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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: KATE GALATAS

Thursday, September 30, 2021

The Interview Commenced at 9:01 a.m.

26

Appearances.

27

For the SELECT SUBCOMMITTEE ON THE CORONAVIRUS

28

CRISIS

29

[Redacted]

30

31

For the U.S. DEPARTMENT OF HEALTH AND HUMAN

32

SERVICES:

33

KEVIN BARSTOW, Senior Counsel

34

JENNIFER SCHMALZ

35

JoANN MARTINEZ

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

48 [Majority Counsel]. We can go on the record.
49 Can everyone hear me? Good morning, everyone. It's
50 September 30th, 2021, 9:01 a.m., and this is a
51 transcribed interview of Kate Galatas conducted by the
52 House Select Subcommittee on the Coronavirus Crisis.
53 This interview was requested by Chairman James Clyburn
54 as part of the committee's oversight of the federal
55 government's response to the coronavirus pandemic.

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

58 The Witness. My name is Katherine Galatas. The
59 last name is spelled G-A-L-A-T-A-S, as in Sam.

60 [Majority Counsel]. Welcome, Ms. Galatas. My
61 name is [Redacted]. I am majority counsel for this
62 Select Subcommittee on the Coronavirus Crisis. I want
63 to thank you for coming in today for this interview.
64 We recognize that you're here voluntarily and we
65 appreciate your time and cooperation. So we can go
66 through some of the ground rules and then we'll get
67 into the questions. Okay?

68 The Witness. Sounds good.

69 [Majority Counsel]. So under the Committee's
70 rules, you're allowed to have an attorney present to
71 advise you during this interview. Do you have an

72 attorney present in your personal capacity with you
73 today?

74 The Witness. I do not.

75 [Majority Counsel]. Is there agency counsel
76 present?

77 The Witness. Yes.

78 [Majority Counsel]. And would agency counsel
79 please identify themselves for the record?

80 Mr. Barstow. Sure. Kevin Barstow, senior
81 counsel at HHS.

82 [Majority Counsel]. Okay. We have quite a few
83 other people present on this Zoom call. So why doesn't
84 everyone introduce themselves for the record, and
85 please state your name and your title. And I guess we
86 can start with CDC, and then move to HHS, and then my
87 colleagues on the majority, and then the minority
88 staff.

89 Mr. Wortman. Sure. I'm Eric Wortman. I'm the
90 oversight team lead for CDC Washington at the Centers
91 for Disease and Control. I think I'm the only CDC
92 person on this call.

93 [Majority Counsel]. HHS? Anyone else besides
94 Kevin?

95 Ms. Martinez. Hi, I'm JoAnn Martinez. I'm the
96 Deputy Assistant Secretary for Legislation on

97 Oversight.

98 Ms. Schmalz. And this is Jenn Schmalz. I'm a
99 legislative analyst.

100 [Majority Counsel]. Okay. Colleagues on the
101 majority?

102 [MAJORITY COUNSEL]. [Redacted] for the majority.

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

104 [Majority Counsel]. [Redacted], counsel,
105 majority.

106 [Majority Counsel]. And the minority?

107 [Minority Counsel]. [Redacted], minority.

108 [Minority Counsel]. Hi, Kate. This is
109 [Redacted] for the minority. Thanks for joining us
110 today.

111 [Majority Counsel]. Now we can go over the
112 ground rules.

113 As previously agreed to by the majority staff and
114 HHS, the scope of this interview is the federal
115 government's response to the coronavirus pandemic from
116 December 1, 2019 through January 20, 2021.

117 The way this interview will proceed is as follows:
118 The majority and minority staff will alternate asking
119 questions, one hour per side per round. The majority
120 staff will begin and proceed for an hour. Minority
121 staff will then have an hour to ask questions.

122 Thereafter, the majority staff will ask additional
123 questions and so on. And the two sides will alternate
124 back and forth in this manner until there are no more
125 questions.

