in those
7716 meetings?

7717 A So it would be the company representative,
7718 the way it was structured. So that there would be a
7719 single point of contact between the company and Warp
7720 Speed. That individual -- there were several of
7721 them you can imagine, Sanofi Pasteur, Novavax,
7722 Moderna, Pfizer and Emergent and J&J they -- if I
7723 remember correctly, J&J and AstraZeneca would be
7724 talked about together, but they talked about the
7725 different vaccines.

7726 But that person would report up to
7727 the vaccine person and, typically, that would be a
7728 subject of major discussion on the weekly things.
7729 So they would do a deep dive on each of those
7730 vaccine products.

7731 Q Do you remember who the employee was that
7732 was a representative?

7733 A It wasn't an employee. It was our
7734 government representative. Sorry for the confusion.

7735 But it was someone from our team, I
7736 don't remember who the person was.

7737 Q When you say, "someone from our team," do
7738 you mean someone from BARDA or someone from ASPR?

7739 A No. It could have been somebody from DOD
7740 or from other parts of the department because we
7741 were basically getting the best groups of people who
7742 has the most experience.

7743 So several were from BARDA. Some
7744 were from JPO, which is the Department of Defense
7745 equivalent to BARDA.

7746 Q Emergent's vaccine manufacturing Task
7747 Orders required BARDA to pay over \$27 million per
7748 month in reservation fees, regardless of whether any
7749 manufacturing activity occurred.

7750 During a July 30, 2020 earnings call,
7751 Emergent's Chief Financial Officer stated that these
7752 fees were primarily profit for the company and one
7753 of the, quote, primary drivers, unquote, of the
7754 increase in the company's gross profit margins in
7755 2020.

7756 Do you have any reaction to this
7757 statement?

7758 A No. I do know there was an issue about
7759 other companies wanting to use the CMO and that was
7760 a concern for BARDA and for Warp Speed and they
7761 wanted to tie them up for the purposes of
7762 maintaining the maximum capacity. But I don't know
7763 anything about that.

7764 Q Do you know how BARDA determined that the
7765 price of the Task Order was fair and reasonable?

7766 A I do not. That's a contracting activity
7767 that I had no visibility on.

7768 Q ASPR paid Emergent over \$228 million in
7769 2020, pursuant to the two coronavirus vaccine
7770 manufacturing Task Orders that we've discussed
7771 today.

7772 Based on the number of batches or
7773 lots that had to be destroyed and some of the
7774 quality issues that we've discussed, do you feel
7775 that these payments were appropriate?

7776 A I don't know what the terms of the
7777 contract are, so I can't comment on that. I know
7778 that the government was accepting production
7779 at-risk, manufacturing at-risk. So I don't know
7780 what particular arrangements were made in this
7781 contract or any contract for spoilage or loss of a
7782 product.

7783 Q Dr. Marks told Subcommittee staff in a
7784 bipartisan briefing that FDA conducted a site visit in
7785 September 2020 and found that Emergent's
7786 manufacturing practices were not CGMP-compliant.

7787 Are you aware of that?

7788 A I don't recall. But I know the FDA had

7789 made an inspection and there were some problems.

7790 But that's what I understood, the particulars.

7791 Q Were you briefed on those inspection
7792 findings?

7793 A No.

7794 Q How were you aware of the --

7795 A It was a general discussion, I think, that
7796 came up in the fall of 2020.

7797 And again, the question was whether
7798 or not -- again, the question was when these lots
7799 were being produced were going to be held for CGMP,
7800 I remember that.

7801 And the question was, as I recall --
7802 I don't remember the number -- but when you said 15
7803 as being totally rendered, that was a new number to
7804 me.

7805 Q Dr. Disbrow told Subcommittee staff in a
7806 bipartisan briefing that BARDA determined that
7807 Emergent had not been CGMP-complaint. And as a
7808 result, the federal government determined it should
7809 not have to pay all of the reservation fees to the
7810 company.

7811 Do you have any reaction to this
7812 statement?

7813 A No. It seems like a reasonable thing: If

7814 they don't perform, they don't get paid.

