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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: BILL HALL

Tuesday, August 31, 2021

The Interview Commenced at 8:59 a.m.

25 Appearances.

26

27 For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

28 [Redacted]

29

30

31 For the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:

32 KEVIN BARSTOW, Senior Counsel

33 JENNIFER SCHMALZ, Legislative Analyst

34 JOANNE MARTINEZ, Deputy Assistant Secretary for

35 Legislation on Oversight

36 LESLIE ZELENKO

37

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

80 [Majority Counsel]. Okay. On the record. Good
81 morning, everyone. My name is [Redacted]. I'm counsel for
82 the Majority on this Select Subcommittee on the Coronavirus
83 Crisis. This is a transcribed interview of William Hall
84 conducted by the House Select Subcommittee on the Coronavirus
85 Crisis. This interview was requested by Chairman James
86 Clyburn as part of the Committee's oversight of the federal
87 government's response to the coronavirus pandemic.

88 I would like to ask the witness to state his full
89 name and spell his last name for the record.

90 The Witness. William Howard Hall. And it's H-A-L-L.

91 [Majority Counsel]. Again, Mr. Hall, my name is
92 [Redacted]. I'm Majority counsel on the Select
93 Subcommittee. I want to thank you for coming in today for
94 this interview, coming in virtually. And we recognize that
95 you're here voluntarily and we really appreciate your time
96 and cooperation.

97 Now, under the Committee's rules, you are allowed to
98 have an attorney present to advise you during this
99 interview. Do you have an attorney representing you in a
100 personal capacity with you today?

101 The Witness. No, I do not.

102 [Majority Counsel]. Is there agency counsel present?

103 The Witness. Yes, there is.

104 [Majority Counsel]. And would agency counsel please
105 identify themselves and their title for the record.

106 Mr. Barstow: Kevin Barstow, senior counsel HHS.

107 [Majority Counsel]. Okay. And on the Majority side,
108 can additional staff please introduce themselves and their
109 title for the record?

110 [Majority Counsel]. Hi. [Redacted] for the
111 Majority.

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

113 [Majority Counsel]. And our colleagues on the
114 Minority, can you please introduce yourselves and your
115 title?

116 [Minority Counsel]. [Redacted]

117 [Minority Counsel]. [Redacted].

118 [Minority Counsel]. [Redacted] for the Minority.

119 [Majority Counsel]. Okay. And HHS as well, please
120 state your name and title.

121 Ms. Schmalz. Jen Schmalz, legislative analyst.

122 Ms. Martinez. Joanne Martinez, deputy assistant
123 secretary for legislation on oversight.

124 Ms. Zelenko. This is Leslie Zelenko, senior advisor
125 and congressional liaison.

126 [Majority Counsel]. First let's go over the ground
127 rules. As previously agreed by Majority staff and HHS
128 staff, the scope of this interview is the federal

129 government's response to the coronavirus pandemic from
130 December 1, 2019 through January 20, 2021.

131 The way this interview will proceed is as follows.
132 The Majority and Minority staffs will alternate asking the
133 witness questions, one hour per side, per round. The
134 Majority staff will begin and proceed for an hour, and the
135 Minority staff will then have an hour to ask questions.
136 Thereafter, the Majority staff may ask additional questions
137 and so on. And both sides will alternate back and forth
138 until there are no more questions from either side and the
139 interview will be over.

140 In this interview, while one member of staff may lead
141 questioning, additional staff may ask questions from time
142 to time.

143 There is a court reporter taking down everything I
144 say and everything the witness says to make a written
145 record of the interview. For the record to be clear,
146 please wait until I finish each question before you begin
147 your answer, and I will wait until you finish your response
148 before asking you the next question.

149 The court reporter cannot read nonverbal answers such
150 as shaking your head, so it is important that you answer
151 each question with an audible verbal answer. And please
152 endeavor to speak slowly so the court reporter can record
153 everything you say accurately.

154 Do you understand, Mr. Hall?

155 The Witness. Yes. Yes, I do.

156 [Majority Counsel]. We want to ask our questions
157 with the most -- in the most complete and truthful manner
158 possible, so we're going to take our time. If you have any
159 questions or do not understand any of the questions, please
160 let us know and we'll be happy to clarify or rephrase our
161 questions.

162 Do you understand?

163 The Witness. Yes.

164 [Majority Counsel]. And if I ask you about a
165 conversation or events in the past and you're unable to
166 recall the exact words or details, you should testify to
167 the substance of those conversations or events to the best
168 of your recollection. If you recall only part of a
169 conversation or event, you should give us your best
170 recollection of those events or parts of conversations that
171 you do recall.

172 Do you understand?

173 The Witness. Yes.

174 [Majority Counsel]. If you need to take a break,
175 please let us know. We're happy to accommodate you.
176 Ordinarily we take a five-minute break at the end of each
177 hour of questioning. But if you need a break before that,
178 just let us know. To the extent there's a pending

179 question, I would just ask that you finish answering the
180 question before you ask for a break.

181 Is -- do you understand?

182 The Witness. I'm sorry, you broke up. Say that
183 again.

184 [Majority Counsel]. I'm sorry. For the last part,
185 if a question is pending, I'd just ask that you answer the
186 question before asking for a break.

187 The Witness. Okay.

188 [Majority Counsel]. And the rest of that is
189 understood about taking five-minute breaks?

190 The Witness. Yes.

191 [Majority Counsel]. Okay. And although you're here
192 voluntarily, we will not -- and we will not swear you in,
193 you're required by law to answer questions from Congress
194 truthfully. This also requires questions -- this
195 requirement also applies to questions posed by
196 congressional staff in an interview.

197 Do you understand that?

198 The Witness. Yes.

199 [Majority Counsel]. At any time -- if at any time
200 you make false statements, you could be subject to criminal
201 prosecution.

202 Do you understand?

203 The Witness. Yes, I do.

204 [Majority Counsel]. Is there any reason you are
205 unable to provide truthful answers in today's interview?

206 The Witness. No.

207 [Majority Counsel]. And the Select Subcommittee
208 follows the rules of the Committee on Oversight and Reform.
209 Please note that if you wish to assert a privilege over any
210 statement today, the assertion must comply with the rules
211 of the Committee on Oversight and Reform.

212 Committee Rule 16(c)(1) states for the Chair to
213 consider assertions of privilege over testimony and
214 statements, witnesses or entities must clearly state the
215 specific privilege being asserted and the reason for the
216 assertion on or before the scheduled date of testimony or
217 appearance.

218 Do you understand?

219 The Witness. Yes.

220 [Majority Counsel]. Do you have any questions before
221 we begin?

222 The Witness. I don't think so, no.

223 BY [MAJORITY COUNSEL].

224 Q Okay. So I think it's helpful for us to start
225 just learning a little about you and your experience with
226 HHS. So just what is your current role with the assistant
227 secretary of public affairs?

228 A My current role is the deputy assistant

229 secretary for public affairs for public health.

230 Q And how long have you held that post?

231 A Since 2015.

232 Q And how long have you been with HHS?

233 A I've been with the Office of the Secretary for
234 23 years.

235 Q And can you just walk us through a little bit
236 of your career trajectory with HHS?

237 A I started my career at the National Institutes
238 of Health in 1980 and worked there in communications, and
239 worked my -- worked through several positions of increasing
240 responsibility over an 18-year period. And then in 1998, I
241 left NIH to come down here to the department to the Office
242 of Public Affairs.

243 I started as the deputy director of what was then
244 called the news division within public affairs. And then
245 in 2005 the director retired and I competed for and was
246 accepted -- or selected for the director of the news
247 division job, and was in that position for ten years until
248 2015 and I was selected to become the deputy assistant
249 secretary position that I hold now.

250 Q Does that news division still exist or is the
251 structure different?

252 A I'm sorry, say again. I didn't hear you.

253 Q Does the news division still exist?

254 A No, it does not.

255 Q The structure changed?

256 A Yes, it did.

257 Q And just tell us a little bit did how that
258 worked functionally.

259 A The assistant secretary at the time, the
260 leader of the Public Affairs Office, to his prerogative,
261 decided to do some reorganization of the whole office and
262 reorganized it and eliminated that division.

263 Q And now, I guess, you oversee the
264 portfolio -- the public health portfolio in ASPA?

265 A That's correct, yes.

266 Q Tell us a little bit about that and which
267 subagencies that covers.

268 A Well, my day-to-day role is to track and
269 coordinate public affairs activities within the agencies
270 that fall within that portfolio. And that includes NIH,
271 CDC, FDA, the Office of the Assistant Secretary for
272 Preparedness and Response, the Office of the Assistant
273 Secretary for Health, and the Office of Global Affairs.

274 So my role is to serve as a coordinator, to keep tabs
275 on what activities, programs, announcements, initiatives
276 are happening in these different agencies, advise, where
277 asked, the agencies on public affairs strategies,
278 communication strategies, and work with them to liaise with

279 the department on announcing whatever those initiatives or
280 events or what have you might be.

281 That involves working with leadership here at the
282 department from the Secretary on down, working with senior
283 leadership to advise them on announcements that are pending
284 and what the best communication strategy for announcing
285 those things to the public.

286 Q And who do you report to?

287 A I report to the assistant secretary for public
288 affairs.

289 Q And do you have direct reports beneath you?

290 A I do, yes.

291 Q And who are they?

292 A Currently it's one individual, Naweed Lemar.

293 Q And what's his title and his role, your direct
294 report?

295 A He's a public affairs specialist and he
296 supports myself and the general team within ASPA on a lot
297 of the day-to-day activities, reviewing materials that come
298 in, helping to clear those materials, helping to post and
299 issue those things and doing a lot of the -- sort of lower
300 level staff work. I have another position that is vacant
301 at the moment.

302 Q Can you walk us through just in practical
303 terms how the subagencies under -- in the public health

304 portfolio engage with the public in terms of media
305 engagements and how that process works?

306 A So each agency has its own public affairs
307 structure. They're varying in size. The larger agencies
308 have larger staffs. And they day to day manage and
309 coordinate within their agencies on the media activities
310 that are before them.

311 We communicate probably on a daily basis either by
312 e-mail or by phone about things that might be coming forth.
313 So, for example, NIH may reach out one day and say we have
314 an initiative, a study coming out that shows X, Y and Z.
315 We're planning to do a press release on this and do some
316 media interviews around it. And so that helps me then
317 inform leadership here that this is happening. So
318 they're -- you know, the Secretary's aware so that if he is
319 out doing media and he's asked about it, he's familiar with
320 the topic in general.

321 So my role is to coordinate with them to help -- when
322 asked -- to help advise on some of the strategic approaches
323 to those communication efforts and work with them on those
324 efforts.

325 Q Starting with CDC, who are the public affairs
326 folks there you work with on a regular basis?

327 A Currently, the acting head of communications
328 for CDC is Abigail Tumpey. And then other people on the

329 staff that I work with regularly are Michelle Bonds and
330 Benjamin Haynes. And then there are other -- a number of
331 other -- lots of other staff there. From time to time
332 we'll connect via e-mail on something, and usually it's a
333 group e-mail. So most of those people are on the e-mail
334 chains back and forth as we communicate.

335 Q Can you talk a little bit about the clearance
336 or approval process for releases or interviews, other
337 engagements?

338 A Sure. So for press releases, all press
339 releases come up to the department from our agencies. And
340 our staff -- in my case Naweed, and the other deputy
341 assistant secretaries have similar support staff -- get
342 those releases and they will put them into our
343 clearance -- our normal clearance routing process for
344 comments from across the Office of the Secretary, so the
345 various components here within OS.

346 If the release or the study or the announcement or
347 whatever has relevance, implications for other
348 agencies -- so, for example, if an NIH press release
349 related to something of relevance to FDA or to HRSA, we
350 would include those agencies on that review as well for
351 their input and for their awareness.

352 And then those edits, any edits that come in are then
353 passed -- and comments are passed back to the agency for

354 their consideration. With -- sorry.

355 Q No, go ahead.

356 A With interviews, similar in structure. We ask
357 that the agencies send forth any interview requests they
358 have. Again, this is done via e-mail and our support staff
359 handle most of those, review those and approve them, I
360 think almost -- the majority are handled very quickly day
361 in and day out.

362 Q And the clearance -- is it -- do all
363 engagements have to go through ASPA for clearance? Are
364 there some that the subagencies can just do as a matter of
365 course?

366 A So your major press releases, interviews and
367 the like all need to come through ASPA for clearance and
368 awareness. When -- we do not -- the day-in-and-day-out
369 functions of a press office are to communicate and build
370 relationships with reporters, and we are not -- we do not
371 clear or even asked to clear interactions that staff have
372 with media day in and day out.

373 If there's a request for an interview, formal
374 interview for a subject matter expert, then those are the
375 kinds of requests that we then ask to come up for
376 clearance. So if a staff, a press officer at an agency
377 gets a phone call from a reporter, he or she may know them
378 or may not, and they are seeking information, that's their

379 job is to communicate with them, work with them to get them
380 the information they need. That's not something we track.
381 That's -- the agencies track all that. It's when the
382 reporter says, I would like to interview Dr. Collins for
383 the CBS Evening News, then that is an example of the kind
384 of request that would come up here.

385 Q What about regular publications by the
386 subagencies like MMWR? What's your role in preparing press
387 or dealing with the public -- regular publications?

388 A So we clear press materials. Specific about
389 that. Okay? Press releases, press statements, statements
390 by the Secretary, fact sheets, talking points, things like
391 that. That's what we clear. And I want to be very
392 specific about that.

393 Those materials can be related to announcements, it
394 can be related to journal articles that are coming out,
395 whether that's the MMWR or JAMA or Journal of Adolescent
396 Health or you name it. As a health and science agency
397 there's journal articles coming out every day probably with
398 research findings from across the department.

399 And the agencies do the bulk of trying to track all
400 that and discern which things make -- are going to be most
401 newsworthy and warrant lifting up by either through press
402 release or social media or other ways to communicate. And
403 then they work with us to help process that.

404 Q And let's get into sort of our relevant time
405 period. So the Secretary announced a public health
406 emergency in late January. Can you talk a little bit about
407 the onset of the pandemic and how that affected your work
408 at ASPA?

409 A Sure. So as we all know, the first pieces of
410 information that something was happening in China with some
411 unidentified cases of pneumonia at the very end of
412 December/early January. And the normal e-mail traffic and
413 meetings and communications we were hearing about this.
414 Also through the media and other sources as well.

415 And as the -- as it was identified that it was a
416 coronavirus situation in China and it became obviously a
417 global story, the lockdown in Wuhan, and then as we began
418 to identify cases in the United States, our work, my work
419 became pretty much 24/7 all coronavirus, all COVID. And
420 that meant doing what I do, but doing it on the weekends,
421 doing it at weeknights, whenever it needed to happen
422 because of the urgency of how this was unfolding.

423 Q Can you be specific about some of
424 those -- talking January, February, March -- those new
425 demands on your office? Did they lead to new coordination,
426 new processes, that sort of thing?

427 A It didn't change any processes. It simply
428 amplified and intensified the work that we had to do and

429 apply those processes.

430 Q Okay.

431 A So, for example, as you recall, the nursing
432 home in Seattle where the first community spread was
433 identified, we were hearing -- I couldn't tell you which
434 day it was -- but we were hearing the first reports of a
435 case or two in that nursing home. That was obviously of
436 concern.

437 Working with CDC, was working with the state health
438 department, working through how that was going to be
439 announced. And then within hours it seemed or within the
440 next day we heard of more cases within the nursing home and
441 it became a large spread within that nursing home with a
442 lot of patients.

443 So that was unfolding day in and day out. There
444 could be calls, phone calls, conference calls organized 15
445 minutes ahead of time to get on the phone and talk about
446 those pieces of information, how is this -- what does this
447 mean for our messaging, our -- what we're telling people in
448 the area, what the state is doing, you know, so forth. So
449 a lot of that coordination back and forth. And it
450 was -- it was not done in a 9:00-to-5:00 day. It could
451 have been at any hour of the day, any day of the week.

452 Q Now, at that time, sort of the early period,
453 January, February, who was the assistant secretary for

454 public affairs? Who were you reporting to?

455 A It was Ryan Murphy. He was the acting
456 assistant secretary for public affairs.

457 Q How long had he been in that acting position?

458 A I believe it was since earlier that year when
459 the previous assistant secretary left that position and
460 took the position of deputy chief of staff in the
461 department. Ryan was the principal deputy, and so he
462 stepped into the acting assistant secretary role at that
463 time. I believe it was sometime in the mid 2019, maybe
464 early 2019, somewhere in there. I just can't remember
465 specifically.

466 Q Okay. And in this early period you mentioned
467 that things were moving faster. You'd get a request with
468 15 minutes' notice. Sort of in this January/February
469 period, were sort of the scientists in the subagencies
470 speaking directly to the public?

471 A Yes, the demand for interviews with
472 experts -- with our scientific experts was intense. So
473 yes, there was coordinating all of that, and a lot of that
474 was going on as well, yes.

475 Q And was it happening with frequency that
476 either scientists were getting interview requests and then
477 speaking to the press about sort of the early signs of the
478 pandemic?

479 A I'm sorry, could you say or rephrase the
480 question? I'm not quite --

481 Q Sure. Was it happening with frequency where
482 scientists from subagencies that you oversee, were they
483 doing interview requests in that period?

484 A Yes. Oh, yes. Yes.

485 Q So it's been reported in the media that
486 following a February 25, 2020 report where Dr. Messonnier
487 told the public they should prepare -- her quote
488 was -- well, do you remember this particular -- I think it
489 was a teleconference with Dr. Messonnier?

490 A Yes, I remember it. Yes.

491 Q And she told the public on February 25th the
492 nation should prepare with the expectation that this could
493 be bad. Do you remember if there was a change in -- or new
494 direction in terms of interviews and career scientists
495 speaking to the public after that statement?

496 A Not as -- not immediately after that press
497 conference. Is that what you're asking?

498 Q I'm talking about --

499 A As a result of the press conference?

500 Q Not as a result of it, but using that as sort
501 of a marker. Were there sort of -- how did the
502 coordination work in terms of getting the scientists out to
503 speak to the public after that?

504 A From our perspective, the coordination didn't
505 change. It was still our role to work with our agencies
506 and, you know, ask them for, as we always have, what
507 interviews, what requests they were getting and reviewing
508 those and approving those. So the process from the HHS
509 perspective did not change. We did not change anything.

510 Q Did other agencies outside of HHS or the
511 White House, the Office of Vice President, sort of get
512 involved in the clearance and the approval of sort of media
513 engagements at that time?

514 A So I can't speak to other -- I can't speak to
515 other Cabinet departments, but I can say that the Office of
516 the Vice President -- as we all know, once the Vice
517 President was selected to run the task force, the Office of
518 the Vice President set up a process by which they wanted to
519 review major media interviews on coronavirus, on COVID.

520 Q Okay. And when was that set up and when was
521 that communicated to you?

522 A It was at the end of the day on February 26.

523 Q And how was that communicated to you on
524 February 26?

525 A It was at a meeting that was called by the
526 White House for communicators across the federal
527 government.

528 Q Okay. Were you present?

529 A I was, yes.

530 Q Who else was present at that meeting?

531 A From HHS, it was Ryan Murphy and then our
532 press secretary, her name is Caitlin Oakley. So the three
533 of us were there from HHS.

534 Q And what was discussed as best you can recall?

535 A You know, in general, it was essentially
536 sharing with those present that the Vice President's office
537 would be working to establish coordination on the
538 coronavirus response overall as the President had directed
539 the -- earlier, I guess it was the evening before. And
540 that included the role of communications and that the Vice
541 President's communications office would be the point within
542 the White House for coordinating communications activities
543 across the -- across the government on coronavirus.

544 Q Who led that meeting?

545 A I believe it was Marc Short, who was the chief
546 of staff for Vice President Pence.

547 Q And about how -- do you recall how many people
548 were at that meeting? Was it a large meeting?

549 A It was a small conference room and it was
550 full. I would -- I'm going to guess. Maybe 35, 40 people
551 maybe. I just don't recall specifically.

552 Q Okay. And did that -- sort of that
553 announcement that the Vice President's office would be

554 running point on communications going forward, how did that
555 change what you were doing at ASPA?

556 A It essentially just shifted our day-to-day
557 coordination that we would normally do with the White House
558 communications office over to the communications office for
559 the Office of the Vice President. So it was just sort of
560 shifting our -- the direction of our communications of our
561 e-mails, of our outreach to that office instead.

562 Q Had this -- in your career you've been through
563 other public health emergencies. Had this level of
564 coordination ever been sought by the White House or a Vice
565 President in the past?

566 A Oh, yes. Absolutely, yes.

567 Q And when did that happen?

568 A Zika, Ebola, H1N1, SARS, anthrax. That's a
569 few.

570 Q Okay. And that February 26 meeting, did that
571 mean -- did that change -- in terms of them running point,
572 did that mean they would have clearance on media
573 engagements going forward or you would have to seek
574 clearance from them?

575 A Yes. That was simply a shift from -- you
576 know, carrying out those duties with the White House
577 communications office shifting over to the Vice President's
578 communications office. So the processes that we would go

579 through as far as sending things over there for their
580 awareness, their clearance, that was then directed to the
581 Vice President's office -- communications office as they
582 were now tapped to be the lead for this effort, for this
583 coordination effort.

584 Q Yeah. And are you drawing a distinction
585 between things sent over there for awareness as opposed to
586 clearance? Is there a distinction?