126 In this interview, while one member of staff will
127 lead the questioning, additional staff may ask
128 questions from time to time. There's a court reporter
129 taking down everything I say and everything you say to
130 make a written record of the interview. For the record
131 to be clear, please wait until I finish each question
132 before you begin your answer, and I will wait until you
133 finish your response before asking you the next
134 question.

135 The court reporter cannot record nonverbal
136 answers, such as shaking your head, so it's important
137 that you answer each question with an audible verbal
138 answer.

139 Also, please endeavor to speak slowly so the court
140 reporter can record everything you say accurately. Do
141 you understand all that?

142 The Witness. I do.

143 [Majority Counsel]. We want to ask our questions
144 in the most complete manner possible, and we want you
145 to answer also in the most complete and truthful manner
146 possible, so we're going to take our time. We'll show

147 you a number of documents. If you have any questions
148 or do not understand any questions, please let us know.
149 We'll be happy to clarify or rephrase our questions.
150 Do you understand?

151 The Witness. I do.

152 [Majority Counsel]. If I ask you about
153 conversations or events in the past, and you're unable
154 to recall the exact details, you should testify to the
155 substance of those conversations or events to the best
156 of your recollection. If you recall only part of a
157 conversation or event, you should give us your best
158 recollection of those events or parts of the
159 conversations that you recall.

160 Do you understand that?

161 The Witness. I do.

162 [Majority Counsel]. If you need to take a break,
163 please let us know. We're happy to accommodate you.
164 Ordinarily, we take a five-minute break at the end of
165 each hour of questioning. But if you need a break
166 before that, you can just let us know. However, to the
167 extent that there's a pending question, I ask that you
168 finish the question before we take a break.

169 Do you understand that?

170 The Witness. I do.

171 [Majority Counsel]. Although you are here

172 voluntarily and we will not swear you in, you are
173 required by law to answer questions from Congress
174 truthfully. This also applies to questions posed by
175 Congressional staff in the interview.

176 Do you understand?

177 The Witness. Yes.

178 [Majority Counsel]. If at any time you knowingly
179 make false statements, you could be subject to criminal
180 prosecution.

181 Do you understand?

182 The Witness. Yes.

183 [Majority Counsel]. If there's any reason you
184 are unable to provide truthful answers -- is there any
185 reason you are unable to provide truthful answers in
186 today's interview?

187 The Witness. Is there any reason?

188 [Majority Counsel]. Is there any reason?

189 The Witness. No.

190 [Majority Counsel]. The Select Subcommittee
191 follows the rules of the Committee on Oversight and
192 Reform. Please know that if you wish to assert
193 privilege over any statement today, that assertion must
194 comply with the rules of the Committee on Oversight and
195 Reform. Committee rule 16C1 states that the chair to
196 consider assertions of privilege over testimony or

197 statements, witnesses or entities must clearly state
198 the specific privilege being asserted, and the reason
199 for that assertion on or before the scheduled date of
200 testimony or appearance.

201 Do you understand that?

202 The Witness. Yes.

203 [Majority Counsel]. Do you have any questions
204 before we begin?

205 The Witness. No.

206 BY [MAJORITY COUNSEL]:

207 Q So again, on behalf of the Select
208 Subcommittee, I want to thank you for sitting with us
209 today.

210 I think we can all appreciate how difficult and
211 stressful the last 18 months have been for everyone at
212 CDC. And we appreciate your hard work and we realize
213 this is probably one of the last things you want to be
214 doing right now, so we're very grateful for your time.

215 A Thank you.

216 Q So I think a good place to start would be
217 to learn a little bit about you and your career at CDC.
218 Can you tell us your current role?

219 A Sure. I am the deputy of the office of the
220 associate director for communication at CDC. So that
221 is my current position.