7815 Q Did you have any reaction -- this is after
7816 your tenure -- to BARDA canceling the CIADM contract
7817 with Emergent?

7818 A I'm not surprised, I knew there was a lot
7819 of risk. And as I understand it, there wasn't any
7820 product coming out. They were -- oh, by the way,
7821 both vaccines started having clinical adverse
7822 effects that made it less likely that these products
7823 were going to be used, if you recall.

7824 In fact, that was one of the issues
7825 that we had approached Merck about, was being a CMO
7826 for the J&J vaccine, because they could scale that
7827 up and the administration did do that -- the Biden
7828 administration. However, not long after that deal
7829 was struck, there were issues around the safety
7830 profile of the J&J vaccine.

7831 Q From your perspective, do you think that
7832 the destruction of these vaccine doses impacted our
7833 nation's vaccination program or our pandemic
7834 response?

7835 A I would say less ours, but more the global
7836 one. Because I think the pace of production for the
7837 mRNA vaccines, which have been the principal ones,
7838 except a small wedge of the J&J, were the ones that

7839 carried us through this.

7840 Now, frankly, I had advocated at the
7841 end of the administration -- or before -- during the
7842 period of election time was the idea that the J&J
7843 vaccine, as a single-dose vaccine if it could be
7844 scaled to a real number, could be used significantly
7845 for the global demand.

7846 And that was the logic for the
7847 J&J/Merck arrangement that we helped arrange before
7848 the transition. And, obviously, that things changed
7849 afterwards. Deal was struck, issues with the
7850 vaccine raised and the J&J vaccine has kind of
7851 fallen by the wayside.

7852 [Majority Staff]: Those are all the questions I
7853 had on Emergent.

7854 [Majority Staff]: I think we can go off the
7855 record.

7856 (Off the record.)

7857 BY [Majority Staff]:

7858 Q Dr. Kadlec, I am wanting to ask you some
7859 questions about the fall of 2020.

7860 On October 20th, 2020, Dr. Hatfill
7861 wrote in an email, quote: With the Election so close, COVID
7862 is taking a backseat, yet the disease is rearing its
7863 ugly head again. End quote.

7864 Following the election, Dr. Hatfill
7865 wrote in another email acknowledging that after
7866 months of working on the pandemic, he, along with
7867 Dr. Navarro, quote, shifted over to the election
7868 fraud investigation in November, end quote.

7869 Did you see any indication that Trump
7870 administration officials were putting the
7871 coronavirus pandemic on the backseat during that
7872 time to focus on the election or President Trump's
7873 election fraud claims?

7874 A Not that I saw. I mean, again, I wasn't
7875 part of those conversations and my focus was on what
7876 we needed to do two things: Address the pandemic
7877 and prepare for transition.

7878 Q And that included for ASPR through the
7879 fall of 2020?

7880 A Right, exactly.

7881 Q What in the fall of 2020 was ASPR working
7882 on in connection with the coronavirus?

7883 A Jeez, let me see if I can collect my
7884 thoughts on this. I'm trying to remember what the
7885 virus was doing at that time.

7886 I know there was a spike, we're going
7887 into the winter spike. I know that we were doing a
7888 lot of work -- and this may be early summer, fall --

7889 a lot of work on monoclonal antibodies, trying to
7890 optimize their usage.

7891 We still didn't have an oral
7892 antiviral drug that was available at the time, as I
7893 recall. And the vaccine issues were obviously
7894 ramping up and we had the initial supplies of that
7895 going forwards.

7896 And to me, the issue around that was
7897 the supply chain as it relates to the vaccine
7898 distribution, specifically needles and syringes. I
7899 think a lot of the issues that we did were more
7900 anticipatory before the fall, so I'm at a little of
7901 a loss. I can't recall what was going on at that
7902 time specifically.

7903 Q I understand that.

7904 Shifting gears a little bit -- and I
7905 know you spoke about this briefly with -- during the
7906 Minority's questions -- I wanted to ask you a couple
7907 questions about your former deputy Bright, and I
7908 know that we discussed on May 5th, 2020, Dr. Bright
7909 filed a complaint with the Office of Special Counsel
7910 alleging retaliation for engaging in protected
7911 activity.