587 A It's a mix. Some things would be for
588 awareness and some things would be for clearance.

589 Q Okay. So which falls into clearance, which
590 falls into awareness in terms of communication?

591 A Well, some things we'd send for awareness may
592 end up being clearance, and some things we'd send for
593 clearance would be for primarily major television
594 interviews on the networks, on the cable networks and so
595 forth.

596 Q Any other -- so we're talking national media
597 engagements on TV?

598 A Yes. Yes.

599 Q Any other sort of media engagements that would
600 have to be cleared at that level?

601 A You mean at the level of the Vice President's
602 office or the level of national media?

603 Q At the level of the Vice President's office?

604 A So certainly any of the major media inquiries,
605 depending on the nature of the inquiry. So if it was a
606 major national media outlet.

607 Q Okay. And was that sort of your call or was
608 that made by the assistant secretary? How would you make
609 that determination of what would need to go out to the Vice
610 President's office following that meeting?

611 A I would make a judgment decision and put that
612 forth to leadership within ASPA to say is this something
613 that should go to the White House. And then it would be up
614 to them to -- I would rely on their determination on what
615 to do and take that action.

616 Q At that meeting on February 26, was anything
617 said about communications that might alarm the public? Was
618 that part of the discussion?

619 A I can't recall. I don't recall that
620 specifically. Can't recall a lot of the specifics of what
621 was said.

622 One thing that I just want to correct. I believe the
623 meeting was on February the 27th, because the 25th was a
624 Tuesday --

625 Q Okay.

626 A -- when Dr. Messonnier did her press briefing.
627 The 26th is when the President announced Vice
628 President Pence would be taking over the task force and

629 that was an evening press conference. And it was the next
630 day, the 27th, that we had the meeting at the White House.
631 I just wanted to clarify that.

632 Q Okay. Outside of that meeting, had it been
633 communicated to you or anyone at ASPA that there shouldn't
634 be communications that alarm the public in this early
635 period?

636 A I don't recall any directive that said we
637 should not communicate anything that alarms the public.

638 Q Okay. Not a directive, but conversations or
639 by implication, anything sort of in that category, that
640 that was an important sort of part of the messaging early
641 on?

642 A No, not that I recall that there were any
643 times where through any of the sort of back and forth daily
644 work in working through media issues where there was any
645 concerns raised about not doing a media interview because
646 it would raise alarms with the public. I don't recall that
647 ever being the case.

648 Q At that meeting on the 27th, did anyone from
649 Vice President's office, the White House, express their
650 displeasure with Dr. Messonnier's statement?

651 A No, I don't recall that coming up at all. No.

652 Q Okay. So I want to move to sort of the change
653 in leadership at ASPA that happened a month and a half

654 after that meeting, mid-April.

655 A Okay.

656 Q Is that accurate that a new ASPA was named
657 mid-April?

658 A Yes, that's correct. Yes.

659 Q And that was Mr. Caputo?

660 A Correct, yes.

661 Q Were you told why Mr. Caputo was being
662 appointed by colleagues or anyone else?

663 A I was not told why. I was simply told that he
664 had been selected to be the new assistant secretary.

665 Q Did you know him before he was appointed?

666 A No, I did not.

667 Q Were you aware of his professional background?

668 A Not at the time I was told of his selection.

669 Q Okay. But afterward, did you become familiar
670 with it?

671 A Certainly, yes.

672 Q And what was his prior experience as you
673 understood it?

674 A As my -- as I understood it at that time when
675 I was notified was that he had been in communications, had
676 run his own public relations firm, and that he had some
677 communications experience. That's what I was told.

678 I did not know of him, I did not know any of his

679 background at the time. So that's what I was -- that's
680 what I learned about him at the time.

681 Q Did he have any public health experience that
682 you're aware of?

683 A Not that I'm aware of.

684 Q And how did his background compare to others
685 who had been in that position during your tenure with HHS?

686 A Well, the background of every ASPA is
687 different. They come from different areas of expertise.
688 Some have come from, you know, communications, a more
689 focused communications role either in a -- perhaps in a
690 firm, perhaps they've worked on the Hill, perhaps other
691 large organizations, private corporations in
692 communications. Some have come from, like, health policy
693 arenas, but have experience in communications with various
694 audiences that they deal with. So it really varies all
695 over the -- no two ASPAs are exactly the same.

696 Q What were the other personnel changes in the
697 office at the time when Mr. Caputo was appointed?

698 A Shortly after he arrived there were several
699 more individuals who were brought in to ASPA. The first
700 one was Paul -- I don't remember the specific order, I'm
701 just naming them as I think of them. Paul Alexander, Brad
702 Traverse, Gordon Hensley, and then a woman named Madeleine
703 Hubbard came in as well.

704 Q Starting with Dr. Alexander, what was his
705 role?

706 A I was told that his role was to be a science
707 advisor to Mr. Caputo on all things coronavirus.

708 Q Okay. And who told you that, do you recall?

709 A Mr. Caputo told us -- told staff that in a
710 staff meeting.

711 Q Had there been a science advisor in your
712 office in the past?

713 A Not to my recollection, no.

714 Q So this was a new role for the ASPA to have
715 sort of a scientific advisor in the office?

716 A In my tenure, yes.

717 Q What about Mr. Traverse?

718 A He was brought in as -- his title was senior
719 advisor.

720 Q And what role did he come to have in the
721 operations of ASPA?

722 A You know, I didn't interact with him very
723 much. On the phone or in e-mail sometimes. He seemed
724 to -- it was not completely clear to me. He worked on
725 different projects, worked with some of the different
726 agencies on certain announcements. It didn't seem anything
727 structured. It was kind of wherever he was needed to work,
728 to jump in and work on certain things.

729 Q Okay. And did you work more closely with
730 others that came in; Dr. Alexander, for example?

731 A You know, I didn't really work very closely
732 with any of the ones that came in. I mean, certainly there
733 were e-mail exchanges during their tenure that we all
734 participated in. I did not work directly on specific
735 long-term projects with any of them.

736 Most times my involvement was when they reached out
737 to me with questions about something or seeking guidance on
738 something simply because of my long tenure in ASPA, asking
739 how this works or who is the best person to talk to about X
740 or Y or what have you.

741 Q How did -- in Dr. Alexander's example, how did
742 a scientific advisor sort of fit into your work? It seems
743 that the science would come from the subagencies rather
744 than coming from the public affairs function. So how did
745 that work?

746 A So, you know, again, my work continued as it
747 always had in working with the agencies. Dr. Alexander was
748 added to a lot of those e-mail exchanges for visibility.
749 And in -- from my observations was that he would from time
750 to time weigh in on those e-mail exchanges with various
751 comments, observations of his own and so forth.

752 Q Okay. Had anyone in -- worked in ASPA in your
753 time done that sort of work, weighed in on the science of

754 the information that you were getting out to the public?

755 A No.

756 Q Did that -- was that unusual to you?

757 A Unusual to have somebody do it?

758 Q To have someone do that in your office.

759 A Yes. It had not happened before.

760 Q And sort of -- let me ask you just a more
761 general question about the communications during this
762 period. You obviously have been with ASPA for a long time,
763 you've been through other public health crises.

764 Based of your experience, what are some of the more
765 important principles that should guide the information
766 going out to the public?

767 A So in any public health emergency, our sort of
768 guiding -- guiding principles are to follow the key -- key
769 principles of risk communication. This is a field of
770 communication that has developed over the last 30 years or
771 so, last 30 or 40 years, and these principles essentially
772 include tell the public what you know, tell the public what
773 you don't know, tell them what you're doing to find out
774 what you don't know, be open and honest and frank with the
775 public, with your audience, and give them something to do.
776 You know, as simple as keeping tabs on information on the
777 internet on a website or wear a mask or whatever those
778 guidances are.

779 Those are incorporated in something called the
780 International Health Regulations that the WHO promulgates
781 and that I think just about every country in the world has
782 signed on to, including the United States.

783 And so it's those principles that have guided us for
784 many years, all the way from my first emergency experiences
785 with 9/11 and anthrax in 2001 and on forward. And working
786 with colleagues around the department on these principles
787 over time, we've honed those skills. We train on them. We
788 train our experts on those skills and how to communicate
789 using those principles.

790 Q And when Mr. Caputo took over, can you tell us
791 a little bit about how you interacted with him?

792 A Most of my interactions with him were on a
793 daily check-in call that we would have for ASPA leadership.
794 So it was, you know, all the deputy assistant secretaries,
795 the other -- the senior advisors, within ASPA every morning
796 we'd have a sort of short check-in phone call just to sort
797 of share what we knew was happening for the day, what was
798 coming up, work through any particular issues that we might
799 want guidance from other staff, other colleagues on.

800 He would run those calls -- well, I take that back.
801 Ryan Murphy ran the call, but Caputo was on those calls, as
802 were the other individuals we've discussed. So that was
803 my -- the bulk of the daily interaction I had with Caputo.

804 Beyond that, the occasional phone call or occasional
805 e-mails on specific issues or things that he would reach
806 out to me on.

807 Q Yeah. And what was his -- can you describe
808 his management style?

809 A You know, it's hard for me to -- because we
810 were all working virtually -- or at least I was working
811 virtually. I wasn't really around to see how he interacted
812 with other staff that were here physically in the building
813 with him.

814 You know, every ASPA has their own personalities. I
815 think his -- it's hard for me to really characterize that
816 style since I really wasn't here present to see it play out
817 day in and day out.

818 Q How did he communicate with you? I mean, what
819 was his style of communication?

820 A With me, the times we talked on the phone, it
821 was perfectly professional, courteous, collegial. That's
822 the main interaction I had with him. And e-mails, you
823 know, seemed to be collegial. There was no -- nothing sort
824 of out of the ordinary for the most part. It all seemed to
825 be kind of normal business, at least with me. I can't
826 speak to how it was with other individuals.

827 Q What was your assessment of him as your boss,
828 a leader of your department?

829 A I think that most of his -- it seemed that
830 most of his energies were focused on the coronavirus
831 responses as it was for all of us. So I think there was
832 less time to focus on some of the routine organizational,
833 you know, managerial day-in-and-day-out kinds of things
834 that a supervisor -- that an office director would engage
835 in.

836 But I think that would have -- I think the situation
837 of how we were all under intense pressure and demands to
838 respond day in and day out on what was happening with
839 COVID, those things kind of got pushed to the side.

840 Q Yeah. How did those demands sort of affect
841 your work in that time?

842 A Well, it was -- the pressure did not let up.
843 I mean, in those months in the spring and into the summer
844 we were focused a lot -- community spread had been pretty
845 well established. There was a lot of focus that came into
846 being on testing and screening, of travel. And then the
847 start of the development of vaccines through Operation Warp
848 Speed.

849 So all these new pieces that came into the process of
850 the response overall, you know, continued to create intense
851 media demand, intense public demand for information. So it
852 was really -- it was really nonstop. I mean, it didn't
853 change -- I mean, the intensity didn't change from January,

854 but some of the issues that we were dealing with began to
855 shift.

856 So once community spread was established, that became
857 less of the focus and more of the focus would shift to
858 vaccine development, of testing, the issues of masking,
859 social distancing, and then some of the various policies
860 that -- public health policies that were being developed
861 around those issues.

862 Q And were there specific policy changes that
863 Mr. Caputo and the others that were brought on implemented?

864 A Policy changes for what?

865 Q For how -- how clearances would work, how
866 engagements would be approved, anything. I mean, new
867 personnel often means new policies, so -- were there new
868 policies with Caputo and Alexander and the others who
869 joined?

870 A I think early on there wasn't really any
871 changes. I think over time, things evolved a bit to sort
872 of refine the policies -- or the processes that we had in
873 place. So over time, Mr. Caputo sort of took on more
874 responsibility for coordinating interview clearances with
875 the White House. So when we received these requests from
876 our agencies, we would pass them on to him to then
877 coordinate with the White House for those.

878 It was a shift. It wasn't like a directive on, you

879 know --

880 [Interruption in transmission.]

881 Q We -- I'm sorry, Mr. Hall. You froze up at
882 the end of that answer. Could you repeat that?

883 A Sure. As I said, he -- you know, when he
884 first arrived, he spent time learning what processes we had
885 in place and those continued. Those really did not change.
886 But over time, he began to -- he -- there was refinement in
887 the sense that he began to take -- ask for clearances
888 for -- the major media clearances for TV in particular to
889 be routed through him and he would then work with the
890 White House to get clearance on those and to coordinate
891 with the White House on those.

892 Q Was that typically something you did before
893 you started routing them through him?

894 A I would often do that, but sometimes, you
895 know, other leaders like Ryan Murphy would handle some of
896 these things, sometimes others. It's a -- it really was a
897 number of us that would work on those kinds of things. So
898 there wasn't one with sole responsibility. You know, it
899 just -- it was just part of our collegial working together
900 that we sort of divvy up the work.

901 So there wasn't like a defined you're not allowed to
902 send stuff and you are. It was we really worked together
903 to make sure that everything got over that needed to get

904 over. And so at a certain point Mr. Caputo wanted
905 everything to -- you know, those major interview requests
906 to funnel through him. So when those came in, we
907 transferred them to him.

908 Q How did he communicate that to you?

909 A Probably on one of the -- one or more of those
910 morning check-in calls that we had.

911 Q And what was the rationale, if he gave a
912 rationale?

913 A I don't recall a rationale. I don't recall.

914 Q Okay. You mentioned that your interactions
915 with Mr. Caputo were collegial for the most part. Did you
916 ever -- were you ever aware of him interacting with others,
917 either in ASPA or at the subagencies, in a manner that
918 wasn't collegial?

919 A Not that I -- not that I can recall or am
920 aware of. I mean, like, I can't -- you know, I wasn't
921 on -- no, I can't think of times -- I mean, there were so
922 many times I was on the phone with him and somebody else,
923 other than our daily phone calls, which for the most part
924 were fine, collegial, professional. You know, it's kind of
925 hard for me to speak to that.

926 Q What about -- did you hear from others?
927 You've been working with your subagencies for a long time.
928 Did anyone from the subagencies ever complain about

929 something Caputo said or did?

930 A I can't recall specific conversations where
931 complaints were made.

932 Q Okay. But something nonspecific?

933 A I think the only thing that I recollect are
934 times where agencies would reach out to ask what was the
935 status of interview requests. You know, maybe why is it
936 taking so long to hear back? Or have you heard back, Bill,
937 from anyone else on this?

938 Sometimes concern or frustration that it might be
939 taking a while to hear back one way or the other, but not
940 in specific things beyond that that I recall.

941 Q Okay. And were the agencies -- when they were
942 sort of asking about the status of interview requests, were
943 things taking longer than usual or were things held up
944 specifically by Mr. Caputo that they had to express sort of
945 their displeasure about that?

946 A You know, it was very random. Some things
947 would be -- would be handed normally. Some would work
948 through in a normal amount of time, other things would not.
949 It was just random.

950 Q Which things weren't handled normally?

951 A You know, I couldn't recall specific
952 instances. I mean, it was just random requests here or
953 there. I can't name specific ones.

954 Q And are we talking about requests for
955 interviews or other sort of engagements?

956 A Requests for interviews, requests for media
957 engagements.

958 Q Was this part of the process you were just
959 describing? So in terms of the national media, Mr. Caputo
960 wanted to sort of handle the clearance of those and sort of
961 liaise directly with the White House, is that the same sort
962 of thing that we're talking about, national media
963 engagements?

964 A Yes. Yes.

965 Q Did that sort of change in him wanting to be
966 personally involved that led to some consternation that you
967 can recall among the subagencies?

968 A Yes, in the sense that timing, in the sense
969 they weren't getting answers back, weren't getting a
970 response back.

971 Q Yeah. What are we talking about in terms of
972 delays? Are these days? Weeks?

973 A Sometimes days. Most times days. Sometimes
974 we just would never get a response.

975 Q When you say "we," that means you and sort of
976 the people asking from agencies?

977 A Yes. So if a request came in, I would pass it
978 along. And when these requests come in, I'm not the only

979 person on the request. So other leaders within ASPA, Ryan
980 Murphy, and others we've spoken about, all saw those
981 requests coming in.

982 So if it was in the public health portfolio, by
983 default, I was the one that would see that and then make a
984 determination this is one that I'll send on to Mr. Caputo.
985 I would forward -- I would add him on if he wasn't already
986 on the e-mail. Everyone else would still be on the e-mail
987 chain, and I would say, you know, here's one, a request for
988 you from wherever. Let me know how you want to proceed.

989 Q And what would his response be in these
990 instances where you weren't getting an answer?

991 A Most times it just -- there was no answer.
992 There was no response. In the times when there was -- let
993 me put it this way. There were times when he would respond
994 back, sometimes almost immediately, sometimes it would be a
995 day or two or many hours. It just varied. And sometimes
996 there would be no response at all.

997 Q Okay. You mentioned those principles of
998 communicating risk to the public, and among the most
999 important things is getting information out quickly.

1000 Did it seem like there -- at least in those
1001 circumstances that you described, there was this bottleneck
1002 with Mr. Caputo. How often did that happen where the
1003 subagencies would express this concern that things weren't

1004 getting approved to you?

1005 A You know, I couldn't put a -- it was
1006 occasional and random. It wasn't every day. It was
1007 just -- it was random based on how long the inquiry took to
1008 get a response on.

1009 Q Yeah. And sort of this process that held up
1010 those engagements, how does that fit into those principles
1011 that the information needs to get out to the public quickly
1012 and accurately during a public health crisis?

1013 A So the clearance and coordination on
1014 interviews does not conflict with the risk
1015 principles -- risk communication principles that I
1016 outlined. The risk communication principles speak to how
1017 one conveys information during the course of the interview.
1018 The process to coordinate interviews is really separate
1019 because we want to make sure that we're getting the right
1020 experts out on the right -- for the right requests.

1021 So if -- a lot of media, for example, do not -- are
1022 not familiar with the department, especially in something
1023 of this magnitude where you have many, many more reporters
1024 being assigned to cover it, and they may reach out and want
1025 to talk about vaccine research and they're calling CDC.

1026 Well, they're not the right -- they may come to us
1027 and say we want to talk to somebody at CDC about vaccine
1028 research. Well, our job -- my job is to say, no, you need

1029 to talk to NIH because they're the ones doing the vaccine
1030 research.

1031 So that's part of why we have this process in place,
1032 so that we're coordinating and getting the reporters to the
1033 right people who can get them the information that they're
1034 looking for.

1035 Q Is that a determination made by ASPA or is
1036 that by the subagency in terms of who would be the correct
1037 person to speak to on a particular topic?

1038 A It could be any of them. It could be
1039 something that comes into our office. And in the example I
1040 just gave you, that would be something that I would do, or
1041 if somebody else here who saw that e-mail and maybe jumped
1042 on it before I did would make that kind of decision.

1043 Many times the agencies themselves will get our
1044 requests and they'll contact me and they'll say, Bill, we
1045 got a request from so-and-so to us. We don't do this.
1046 This sounds like something CDC might be best equipped to
1047 handle. What do you think? And I would look at it and I
1048 would say either yes, I agree or you know what? I think
1049 maybe FDA is a better place for this. I'll check with
1050 them.

1051 That's the kind of collaboration that goes on to try
1052 to make sure that we're getting the reporter to the right
1053 place that has the right information for them.

1054 Q Specifically about the times that you
1055 mentioned that an agency would -- for the times that you
1056 remember, which agency was sort of complaining that their
1057 requests were not being acted upon in a timely manner?

1058 A I don't think it was specific to any one
1059 agency. I think it was -- you know, I -- it was just a
1060 general concern from time to time from a number of the
1061 different agencies I work with depending on a specific
1062 situation, a specific interview they were waiting on.

1063 Q Do you remember who expressed that to you, or
1064 when?

1065 A No, I don't. Not off the top of my head, no.

1066 Q Okay. I want to ask you specifically about
1067 MMWRs.

1068 [Majority Counsel]. Well, actually you know what?
1069 Before going to this topic, I think this would be a good
1070 time for a break.

1071 The Witness. Good. Yep. Agreed.

1072 [Majority Counsel]. Okay.

1073 The Witness. Five minutes or so?

1074 [Majority Counsel]. We'll take a five-minute break.
1075 So we'll come back at 10:10 and the Minority will have a
1076 chance to ask questions.

1077 The Witness. Okay.

1078 [Recess.]

1079 [Minority Counsel]. Mr. Hall, I think in the
1080 interest of your time and the need to get back to
1081 responding to the coronavirus, we'll waive our hour.

1082 BY [MAJORITY COUNSEL].

1083 Q Okay. Let me circle back on the topic that we
1084 were just talking about. The -- so Mr. Caputo -- I guess
1085 there was this shift and Mr. Caputo was handling some of
1086 the clearance of requests for interviews directly with the
1087 White House. Who are the folks at the White House involved
1088 in the process?

1089 A I can't speak to who he was interacting with
1090 directly. I can tell you the individuals I recall that I
1091 had worked with over time was Alyssa Farah, Roma -- I think
1092 her last name was Daravi, Judd Deere. Those are the three
1093 that come to mind off the top of my head. There probably
1094 were a couple of others I'm just not remembering.