7912 It's correct that Dr. Bright was
7913 ultimately reassigned to a position at NIH, right?

7914 A That's correct.

7915 Q Who made the determination to reassign Dr.
7916 Bright?

7917 A I did. I made the recommendation and the
7918 personnel people did that and it was to direct him
7919 to go over and lead the RADx program.

7920 Q Why did you make that recommendation?

7921 A Two reasons. One, we were on the cusp of
7922 Warp Speed and there would be a demolition, if you
7923 will, of his authorities within BARDA. They were
7924 already diminished and he was kind of unhappy
7925 already, subject to the oversight by Secretary to
7926 the review all of his procurements, all of the
7927 procurements that were coming through BARDA and
7928 ASPR.

7929 And the second one, as we were
7930 formulating the Warp Speed issue, we were going to
7931 put a person like Moncef Slaoui, extremely expertly
7932 capable of managing development of vaccines, which
7933 wasn't Rick's kind of domain. Rick's background was
7934 in diagnostics for flu.

7935 The question is: How do we manage
7936 this? BARDA would be consumed by Warp Speed. Two
7937 issues that they would do: Vaccines and
7938 therapeutics.

7939 As I shared with you, Senator Blunt
7940 and Senator Alexander guaranteed we would have a
7941 Shark Tank at NIH. And with that, my view was, as I
7942 got called by Eshoo -- Representative Eshoo: Why
7943 did you send Dr. Bright over to NIH? Is because
7944 they have no experience in commercializing things
7945 like diagnostics and Dr. Bright does. And I sent
7946 him and his team over there and gave him a letter of
7947 authorization for \$1 billion to make sure that he
7948 could have plenty of cash to develop diagnostics
7949 that, at that time, were still a major impediment
7950 and deficiency in our response to the COVID.

7951 Q So did the reassignment have anything to
7952 do with the information that he had provided to
7953 external sources about his experiences at BARDA or
7954 HHS?

7955 A Well, he listed a lot of issues, so which
7956 one do you want to talk about? I'm happy to talk
7957 about all of them, but which one do you want to talk
7958 about?

7959 I mean there was hydroxychloroquine,
7960 it was -- let me see what it was. Go ahead.

7961 Q Let me rephrase.

7962 My question is based on the fact that
7963 we reported to external sources --

7964 A Yeah.

7965 Q -- certain adverse experiences that he had
7966 had allegedly at BARDA and HHS.

7967 Did that play into the decision to
7968 reassign him?

7969 A No. But I tell you what did roll into the
7970 decision was two senior senators from the Majority,
7971 Ray, Chairman of Health, Chairman of Labor H
7972 Appropriations, that told my Secretary, Here's the
7973 deal. We're going to have a Shark Tank and we're
7974 going to put it over at NIH and the money that was
7975 given to BARDA will be used to do that.

7976 Q Do you know if Dr. Bright wanted to be
7977 reassigned?

7978 A He didn't want it. And I said, Rick,
7979 Here's the situation, which is Warp Speed had not
7980 been approved yet, so I couldn't say that.

7981 I said, Here is a mere term urgent
7982 situation that we, as the U.S. government, need
7983 somebody to lead -- I'm saying you -- to work on
7984 diagnostics and you have diagnostic background to
7985 help Bruce Tromborg do this. And I'm giving you a
7986 billion dollars to do it and the team from BARDA to
7987 do it to make sure that this is successful.

7988 Q Did he try to stay in his original

7989 position?

7990 A He said, Why can't I do both? I said, You
7991 can't do both because that's a full-time job.

7992 Right. And it was the intent to make sure we had
7993 somebody at the helm of that to be successful.

7994 Now, it turns out that he calls in
7995 sick, he's passed over for -- and here's where I
7996 have one regret. There was a meeting with Francis
7997 Colins when I said, Francis, you want -- we heard
7998 that Alexander and Blunt want the Shark Tank,
7999 Secretary said you're going to get it. I'm going to
8000 give you Rick Bright and a billion dollars to do
8001 this. I'm going to send my BARDA team over there to
8002 help you do this. Are you acceptable?