1095 Q And what about folks from the Office of Vice
1096 President?

1097 A So during that period when they were
1098 coordinating, it was -- first it was Katie Miller, and then
1099 she brought on a few additional staff from other parts of
1100 the government. One was Devin O'Malley, and then the other
1101 one was -- oh, I can see his face. I can't recall his name
1102 off the top of my head. Oh, Ninio Fetalvo I think his last
1103 name was.

1104 Q Can you spell that as best you can?

1105 A His first name was N-I-N-I-O, Ninio. I think
1106 his last name was Fulvio, F-U-L-V-I-O maybe. I just -- I
1107 can't recall off the top of my head exactly. But those
1108 were the three that I recall specifically on the Vice
1109 President's communication staff.

1110 Q Okay. And sort of prior to Mr. Caputo
1111 expressing the shift that he would handle that clearance,
1112 were you involved with getting things cleared with the
1113 White House in terms of national interviews?

1114 A So when the Vice President -- yes. When the
1115 Vice President's office became engaged at the end of
1116 February, that role of coordinating with them was myself
1117 with Ryan Murphy and -- primarily here within ASPA, and we
1118 would just divvy up the work as needed to do that. And
1119 then Mr. Caputo didn't come on board for another, I guess,
1120 six weeks or so. And then it wasn't -- as I said, it
1121 evolved over time after he arrived.

1122 And as the White House -- there was a shift after
1123 several months where the White House communications office
1124 began to take more responsibility for the clearances and
1125 coordination from the Vice President's office. Vice
1126 President's office was still involved, but there was more
1127 involvement from both after a couple of months.

1128 Q When was that would you say?

1129 A I can't give you a specific date. It was
1130 probably within a few months.

1131 Q Okay. So we're talking spring/summer of 2020?

1132 A Yeah. Spring/early summer time frame roughly,
1133 yeah.

1134 Q And it's the same folks that you just
1135 mentioned from the White House who got more involved?

1136 A Mm-hmm. Yes.

1137 Q Let's start talking about the MMWRs and ASPA's
1138 work relating to MMWRs. Can you just tell us generally
1139 about sort of what -- the public-facing work ASPA would do
1140 around those reports?

1141 A So as I said before, you know, our role, our
1142 work is involved on what materials, what strategies we want
1143 to use working with the agencies to communicate about
1144 whatever might be coming out of the agencies, whether it's
1145 a new initiative, a new study, a journal article. And that
1146 applied to the MMWR as well. It was no different.

1147 So if there was a study in particular, an article of
1148 particular interest, CDC would flag that for us. We relied
1149 on them to make those judgment calls on what would be
1150 newsworthy more so than other things, and would work with
1151 them to determine, okay, if you're going to do a press
1152 release, are you going to do a press briefing, what are
1153 your plans for that, and help coordinate that with them.

1154 And the materials, if it was a press release, we would help
1155 clear that just as we would any other press release. And
1156 that was sort of how we -- that's what our role is, you
1157 know, with the MMWR or with anything else.

1158 Q Let's just as a practical matter walk through
1159 the steps. So CDC would alert you, here's a newsworthy
1160 MMWR coming out. And what sort of alert would you receive
1161 at ASPA?

1162 A So the MMWRs come out normally on Thursdays.
1163 Every week -- it's a weekly publication, and normally the
1164 weekly publication comes out on Thursdays. There are
1165 occasions when special editions or, you know, a special
1166 article or -- may come out on a different day of the week
1167 simply because of the urgency of the need to perhaps get
1168 that out.

1169 As a matter of routine, CDC would at some point
1170 during our regular communications every day, every week,
1171 would send us an update of what's coming up or what is
1172 expected to come up in the next MMWR. Usually the titles
1173 of the -- the working titles of the articles. And that's
1174 about all we would get.

1175 Then we might get closer to the time of, if there was
1176 an interest in -- if CDC was going to do something around
1177 that particular article, we might see a summary of the
1178 article, probably a paragraph at most. Really not much

1179 detail as far as the data and the findings, but just a
1180 summary of this article will look at data from blah, blah,
1181 blah, and this is what -- and then we'll comment on that.
1182 So we would work with them to clear the press materials
1183 around that.

1184 The actual MMWR articles, the publication itself
1185 would go out on Wednesday afternoons to reporters under
1186 embargo until 1:00 on Thursday afternoons. That's sort of
1187 been the standard process that we normally follow. That
1188 certainly can change ad hoc, but that's the normal process.

1189 I was on the distribution list, as many other people
1190 in the department probably are, to receive those -- that
1191 embargoed release. And so in there you would see the final
1192 articles, the printed articles themselves. But that's
1193 out -- essentially it's out publicly, but it's embargoed
1194 with the media until the next day. That's kind of in a
1195 nutshell how it would work if we were doing media around a
1196 particular MMWR article.

1197 Q So let's talk about the media that ASPA would
1198 do. A press release would serve what function for a
1199 newsworthy MMWR?

1200 A So again, it would be CDC doing the press
1201 release. They would be the ones issuing, it would not be
1202 an HHS release.

1203 So, I don't know. Let's -- let's say there was an

1204 MMWR article that had new data on the prevalence of
1205 HIV/AIDS in certain demographic communities. CDC might say
1206 this is an important -- it's an important article because
1207 it informs maybe prevention, it informs treatment for
1208 people with HIV. This is all hypothetical.

1209 So they would contact ASPA, myself and others in
1210 ASPA, and alert us that we understand there's an article
1211 scheduled for the next edition coming up. It talks about
1212 these things. It's an important article. We are going to
1213 do a press release around this. And they might even say we
1214 will do maybe a press call around it.

1215 Those are judgment decisions based on the
1216 newsworthiness and importance to help frame what's in the
1217 article for reporters so that they don't just read the
1218 article itself, they have some -- in plain language this is
1219 what this means, this is what this is about. It's a way to
1220 get further interest in that article and to generate more
1221 coverage of it.

1222 So we would clear -- if they're doing a press
1223 release, we would clear that as -- through our normal
1224 process. It was really CDC's -- we would rely on their
1225 judgment for identifying those things that were most
1226 newsworthy and to let us know that.

1227 Q And sort of what are the things they would
1228 send around the press release -- or CDC would create the

1229 press release, they would send it around. What sorts of
1230 things would you be looking for in a press release in terms
1231 of your input, ASPA's input on what the CDC was putting
1232 out?

1233 A I would read it to see do I understand
1234 this -- because I'm not a scientist -- do I understand what
1235 this is saying? Is the average person on the street going
1236 to understand what this is saying and why this is
1237 important? And so I would give that kind of eye to it.
1238 That would be my role in looking at it.

1239 Certainly others on the clearance routing would
1240 probably have a similar approach to make sure that
1241 it -- and most -- many times it's simply asking questions
1242 about what does this mean or I don't understand this
1243 phrase. Can they clarify that? Maybe the sentence is too
1244 long, maybe it needs to be broken into two. I mean, it's
1245 things like that. Just trying to make it -- make sure it's
1246 completely clear and understandable to the public.

1247 Q So clarity, sort of clarifying findings,
1248 making them understandable to a broader audience I take it
1249 are the sort of things that you're looking at.

1250 A Yeah, making sure that the take-home findings,
1251 the key results are readily understood by a quick read of a
1252 press release.

1253 Q And during the review of press releases and

1254 sort of that embargo period, anyone at ASPA -- did anyone
1255 at ASPA engage with the science or the results or analysis
1256 in the reports?

1257 A I never saw an MMWR article in advance
1258 for -- we would just never clear articles. We would only
1259 see them once they were sent out under embargo.

1260 Q But in terms of framing for doing press around
1261 it, would you ever engage directly with the science, say --

1262 A Yeah, on a rare occasion. If maybe I read a
1263 press release and said I don't understand this or Does this
1264 mean that this finding applies to perhaps these demographic
1265 groups or what's the implication for that?

1266 My daily communication would be with the press
1267 officers, with the public affairs staff at CDC, who also
1268 are not scientists, are not the authors, they're not the
1269 experts. Most times they would say let me talk to the
1270 program. Let me talk to the experts, who are the authors
1271 or people in the program, and let me find -- see if we can
1272 get an answer for you. And that's how that would normally
1273 function.

1274 On a rare occasion they might say, you know what? We
1275 can get Dr. So-and-so on the phone. This is a little
1276 complicated. Maybe it's best if you just ask him directly
1277 what your questions are to help clarify. That was the
1278 exception rather than the rule. Usually I would work with

1279 the public affairs staff if I had specific questions, or
1280 others in the clearance process in their comments back to
1281 us had specific questions, we would flag those for CDC and
1282 say, please make sure to see this question from so-and-so
1283 in the comments. Please help clarify that.

1284 Q So clarifying questions about the science --

1285 A Yes.

1286 Q -- mainly. Okay.

1287 A Yes.

1288 Q Would folks at ASPA make value judgments about
1289 a particular kind of report, as in this report is helpful.
1290 This report is not helpful. The science in this report is
1291 faulty, et cetera?

1292 A I never made value judgments about that. I
1293 defer to the scientific medical experts for those kinds of
1294 judgments.

1295 Q Did this process around MMWRs, did it change
1296 during the pandemic?

1297 A The -- there was a point in time at which
1298 Mr. Caputo requested that -- he requested to me and several
1299 others in ASPA that the full MMWR articles needed to come
1300 to ASPA to Dr. Alexander for review.

1301 Q When was that communicated to you?

1302 A It was in the spring sometime. Late spring, I
1303 think, time frame. I can't give you the exact date.

1304 Q For review by Dr. Alexander?

1305 A Yes.

1306 Q So this was -- we're moving now beyond sort of
1307 the typical clarifying questions to a review of the
1308 science; is that right?

1309 A A review of the actual articles, the content,
1310 the actual draft, you know, manuscripts, yes.

1311 Q And did CDC comply with that request to give
1312 the full text of the articles?

1313 A I don't know. I don't know the answer to
1314 that. I was not on any of the -- any communications that
1315 submitted articles for ASPA review or for Dr. Alexander's
1316 review. That was simply a request that was made to myself
1317 and several others in ASPA. You know, I imagine the
1318 request was -- or the request was passed on to CDC. What
1319 happened after that I can't speak to. I was not -- had no
1320 visibility into what transpired from that point forward.

1321 Q Were you aware of why the request was made?

1322 A I do not know specifically why.

1323 Q Going back to sort of your experience in ASPA
1324 and the role you see yourself as sort of coordinator of the
1325 messaging. What was your view on having a -- sort of
1326 review of the science done by public affairs folks?

1327 A As I said before, that's not something that
1328 had normally happened before. So, you know, that

1329 was -- that was different. That was not the traditional
1330 role of ASPA. Our policy has long been that we -- we
1331 review and clear press materials as I've defined them
1332 previously. We have never been in the business of clearing
1333 scientific articles, MMWR or any other scientific
1334 peer-reviewed journal article. That's in our policy.

1335 Q Why does that policy exist traditionally?

1336 A Because ASPA is not a scientific entity or not
1337 a science office. We're not a policy office. We do
1338 not -- we have not had technical expertise established as
1339 part of our structure to do something like that.
1340 We're -- we communicate, we help the department communicate
1341 about the things that it's doing. We don't make the
1342 policies. We don't do the science on it. We help the
1343 departments communicate most effectively about those
1344 things.

1345 Q Obviously that changed under Mr. Caputo. He
1346 brought in a scientific advisor --

1347 A Yes.

1348 Q -- and told you that a review of the science
1349 of these reports should be done -- at least they should be
1350 forwarded to him. So walk us through -- so that order
1351 comes in, and then what happened after that in terms of
1352 review of these particular articles, the MMWRs?

1353 A They -- at most, I may have passed that

1354 request on to my public affairs counterparts at CDC
1355 informing them -- informing them of that -- of that
1356 request. But it was not -- I did not see it as my place to
1357 go beyond that. I passed that request along to the agency.
1358 And I don't know if others on that -- those e-mails took
1359 action themselves. I can't speak to what they may have
1360 done with that on their own.

1361 Q Now, what was the -- as you understood it, the
1362 career folks are particularly important because you have
1363 this institutional memory and you have the policy sort of
1364 ingrained in your practices.

1365 What was the rationale for not reviewing scientific
1366 materials like the MMWR from your position before they went
1367 out to the public?

1368 A Well, as I said, ASPA is a communications
1369 office, Public Affairs Office. We are not a science
1370 office, we're not a policy office. So we do not
1371 historically have resident expertise, nor do we have the
1372 direction to engage in making policy decisions or doing
1373 science. That's not part of what our office function is.
1374 So there's no role for us to claim ourselves as experts on
1375 science or experts on policy.

1376 Again, our role is to look at whatever the science
1377 is, look at whatever the policy is and help determine what
1378 are the most effective ways to communicate about this, to

1379 explain it to the public and the media.

1380 Q Is maintaining sort of the independence of the
1381 science important?

1382 A Mm-hmm.

1383 Q And why?

1384 A Because there's the entire process for
1385 scientific peer review that goes on at many journals.
1386 That's the scientific process, the scientific -- scientific
1387 endeavor that is just -- that's a system that's long been
1388 embedded in our -- in the medical -- in the medical and
1389 scientific world, and that's a process that carries itself
1390 out. That's not a process for public affairs officers to
1391 insert themselves into.

1392 Q Yeah. How does that -- in your view in sort
1393 of tying this to those principles of risk communication
1394 during a public health crisis, why is that independence
1395 particularly important during a public health crisis?

1396 A It's important at any time, whether it's a
1397 public health crisis or not. It's -- scientific review
1398 process is the process by which peer review occurs by peers
1399 of scientists who are scientists, medical experts
1400 themselves, who can authoritatively review manuscripts and
1401 have deliberations with the authors about the nature of the
1402 work that is being reported in the scientific articles.
1403 That's just -- that's science. That's how science works.

1404 If you want to talk about risk communication
1405 principles and how that applies, that would be if a journal
1406 article has been accepted and it's published, then our role
1407 is to help the scientists or the experts or whomever our
1408 subject matter expert is to communicate effectively about
1409 that.

1410 And if the article provides some information, reveals
1411 some scientific information that helps us better understand
1412 something, we want to say that in an effective way that the
1413 public would understand.

1414 If the article also does not reveal certain answers
1415 to certain questions we still do not understand, we should
1416 be saying that, too. We should be informing the public
1417 that this finding advances knowledge. This is what this
1418 now tells us, this is what we've learned from this. There
1419 are still things that we have not yet learned because the
1420 study that we're talking about didn't answer those
1421 questions and we still need to learn more about that.

1422 That's how you speak transparently about a scientific
1423 article. But our role is not to determine the science in
1424 the article. That is for scientists to deliberate and to
1425 discuss among -- within the peer review process.

1426 Q Yeah. And I apologize for the clumsy
1427 question. But one thing I wanted to ask you is does this
1428 process have added significance when -- during a pandemic,

1429 in your view?

1430 A Well, I think it's just as important. I think
1431 what we've seen in the pandemic is because of the deluge of
1432 scientific -- scientific work that is being done to
1433 understand coronavirus, understand all elements of it, the
1434 volume of manuscripts, the volume of research that's being
1435 published on this is multiple times greater than what you
1436 would see in the normal course of business.

1437 So I think from that perspective, given that
1438 incredible volume, I think, yes, it's absolutely even more
1439 important to ensure that we -- that the scientific peer
1440 review process effectively reviews these findings as
1441 they -- as they come -- as they come up, especially because
1442 everything is being done so rapidly and at such a high rate
1443 of speed because of the urgency of the pandemic.

1444 So I think that's an important element that needs to
1445 be in place to ensure that the best science is guiding us
1446 forward to the best and the most effective ways to end the
1447 pandemic.

1448 Q Okay. And in your estimation, did ASPA sort
1449 of follow those principles as you articulated them just now
1450 during the pandemic when it came to scientific work like
1451 MMWR?

1452 A Not sure I quite understand the question.
1453 Is -- can you --

1454 Q Yes, sure. Did ASPA, your department -- I'll
1455 ask it in another way.

1456 In your estimation, did -- at any point during the
1457 pandemic, did ASPA fall short of protecting the
1458 independence of the scientific process?

1459 A So we don't run the scientific process. So
1460 the peer review process is something that's carried out by
1461 journals that are reviewing manuscripts. Again, that's not
1462 a process that we manage. And so it's -- the question is
1463 kind of -- it doesn't quite compute with me because there's
1464 nothing that we would have --

1465 Q Did your messaging work -- I'm talking about
1466 your function. Did the messaging at ASPA, did it fall
1467 short of protecting the independence of the science and the
1468 works that you were -- that were coming out of agencies
1469 like the CDC?

1470 A From what I was observing, I would say no.

1471 Q Okay. And so you're limiting to that what you
1472 observed. What about other things either you heard about
1473 or you didn't observe, you read about?

1474 A Yeah. I -- again, all I can tell you is that
1475 there was a request for Dr. Alexander to look at these
1476 articles. That's not a process that we've had in place
1477 before. I can't tell you if he actually started to receive
1478 those or not. And I'm not -- I was not -- no

1479 visibility -- even if he did get those, I have no
1480 visibility into what he may have communicated regarding
1481 that process. So it's hard for me to speculate on what he
1482 may or -- or others may or may not have communicated about
1483 those articles.

1484 [Exhibit 1 was identified
1485 for the record.]

1486 BY [MAJORITY COUNSEL].

1487 Q Okay. Let's move to Exhibit 1, which is an
1488 article published by The New York Times on September 12,
1489 2020. And the title is, "Political appointees meddled in
1490 CDC's 'holiest of holy' health reports."

1491 Now, were you familiar with some of the press
1492 accounts of the political appointees meddling with the MMWR
1493 reports?

1494 A You've got to give me a minute here to refresh
1495 my memory on this.

1496 Q Of course.

1497 A Yeah. So I saw the article and everyone else
1498 saw it in The New York Times. There's a lot in here that I
1499 was -- I can't tell you whether the article is true or not.
1500 Presumably, The New York Times is -- it's a factual
1501 article. I can't speak to that. I mean, reading it,
1502 there's a lot in here that, if accurate, was -- I was not
1503 aware of.

1504 Q Okay. Let's start with looking down on the
1505 fifth paragraph, first page.

1506 A Okay.

1507 Q And actually in the sixth paragraph there's a
1508 quote there from Mr. Caputo. Could you read that starting
1509 with "He"?

1510 A Okay.

1511 Q So it says -- we're talking about MMWRs,
1512 Dr. Alexander. And Mr. Caputo said, "He digs into these
1513 MMWRs and makes his position known, and his position isn't
1514 popular with career scientists sometimes."

1515 Mr. Caputo went on and said, "That's science.
1516 Disagreement is science. Nobody has ever ordered to do
1517 anything. Some changes have been accepted, most have been
1518 rejected."

1519 Now, obviously this is your portfolio, CDC,
1520 communications around the CDC. What was this process of
1521 Dr. Alexander digging into the science?

1522 A I really can't speak to that, because as I
1523 said, I had no visibility into what he may or may not have
1524 been doing with MMWR articles.

1525 Q You communicated with him about MMWRs, though.

1526 A I'm sorry.

1527 Q You did communicate with him about MMWRs, or
1528 you're saying you didn't?

1529 A I did not. I mean, there was -- as I said,
1530 there was the request early on from Mr. Caputo to myself
1531 and others within ASPA, and I think he made the request to
1532 CDC and others, that MMWR articles needed to come to
1533 Mr. Alexander -- Dr. Alexander. Beyond that, I can't tell
1534 you what then transpired.

1535 It was not -- I don't work in the MMWR office, I
1536 don't work on that staff. I can't tell you what kind of
1537 conversations and communications transpired beyond just the
1538 request that I had, that others had, that these go to him,
1539 go to Dr. Alexander.

1540 Q Okay. That last part of the quote where
1541 Mr. Caputo says, "Some changes have been accepted, most
1542 have been rejected," do you recall -- again, you're saying
1543 you weren't communicating with Dr. Alexander, but do you
1544 recall if any changes suggested by him had been accepted in
1545 MMWRs, as Mr. Caputo said in The New York Times?

1546 A I have no idea because I was not on any
1547 e-mails for any of these kind of -- where I saw any of
1548 these kinds of conversations. I just was not part of that.

1549 Q Okay. And moving on, the article goes on to
1550 say -- and now we're looking at a quote in the article that
1551 says, "Political officials have repeatedly tried to
1552 undermine" --

1553 A What page are you on? Where is this?

1554 Q This is -- now we're in the middle of page 2
1555 and the paragraph that starts with, "One CDC scientist
1556 working on the coronavirus" --

1557 A Okay. Yeah, I see it.

1558 Q The end of that paragraph it reads that,
1559 "'Political officials have repeatedly tried to undermine
1560 the research of CDC employees,' a scientist said," I guess
1561 he's quoting a CDC scientist, "even going as far as
1562 canceling interviews with the news media for the release of
1563 high-profile reports, depriving them of a chance to explain
1564 their work."

1565 A All right.

1566 Q You mentioned that Mr. Caputo held up some
1567 interviews. Did you see this as well? What's your
1568 reaction to this quote in terms of canceling interviews
1569 with the news media before the release --

1570 A Yeah. I can't speak to any specific instances
1571 that I recall about that. You know, Mr. Caputo worked
1572 directly frequently with some of the senior staff at CDC
1573 day in and day out on a lot of the communications
1574 activities. That sort of evolved over time, so I was not
1575 really privy to a lot of those conversations, so I can't
1576 speak to whether this actually happened or not. I
1577 just -- again, I don't have visibility on that.

1578 [Exhibit 2 was identified

1579 for the record.]

1580 BY [MAJORITY COUNSEL].

1581 Q Okay. Let's move to Exhibit 2 to some of
1582 these conversations that you were privy to.

1583 A Okay.

1584 Q And we can start on page ending 792 and you
1585 can move your way up.

1586 A Okay.

1587 Q So looking on 792, this is a -- well, tell us
1588 what this is. This was an MMWR that was embargoed --

1589 A Yeah. So this is the e-mail that goes out
1590 from the main media@cdc e-mail box that gets sent out to
1591 reporters. They have a large distribution list, I
1592 understand. And this is the embargoed MMWR for whatever
1593 date it is -- June 5, I guess it is -- that has the final
1594 articles in it. And this is the e-mail that would go out
1595 to reporters and others -- I'm on the distribution list and
1596 others in ASPA are on it as well -- and it would be
1597 embargoed until whatever -- until, on this one, June 5th at
1598 1:00 p.m.

1599 So this went out a couple hours prior to the embargo
1600 lifting. So I received -- so I was on the e-mail chain for
1601 that and received this.

1602 Q Okay. And just for the record, Exhibit
1603 Number 2 is a June 5, 2020 e-mail exchange with the subject

1604 line, "MMWR early release on knowledge and practices
1605 regarding safe household cleaning and disinfection for
1606 COVID-19 prevention."

1607 Now, scrolling up to the previous page ending 791,
1608 and what is this here?

1609 A So at the bottom when I receive these as a
1610 matter of routine, I would -- yeah, can I just go on mute
1611 for one second?

1612 [Majority Counsel]. Sure.

1613 Mr. Barstow. Hey, [Majority Counsel], to the extent
1614 that you want to read something into the record, I think
1615 you should do that and not have Mr. Hall do it. It's
1616 unclear if that's what you're asking him to do while you're
1617 asking him, like, what is this, for instance.

1618 [Majority Counsel]. Him to read --

1619 Mr. Barstow. I don't think we're comfortable with
1620 having him read something into the record. If you want to
1621 do that, you should go ahead and do it, and I think he's
1622 happy to review it and answer questions about the exhibits.

1623 [Majority Counsel]. Okay.

1624 BY [MAJORITY COUNSEL].

1625 Q So, Mr. Hall, do you recall receiving this
1626 e-mail from Dr. Alexander?

1627 A Yes, I do.

1628 Q Can you tell us what you recall about this

1629 e-mail?

1630 A Well, it was an e-mail that he was asking for
1631 additional information to be inserted to the article.

1632 Q And I'm -- well, just going back to that, and
1633 so here we have someone at ASPA, Mr. Caputo's science
1634 advisor, asking for information to be put into an MMWR in
1635 an e-mail to you. Is that fair to say?

1636 A Yes.

1637 Q And what was your reaction -- we'll get to
1638 what you responded -- but what was your reaction to this?

1639 A My reaction was that, you know, as I look at
1640 this, I determined that probably Dr. Alexander didn't quite
1641 understand how the process typically worked, that this was
1642 a peer-reviewed journal. Since he was new here and only
1643 been --

1644 [Interruption in transmission.]

1645 Q Sorry, you froze there. We didn't hear you.
1646 Can you repeat your response?

1647 A Sorry. When I received it, my reaction was
1648 that he -- my impression was that he probably did not
1649 understand how the process for MMWRs worked and the
1650 articles. And so I sent him a note back, which you see
1651 here and has been reported widely in the press, helping to
1652 explain what the MMWR is, to make sure that he understood
1653 what it was and that it was akin to any other medical

1654 peer-reviewed journal.

1655 Q Okay. And you wrote that, "ASPA is not a
1656 science medical office, and as a matter of long-standing
1657 policy, we do not engage in clearing scientific articles as
1658 that arena needs to remain an independent process."

1659 Again, why did that need to remain an independent
1660 process?

1661 A Well, I think we've been over that. It was
1662 the scientific peer review process that journals conduct,
1663 and that is not part of ASPA's role. And that's -- as I
1664 said, it's outlined in our policy, our media policy for the
1665 department that, you know, we do not clear scientific
1666 articles. I've explained the reasons why that is, so
1667 that's why I put that in here, because I assumed he was not
1668 aware of those policies.

1669 Q So this seems to be something that was -- had
1670 happened. Here we have Dr. Alexander suggesting language
1671 to an MMWR, and you're reminding him that this is an
1672 independent process?

1673 A Correct.

1674 Q Now, do you recall if that had
1675 happened -- again, you said earlier that you sort of didn't
1676 have visibility into whether or not things quoted in The
1677 New York Times article were happening.

1678 Do you recall whether there were other instances

1679 where Dr. Alexander tried to insert language into MMWRs in
1680 this fashion?

1681 A So this e-mail was the first time that
1682 Dr. Alexander had reached out to me asking about making
1683 changes or making some additions to an MMWR. Since he was
1684 relatively new, again, I assumed he was not aware what the
1685 MMWR was and its process, and so that's why I crafted the
1686 e-mail that I did, to help him understand what this was.

1687 So this was the first instance of this -- such a
1688 request. This was prior to Mr. Caputo, as I have said
1689 previously, later asked that MMWRs go to Dr. Alexander.

1690 Q This was prior to Caputo's request -- I
1691 thought -- correct me if I'm wrong, but I understood that
1692 request came sometime in the late spring/summer.

1693 A Late spring or early summer. I can't remember
1694 the exact date, but it was after this. This was the first
1695 communication that I received from Dr. Alexander that I
1696 recall asking for some insertions into the MMWR.

1697 Q Okay.

1698 A And so when I saw that, I said, well, let me
1699 help him understand what the MMWR is because he apparently
1700 doesn't understand.

1701 [Exhibit 3 was identified
1702 for the record.]

1703 BY [MAJORITY COUNSEL].

1704 Q Okay. So let's move on to Exhibit Number 3.

1705 A Okay.

1706 Q And for the record, this is an e-mail with the
1707 subject "ASPA greetings," and it was sent on May 28, 2020.
1708 And do you recall receiving this e-mail, this time from
1709 Mr. Traverse -- or Traverse?

1710 A I think it was pronounced "Traverse." Yeah, I
1711 vaguely remember it at the time.

1712 Q And it's fair to say this was sort of an
1713 e-mail where he's introducing himself?

1714 A Yes. It's addressed to all the senior
1715 communications staff across the entire department --

1716 Q And --

1717 A -- all the agencies.

1718 Q -- outlining -- I think he's outlining
1719 certain -- he uses the word "hope" -- but certain goals or
1720 initiatives.

1721 Now, I'm looking at the end of the first paragraph.
1722 "It is our hope that greater coordination will be
1723 manifested, and that we can move into a proactive rather
1724 than reactive messaging mode, especially as America begins
1725 to gradually open up again from the COVID-19 shutdown."

1726 What do you take -- what's the contrast here? What
1727 would be a proactive rather than reactive messaging mode
1728 for ASPA?

1729 A Reactive I would define as
1730 something -- something newsworthy happens unexpectedly and
1731 the media start reaching out to us, start getting requests
1732 for interviews, start getting requests for information,
1733 we're reacting to whatever that was.

1734 An example, Pfizer reports a problem with some of the
1735 vaccine. Okay. That's -- or let me -- a different
1736 example. A hospital reports that -- a bad reaction from
1737 somebody who got vaccinated. That's something that we're
1738 not expecting and we will need to react to that. We would
1739 need to work with the FDA, with the CDC, with our experts
1740 to understand what may or may not be happening, what can we
1741 say about it at this moment in time when we have little
1742 information. That's a reactive situation.

1743 A proactive situation is where we might say we now
1744 have greater availability of vaccine. Let's put the
1745 Secretary, let's put our senior officials, let's get them
1746 on major television shows in the next -- within the next
1747 week to really push the message about getting vaccinated.

1748 And we would look to what shows we could get them on,
1749 what interviews could we set up with them to really reach
1750 out and try to push them out there to convey these
1751 messages. That's a proactive public affairs action or
1752 strategy.

1753 Q Okay. What do these -- in terms of reactive

1754 and proactive public affairs strategy, what do those words
1755 mean in the context of the release of an MMWR?

1756 A I don't -- I don't know the -- I don't -- I
1757 don't understand the question and --

1758 Q Yeah, sure. What would a proactive media
1759 strategy for an MMWR be as opposed to a reactive media
1760 strategy for an MMWR?

1761 A Yeah. This is -- this is not talking about
1762 MMWRs here.

1763 Q No, I know. I'm just -- I'm posing -- just
1764 talking about those terms in the -- now moving to the
1765 context of an MMWR.

1766 A Okay. So a proactive action would be one
1767 where CDC comes to us and says, you know, we have an
1768 article coming out. It's got important news in it,
1769 important new information about HIV treatment or about
1770 diabetes prevention, whatever it might be, that's important
1771 new information that we want to make sure the public is
1772 aware of or that we want to reach out to the media to
1773 report on this.

1774 And so we would work in ways to push that out; a
1775 press release, maybe a press briefing, what have you. So
1776 we know that's going to come out, so we work proactively to
1777 set up a strategy how we're going to communicate about that
1778 when the study comes out.

1779 A reactive approach would be for an article in the
1780 MMWR that really isn't very newsworthy. It could be a
1781 study of, I don't know, diabetes prevention practices among
1782 teens in a county in Missouri. Okay? It's maybe
1783 newsworthy to a reporter in Missouri, but it's not a
1784 national news story. It is not something that's going to
1785 generate a lot of interest.

1786 And so CDC may determine we're not going to do a
1787 press release about this. We're not going to do a press
1788 call. We'll be ready to answer questions or get the
1789 reporter to the authors of the article if they're
1790 interested. So we'll react to that when it comes in and be
1791 happy to help them, but we're not going to do a lot to push
1792 that out because it's just not something that is of
1793 newsworthiness to most reporters.

1794 [Exhibit 5A was identified
1795 for the record.]

1796 BY [MAJORITY COUNSEL].

1797 Q Okay. Now, applying these terms in the
1798 context of an MMWR, I want to just turn your attention
1799 to -- skipping a bit, and I apologize -- to Exhibit 5A.
1800 And this is an e-mail chain that is from July 28, 2020, and
1801 the subject line is, "Re: First proof of July 28, 2019
1802 early release, camp outbreak, GA." Just ask you to take a
1803 moment and review this exchange.

1804 A Okay.

1805 Q So looking at the top of page ending 202 and
1806 the bottom of 201, this is an e-mail from you to Nina
1807 Witkofsky, Ryan Murphy, Caitlin Oakley. It looks like you
1808 were sent the first proof, the proof here being -- is that
1809 a draft or is that a summary?

1810 A I don't know because there's no attachment
1811 with it.

1812 Q Okay.

1813 A I don't know what it's -- I can't --

1814 Q And do you recall --

1815 A I can't tell you because I don't see an
1816 attachment on what it is.

1817 Q Okay. Do you -- what do you remember about
1818 the release of this particular MMWR in July involving an
1819 outbreak of COVID at a Georgia summer camp?

1820 A I don't remember much about this specific one
1821 because there were a number of articles and issues around
1822 summer camps throughout the summer. This one does not jump
1823 out specifically to me and --

1824 [Exhibit 5B was identified
1825 for the record.]

1826 BY [MAJORITY COUNSEL].

1827 Q Okay. If you look at Exhibit 5B, the next
1828 exhibit, which is an MMWR report with the title,

1829 "SARS-CoV-2 transmission and infection among attendees of
1830 an overnight camp in Georgia, June 2020." And just let me
1831 know if looking at the -- this is the actual report
1832 released by the CDC on July 31, and just take a look at it
1833 and let me know if that refreshes your recollection of this
1834 particular report.

1835 A Oh, I'm sorry, you're saying is this -- this,
1836 5B, is the actual article -- is an actual MMWR article.
1837 Are you -- what are you asking about --

1838 Q No, I'm saying you said you didn't
1839 particularly remember this MMWR. I'm asking you to take a
1840 look at it and see if that refreshes your recollection.

1841 A Okay. You know, again, there's no attachment
1842 to the e-mail that you referenced in 5A. It's the same
1843 topic, so I'm going to assume that that's what was attached
1844 in the e-mail in 5A.

1845 [Minority Counsel]. I don't think that's a fair
1846 assumption, the one -- 5B looks to be the final report --

1847 The Witness. I don't know. I just -- there's no
1848 attachment on 5A, so I can't tell you what that is.

1849 [Majority Counsel]. I'm not asking the witness to
1850 make that assumption. I'm just showing him the actual
1851 report to refresh his recollection.

1852 BY [MAJORITY COUNSEL].

1853 Q So --

1854 A I remember an article that was done on a camp
1855 in Georgia, so this must be the one.

1856 Q Okay. And going back to 5A on the top of
1857 Exhibit ending 20 -- page ending 202, you wrote, "Thanks
1858 Nina. Did you say you were planning a proactive or
1859 reactive statement? And assume this would be for the usual
1860 1:00 p.m. embargo tomorrow, correct?"

1861 So in the context of this MMWR, what would be a
1862 proactive statement and what would be a reactive statement?

1863 A A proactive statement would be one where they
1864 would issue it to the media on their press list and post it
1865 on their website. A reactive statement would be one they
1866 provide to any reporters coming asking about the study.

1867 Q And who is Nina Witkofsky?

1868 A So my -- she was a political appointee that
1869 was put in place at CDC that summer, early summer, I
1870 believe. And her initial role, as I understood it, was a
1871 senior communications advisor at CDC. I don't know if
1872 that's the exact title, but that was the role that I
1873 understood her to be -- function to be taking.

1874 And later on in the summer, she -- it was announced
1875 that she became the acting chief of staff -- or maybe it
1876 was the chief of staff, I can't recall -- at CDC.

1877 Q And now in the summer we're talking late July.
1878 What were your interactions with Ms. Witkofsky?

1879 A It was occasional, usually by e-mails that I
1880 was on with other people. She also most times would join
1881 the daily morning check-in call that I spoke about earlier
1882 with ASPA leadership.

1883 Q Okay. And in the context of this particular
1884 MMWR, if you could just scroll up to the top of 5A.

1885 A Okay.

1886 Q This is not -- this e-mail you were not on,
1887 but it is a reaction from Dr. Alexander.

1888 "Based on that report, I can't see anything positive
1889 being said. We may as well close down the nation and
1890 schools. That's the message they sought."

1891 Now, was there a discussion within ASPA about this
1892 particular MMWR involving the breakout at the Georgia
1893 summer camp?

1894 A None that I was privy to.

1895 Q Did Dr. Alexander discuss this MMWR with you?

1896 A I'm sorry, did he discuss what?

1897 Q Did he discuss this MMWR with you?

1898 A Not that I recall, no.

1899 Q And do you recall the press strategy around it
1900 in terms of you asked your question; proactive, reactive?
1901 What was actually done?

1902 A Well, I see an e-mail that Nina replied that
1903 they were planning a proactive statement, so one that they

1904 would push out to media and push on the web. I would have
1905 to go to their website to see if there was a statement up
1906 there. I don't recall whether they did or not.

1907 Q Were you involved in the drafting of that
1908 statement?

1909 A No.

1910 Q Okay.

1911 [Majority Counsel]. I think our hour is up. So if
1912 you'd like, we could take a ten-minute break, or we
1913 can -- if you're comfortable -- just move on and -- to
1914 passing the time to Minority.

1915 The Witness. We can keep going.

1916 [Majority Counsel]. Okay. I'll pass it to our
1917 colleagues on the Minority.

1918 [Minority Counsel]. [Majority Counsel], if we could
1919 take a five-minute break, that would be appreciated.

1920 The Witness. Okay. That's fine.

1921 [Majority Counsel]. Sure. So we'll start -- why
1922 don't we take ten minutes and we can start back at 11 -- or
1923 nine minutes, 11:25.

1924 [Recess.]

1925 BY [MINORITY COUNSEL].

1926 Q All right. Thanks. Mr. Hall, you said you've
1927 worked at HHS quite a long time. It was during and covered
1928 previous public health emergencies; is that correct?

1929 A Yes, that's correct. Yes.

1930 Q And you listed some of those before; Zika,
1931 West Nile, anthrax. Were there others?

1932 A H1N1, Ebola outbreak, SARS, MERS, hurricanes,
1933 you know, nuclear power --

1934 Q And the responses to those from your
1935 perspective would have -- it covered multiple
1936 administrations, multiple people in the White House?

1937 A Yes.

1938 Q Was the White House involved in coordinating
1939 those previous responses as well?

1940 A Yes.

1941 Q So White House coordination in something as
1942 severe as the COVID-19 pandemic wasn't out of the ordinary?

1943 A No, not at all.

1944 Q Would it be -- would you consider it kind of
1945 standard course of practice considering your experience?

1946 A Yes. In fact -- yes, that's standard practice
1947 for every emergency that we've been involved in.

1948 Q All right. Thank you. I want to turn to some
1949 of the issues surrounding MMWRs. You had previously stated
1950 that ASPA messaging did not run afoul of the science in
1951 publications, including MMWRs. Is that a fair
1952 characterization?

1953 A From my observations, that's correct, yes.

1954 Q Is it ASPA's job or prerogative to defend the
1955 scientific accuracy of MMWRs, or does that rest with the
1956 author or editor?

1957 A The scientific accuracy rests with the authors
1958 of the article who have done the research. As I said,
1959 we're not a science office, so it's not our place to
1960 determine whether the science is solid or not. That is up
1961 to the authors and the peer review process.

1962 Q Okay. On December 7th of last year, 2020,
1963 Dr. Charlotte Kent gave a transcribed interview as you're
1964 doing here today. Do you know Dr. Kent?

1965 A I do not know her.

1966 Q Do you know her title?

1967 A My understanding is she's the editor of the
1968 MMWR.

1969 Q All right. So it would be -- based on your
1970 experience with editors in newsrooms and various other
1971 publications, it would be her job to ensure that changes to
1972 the MMWR were accurate and approved by both the
1973 authors -- or accurate in accordance with the science and
1974 approved by the authors?

1975 A That's my understanding of an editor's job,
1976 yes.

1977 Q So any suggested edits from anyone in ASPA,
1978 including Dr. Alexander, would need to be cleared through

1979 Dr. Kent in her role as editor in chief?

1980 A That would be the expectation.

1981 Q So on December 7th, she testified -- she was
1982 asked, "Under your watch being in charge, editor in chief
1983 of the MMWR, do you ever let anything affect the scientific
1984 integrity of the MMWR?" And she responded, "That's
1985 correct. I'm very committed to maintaining the scientific
1986 integrity of the MMWR."

1987 Do you agree with Dr. Kent that the scientific
1988 integrity of the MMWRs ever questioned?

1989 A Sorry, say that question again. I got a
1990 little confused on that.

1991 Q Do you agree that Dr. Kent that the scientific
1992 integrity of MMWRs was never questioned?

1993 A Do I agree with her statement.

1994 Q Yes, that no MMWR was published that was
1995 inaccurate or did not have scientific integrity.

1996 A I can't speak to the scientific accuracy of
1997 articles that appear in the MMWR. That's -- I don't have
1998 the expertise to weigh in yes or no. As with anyone else,
1999 you know, I defer to the judgment of the editor of the
2000 journal, the authors of the journal. They're the
2001 scientists. They're the experts. It's not my position to
2002 judge whether an article was accurate or not.

2003 Q Okay. So you would defer to Dr. Kent's

2004 position that she defended the scientific integrity?

2005 A If she says she defends the scientific
2006 integrity of the journal, then I would take her word at
2007 that.

2008 Q All right. Thank you.

2009 [Minority Counsel]. As with last time, I'll let
2010 you -- in the interest of time, I'll let you get back.

2011 The Witness: Okay.

2012 BY [MAJORITY COUNSEL].

2013 Q Okay. I'll just proceed where we were. I
2014 think we were looking at the first page of Exhibit 5A. And
2015 again, this is a continuation of a thread that you were on.

2016 Now, it appears that you were dropped as this is an
2017 e-mail between only Dr. Alexander and Ms. Witkofsky. And
2018 Dr. Alexander wrote, "Based on what I report, I can't see
2019 anything positive being said."

2020 Now, in your view, is it ASPA's job to find positive
2021 things to say about MMWRs?

2022 A In my view, ASPA's job is to help our
2023 agencies, our experts communicate effectively and
2024 understandably about our programs, our initiatives, our
2025 scientific work, whatever it might be.

2026 Q Would finding something positive be part of
2027 that function?

2028 A I think -- in looking at scientific -- in the

2029 work that we do, we want to make sure that we're helping,
2030 whether it's the agency or whomever, the scientific
2031 experts, communicate effectively in whatever the
2032 information is, whether it's the scientific study, program
2033 announcement or what have you, and what the key -- the key
2034 elements of that are.

2035 Just the other day -- it might have been yesterday, I
2036 think -- NIH put out a press release about an HIV vaccine
2037 study that found the vaccine doesn't work. This has been a
2038 study that had been going on for several years. There was
2039 a lot of hope held out for this. They did the study and
2040 found out it doesn't work. Okay? That's not a positive
2041 story, but it is a story about scientific progress and
2042 endeavor and scientific discovery, and so it's important to
2043 put that out there. And so, you know, the work was done to
2044 make sure that was communicated effectively.