8003 He goes, Well, yes, have Rick come
8004 and talk to me on Monday. This was a Friday. I
8005 said, No, you don't understand, this is an
8006 emergency, right. How about we have the briefing on
8007 Saturday, tomorrow. Rick can come over to you, tell
8008 you what's in the portfolio of BARDA and you guys
8009 can kind of make your arrangements and move forward.
8010 We're in a public health emergency in a pandemic.

8011 That happened. I was not there. I
8012 was consumed by other events and I'm trying to
8013 remember what it was. I think it was hospital staff

8014 shortages at the time because I was at FEMA full
8015 time. Apparently, Bright and Colins got together.
8016 That didn't go well.

8017 From Rick's point of view, Colins
8018 berated him. From Colin's point of view, Rick was
8019 impertinent and insubordinate and things fell out
8020 from there.

8021 And I felt if I could have there as a
8022 referee, then maybe we could have had a more civil
8023 conversation and got things forward.

8024 Stop for a second. Was Rick's loss,
8025 did that affect mission accomplishment? No, because
8026 RADx was extraordinarily successful and Rick
8027 arguably could have been the head of that.

8028 But it was any view, Rick's team --
8029 it's his team, Rodney Wallace and the team that
8030 worked with the team at NIH -- and I don't know how
8031 many EUAs. I think they had 23 EUAs for
8032 diagnostics, for home, for point of care, they
8033 smashed it out of the park.

8034 Q I want to pivot again to a different
8035 topic, which is, first, I want to ask you what steps
8036 you took to search for documents that are and were
8037 potentially responsive to the Select Subcommittee's
8038 request that it sent you.

8039 A So the problem is, I don't have documents.
8040 I don't have access to my former documents. I have
8041 some personal notes that were covering a wide range
8042 of things that, quite frankly, had a -- a lot of it
8043 didn't have any relevance to the items that you
8044 identified.

8045 Q You don't have documents because you
8046 turned them over when you left your position?

8047 A I left -- you know, I left, like, ten
8048 boxes of documents for the files of, you know, of
8049 Archives.

8050 Q So those would have gone to the
8051 appropriate --

8052 A Correct, yes.

8053 Q -- attention, yeah, services?

8054 While you were working on the White
8055 House Coronavirus Task Force, did you bring home any
8056 hard-copy documents with you?

8057 A Not of the White House Task Force. They
8058 were very high level and, quite frankly, they were
8059 more politically PR-related than what I was focused
8060 in on.

8061 I was interested -- I mean, my job
8062 was: How do I get teams to the Navajo Reservation
8063 or inner city LA? Or how do we get monoclonal, you

8064 know, antibodies to indigent people in the rural
8065 areas and parts of the country? So that was any
8066 focus and concern.

8067 So at one point, I believe in late
8068 March, I stopped going in person to those meetings.
8069 They did it remote from FEMA. And I would attend
8070 those and then I stopped attending those because
8071 oftentimes, they were very high level and it was
8072 more about the press conference than about execution
8073 of operations.

8074 Q In your role as the ASPR, what devices did
8075 you use to communicate about your work?

8076 A My official cell phone and my official
8077 computer.

8078 Q "Official" meaning work-issued?

8079 A Work, right.

8080 Q Did you ever use any personal cell phone
8081 or computers --

8082 A I mean, I'd get calls, sometimes make
8083 calls, depending on where I was and what I was doing
8084 because I was working 24/7. I averaged about four
8085 hours of sleep from, basically, February until I
8086 left in January.

8087 Q Did you use any programs, messaging apps,
8088 like signal or telegram?

8089 A No. It's more of a recent -- I'm a slow
8090 adopter on those things. I don't use that.

8091 Q What about ProtonMail?

8092 A Nope. What is ProtonMail?

8093 Q It's -- you didn't use it, which is --

8094 A Yeah. All right, there you go.

8095 Q And to confirm, you said you didn't use
8096 personal iPads or other --

8097 A No. I didn't use iPads. And, quite
8098 frankly, here's one thing I did as a matter of
8099 practice. I tried to meet with people in person,
8100 even during a pandemic. I mean, I had to use the
8101 phone sometimes, but it was really to kind of make
8102 sure that I was making eye contact with people.
8103 Because we were -- we were sucking gas. And the
8104 professional staff people that were working were
8105 giving their all. And part of this was to make sure
8106 that they saw me and I saw them and I could see how
8107 they were doing. Look in their eyes and they could
8108 look in my eyes. And I understand that they
8109 understood what I was asking of them and they could
8110 look at me and make sure I understood what they were
8111 telling me, because it was that kind of a drive that
8112 was going on.