2045 Q And so you had a chance to look at 5B. I
2046 guess the principal finding from this MMWR is that 46
2047 percent of the children at the summer camp were infected
2048 with COVID-19. Looking at this e-mail, what
2049 would -- what's your reaction to this discussion of finding
2050 nothing positive in this report from someone at ASPA?

2051 A I can't speak to Paul Alexander's position or
2052 comments here. You know, I was not even on that e-mail, so
2053 it's not my place to comment on what his views and opinions

2054 are. All I can say is that whatever the key findings are
2055 in this particular study is what should be reported if a
2056 press release or a statement or something is going to be
2057 done around this. It needs to report whatever the findings
2058 are.

2059 Q I'm not asking you to talk about Paul
2060 Alexander's intentions. I'm asking about your reaction.
2061 Sitting here today, there's this report about COVID
2062 spreading to children in a camp in June, and someone at
2063 ASPA is saying this report -- nothing is positive in this
2064 report. "We may as well close down the nation and
2065 schools." That's the message they sought.

2066 What's your reaction to that thought, your personal
2067 reaction?

2068 A Again, I don't -- my -- I'm not in a position
2069 to comment on what Paul Alexander's views were or were not
2070 as far as what the nation should do around schools. All I
2071 can tell you is that -- and again, I'd have to reread this
2072 MMWR article, but you've said to me that 46 percent of the
2073 kids at the camp got infected. That's information that
2074 should be reported.

2075 I would not say that's a positive thing. Certainly
2076 anyone getting infected with COVID is not a positive thing.
2077 It's what the facts are and that's what should be reported
2078 out. I can't speak to someone else's views or opinions

2079 about how they perceive or interpret this article.

2080 Q Sure. Now, thinking about the norms that
2081 you've discussed and sort of the principles of
2082 communicating during a public health crisis, would
2083 assigning certain facts with value judgments, an outbreak
2084 at a camp is not positive, and others -- other facts either
2085 positive or negative, is that a proper way to conduct -- to
2086 assess scientific information?

2087 A I'm not sure I quite understand the question.

2088 Q Yeah. Is it -- given your role and how you
2089 see your role, is it proper, in your view, to assign value
2090 judgments to scientific information; i.e., one MMWR is
2091 positive and another is negative?

2092 A I think it's simply the findings themselves
2093 would determine whether it's something positive or
2094 negative. If you have an MMWR about a vaccine that is
2095 studied and fails and does not work, I think that's the
2096 news. It's not encouraging news, it's not positive news,
2097 but it is news nonetheless and it's factual information
2098 that should be shared.

2099 You know, it all depends on context. If the story is
2100 about a camp that had an -- that had a situation where many
2101 kids got infected compared to other camps where no kids
2102 were getting infected, then that's not an encouraging
2103 story, that's a -- something happened there that should not

2104 have happened.

2105 If the camp had the same percentage of kids infected,
2106 but every other camp had 100 percent of kids affected, then
2107 the context would tell you this is something encouraging
2108 happened here to reduce the spread of infection in that
2109 camp and we should learn more about what happened.

2110 This is an article that stands alone by itself and
2111 there needs to be broader context around that. Just
2112 looking at the article itself, having a lot of kids get
2113 sick in a camp is not an encouraging, not a positive
2114 finding, but it is news and it's scientific information
2115 that should be shared.

2116 Q Do you think as -- and I'm not asking you to
2117 speculate about Dr. Alexander's motives, but asking you in
2118 your experience and your own personal reaction -- that the
2119 authors of this MMWR had a message that they sought.

2120 A I'm sorry, you dropped out. Had a message
2121 that what --

2122 Q Had a message that they sought. Dr. Alexander
2123 says here, he says, "That's the message they sought." Now,
2124 is there a message in this MMWR that the authors or the CDC
2125 sought?

2126 A I don't know. I'd have to reread the whole
2127 MMWR if there's a message that says something like that in
2128 there. Typically MMWRs are just the facts.

2129 Q You have it in front of you. Exhibit 5B.

2130 A I'm doing a quick scan and there's just lots
2131 of data. So it presents the data.

2132 Q So in your opinion, do they have a message
2133 that they seek from the data or they just present the data?

2134 A The scientific article, the authors present
2135 the data.

2136 Q Okay. Knowing what you know about your
2137 role --

2138 A I'm reading this and at the end it says, "The
2139 authors say physical distancing and consistent and correct
2140 use of cloth masks should be emphasized as important
2141 strategies."

2142 That's their message that they've written into this
2143 at the end of the document.

2144 Q Okay. Relating to this particular MMWR,
2145 around this time, maybe a week and a half later, did
2146 you -- were you aware that Dr. Alexander had authored an
2147 op-ed piece related to children and schools and --

2148 A Sounds vaguely familiar. I don't --

2149 [Exhibit 14 was identified
2150 for the record.]

2151 BY [MAJORITY COUNSEL].

2152 Q Okay. Let's flip to Exhibit -- I believe it's
2153 15. Let me just check one moment.

2154 I'm sorry, Exhibit 14. And I'll give you a chance
2155 just to look it over.

2156 A Okay.

2157 Q And does this refresh your recollection about
2158 the opinion piece that Dr. Alexander wrote?

2159 A Yes, I recall this e-mail now as I'm looking
2160 at it.

2161 Q Okay. And what do you recall about the op-ed?

2162 A Just recall this e-mail, that there was an
2163 op-ed that he wrote. I don't recall if I -- what it -- the
2164 content of it. It was something the speechwriter, Patrick
2165 Brennan, apparently had worked on with Dr. Alexander it
2166 looks like. And he sent it to Michael Robinson, who was on
2167 my staff at the time, who handled clearances for press
2168 releases, press materials, things like that. And it's
2169 Patrick, the speechwriter, asking my staff member Michael
2170 to put it into clearance.

2171 Q And was it cleared?

2172 A That's about all -- that's about all I
2173 remember of it.

2174 Q Was this cleared?

2175 A I don't know.

2176 Q Was it published?

2177 A I don't know.

2178 Q The person who cleared it reports to you, is

2179 that right, Michael Robinson? He reported --

2180 A He's the one that put it into the clearance
2181 routing system. He personally does not say yes or no and
2182 clear something. He runs the clearance system to seek out
2183 any comments on the document, collect those and back to the
2184 source.

2185 Q And did you have any role in clearing it?

2186 A No, that I recall.

2187 Q Do employees of ASPA typically write opinion
2188 pieces?

2189 A Not normally, no. Not typically.

2190 Q In your time with ASPA, had anyone else from
2191 your office ever written an opinion piece?

2192 A I can't recall. There could have been a case
2193 or two where an ASPA may have authored an opinion or an
2194 op-ed or a letter to the editor or something. I just can't
2195 recall. It's been 23 years I've been here. I just can't
2196 recall.

2197 Q Okay. If it had happened, you can't recall,
2198 but is it something that would have happened frequently?
2199 Infrequently? How many times would you say in your 23
2200 years --

2201 A I can just say infrequently.

2202 Q Were you aware of the reason that this op-ed
2203 was written and distributed within ASPA?

2204 A No. The first I became aware of it was in
2205 this e-mail here where I was CC'd by Patrick Brennan.

2206 Q Did you have any discussion with Mr. Caputo or
2207 Dr. Alexander about this op-ed?

2208 A No.

2209 [Exhibit 15 was identified
2210 for the record.]

2211 BY [MAJORITY COUNSEL].

2212 Q I want to turn your attention now to the next
2213 exhibit.

2214 A Fifteen?

2215 Q Fifteen. This is an e-mail now on July 27th
2216 with the subject line, "Final rebuttal to the MMWR CDC
2217 piece on the 50 percent spread of COVID in Georgia camps."
2218 You're not on this e-mail, but I'll ask you to take a
2219 quick look at it.

2220 A Yeah. Are you asking me to read the entire
2221 thing?

2222 Q No. Yeah, well, take a look at it and --

2223 A Is that a yes or a no?

2224 Q Yes.

2225 A Read the entire thing?

2226 Q No, you don't have to read the entire thing,
2227 but focus on the -- if you can just read the first
2228 paragraph.

2229 A Okay.

2230 Q And not aloud, just to yourself. And let me
2231 know when you're ready.

2232 A Okay. I've finished the first paragraph.

2233 Q Okay. So the top of this e-mail reads -- this
2234 is from Dr. Alexander to Michael Caputo, Nina Witkofsky,
2235 Brad Traverse. And it says, "Hi, Michael. As requested,
2236 here's the piece to rebut that poor CDC MMWR. I am not
2237 sure where it can be published, but this has very
2238 reassuring information, for even" -- "and even for the
2239 White House. You can now tweak it how you wish."

2240 So is it typical for someone within ASPA to write an
2241 opinion piece rebutting an MMWR?

2242 A No, not in my -- not in my time in ASPA.

2243 Q Had that ever happened?

2244 A Not that I recall, no.

2245 Q Yeah. It seems to me a bit confusing about
2246 the functions here. So as you describe it, ASPA is the
2247 spokes -- you are the spokespeople for the agencies. Your
2248 job is to do the public messaging around scientific
2249 articles and scientific work, clarify.

2250 In your experience, had anyone at ASPA ever engaged
2251 in this sort of work, to debate an MMWR?

2252 A Not that I recall, no.

2253 Q Is this part of ASPA's function as you

2254 understood it?

2255 A ASPA's function is to clear the press
2256 materials that we discussed previously. As I said, this
2257 was not something that we've typically seen in ASPA. I
2258 can't speak to the reasons that Dr. Alexander and others
2259 may have had for drafting this particular document. I was
2260 not involved in it and I'm not on the e-mails on it, on
2261 this. I didn't have visibility into this, so I can't
2262 really comment on it.

2263 Q When you were sent the draft, did you raise it
2264 with anybody?

2265 A I don't know and I'm not even sure I read it.

2266 Q And what's your -- sitting here today, what's
2267 your reaction to someone at ASPA engaging in this sort of
2268 debate with the CDC in an op-ed to be published?

2269 A As I said, it's out of the ordinary. It is
2270 not something that we've typically seen.

2271 Q Does that align with the principles that you
2272 have discussed several times now about maintaining the
2273 independence of the scientific work?

2274 A Well, this is -- this is a separate editorial,
2275 I guess, or commentary. This is not the MMWR article
2276 itself. So this does not -- it's a separate document that
2277 is addressing something in the MMWR. I presume that the
2278 MMWR had already been published. I don't know for a fact

2279 that that's the case or not.

2280 Q This is an e-mail sent on July 27th and it
2281 looks like the draft was circulated on August 6th, and then
2282 the date of the actually MMWR, which is 5B, is July 31st,
2283 just to clarify the timeline.

2284 A Yeah. I don't -- really it's hard for me to
2285 comment on this because this is the first time I've seen
2286 this. As I said, this is out of the ordinary. We have not
2287 typically seen someone in ASPA writing an opposing or a
2288 commentary about a journal article.

2289 Q Why would that be out of the ordinary?

2290 A I don't know why it's out of the ordinary.
2291 It's just not something -- it's not something we've ever
2292 seen.

2293 Q You've been with the office for
2294 20-something --

2295 A Go ahead.

2296 Q You've been with the office for 20 years. I
2297 mean, you've spoken quite clearly about the norms and
2298 policies. Why would this be something that ASPA wouldn't
2299 normally do?

2300 A I -- you know, I would say that ASPA staff
2301 historically are not medical experts, they're not
2302 scientists, they're not -- we're not a staff that -- we
2303 don't have the resident expertise to weigh in on policy or

2304 science.

2305 Again, we are the -- an office that communicates
2306 about these -- these things, scientific findings, programs,
2307 initiatives and so forth. We do not typically have
2308 resident expertise to engage in scientific debate about
2309 scientific articles.

2310 Q And what is your -- and I'm not asking you to
2311 crawl into Paul Alexander's mind, but I'm asking about your
2312 reaction to this characterization of a poor CDC MMWR in the
2313 context of this Georgia camp report.

2314 A I can't -- I can't comment on why he said a
2315 poor MMWR. I just -- you know, I can't read his mind. I
2316 do not know what his reasoning or justification was to make
2317 that comment, to write this whole op-ed. All I can say is
2318 it's not something we would ordinarily have seen come out
2319 of ASPA, but I can't tell you or even comment on the
2320 justification for it.

2321 Q In your opinion, was it a poor MMWR?

2322 A Was it a what MMWR?

2323 Q Was it a poor MMWR?

2324 A I couldn't comment poor or otherwise. You
2325 know, it's -- no, I can't comment on that particular MMWR.
2326 I haven't read it.

2327 Q Okay.

2328 A I haven't read it recently, so I can't comment

2329 on whether it's good or bad.

2330 [Exhibit 12A was identified
2331 for the record.]

2332 BY [MAJORITY COUNSEL].

2333 Q I want to turn your attention now -- let's
2334 move to another MMWR, and this has been marked as
2335 Exhibit 12A. Well, an e-mail related to this MMWR has been
2336 marked as Exhibit 12A. And so 12A is an e-mail with the
2337 subject line, "Urgent" -- or "Re: Urgent. Evidence of
2338 early spread of COVID-19 within the United States,
2339 January-February 2020." And just scrolling down to page
2340 ending in 8870.

2341 A Okay. Okay.

2342 Q Okay. It looks like there -- this thread
2343 might have caught another discussion about Remdesivir, but
2344 I want to start actually on page ending 869. And this is
2345 an e-mail from Dr. Alexander, May 22, 2020 to you, and I'd
2346 just ask you to take a -- have you -- did you have a chance
2347 to review it?

2348 A All right.

2349 Q Okay. So Dr. Alexander writes, "Hi, Bill,"
2350 and that Bill is you. "I had a meeting with Michael this
2351 morning on this pending MMWR report. I've read the article
2352 and the text was okay. I include here the last para of the
2353 discussion section, tweak a bit to show the positive work

2354 ongoing. Please ask CDC to consider this."

2355 And it's difficult to tell, but it says "My edits" in
2356 blue, but we can see that there's a lighter type here and
2357 that sentence was added at the bottom of 869, "Strong
2358 mitigation and containment measures have been initiated by
2359 relevant agencies and departments."

2360 And then moving to the bottom -- I mean, moving to
2361 the top of page ending 870, Dr. Alexander wrote you, "To
2362 me, this title seems misleading and a little inflaming. It
2363 makes it sound like COVID was in U.S. prior to when it was
2364 first detected. Is it possible that we can tweak the title
2365 of this and you liaise with CDC to finesse this?" And then
2366 he suggests a title.

2367 Now, this is on May 22, so there -- just clarifying
2368 what you said before that June 5th was the first time that
2369 Dr. Alexander spoke to you about his opinion, his edits on
2370 an MMWR, so this actually predates that, right?

2371 A This e-mail predates that one. But this
2372 e-mail is about the New England Journal of Medicine. It's
2373 not about the MMWR.

2374 Q Okay.

2375 A Different publications.

2376 Q But this particular piece was published in
2377 both; isn't that right?

2378 A I don't know. I mean, this says it's for the

2379 New England Journal of Medicine. I don't see MMWR in --

2380 Q The first line of Dr. Alexander's --

2381 A The report -- wait a minute.

2382 [Exhibit 12B was identified

2383 for the record.]

2384 BY [MAJORITY COUNSEL].

2385 Q And if you -- if it helps, you can refer to

2386 12B, which is an MMWR report with a similar title.

2387 A So what's 12B? Okay. So I see what the -- I

2388 was looking back on the second page and you've

2389 got -- somehow there's e-mail subject matter -- subject

2390 lines are mixed up.

2391 Q Yeah, it looks like this --

2392 A It says, "New England Journal of Medicine

2393 Remdesivir manuscript," but you're correct, up here it says

2394 "MMWR." So -- okay.

2395 Q So prior to that June 5th e-mail that I showed

2396 you earlier, as shown by this e-mail, Dr. Alexander did

2397 discuss edits to an MMWR with you.

2398 A Yeah. I don't recall this one. I didn't

2399 recall this one off the top of my head before seeing this

2400 now. I vaguely recall this one. This looks like -- I

2401 don't know. I don't know whether he is talking about the

2402 article -- when he says the article in the text, I don't

2403 know whether he is referring to the full article or just

2404 the summary that we typically would get in advance of
2405 publication that I've mentioned before. I can't tell that
2406 from this.

2407 Q Okay. Regardless of whether it's a summary or
2408 the full article, he is suggesting edits to you in this
2409 e-mail?

2410 A Yeah. Yeah.

2411 Q Is that -- and what do you remember about this
2412 exchange on this MMWR?

2413 A I really didn't -- don't recall this one.
2414 Obviously, I'm on it.

2415 Q So this is the MMWR at the -- it showed that
2416 the coronavirus had been in the United States months
2417 earlier than previously reported.

2418 A Yes, I remember the article -- I remember the
2419 MMWR article at the time. I just don't remember this
2420 particular e-mail. But, you know, it's to me, so I
2421 received it.

2422 Q Okay. And did you take these edits to CDC?

2423 A If I did anything with it, I would have
2424 forwarded it to CDC and just said, this is what I got from
2425 Paul Alexander. I'm passing it on to you. That's all I
2426 would have done.

2427 Q Did you -- well, what do you recall about the
2428 work that you did around this MMWR?

2429 A You mean as far as media outreach about it?

2430 Q Sure. Yeah.

2431 A I'd have to go back and look to see what CDC
2432 did with that. I would imagine they did a press release on
2433 it. I'd have to go and confirm that.

2434 Q Okay.

2435 A I just don't know. I don't know off the top
2436 of my head what the media plan around this one was. We do
2437 so much every day I just can't recall.

2438 Q I think we'll review some e-mails that clarify
2439 that a bit. But for now, sticking with this e-mail
2440 Dr. Alexander wrote you -- so after sending these edits and
2441 the edits were about strong mitigation and containment
2442 measures and a possible tweak to the title. So the title
2443 as it stood on May 22nd was, "Evidence of early spread of
2444 COVID-19 within the United States, January-February 2020."

2445 A Mm-hmm.

2446 Q Do you recall if you suggested any changes to
2447 the title?

2448 A If I did?

2449 Q Yeah, if you did.

2450 A No. No.

2451 Q Did you bring Dr. Alexander's request for a
2452 change to the title to the CDC?

2453 A I don't recall. I may have forwarded

2454 on -- simply forwarded it on to them, but I just don't
2455 recall.

2456 Q Dr. Alexander sent you an e-mail at 2:37 p.m.
2457 asking you if you wanted him to call you to discuss this.
2458 Did you have a telephone conversation on -- about this at
2459 that time?

2460 A I don't recall that we did. I do not recall.

2461 [Exhibit 13 was identified
2462 for the record.]

2463 BY [MAJORITY COUNSEL].

2464 Q Okay. Let's move to 12 -- or rather,
2465 Exhibit 13. And I'll ask you to take a look at the -- I
2466 think it's worth taking a minute or two to review the
2467 entire exchange.

2468 A Okay.

2469 Q Okay.

2470 A Okay.

2471 Q Let's start with the bottom here and let's
2472 just walk through what we're looking at. So this is an
2473 e-mail, May 21st and the subject is, "First proof of your
2474 MMWR early release report on the early spread of COVID-19."

2475 And it is Teresa Hood, and Teresa Hood appears to be
2476 a writer/editor of the MMWR. And it says, "Attached for
2477 your review are the first proofs of a report "Evidence of
2478 early spread of COVID-19 within the United States,

2479 January-February 2020" scheduled for MMWR early release
2480 Tuesday, May 29."

2481 So what is -- what's a first proof?

2482 A You have to ask the MMWR. I mean, you know,
2483 it's probably the first page layout of it, I guess. I
2484 don't know. You'd have to ask MMWR what they mean by
2485 "first proof."

2486 Q Okay. You -- you received this?

2487 A First draft maybe. I don't know.

2488 Q You -- by scrolling up, this was forwarded to
2489 you from Ryan Murphy.

2490 A Yep.

2491 Q And you wrote an e-mail about some of the work
2492 that will be done around this. What were you
2493 basing -- what had you received at that point? What was
2494 the first proof? Was it a full draft or summary? What was
2495 it?

2496 Mr. Barstow. Let me just jump in here. There's no
2497 evidence that there's an attachment on it or what that
2498 attachment might be.

2499 A Exactly.

2500 BY [MAJORITY COUNSEL].

2501 Q Okay. I'm asking you if you recall what you
2502 looked at. I'm not asking about an attachment.

2503 Mr. Barstow. I think you asked him what he received.

2504 BY [MAJORITY COUNSEL].

2505 Q Okay. I'll strike that question and ask you
2506 what you recall reviewing.

2507 A You know, I can't recall the specifics of what
2508 the attachment was, but probably I received this from Ryan.
2509 He and I probably spoke about this, about how to
2510 communicate about this MMWR. And as I said before, that's
2511 what we do, our job is to figure out how best to
2512 communicate about important -- about important findings.

2513 So in rereading this, it's starting to come back to
2514 me, and we -- clearly it was an important study and I
2515 recommended that we do -- that CDC do a press release on
2516 this, if they hadn't decided to do that already, and to do
2517 a telebriefing with reporters about it.

2518 And I forwarded that recommendation to Caputo and
2519 included Ryan on that and sought their input to do that.
2520 And it looks like then further up, Ryan says -- agrees with
2521 me and says we should move forward with all that. CDC
2522 should move forward with all that.

2523 That was part of my role of seeing an opportunity for
2524 an important piece of news that CDC was putting together
2525 and recommending to leadership that we be proactive
2526 about -- to your question about proactive and
2527 reactive -- that we take a proactive approach and do
2528 outreach to the media about it.

2529 Q Okay. Let's dive into the specifics of this
2530 e-mail, because I think it's worth reviewing. And now
2531 we're looking at the middle of page ending 703, the e-mail
2532 from you to Michael Caputo and Ryan Murphy.

2533 And it says, "Michael, I connected briefly with CDC
2534 comms on this and they, too, are getting looped in on the
2535 MMWR."

2536 Okay. So who did you connect with at CDC
2537 communications about this MMWR?

2538 A Whoever the comms folks who were there at the
2539 time. It could have been any one of several folks down
2540 there at the time.

2541 Q Who would those folks be?

2542 A It would have been -- either Michelle Bonds,
2543 Kate Galatas, Benjamin Haynes probably. One of those three
2544 most likely.

2545 Q Okay. And you wrote, "Given the conclusions
2546 of this article, I think this is a great opportunity to
2547 have CDC" -- "a CDC press release accompany this article
2548 when released and have the CDC do a media telebriefing to
2549 put this paper in proper context and explain to reporters
2550 what this means; e.g., early efforts indeed worked."

2551 So let's break this down. You wrote, "Given the
2552 conclusions of the article." What were the conclusions of
2553 the article?

2554 A I don't recall off the top of my head. I'd
2555 have to go back and read it. I just don't recall.

2556 Q Okay. I can show you what was released to the
2557 public --

2558 A Okay.

2559 Q -- and that's Exhibit 13 -- oh, I'm sorry,
2560 Exhibit 12B.

2561 A That's the actual article. I thought you were
2562 talking about the press release or whatever it was they
2563 did.

2564 Q No, no. You said given the conclusions of the
2565 article, so I just want you to -- want to take a look at
2566 the conclusions of the article as the public saw it.

2567 A Okay.

2568 Q I think it's worth highlighting just --

2569 A I'm looking for where that -- where the
2570 summary --

2571 Q Yeah, I think the final paragraph, the second
2572 sentence. I'll just read it, "In the United States,
2573 SARS-CoV-2 is now circulating widely after several
2574 importations from China, Europe and elsewhere. Steps are
2575 underway throughout the U.S. public health system to
2576 improve indicators" --

2577 A All right.

2578 Q Yep.

2579 A Okay.

2580 Q And then to the right, this blue box is
2581 particularly helpful. So, "What is already known about
2582 this topic?" And what is known there is that the first
2583 cases of nontravel-related COVID were confirmed on February
2584 26th to 28th, suggesting that community transmission was
2585 occurring by late February.

2586 "What is added by this report?" "Four separate lines
2587 of evidence (syndromatic surveillance, virus surveillance,
2588 phylogenetic analysis, and retrospectively identified
2589 cases) suggest that limited U.S. community transmission
2590 likely began in late January or early February 2020, after
2591 a single importation from China, followed by multiple
2592 importations from Europe."

2593 A Okay.

2594 Q Okay. So does that refresh your recollection
2595 about the conclusions you were talking about --

2596 A Yeah, it's becoming more clear. And, yeah,
2597 I'm remembering more about this now as we're looking
2598 through these old documents, yeah.

2599 Q Okay. So what were the conclusions as you
2600 understood them?

2601 A That you just read in the paper and that I
2602 recall CDC indicating that because transmission was low in
2603 those first early months, that those efforts that we had

2604 implemented by their indication was that those efforts were
2605 successful in keeping the virus spread low at that time.
2606 So those were the efforts that worked at the time.

2607 Q Yeah. Where is that in the MMWR, the
2608 reference to mitigation efforts being successful?

2609 A It's probably a reference to -- this is
2610 probably a reference to offline conversations or maybe
2611 other e-mails or what have you about the article, about the
2612 findings --

2613 Q I'm asking you specifically --

2614 A I don't know.

2615 Q -- where in the MMWR is that finding that
2616 early mitigation efforts were successful.

2617 A I don't know. I'd have to read the entire
2618 thing. I think that was probably some of the messaging
2619 that CDC was developing around this that said that this
2620 data -- while this is data, the data indicate that the
2621 measures had been successful early on. That was the
2622 takeaway message as I'm now recalling that CDC probably
2623 shared with us as why this was an important set of data
2624 because of what the data indicated.

2625 Q Is that something that came from the MMWR?
2626 Because I -- I'm just trying to nail that down, where this
2627 point came from, that early mitigation --

2628 A Again, I haven't read the entire MMWR word for

2629 word, but what I'm saying is, is that my recollection here
2630 is -- because you're asking what my recollection is -- is
2631 that I had been informed by CDC that the data presented in
2632 the MMWR article leads the messaging to indicate that early
2633 efforts were successful. That was a conclusion that CDC
2634 shared, as I'm recalling, that I think probably one of the
2635 messaging pieces that CDC had been working on to say that
2636 what does the data mean? What can you take away from the
2637 data?

2638 That's what scientists -- that's why we do press
2639 calls, that's why we do press releases, to help share the
2640 messages beyond just the raw data. Because just reading
2641 the data, most reporters might look at this and go, I don't
2642 understand why this is important. So that's the role of
2643 the agency as the experts who author these things, to talk
2644 about what this data means and why it's important to be
2645 aware of it.

2646 And so my understanding -- and remember -- looking
2647 through this, as it's all coming back to me, is that one of
2648 the interpretations on behalf of CDC was that this
2649 indicated that those early efforts were successful, they
2650 worked, and that's why that's probably there is conveying
2651 that to Ryan and others as to this is some of the messaging
2652 that CDC is framing around this.

2653 Q Who at CDC made that conclusion and said the

2654 messaging should be as you just described?

2655 A I couldn't tell you. I do not recall.

2656 Q Who were you speaking to at -- so you spoke to
2657 CDC that morning --

2658 A Communications staff. We would speak with
2659 communications staff on all these, on all these things.

2660 Q And so they specifically told you that this,
2661 although it's not in the MMWR, we want to highlight early
2662 mitigation because that's what the data shows? That's
2663 something that came from CDC?

2664 A That's my recollection as to what CDC had
2665 conveyed as one of the important interpretations of the
2666 paper.

2667 Q Okay. And that would have been communications
2668 folks. So Michelle Bonds and those other folks you named.
2669 Who else would have been in on those conversations?

2670 A Again, I can't recall who specifically I may
2671 have communicated with on that, but it would have been
2672 communications staff. So it could have been Michelle
2673 Bonds, it could have been Kate Galatas, it could have been
2674 Benjamin Haynes. I just can't recall.

2675 Q Okay. And what --

2676 A -- each other every day on all kinds of
2677 things.

2678 Q What were the mitigation steps that they were

2679 pointing to as saying that they worked? It seems a really
2680 important piece of this puzzle if CDC wants to communicate
2681 that message.

2682 A Which exhibit was the article?

2683 Q It was 12B.

2684 A Okay. Sorry. I mean, it talks in the end
2685 about a number of steps; physical distancing, contact
2686 tracing. That's -- I'm just reading this out of the MMWR.
2687 That's what I recall.

2688 Q It sure does say those things, and it says
2689 that prospectively. So given -- the conclusion is, "Given
2690 the probability that most of the U.S. population is still
2691 susceptible," looking at the last sentence --

2692 A I recall what I can recall. Just without more
2693 context and recalling other conversations around all of
2694 this, it's -- that's the best of my recollection as to the
2695 meaning behind this.

2696 Q Okay. Let's talk about another conversation
2697 around this, is the conversation here with Paul Alexander.
2698 And so in the prior e-mail, you said that Alexander offered
2699 to call you, and in the last line of this e-mail you wrote,
2700 "I just got off the phone with Paul and went through all of
2701 this with him as well."

2702 A Sorry, where is this?

2703 Q So I'll just take it step by step. On

2704 Exhibit 12A --

2705 [Majority Counsel]. It's Exhibit 13.

2706 BY [MAJORITY COUNSEL].

2707 Q No, no. I'm referring back to 12A at this
2708 point. It is an e-mail on May 22nd and it's Paul Alexander
2709 saying, "Do you want me to call you to discuss this?" This
2710 is the same chain where he suggested those edits about
2711 strong mitigation and containment measures.

2712 A Mm-hmm.

2713 Q And then an e-mail from now Exhibit 13. I
2714 don't know if this -- let's see. That e-mail was at 2:37.
2715 This e-mail was at --

2716 A Slow down. I'm getting -- you're getting me
2717 confused on which exhibits you're looking at --

2718 Q Oh, I'm sorry.

2719 A -- flipping back and forth.

2720 Q So that is an e-mail on May 22nd -- we're
2721 looking at 12A -- at 2:37 and Paul Alexander asking you to
2722 call you about this particular MMWR and his edits discussed
2723 below. Is that fair to say?

2724 A That's what the e-mail says.

2725 Q And did you have a conversation with Paul
2726 about this?

2727 A I don't recall. I really don't.

2728 Q Okay. And now turning to Exhibit 13, and back

2729 on the e-mail that you wrote on page ending 703.

2730 A Mm-hmm.

2731 Q The last line of that e-mail is, "I just got
2732 off the phone with Paul and went through all of this with
2733 him as well."

2734 A I don't know whether that refers to Paul
2735 Alexander or -- I think there was a -- Paul Fulton, I
2736 think, is one of the press officers at CDC. I can't recall
2737 if it was him I was speaking with at CDC, you know. I
2738 don't know which Paul it's referring to. There's a
2739 lot -- there's a number of Pauls that I've worked with.

2740 Q Okay. Paul who at CDC?

2741 A I think his last name is Fulton.

2742 Q Paul Fulton. And he's a press person at CDC?

2743 A Yes.

2744 Q So looking at this e-mail, you think this is a
2745 reference to Paul Fulton, not Paul Alexander?

2746 A I just can't recall. I just can't recall if
2747 it was Paul Alexander. I mean, either way it was -- I was
2748 simply informing Caputo that I had walked through what's in
2749 this e-mail as to the strategy -- the communications
2750 strategy for announcing the study. That's what this is
2751 focused on.

2752 Q Sure. And Paul Alexander is actually on this
2753 e-mail. So --

2754 A Right.

2755 Q Is that Paul the Paul on the e-mail or is that
2756 another Paul?

2757 A I just can't recall. I just can't recall if
2758 it was -- if I spoke with Paul Alexander on the phone about
2759 it or if it was the Paul at CDC that I spoke with and then
2760 informing the group here about my conversation with CDC
2761 about this and sharing this with them. I just can't
2762 recall. This was a year ago. I just can't --

2763 Q Let's just -- would you have been referring to
2764 Paul Fulton by his first name only in an e-mail to Michael
2765 Caputo? And Paul Alexander is the Paul that reports to --

2766 A Possibly, if there was a separate e-mail chain
2767 where we were talking about some of this. I just don't
2768 know. I mean, this -- it could have been Paul Alexander.
2769 I could have -- I just don't recall having a phone call
2770 with him about this. It just doesn't stand out for me.

2771 And if I did, the subject would be what I just
2772 outlined in this e-mail. Because that's what my work
2773 around this was, was working with CDC to develop a
2774 communications strategy for announcing this article.

2775 Q Okay. So you don't recall, but you could have
2776 had conversations with Paul Alexander. Paul Alexander's
2777 the person on this e-mail and --

2778 A It could have been. I just -- like I said, I

2779 just can't recall. Trying to -- looking at this and it's
2780 becoming more familiar as we went through it, but I just
2781 can't recall if I spoke with him or not. I may have.

2782 Q And those conversations, like I said, that
2783 happened outside of the MMWR, were to frame this in terms
2784 of the early efforts working?

2785 A I'm sorry, say that again. Ask the question
2786 again.

2787 Q Those conversations were -- that you said
2788 happened that didn't involve sort of the data were about
2789 how to frame the data; is that fair to say?

2790 A That was how to frame and how to frame the
2791 rollout of the announcement.

2792 Q Okay. And to explain -- as you wrote, "as to
2793 explain to reporters what this means; e.g., early efforts
2794 indeed worked"?

2795 A Right. To have the authors of the article be
2796 the ones to speak with reporters to explain what this is.

2797 Q Okay.

2798 A That's -- when we do these -- when we do press
2799 calls, it's with the subject matter experts, the people who
2800 have written the material.

2801 Q And your concern, just moving on to the next
2802 sentence, you wrote, "I really don't think we want the MMWR
2803 to just post without us framing it properly."

2804 A Right. And what I meant by that is having the
2805 authors do a telebriefing to explain -- as I've explained
2806 before, when we do communications about important
2807 announcements, to put it -- to explain it to the public.
2808 So you don't just post the MMWR article. It's very
2809 technical. It's an important piece of information.

2810 So part of our job as public affairs is to identify
2811 these important opportunities and get our experts, our
2812 scientists, our leadership out and talk with the media
2813 about what this means. And that's what we mean when we use
2814 this vernacular of framing, of putting it -- of explaining
2815 it to the public, putting it in a way that they can
2816 understand it. It has nothing to do with anything else.

2817 Q Was that contention that you wanted to
2818 highlight, "Early efforts indeed worked," was that in the
2819 data in the MMWR?

2820 A I don't know. I haven't read the entire MMWR
2821 verbatim while we've been sitting here. I'm -- as I said,
2822 it's possible that that was some of the messaging that CDC
2823 was sharing to explain the importance of this article and
2824 why we should be thinking about a communications strategy
2825 about it.

2826 Q Okay. But it wasn't just any more than
2827 that --

2828 A That's all I can recall about this.

2829 Q But it wasn't just CDC talking about the
2830 messaging, it was also ASPA, possibly Paul Alexander
2831 when --

2832 A My conversations were with CDC --

2833 Q This e-mail --

2834 A So my conversations were about strategic
2835 planning for the rollout, talking and working with CDC on
2836 determining what that could look like, and then sharing
2837 those recommendations with ASPA leadership, with Caputo and
2838 with others in ASPA. Some may have been by e-mail, some
2839 may have been repeated by phone.

2840 If Paul Alexander wanted to talk to me about it, I
2841 would have explained the same thing on the phone with him.
2842 I just can't recall speaking with him specifically about
2843 this particular item in this e-mail. I just can't.

2844 Q Okay. The takeaway -- and I'll just ask this
2845 final question -- the takeaway from the article is pretty
2846 clear. It's in that blue box. It's that COVID was
2847 spreading before previously known.

2848 A Right.

2849 Q But the takeaway you emphasize was that early
2850 efforts were successful in mitigating spread?

2851 A That's what -- probably some of the messaging
2852 the CDC had shared as to why this was important as an -- as
2853 their interpretation of what the takeaway from this

2854 article -- what the article's data tells us.

2855 Q Okay. And again, my question is where that
2856 interpretation came from. Specifically who made that
2857 interpretation?

2858 Mr. Barstow. [Majority Counsel], you keep on asking
2859 the same question over and over and over again and you're
2860 getting the same answer. So I don't know if you have a
2861 different question, but I believe Mr. Hall has answered
2862 this multiple times.

2863 [Majority Counsel]. I'll ask for an answer to that
2864 question and we can take a break.

2865 BY [MAJORITY COUNSEL].

2866 Q So who provided that interpretation of this
2867 report?

2868 A So messaging -- messaging framing around this
2869 came from -- I work with the CDC communications office. So
2870 this would have come from -- in discussing with CDC
2871 communications staff their recommendations on the key
2872 messages around this article that they would have worked
2873 through with the authors and with the people at the MMWR.
2874 It's an iterative process that they do and it's an
2875 iterative process with us. I can't give you a specific
2876 name because I simply cannot remember.

2877 [Majority Counsel]. Okay. We can take our
2878 ten-minute break now.

2879 [Recess.]

2880 [Minority Counsel]. [Majority Counsel], do you want
2881 us to jump in, or are you going to kick it over to us?

2882 [Majority Counsel]. You can go ahead and jump in.

2883 [Minority Counsel]. Great. Thanks.

2884 Hi, Mr. Hall. My name's [Redacted]. I work for the
2885 Republicans on the Committee. We don't have any questions
2886 for you at this time. I know you've sat through a
2887 painstakingly slow three hours of questioning this morning.
2888 You know, just -- we reserve the right to ask you some
2889 questions after the next hour, depending on things that may
2890 emerge then.

2891 I will note for the record the Democrats released
2892 a report earlier this summer, "The Trump Administration's
2893 pattern of political interference in nation's coronavirus
2894 response." You're actually mentioned as a footnote in there,
2895 which they haven't mentioned to you. And then they draw a
2896 conclusion based on an e-mail from their very own press
2897 release. So it seems as though they've already come up with
2898 a narrative and now they're trying to find facts to fit that
2899 narrative. So I'm sorry that you, Mr. Hall, have been caught
2900 up in this.

2901 And I would just say, before I kick it back to
2902 [Majority Counsel], it's been three hours of questioning this
2903 morning. I'm not quite sure what we're looking at here.

2904 We're trying to link e-mails that have nothing to do with one
2905 another. We're jumping to all sorts of conclusions, and I
2906 hope we can have a sharper focus this next hour so we can all
2907 move on with our lives. And with that I'll kick it back to
2908 [Majority Counsel]. Thank you, Mr. Hall.

2909 The Witness. Thank you.

2910 BY [MAJORITY COUNSEL].

2911 Q Okay. Mr. Hall, let's go back to what's been
2912 marked as Exhibit 13 and this e-mail that you wrote on May
2913 22, 2020 at 12:10. Now, we covered sort of the
2914 conversations that happened around the messaging. I wanted
2915 to ask you about this sentence. "I really don't think we
2916 want the MMWR to just post without us framing it properly."

2917 What specifically about this MMWR required that
2918 framing?

2919 A So what this is referring to, is, again, the
2920 recommendation that we do a press briefing and press
2921 release around this so that the authors and the experts can
2922 explain what the data in the MMWR means, why it's
2923 important. That's what we're referencing when we say
2924 "framing it." It means putting it in context for the
2925 public so they can understand it.

2926 That is a communication strategy that is not unique
2927 to the MMWR, not to this MMWR article or anything else that
2928 we do. It is a standard approach on communicating to the

2929 public about important science that has published.

2930 Q What was your concern about having this report
2931 stand on its own without framing?

2932 A Like many other instances of scientific
2933 information that comes out, I think there was general
2934 consensus that this was an important article and I felt
2935 that it was an opportunity to get experts on the phone, the
2936 authors on the phone, to explain this to the American
2937 people and why it's important.

2938 Q And now that we've seen that other e-mail from
2939 Dr. Alexander the same day sort of expressing his opinions
2940 about the MMWR, suggesting language, critiquing the title,
2941 is it safe to say that he had opinions about how this
2942 report should be framed?

2943 A Well, he has an e-mail where he is expressing
2944 his opinions. I mean, those are his opinions.

2945 Q To you?

2946 A I don't know if anybody else is on the e-mail
2947 or not. I can pull it back up.

2948 Q Yeah. Let's -- we can go back if we need to.

2949 A Which one is it?

2950 Q It is 12A.

2951 A The one at 10:37?

2952 Q Yes.

2953 A Okay. Then, yep, I was the only one on it.

2954 So he was expressing his opinion to me. I was --

2955 Q And his opinions were pretty specific that
2956 strong mitigation containment measures have been initiated
2957 by the relevant departments -- that was his edit -- and
2958 that the title was inflaming, and if possible, let's tweak
2959 the title and you could liaise with CDC to finesse this.

2960 A That's what he wrote, yes.

2961 Q And the title here was, "Evidence of early
2962 spread of COVID-19 within the United States,
2963 January- February 2020."

2964 Looking at 12B, was there a subsequent change to the
2965 title?

2966 A I don't know. I'd have to look at the final
2967 article.

2968 Q Yes. So 12B is the final article that was
2969 released to the public.

2970 A Okay.

2971 Q Just comparing the two titles.

2972 A Okay. Looks like -- looks like the word
2973 "limited" was added in, if I'm comparing these two
2974 documents. You're asking --

2975 Q Yes. That word "limited" was added into the
2976 title?

2977 A Apparently so.

2978 Q How was that change made?

2979 A I do not know. I was not part of that
2980 decision making. You'd have to ask the MMWR staff.

2981 Q Did you take Mr. Alexander's suggestions about
2982 the title as he asked you to in this e-mail at 10:37 to the
2983 CDC?

2984 A As I said earlier when you asked me about
2985 this, I -- if I did anything about this, I would have
2986 simply forwarded it on to CDC.

2987 Q Let's talk about what was done, and now
2988 jumping back to Exhibit 13.

2989 A All right.

2990 Q So looking at page ending 703 and your e-mail
2991 again at 12:10. So this is now an hour and a half about
2992 after that e-mail from Dr. Alexander.

2993 A Mm-hmm.

2994 Q And you wrote, "If you agree, then we'll need
2995 to get White House/OVP approval."

2996 I guess OVP means Office of Vice President?

2997 A Correct.

2998 Q And then, "I'll have CDC work" -- skipping to
2999 the next sentence, "I'll have CDC working on draft
3000 materials."

3001 A Mm-hmm.

3002 Q And then later on in the day at almost 4:00,
3003 you sent an e-mail to check in on this, because I guess

3004 this is Memorial Day weekend.