8113 And I had to, quite frankly, do --

8114 monitor, like several things, big things
8115 simultaneously.

8116 Q Similarly, do you know or recall if you
8117 communicated with any other government officials on
8118 their personal devices or email accounts?

8119 A No. I think it was all government
8120 accounts. I mean, the DOD, typically we do that as
8121 a cell phone conference call because it wasn't
8122 worthwhile having a conversation with one person.
8123 Because what we were suffering from was other
8124 problems for others. And so our idea was to make
8125 sure that we had -- we convened a critical mass of
8126 people so we would work the problem.

8127 Q We can go off the record.

8128 (Proceedings ended at 5:59 p.m.)

8129

Errata for the Transcribed Interview of Dr. Robert Kadlec dated May 19, 2022

Page	Line	Change
15	357	CHANGE “Becerra” TO “Giroir”
16	378	INSERT “medical counter measures e.g., vaccine therapeutic” AFTER “Secretary to review every”
17	397	STRIKE “basically” AFTER “November”
17	401	INSERT “tenure” AFTER “early on in my”
17	407	CHANGE “cipro” TO “SPPR”
17	413	CHANGE “him” TO “Yeskey”
18	432	INSERT “Brian” before “Cavanaugh”
27	649	CHANGE “several” TO “seventy”
29	693	CHANGE “in” TO “with”
30	717	STRIKE “what was” AFTER “both”
33	806	CHANGE “operators” TO “operator”
33	807	CHANGE “interfacing” TO “coordinating”
34	820	INSERT “such as” AFTER “chronic disease,”
35	863	CHANGE “90 days was the topical?” TO “90 days was the topic of immediate concern.”
37	892	STRIKE “money” AFTER “on CBRN”
37	896	CHANGE “name brand” TO “brand name”
38	924	INSERT “2018” AFTER “on 1 October”
38	934	INSERT “diverted” BEFORE “utilization of the money.”
40	969	INSERT “his” after “at the end of”
40	983	STRIKE “you know,” AFTER “the President,”
40	988	CHANGE “for” TO “specifically”
41	1006	INSERT “Navy” AFTER “in the U.S.”
42	1018	CHANGE “Vessor” TO “Bessor”
46	1138	CHANGE “what” TO “why”
47	1152	CHANGE “Machado” TO “Mokoto”
51	1257	CHANGE “their biosecurity” TO “the Biosecurity”
51	1258	CHANGE “bio” TO “the Bio”
55	1354	INSERT “did” AFTER “Well, it certainly”
56	1378	STRIKE “you know,” AFTER “would probably be,”
59	1455	INSERT “and” AFTER “proliferation”
59	1457	CHANGE “succumbed” TO “seconded”
60	1472	CHANGE “country” TO “company”
61	1506	INSERT “what” AFTER “Novartis had the”
61	1509	CHANGE “contaminant” TO “recombinant flu”
62	1523	INSERT “flu vaccine” AFTER “development or expansion of”
62	1529	INSERT “former” AFTER “Notaristefani, who was a”
62	1530	CHANGE “one of the” TO “a”
63	1540	STRIKE “you know,” AFTER “principal”