3005 Do you remember that?

3006 A Where is this?

3007 Q Just above this e-mail. Now we're looking
3008 at --

3009 A Above it.

3010 Q Yes, please.

3011 A Later that day. Yeah. Okay.

3012 Q Do you remember this, that -- this work over
3013 Memorial Day weekend?

3014 A I can't recall specifically. I imagine that
3015 there probably -- if this was happening, that people worked
3016 over the weekend. We worked every weekend for many, many
3017 months and at night. So, you know, it's -- weekends were
3018 not -- were not relevant. If the work had to be done, the
3019 work had to be done, and we'd do it whether it was a
3020 Saturday or a Tuesday. It really didn't matter.

3021 Q And scrolling up now looking at a response
3022 from Ryan Murphy, this is -- just take a look at that for
3023 one moment.

3024 So in the middle of the first paragraph Mr. Murphy
3025 writes, "I'll send around an initial tick tock tonight or
3026 tomorrow. CDC can take first draft, but please have Paul
3027 work with the CDC on the materials. Want to make sure that
3028 Paul has a chance to review the early drafts before we put

3029 into what I'm sure will be a relatively close-held review."

3030 A Okay.

3031 Q And the Paul who is copied on this e-mail is
3032 Paul Alexander?

3033 A Right.

3034 Q So from the e-mails there was work -- talking
3035 points, draft release, social -- to be done, and
3036 CDC -- Paul was to work with the CDC. That's Paul
3037 Alexander, correct?

3038 A That's what Ryan indicates there.

3039 Q Okay. And did that happen? Did Paul work
3040 with the CDC on the messaging around this?

3041 A I don't know if he actually worked with them
3042 or not. I don't know.

3043 Q But this was work that you proposed?

3044 A You can see from the previous page what I had
3045 recommended in talking with CDC is the communication
3046 strategy for announcing this study. Ryan agreed with that
3047 approach. Ryan is my boss, if I recall, at the time. Said
3048 that I should get back with CDC so they can start working
3049 with materials and make sure that they connect -- that CDC
3050 knows to connect with Paul to review.

3051 So I imagine I did that. I can't recall off the top
3052 of my head, but I'm fairly responsive in the work I do, so
3053 I probably made that passover to CDC. And I do not know if

3054 Paul had conversations with them or not.

3055 Q Okay. And over the weekend, I guess this was
3056 ultimately released on -- release date -- this was actually
3057 not released until June 5th -- well, June 5th is the
3058 official date, but -- I'm sorry, May 29th the report was
3059 released.

3060 Was it typical to have that sort of gap in time? So
3061 the early release was on the 22nd, and then this MMWR
3062 became first available on May 29th?

3063 A I'm sorry, where are you looking at the
3064 different dates?

3065 Q Sure. This e-mail exchange is on the 22nd and
3066 you guys were discussing weekend work.

3067 A All right.

3068 Q And then on the actual report, it says the
3069 report was posted as an MMWR early release on May 29th.

3070 A Okay.

3071 Q Was that typical, that sort of gap in time?

3072 A Oh, sure. You need a few days to get -- as I
3073 said before, we would get a heads-up about MMWR titles
3074 usually a week or so ahead of time. Could be -- could be
3075 longer, could be shorter. Just -- it varies.
3076 Traditionally about a week ahead of time.

3077 And so that was enough time to -- that was pretty
3078 typical. We'd hear about CDC, start working on material.

3079 CDC would give us -- yeah, if it was something important,
3080 we'd certainly want to talk about it before the thing came
3081 out, because how else can you do a press release and
3082 communications? You need time to prepare your
3083 communication strategy and your materials, just like you
3084 prepare for a court hearing. You lawyers get your
3085 materials together ahead of time. You don't wait until the
3086 day of. This is the same process.

3087 And so that's what all this is a part of that we keep
3088 going back over and over here. That is very typical with
3089 all -- probably all announcements, not just MMWRs, not just
3090 science articles. You know, if -- like yesterday the
3091 department stood up a brand-new office on climate change.
3092 We spent two weeks working on materials to get ready to
3093 announce that. Okay? Want to make sure they're written
3094 properly, they're -- so on and so forth. So this is very
3095 common, so I don't see this as out of the ordinary at all.

3096 Q Would it be common for someone at ASPA to
3097 suggest a change to the title and then have that title
3098 changed prior to publication?

3099 A You know, I do not recall ever suggesting
3100 changes to the titles or content of MMWRs myself. I can't
3101 speak to what other people may or may not have done in
3102 e-mails that I'm not privy to.

3103 Q That's a -- we see that you reiterated the

3104 policy on MMWRs on June 5th, that e-mail that we first
3105 looked at.

3106 A Mm-hmm.

3107 Q And here we see the same sort of conduct.
3108 Someone from ASPA suggesting specific edits, specific
3109 change for the title, and then the title is changed. And
3110 you're -- you were sort of involved in the work on this and
3111 the messaging around this. So how did that happen sort of
3112 without you knowing it, the change in the title?

3113 A I sort of lost your train of thought there.
3114 Can you --

3115 Q Yeah. You're working on this, you're planning
3116 the messaging around it. The title doesn't have the word
3117 "limited" on May 22nd, when it's released. The word
3118 "limited" is in the title May 29th. How did that happen?

3119 A I don't know. As I say, you would need to
3120 talk with the MMWR staff about that. You're referencing an
3121 MMWR article. I did not have any role in
3122 changing -- making a decision to change the title or not to
3123 change it. That's a decision by the MMWR staff. You would
3124 need to speak with them.

3125 Q Did you have any conversations with anyone at
3126 CDC about changing the title?

3127 A No.

3128 Q Okay. Who would have, if it wasn't you at

3129 ASPA -- because we know obviously from this e-mail
3130 Dr. Alexander suggested changing the title. Who would have
3131 gone to CDC with that suggestion if it wasn't you?

3132 A Okay. I said that I -- at most I would have
3133 forwarded this e-mail to CDC to say, I'm passing this on to
3134 you. Here you go, simply passing it through. What CDC did
3135 with that, I can't speak to the processes that took place
3136 or the decisions that took place. I can't even speak to
3137 whether Paul Alexander separately reached out to others at
3138 CDC or elsewhere with the same request. I just don't know.

3139 But I'm telling you what my role was is just passing
3140 that along to CDC. I did not say they should change it,
3141 they have to change it, they don't have to change it. I
3142 simply passed it on as an intermediary because I was asked
3143 to do that.

3144 Q Okay. And you previously sort of stood up to
3145 Dr. Alexander when he tried to suggest edits to another
3146 MMWR. Why didn't you do that here?

3147 A I don't know the answer to that. You know, it
3148 probably was something -- at this point early on, probably
3149 not -- not yet seeing a trend of this kind of request to
3150 seek out changes to MMWR articles. This was his comment on
3151 something and I was just passing it along.

3152 You know, it probably was a very -- it was indeed a
3153 very busy time and I probably just passed this along. And

3154 over time, after a pattern began to emerge as I perceived,
3155 that's probably what led me to reiterate in that June 5th
3156 e-mail how the MMWR works.

3157 Q And did a pattern continue, I guess, up until
3158 June 5th, did it continue past that time?

3159 A You know, I -- I don't know. There may be
3160 other instances I'm just not thinking of where there may
3161 have been some e-mails from him around this on various
3162 articles. I just can't recall specifically.

3163 But over time as the summer evolved, I became less
3164 and less included on a lot of the e-mails from
3165 Dr. Alexander, so I really didn't have a lot of visibility
3166 any longer into a lot of that.

3167 Q Why was that?

3168 A I don't know. You'd have to ask him or
3169 Caputo. I don't know.

3170 Q Was anything communicated to you about who
3171 they should deal with when dealing with these types of
3172 publications or other press work?

3173 A So I continued to work with CDC as part of the
3174 ASPA team with Ryan and others to do the work that we do
3175 day in and day out. Lots of conversations, parallel
3176 conversations happened with people across ASPA, with people
3177 in the agencies.

3178 You know, it doesn't -- everything does not funnel

3179 through me as the single conduit. It is a team approach,
3180 and different people are certainly free to reach out to the
3181 agencies to get questions answered, to do work, whatever it
3182 is to keep the process moving.

3183 Q Okay. I want to ask you --

3184 BY [MAJORITY COUNSEL].

3185 Q I just want to clarify something. I
3186 apologize.

3187 Mr. Hall, you mentioned that you perceived a pattern
3188 of these communications and that led you to send your June
3189 5th message to Dr. Alexander; is that correct?

3190 A Yeah. What I said was is probably I sent it
3191 because it was a reminder to him of -- because I
3192 probably -- as we've seen here, there was one e-mail that
3193 we just finished discussing, and then on the June 5th
3194 e-mail, it came up that he wanted to change an MMWR that
3195 was already published. And so that seemed like beyond what
3196 would normally happen with any medical journal. And so
3197 that's why I wrote the note to say this is what the MMWR
3198 is, this is how it works, to make sure that I conveyed to
3199 him what the policy was. What he did with that beyond that
3200 is not -- was not in my control.

3201 Q Of course. Thank you, Mr. Hall.

3202 You also mentioned that at some point you ended up
3203 being copied on fewer and fewer e-mails from Dr. Alexander.

3204 Was that after you sent this June 5th e-mail?

3205 A You know, it was not in particular. It was
3206 just something that evolved over the course of the summer
3207 and the fall that I just seemed to be on fewer and fewer
3208 e-mails from him. It was very random. I would be on some
3209 things and, you know, I would just not have any e-mails
3210 from him. I can't tell you why. It was just --

3211 Q But prior to June 5th, you were being copied
3212 on a fair number of Dr. Alexander's e-mails related to
3213 MMWRs?

3214 A I don't know. I don't know what the volume of
3215 e-mail traffic he was generating. I can only tell you what
3216 I was on and what I saw. And looking at the volume of
3217 e-mails that I received, the frequency seemed to decline as
3218 the summer wore on. That's the perspective I can give you
3219 on the data that I have before me. I can't speak to
3220 e-mails I don't know about.

3221 Q Of course. Thank you.

3222 [Majority Counsel]. Back to you, [Redacted].

3223 BY [MAJORITY COUNSEL].

3224 Q One last final point on your May 22nd e-mail.
3225 I just want to ask about telebriefings. So you wrote on
3226 May 22nd -- and again, this is Exhibit 13 -- that "Doing a
3227 telebriefing lets us reach our health and medical reporters
3228 as well as local reporters across the country. I know CDC

3229 would welcome the chance to start doing thematic
3230 telebriefings again. When we were doing them back in
3231 January, February and March, there would be in the many
3232 hundreds of reporters on the line."

3233 Why was a telebriefing appropriate for this MMWR?
3234 Why was that a strategy you suggested?

3235 A Communication judgments that we make day in
3236 and day out about newsworthiness of various things. And as
3237 these opportunities arise, we as communications
3238 professionals have conversations and -- based on our
3239 experiences and our knowledge about what's a good strategy
3240 for X or Y or Z.

3241 And telebriefing is one of the tools that we often
3242 use. And the decision -- the consensus decision in this
3243 case was, as you can read from the e-mails, that a
3244 telebriefing was a useful tool, besides a press
3245 release -- and if they did social media, I don't know -- to
3246 brief reporters on this.

3247 It's an effective tool because you can reach a lot of
3248 reporters all at once. They all hear the same thing from
3249 the experts, and you don't have to spend lots and lots of
3250 time doing one-on-one individual interviews, which takes up
3251 experts' time. This is a great way to get -- to maximize
3252 your reach to the media.

3253 Q And you suggest in your e-mail that

3254 telebriefings were happening, these thematic telebriefings,
3255 in January, February and March, and then they stopped?

3256 A Yes.

3257 Q Can you -- why was that and -- do you know why
3258 they were stopped?

3259 A So they -- when the Office of the Vice
3260 President took over the coordination of the coronavirus
3261 response, as I've said, there -- that office took over the
3262 coordination of media activities and outreach, including
3263 television interviews and telebriefings and setting up the
3264 almost regular daily press conference the President was
3265 doing. And so there was a period of time where CDC was
3266 not -- did not do these.

3267 Q Was that something that was communicated to
3268 you from the Office of Vice President, to stop doing those,
3269 stop approving them?

3270 A So there were several times where we requested
3271 or suggested or recommended an opportunity for a
3272 telebriefing and in most of those cases during that time
3273 period the decision was made that those -- other media
3274 outreach was planned and so they wanted to make sure that
3275 everything was coordinated.

3276 And so the briefings -- those individual -- those
3277 times when those briefings were suggested were decided not
3278 to do. They decided not -- we would not do those.

3279 Q Do you recall what those were that had been
3280 suggested in terms of telebriefings?

3281 A What the topics were?

3282 Q What the topics were, yeah.

3283 A I don't recall off the top of my head.

3284 Q Okay. And it seems that CDC wanted to
3285 continue these. Is that something that folks at CDC
3286 communicated to you?

3287 A Yes.

3288 Q Okay. What had they -- what and who told you
3289 that?

3290 A The communication staff in our conversations
3291 about strategic communications. As items would come up, as
3292 I've explained, that this would be a good item for a
3293 telebriefing, so we -- that would be a recommendation.
3294 It's like, okay, that sounds right. We would pitch that up
3295 the chain to see if it was approved to do.

3296 Q Okay. And had they -- after sort of March,
3297 they had halted altogether? I guess --

3298 A Right. They weren't held after early March
3299 until -- I don't know when the next one happened.

3300 Q Do you remember if one happened around this
3301 MMWR, this late --

3302 A I can't recall. I'd have to --

3303 Q -- May release?

3304 A The CDC website, they'll have transcripts of
3305 telebriefings. So you can find them there.

3306 Q Okay. I want to move on to a topic you
3307 discussed earlier, which is interview requests --

3308 A Okay.

3309 Q -- and discussion around some interview
3310 requests. And I think we can turn to Exhibit Number 7.

3311 A Okay.

3312 [Exhibit 7 was identified
3313 for the record.]

3314 BY [MAJORITY COUNSEL].

3315 Q And sort of before we get to the interview
3316 request, I just want to talk briefly about this alert
3317 related to multisystem inflammatory syndrome in children.
3318 So looking at Exhibit 7, which is an e-mail with the
3319 subject, "For CDC/HHS senior staff clearance: CDC HAN 432:
3320 Multisystem inflammatory syndrome in children (MIS-C)
3321 associated with coronavirus decease 2019 (COVID-19)."

3322 Do you remember this -- well, let me ask you first,
3323 what is an HAN?

3324 A So HAN, as we call them, a health alert
3325 network. CDC for years has established what they call a
3326 health alert network, and it is a system by which they can
3327 communicate rapidly to clinicians across the country
3328 regarding emerging issues.

3329 So, for example, if a particular type of infection or
3330 food-borne disease outbreak or whatever it might be, they
3331 can -- once they have some information they feel is
3332 substantive enough to alert clinicians, they send out this
3333 alert to inform them, if you see patients with symptoms A,
3334 B, C and D, please ask this or please do that or please be
3335 aware of, because we have seen a few cases of X.

3336 If you recall a couple of years ago, there was a
3337 period where we were having lung injuries from vaping. A
3338 lot of people were vaping and getting severe lung disease.
3339 After a few cases of that were identified and linked to
3340 vaping, CDC rapidly put out a health alert network message
3341 to physicians and saying, if you have a patient who has
3342 these symptoms, ask if they vape, ask if they've used these
3343 products, ask, blah, blah, blah, et cetera, et cetera,
3344 et cetera.

3345 And it's a way to sort of -- to identify potential
3346 cases early so that intervention can be provided. So
3347 that's what a health alert network message is.

3348 Q Do you know -- go ahead.

3349 A No.

3350 Q Do you know how it's disseminated?

3351 A It's by e-mail and it's posted on the web.

3352 And there may be other channels they issue as well. Those
3353 two I do know about.

3354 Q It seems like the function, as I understand
3355 it, is sort of like a rapid response to trends and
3356 information that need get out to --

3357 A Right.

3358 Q -- medical professionals.

3359 A Right.

3360 Q Do you remember this particular HAN?

3361 A After looking at this exhibit, yeah, it comes
3362 back to me. Yes.

3363 Q Okay. What do you remember about it?

3364 A I remember the issue, the multisystem
3365 inflammatory syndrome among children. It was something
3366 that popped up and became a significant concern.

3367 Q Okay. So looking at the e-mail related to
3368 this HAN and it's -- on May 13th, this is from Ryan Murphy
3369 to Michael Caputo, Paul Alexander and you, and it says,
3370 "Hey, Michael and Paul, Bill mentioned this in today's
3371 deputies meeting."

3372 Is that that meeting that you described earlier?

3373 A It was our daily check-in call.

3374 Q Daily check-in? Okay. "It's a CDC HAN
3375 notification regarding the emergence of multisystem
3376 inflammatory syndrome akin to Kawasaki disease-like
3377 conditions."

3378 A Kawasaki.

3379 Q Kawasaki?

3380 A Yeah. It's misspelled here, but --

3381 Q Okay. "Conditions in children who have also
3382 tested positive for COVID-19." So -- and then he went on
3383 to write, "When HANs come in, folks have 20 minutes to
3384 either approve, revise and approve, or request a hold."

3385 Can you talk a little bit about the process of HANs
3386 when they come into ASPA?

3387 A So ASPA is just one of numerous entities that
3388 are on the clearance routing. You can see those on here.
3389 And like it says, the way the HAN -- CDC has set this up,
3390 when they send these out for approval they allow 20
3391 minutes. And then if -- you can either -- if you see it,
3392 you can approve it, you can disapprove it, you can revise
3393 it with edits, there's different things where you can
3394 say -- because these things are so quick -- such a quick
3395 turnaround, you can request a hold to say, I need some more
3396 time to read this and absorb it. It doesn't mean you're
3397 going to change anything, it's just an opportunity to say
3398 can you just pause? Because I will -- I may have some
3399 comments, I may not, but I need time to read it. So that's
3400 a little piece of -- that's my understanding of how it
3401 works.

3402 Q And what -- scrolling up to your response, you
3403 wrote, "I reviewed and am fine with it. Let me know ASAP

3404 if there are any showstopper edits."

3405 So you had reviewed this HAN and you were okay with
3406 it. Why -- sort of what's your process and what are you
3407 looking for when you get something like this?

3408 A So I've long been the ASPA liaison for
3409 reviewing HANs. My -- when I look at these, I simply look
3410 to make sure that it encompasses all the public health
3411 messages that we've been -- that we've been using. So if a
3412 HAN -- there was a HAN that went out, oh, a couple weeks
3413 ago. It was related to vaccines, COVID vaccines.

3414 And as I read it, it didn't talk about wash your
3415 hands, wear a mask, get vaccinated, the things that are all
3416 over the internet that we talk about day in and day out.
3417 And I simply recommended we should add those public health
3418 recommendations into this document because it's one more
3419 opportunity to get that message out.

3420 And so that's kind of what I look for. I
3421 don't look -- I don't -- because again, I'm not a
3422 scientific expert, so I don't really weigh in on the
3423 science that's in these things. I'm really looking to
3424 see -- because these go out beyond physicians. They go to
3425 media, they go to a lot of people. Anyone can get on the
3426 mailing list for these things. So they're sort of a
3427 pseudo-public document, if you will.

3428 So if there is an opportunity to -- basically I want

3429 to ensure that the public messages that we're pushing out
3430 on whatever the issue is, that those are included in the
3431 HAN simply because HANs are assembled so quickly that
3432 sometimes the program people working the content may not
3433 remember to include those important public health
3434 recommendations in there.

3435 So I imagine I looked at this and it was -- I did not
3436 have any comments or edits or any -- it didn't seem like
3437 there was a missed opportunity to get public health
3438 messaging in here that needed to be in there.

3439 Q What would have been -- you used the term
3440 "showstopper edits." What would have been an edit that
3441 caused this to be held or not approved?

3442 A That's simply my term to say if you have
3443 something that's important that you need to have them hold
3444 on it or you need to get back with them, let me know
3445 because I can initiate this hold option if you have things
3446 you want to comment on or review or if you need more time.

3447 Q Okay. And you were sort of a point person for
3448 HANs at ASPA and have been for sometime?

3449 A Yes, that's correct. For a long time.

3450 Q What typically would be the criteria for
3451 a -- I understood your point about messaging and getting
3452 important health -- public health messages out in terms of
3453 the science.

3454 Would there ever be a hold from ASPA based on
3455 challenges to the underlying science or information in the
3456 HAN?

3457 A I've never held up a HAN because of science.
3458 That's not my area of expertise.

3459 Q Do you know if anyone else has ever done that
3460 at ASPA?

3461 A I can't recall.

3462 Q Okay. So 8:32 you reviewed and you were fine
3463 with it, and it appears that 19 minutes later Michael
3464 Caputo e-mailed, "Hold please. We have a series of
3465 meetings scheduled on this issue and we want to wait to
3466 release this until those meetings are held."

3467 A Yep.

3468 Q So you reviewed and you were fine with it.
3469 Caputo asked for this to be held for some meetings on it?

3470 A Correct.

3471 Q Did you have any conversations with Mr. Caputo
3472 about this -- this being held?

3473 A Not that I recall, no.

3474 Q What about Dr. Alexander?

3475 A No, not that I recall. Huh-uh. Just the
3476 e-mail here.

3477 Q Okay. I think we'll look at an exhibit from
3478 Dr. Alexander about the specifics of the HAN, but I just

3479 want to stick to this one for a second.

3480 And I think this further chain is Dr. Alexander
3481 saying, "Michael has instructed to hold; see my attached
3482 input prior which was to say thumbs up once you considered
3483 my edits. But let us follow Michael," and then further
3484 discussion about Admiral Giroir discussing it.