Page	Line	Change
63	1554	INSERT "and General Perna" BEFORE "would make a recommendation"
63	1556	CHANGE "mingo" TO "Mango"
63	1562	CHANGE "one other individual who I can't remember at the moment." TO "Brad Smith"
66	1632	CHANGE "negotiations" TO "discussions"
69	1694	INSERT "CDC" AFTER "there had been"
69	1699	CHANGE "famous" TO "famously a"
70	1725	STRIKE "or," AFTER "He never said to me,"
71	1761	CHANGE "Dr. Hong" TO "Dr. Hahn"
72	1771	INSERT "the Senate" AFTER "Chairman of"
72	1777	CHANGE "my" TO "his or my"
73	1794	INSERT "institution" AFTER "was academic"
74	1825	CHANGE "Dr. Burr" TO "Dr. Birx"
74	1833	INSERT "a" AFTER "when I say"
81	2003	CHANGE "yeah" TO "yes"
87	2146	STRIKE "you know," AFTER "much less"
87	2161	STRIKE "you know," AFTER "only operationally, but fiscally,"
88	2167	CHANGE "SSC" TO "SSCI"
91	2254	CHANGE "4" TO "400"
93	2296	STRIKE "you know," AFTER "that talked about,"
93	2298	CHANGE "where was the board? -- up in Michigan." TO "Flint MI"
95	2351	INSERT "like" AFTER "have -- some"
97	2394	INSERT "O'Neill" AFTER "this building"
100	2473	INSERT "samples" AFTER "to get those"
102	2533	STRIKE "you know," AFTER "get exposed to human,"
107	2651	INSERT "like fever" AFTER "exhibit symptoms"
108	2677	INSERT "against" AFTER "how to protect"
109	2697	INSERT "Admiral" AFTER "So I had to hire"
111	2753	CHANGE "yep" TO "yes"
114	2814	CHANGE "It" TO "He"
115	2814	CHANGE "Save Lives Protect" TO "Save Lives, Protect"
116	2881	INSERT "one" AFTER "that's a --"
117	2889	CHANGE "participated" TO "chaired"
118	2916	CHANGE "CMS" TO "entities"
118	2958	CHANGE "SSC" TO "SSCI"
118	2963	CHANGE "skiff" TO "SCIF"
120	2988	CHANGE "Ed" TO "Anna"
122	3021	CHANGE "500,000" TO "1000 to 5000"
122	3037	CHANGE "ESFA" TO "ESF-8"
123	3039	CHANGE "ulterior" TO "Alternate"
133	3294	CHANGE "DASPR" TO "the ASPR"
133	3307	CHANGE "DASPR" TO "the ASPR"
133	3308	CHANGE "DASPR" TO "the ASPR"

Page	Line	Change
136	3376	CHANGE “Dr. Calvin’s” TO “Dr. Collins”
137	3409	CHANGE “SSC” TO “SSCI”
139	3460	CHANGE “Center” TO “Senate”
144	3588	CHANGE “their” TO “Chinese Academy of Sciences”
154	3819	CHANGE “chase bearers” TO “base pairs”
171	4245	CHANGE “Tallon’s” TO “Talent”
171	4246	INSERT “Ribbon” AFTER “Blue”
177	4404	INSERT “Blout and Alexander wrote” AFTER “in the Washington Post”
181	4497	INSERT “primer” AFTER “think, antigen”
185	4594	INSERT “Wallace and Robert” AFTER “Rodney Johnson”
187	4659	CHANGE “Johnson” TO “Wallace”
196	4886	INSERT “Barber’s point” AFTER “subchasers, where”
198	4928	INSERT “Dr.” AFTER “we worked with was”
200	4969	CHANGE “NITC” TO “NETEC”
274	6826	CHANGE “McKenzie” TO “McKinsey Consulting”
281	7011	CHANGE “Navarro” TO “Novavax”
286	7123	CHANGE “Um-hmm.” TO “Ok”
289	7189	CHANGE “Notorius Despone” TO “Notaristefani”
291	7244	CHANGE “Gary, Johnson” TO “Gary Disbrow, Robert Johnson”
291	7250	CHANGE “Mingo” TO “Mango”
291	7259	CHANGE “Um-hmm.” TO “Ok”
292	7274	INSERT “Disbrow” AFTER “Robert Johnson and Gary”
294	7337	CHANGE “fettered” TO “vettered”
297	7409	CHANGE “Foranode” TO “Foreign”
302	7528	INSERT “to me” AFTER “some recommended major decision”
309	7713	CHANGE “Norvak” TO “Novavax”
318	7922	CHANGE “demolition” TO “devolution”
319	7942	INSERT “Anna” AFTER “got called by”
320	7981	CHANGE “mere” TO “near”