3485 But I want to turn your attention to this next e-mail
3486 in the chain, May 13th, 10:34 p.m. So later on that night.
3487 In your position, would it be -- would you communicate the
3488 holds to CDC?

3489 A I think in this -- in this situation I
3490 probably did.

3491 Q Okay.

3492 A Because my boss asked me to.

3493 Q Sure.

3494 A So I passed that along.

3495 Q And I just want you to take a look at this
3496 e-mail. You're no longer on the chain. I'll just have you
3497 read it. It's between Dr. Alexander and Mr. Caputo.

3498 So in this e-mail it's Dr. Alexander's contention
3499 that this is not COVID, but "sensationalization and the
3500 governor of New York seeking to get traction and blame the
3501 administration and deflect from the catastrophic policy on
3502 nursing homes."

3503 Seeing this now, is this a proper -- in your opinion,

3504 since this is sort of your role as the point person on
3505 these alerts, is this a proper rationale to hold a health
3506 alert?

3507 A Can we just hang on one second?

3508 Q Sure.

3509 [Pause.]

3510 A Sorry about that. So I'm sorry, what was the
3511 question again about this?

3512 Q Yeah. Knowing that you weren't on this part
3513 of the e-mail, but seeing what was being discussed between
3514 Dr. Alexander and Mr. Caputo about, I guess,
3515 Dr. Alexander's rationale for thinking about the HAN,
3516 holding up the HAN, is that a -- would that have been a
3517 proper rationale?

3518 A Yeah. I can't speak to that because you're
3519 talking about science here. So that would be a discussion
3520 they would have to have with the experts who manage the
3521 HAN. I can't tell you whether this was a reason
3522 that -- you know, I can't get into his head and know why
3523 he's saying this now, but down lower he said he was fine
3524 with it.

3525 I just -- it's -- I can't -- it's impossible for me
3526 to comment on this. I just don't know because it's
3527 something the HAN would have to take up with him.

3528 Q I want to get into some of the edits that he

3529 suggested on this HAN. Do you recall him suggesting edits?

3530 A Not off the top of my head, but if you've
3531 got -- if this is an exhibit, I'll take a look at it.

3532 [Exhibit 9 was identified
3533 for the record.]

3534 BY [MAJORITY COUNSEL].

3535 Q Okay. So now we're looking at Exhibit 9 --

3536 A Okay.

3537 Q -- and going to page ending 813 --

3538 A Okay.

3539 Q -- and looking at 814. So there were some
3540 suggestions that Paul Alexander made to the -- this HAN.

3541 A Okay. I see that.

3542 Q And you took these suggestions to the staff at
3543 CDC?

3544 A He -- so it looks like Paul sent his edits or
3545 his comments to Ryan, not to me directly. Ryan passed them
3546 to me and asked me to send them to CDC, which I did. I got
3547 a response back from CDC, which I -- is the 7:19 p.m.
3548 e-mail, and I simply framed it by saying, "Here's the reply
3549 from the staff at the HAN." What you see below that is the
3550 response I got back, that they sent back.

3551 Q Okay. And Dr. Alexander's contention was that
3552 the cases reported in the HAN weren't actually connected to
3553 COVID-19 and that it was an error to say that the children

3554 who got sick, the eight patients, tested -- is that it was
3555 looking at the top of 812 -- eight patients tested negative
3556 for SARS-CoV-2.

3557 A Yeah.

3558 Q So the edit here was to change the connection
3559 between this inflammatory syndrome in children and
3560 COVID-19; is that fair to say?

3561 A Apparently.

3562 Q Okay.

3563 A I'm reading what you're reading.

3564 Q Do you recall this, this suggested --

3565 A It doesn't -- it doesn't stand out for me.
3566 Obviously, I was on these e-mails, but it's not something
3567 that was a seminal moment in our response.

3568 Q Okay. But this was a -- something that stood
3569 out, a very scary, rare side effect of infection, something
3570 that was reported widely in the news?

3571 A Mm-hmm.

3572 Q And did this view, sort of the -- that this
3573 wasn't tied to COVID, did that affect any other public
3574 messaging around this time and around this particular
3575 syndrome?

3576 A Sorry, you're saying did his comments?

3577 Q Yeah, did those comments affect any other work
3578 that you were doing related to this HAN?

3579 A I had reviewed the HAN. I was fine with it.
3580 I didn't have any issues around any public health messaging
3581 that was in there that we've been saying. Paul Alexander's
3582 the one that had comments about it, scientifically. That
3583 was for him to take up with other scientists and the folks
3584 at the HAN.

3585 I can't speak to what impact that may or may not have
3586 had on any other materials or communications. I just can't
3587 speak to that. I mean, I wasn't even on this -- I'm sorry.
3588 Never mind.

3589 [Exhibit 8 was identified
3590 for the record.]

3591 BY [MAJORITY COUNSEL].

3592 Q Okay. Let's move to Exhibit 8, which has to
3593 do with an interview briefing related to this request, this
3594 HAN.

3595 A Okay.

3596 Q So this is an interview request from a bunch
3597 of national outlets, Associated Press, CNN, NBC, New York
3598 Times, Kaiser Health News. And there's an e-mail here on
3599 May 14, 2020, 8:30 a.m. from you to some folks, and you
3600 said, "Please hold on all interviews on this for now."

3601 And then Dr. Alexander's reaction was, "You are right
3602 to hold and get the language right. The British kids all
3603 tested negative," more on him suggesting that this is

3604 something other than COVID. And he wrote to you, "I like
3605 that you held this as the message is key." Yeah, what was
3606 the message here?

3607 A I don't know. I sent this out because Caputo
3608 asked that interviews on this be held, as I recall. I
3609 don't -- Paul Alexander's e-mail kind of is out of the
3610 blue. That's how some of his e-mails kind of were
3611 sometimes. I don't even really know how -- he was not on
3612 the e-mail that I sent at 8:30 a.m. So I don't even know
3613 how he got looped into that, but obviously he did somehow.

3614 And he -- this is like a lot of the things he would
3615 send. I would see this, but I don't think I did anything
3616 with it. It wasn't my place. It was like, you know, I'm
3617 not sure why he was e-mailing me specifically. This is not
3618 something that I could -- you know, have any impact on. It
3619 was a scientific debate that he was explaining here. So I
3620 don't have the scientific expertise, so probably didn't
3621 engage in it.

3622 Q What's the message here, if you know?

3623 A I don't. Caputo, as I recall, asked that
3624 these be held for some period of time, and that was the
3625 reason for my note. I don't know the source or the
3626 reasoning or thinking behind Paul Alexander's note to me.
3627 I really don't understand where he -- what he was getting
3628 at or what he wanted me to do. It's like --

3629 Q Sure.

3630 A I think we had the hold on it because I was
3631 asked by my boss to do that.

3632 Q And why did your boss, Mr. Caputo, ask you to
3633 hold these interviews?

3634 A I don't know. I don't know.

3635 Q Did anyone else in ASPA -- well, let me back
3636 up.

3637 Did Mr. Caputo have conversations with you
3638 specifically about public messaging surrounding COVID in
3639 children?

3640 A Not specifically that I recall.

3641 Q Did you have any discussions about how you
3642 were supposed to message COVID infections in children with
3643 him?

3644 A No, not that I recall.

3645 Q What about with Dr. Alexander?

3646 A Nope.

3647 Q And what about with Brad Traverse?

3648 A No.

3649 [Exhibit 10 was identified
3650 for the record.]

3651 BY [MAJORITY COUNSEL].

3652 Q Okay. I want to turn you to -- quickly to
3653 another exhibit. Exhibit 10 has to do with an interview

3654 request. And it looks like there are several interview
3655 requests on this, but I'll point your attention to page
3656 ending 609.

3657 So this is a request for Dr. Luigi Notarangelo at
3658 NIAID, and the key message/talking point was that the
3659 doctor, "will discuss what is known and what is not known
3660 about how children respond to SARS-CoV-2." And, "The
3661 discussion will include pediatric multisystem inflammatory
3662 response which he and his colleagues are studying."

3663 Okay. And cycling up to 21606 --

3664 A I'm sorry, cycling up to where?

3665 Q 21606 --

3666 A Okay.

3667 Q -- and the bottom of 605. So this is an
3668 e-mail from Brad Traverse at 9:45 a.m. on May 21, 2020. He
3669 wrote, "With regard to children's response to COVID 2,
3670 please hold. Bill and Dr. Alexander, let's discuss."

3671 A Yep. I see that. Yep.

3672 Q Okay. And then here's an e-mail at the top of
3673 605, and Mr. Traverse is writing Paul Alexander, "No need,"
3674 as in no need to speak. "I spoke with Bill Hall about the
3675 red flags that involve children with COVID, and he and NIH
3676 appear to get it. This had already been cleared. I just
3677 did not know that."

3678 So Mr. Traverse is saying he had a conversation with

3679 you about red flags that involve kids and COVID.

3680 Do you recall that conversation?

3681 A Not specifically, no.

3682 Q What were the red flags as he saw them?

3683 A I don't know what the red flags were that he
3684 raised. I just -- I don't recall the conversation. You
3685 know, the interviews were cleared and he saw that they were
3686 cleared and apparently did not have a problem with it.

3687 Q You have no recollection whatsoever about red
3688 flags? I mean, it seems like --

3689 A I don't recall the conversation. I really
3690 don't.

3691 Q What would have been the red flags around
3692 communicating --

3693 A I don't recall the conversation, so I don't
3694 recall what red flags he was raising.

3695 Q Okay. But an effort was made here to -- I
3696 guess ultimately unsuccessful -- to stop this doctor from
3697 NIH from speaking with the press about multisystem
3698 inflammatory disease in children.

3699 A I don't know if it was to stop. Lots of times
3700 it may be that they just -- there may be a desire for
3701 clarity on what the interview is about, when's it going to
3702 air, where is it going to appear, things like that. It may
3703 have nothing to do with stopping the interview from

3704 happening.

3705 Q But you -- in this case, you have no
3706 recollection of --

3707 A Not this specific case, no. I just can't
3708 recall a conversation.

3709 Q Was there a sensitivity towards releasing
3710 information about children and COVID amongst people at
3711 ASPA?

3712 A Not that I recall. There was a lot of -- over
3713 the course of the summer -- a lot of studies, a lot of
3714 information coming out about kids. There were certainly
3715 lots of conversations about the concerns around kids and,
3716 you know, what we didn't know about COVID in children. So
3717 in that sense there was conversations about it, but I'm not
3718 sure beyond that what you're referencing here, referring
3719 to.

3720 Q Were there conversations about the messaging?

3721 A Not that I recall specifically.

3722 Q About any things to avoid or red flags,
3723 anything expressed like that?

3724 A Not that I recall.

3725 [Majority Counsel]. Okay. I think that concludes my
3726 hour. I have in total probably 20 to 30 minutes left, but
3727 I will refer back to the Minority and see if they have any
3728 additional questions for Mr. Hall.

3729 [Minority Counsel]. We'll take the five-minute break
3730 and come back.

3731 The Witness. Okay. That works.

3732 [Recess.]

3733 BY [MINORITY COUNSEL].

3734 Q Mr. Hall, I just have a few questions. So we
3735 spent much of the last hour discussing a lot of
3736 Dr. Alexander's kind of random thoughts on various medical
3737 issues, and it sounds like the Majority has an awful a lot
3738 of questions for Dr. Alexander that you are unable to
3739 answer.

3740 During this time period, understanding it's -- we're
3741 still pretty early on in the COVID pandemic at that time,
3742 how many e-mails did you get per day? Just guess. I think
3743 you're muted.

3744 A Sorry about that. Ballpark average, probably
3745 5 to 600, 700 a day.

3746 Q Okay. So you had to -- you had to prioritize
3747 those as to what needed to be worked on, even answered to
3748 probably?

3749 A Correct.

3750 Q Was -- did you read all of Dr. Alexander's
3751 e-mails if he had sent them to you?

3752 A I couldn't tell you if I did. I miss
3753 e-mails -- with that volume, I'm always missing e-mails.

3754 It's just the nature of the volume. So I -- there are
3755 probably some I didn't see.

3756 Q So you probably didn't respond to all of them
3757 either or act upon all of them?

3758 A Right. You know --

3759 Q Would it be -- go ahead.

3760 A It's a situation where because of the intense
3761 demand on our work, if there isn't a defined action that
3762 I'm being asked about from someone influential like the
3763 Secretary or other senior leaders, I'm not -- I'm going to
3764 put it aside and come back to it when I get a chance.
3765 That's how I had to prioritize, you know.

3766 Q Based on that comment, would your
3767 characterization of Dr. Alexander be of someone who is not
3768 influential?

3769 A He was not my supervision. So -- I take
3770 direction from my supervisors.

3771 Q Did any of your supervisors direct you to act
3772 upon any of Dr. Alexander's e-mails?

3773 A Not that I recall, no.

3774 Q And then in your experience, was it
3775 common -- I think we probably established this through the
3776 Majority's exhibits -- but was it common for Dr. Alexander
3777 to just e-mail long strings of stream of consciousness
3778 thoughts on various issues?

3779 A Yes. I saw that from time to time, yes.
3780 [Minority Counsel]. Okay. Thank you. That's all we
3781 have.

3782 [Majority Counsel]. I think we'll just take a
3783 two-minute pause here. Just a moment while we get
3784 situated.

3785 [Pause.]

3786 BY [MAJORITY COUNSEL].

3787 Q Back on the record.

3788 You were directed to work with Dr. Alexander, though,
3789 by, as we saw, Mr. Murphy and Mr. Caputo on several
3790 occasions; is that fair to say?

3791 A I think there were requests to make sure that
3792 he was looped in on certain things.

3793 Q And as we just saw, you took his request to
3794 CDC?

3795 A I passed it along, yes.

3796 Q And as Mr. Caputo said to The New York Times,
3797 some of his suggestions were accepted -- I mean, many were
3798 rejected, but some were accepted; is that fair to say?

3799 A I can't answer that. I just -- I don't have
3800 visibility on to what all his comments were and whether
3801 they were accepted or not. I didn't track all that.

3802 Q I think it's -- just to close, I think we can
3803 talk a little bit about Mr. Alexander and Mr. Caputo's

3804 departure from ASPA.

3805 A Their what?

3806 Q Their departure from ASPA. So starting with
3807 Mr. Caputo, when did he leave and what do you know about
3808 his -- the leave that he took?

3809 A I just know what I read in the press release
3810 that went out from the department, and then the subsequent
3811 news coverage from that that he was taking a medical leave
3812 of absence.

3813 Q And what about Dr. Alexander?

3814 A I saw in the press release the department put
3815 out that he had left the department.

3816 Q Were you familiar with Mr. Caputo's public
3817 statements around the time of his departure regarding the
3818 CDC and career scientists?

3819 A I saw what everyone else saw on the news.

3820 Q Okay. I want to ask you about sort of other
3821 forms of communication that came from the subagencies, in
3822 particular the CDC, in the form of guidance. What was
3823 ASPA's role in communicating guidance documents from CDC?

3824 A Any involvement I had revolved around, again,
3825 the discussions about communication strategies on how to
3826 role out an announcement and new guidance that was being
3827 disseminated, new guidance being updated, whatever those
3828 were. My -- any conversations, any involvement I had would

3829 have been around the press materials related to that
3830 guidance release.

3831 Q Were you aware of any guidance produced by the
3832 CDC that was delayed in terms of its release to the public?

3833 A I recall a number of guidances that the dates
3834 shifted on when they would -- when they went out. So, I
3835 mean, like anything, these things come up,
3836 there's -- always seems to be changes in dates on when they
3837 actually go out. There's -- so I'm aware of -- I recall a
3838 number of situations where guidance was being discussed,
3839 proposed dates for release, those would change. I mean,
3840 for whatever reasons. I wasn't privy to a lot of the
3841 conversations about guidances themselves.

3842 But with all kinds of policy documents, COVID or
3843 otherwise, you know, there's conversations that happen at
3844 different levels of government. And once the conversations
3845 have ended and there's consensus on whatever it is, then
3846 they get disseminated. That may be the date that was
3847 originally hoped for or it may be a different date. It
3848 just varies.

3849 Q Okay. Did the folks at CDC that you work
3850 with, did anyone ever express their concern/frustration
3851 with the process that led to the release of guidance?

3852 A Not that I recall. Because again, I was not
3853 really involved in the process of the developing and review

3854 of guidances. So I probably would not have had that many
3855 conversations related to that whole process.

3856 Q But in terms of the press people that you do
3857 work with regularly, did any of them express any concerns
3858 about guidance and the release of guidance?

3859 A I can't recall any specifically off the top of
3860 my head.

3861 Q What was the -- when these sort of guidance
3862 documents were created by the CDC, what was the process for
3863 approval and release as you knew it?

3864 A Really not 100 percent clear. You know,
3865 again, these were not press materials -- I'm sorry, are you
3866 speaking of the policy documents themselves?

3867 Q No, I'm talking about -- so there's the
3868 policymaking themselves, but then the coordination of the
3869 release and the press, the part that ASPA would be involved
3870 in.

3871 A Sure. Would be the press piece of it, and
3872 that operated just as we would have anything else, whether
3873 it was a guidance or it was a journal article or it was the
3874 start of a clinical study or whatever the announcement was,
3875 our role was the same, to coordinate with the agency in
3876 question and talk about communication strategy. What are
3877 some of the best ways to roll this out? What are the right
3878 audiences we need to reach? Who do we need to notify,

3879 things like that. It's all part of the normal day-to-day
3880 workflow of what we do from communications.

3881 Q Do you recall anything about the sort of
3882 reopening guidance that was released by the White House and
3883 CDC? Talking in the springtime.

3884 A Mostly just from what I read in the news. I
3885 was not involved in any of the discussions around that.

3886 Q Okay. Yeah, taking a step back and looking at
3887 the demands and the challenges of the pandemic, do you have
3888 any suggestions for how ASPA could function better or
3889 policies that you all could put in place?

3890 A I think, you know, there's probably a lot to
3891 be learned from this whole experience just like we learned
3892 from past experiences. From anthrax to H1N1 to Ebola, we
3893 always take time, when there's time, to review what we did,
3894 what went well, what didn't go well, where an improvement
3895 could be made. And when the right time comes, we will do
3896 that with this, too, as well I'm 100 percent certain. You
3897 know, we learn from each of these and hope to improve the
3898 next time.

3899 Q Yeah. You've been on the ground on this one
3900 throughout. What are some things that you've seen that
3901 call for improvement or were done well?

3902 A You know, I haven't had time to fully reflect,
3903 but I think that the biggest -- one of the biggest

3904 challenges with this pandemic is the fact that this virus
3905 has acted so differently from what we ever have seen
3906 before. And so it presents a lot of science challenges, it
3907 presents a lot of public health guidance challenges, it
3908 presents a lot of communications challenges. And.

3909 I think there's -- as I said, there's a lot to be
3910 learned from all of this. This is something no one -- none
3911 of us have ever experienced through -- or been through
3912 before, something of this magnitude and this type of virus
3913 with such variability that we have not seen before.

3914 Q What sort of -- what would help you do your
3915 job better in terms of getting the scientific information
3916 out during this crisis?

3917 A I think the scientific information has been
3918 getting out. So, you know, I think that from my
3919 perspective, the -- overall, the communications work by all
3920 of my colleagues, I think, has been beyond what anyone
3921 could imagine would be faced with doing.

3922 And again, I think that, you know, it will take some
3923 time to absorb all of this, digest it. This pandemic is
3924 still changing as we speak. We're learning a lot about
3925 vaccines, about vaccine hesitancy. There's a lot of
3926 elements here that we're learning about.

3927 And, you know, the communications, I think, has gone
3928 as well as it possibly could have for this outbreak. It

3929 is -- any public health emergency has immense communication
3930 challenges. And as I said, we've got a lot to learn from
3931 this experience.

3932 Q Okay. Anything that you have thought -- I
3933 guess I've sort of asked this, but lessons for your
3934 particular role in terms of messaging to the public?

3935 A I'm sorry, can you clarify the question a
3936 little bit?

3937 Q Yeah. In your particular role, what have you
3938 learned about messaging during this pandemic in terms of
3939 things that have worked in messaging and things that
3940 haven't?

3941 A I think that messaging to the public is
3942 extremely challenging. And the more we can do to learn in
3943 more -- in more realtime where the public's sentiments,
3944 knowledges, attitudes and beliefs sit will help us more
3945 effectively and more nimbly adjust our messaging to
3946 resonate with the American public.

3947 [Majority Counsel]. Okay. I think that's all I
3948 have, so I'll turn it back to the Minority at this time.
3949 But thank you for your -- it's been a very long day -- for
3950 answering our questions to the best of your ability. I
3951 realize that you're very busy and this is a really
3952 important time for someone in your role. So I appreciate
3953 your service and for you taking your time to speak with us

3954 today.

3955 The Witness. You're welcome.

3956 [Minority Counsel]. We don't have any further
3957 questions, but I'll reiterate that. Thank you for taking
3958 the time, and we'll let you get back to doing the job of
3959 working for the nation in responding to the pandemic.

3960 The Witness. Thank you.

3961 Mr. Barstow. Thank you all.

3962 [Majority Counsel]. Thank you.

3963 [Whereupon, at 2:55 p.m., the taking of the.
3964 instant interview ceased.]

3965