222 Q And how long have you had that position?

223 A I've been the deputy for a little
224 over -- about ten years.

225 Q And how long, in total, have you been with
226 CDC?

227 A I've been with CDC for about 20.

228 Q Can you walk us through your career path
229 with the agency?

230 A Sure. I have been primarily in the
231 communications track with CDC, came in from doing state
232 public health work, and have primarily focused on
233 communication campaign, risk communications, and really
234 just kind of strategic communication planning for the
235 agency. So I've moved through a couple different
236 roles, but all essentially in that constellation of
237 work.

238 Q And you just started as a press officer or
239 what was your position?

240 A I've never actually served as a press
241 officer per se. So I started off as a health
242 communications specialist and have moved into
243 increasingly, you know, into leadership positions and
244 off from them. And currently, my role is considered a
245 supervisory public affairs specialist.

246 Q And who do you supervise?

247 A There's a small team in the office of the
248 director of the office of the associate director for
249 communications. So there's a small team that I
250 oversee.

251 Q And who are those folks that you oversee?

252 A There are a couple of other health
253 communication specialists and a special assistant to
254 the OACD director.

255 Q Can you tell us a little bit about how the
256 OACD is structured?

257 A Yes. We have the office of director, which
258 I just referenced. And then there are primarily two
259 divisions. And in those divisions, we handle
260 everything from web oversight, social media, news
261 media, employee communications. So that's all in the
262 division of public affairs. And then the other
263 division, we have the division of communication
264 services, and that's where we have all of our broadcast
265 and productions work comes out of there, as well as the
266 graphics and design. And then we also oversee -- the
267 CDC has a 1-800 information line, so we also oversee
268 CDC input.

269 Q And who do you report to?

270 A The OADC director.

271 Q Okay. And who is that currently?

272 A Currently, the acting OADC director is
273 Abigail Tumpsey.

274 Q So can you walk us through what you do on a
275 daily basis? I bet it varies, but a typical day.

276 A It does. So I'm going to talk about my
277 role as deputy, what I would normally do. I am
278 technically right now on detail to SAMHSA, so my
279 day-to-day right now is different, but I think you're
280 asking me about my day-to-day when I'm the deputy.

281 Q Sure. Yeah, let's talk about sort of our
282 time period for the term of the pandemic, late 2019
283 until January 2021.

284 A Okay. So I -- in this role, I really
285 assist the -- in this case, acting director, manage
286 across all of those components that we just -- that I
287 just outlined. So at any given day, there is a
288 tremendous amount of information flow that's happening
289 in the comms line through CDC. So we work across the
290 agency and then with our counterpart at HHS.

291 So HHS, ASPA, to make sure that the health
292 information that CDC is releasing is done so accurately
293 and appropriately. And as you mentioned, on a given
294 day, that ranges from, you know, sometimes it's working
295 on things that are going out through the news media,
296 sometimes it's working with WebEx and social and -- it

297 varies.

298 Q Can you walk us through how it works with
299 things going out to the media?

300 A Sure. So across -- I'm going to talk about
301 in two ways. I'm going to talk about it when we're
302 activated for an emergency response, which would be in
303 that timeframe, and then I'll talk about it during
304 non-activation, because it is slightly different in one
305 way.

306 So during an activation, so during the time of
307 inquiry that you're asking, we -- our office works with
308 the Joint Information Center within CDC's incident
309 command structure. So the incident command structure
310 gets stood up. There is a Joint Information Center.
311 Within that Joint Information Center are what we call
312 AJIC leads and AJIC media leads. And our media office
313 works with that unit to make sure that information is
314 cleared and comes through the response. And then we
315 secure the clearance within the CDC OD that's
316 necessary, and then we share with HHS ASPA for a
317 clearance and review.

318 Q And that incident response, do you recall
319 in relationship to the coronavirus, when that was stood
320 up and when you sort of --

321 A I'm not sure exactly, but I feel pretty

322 sure we activated at the end of January, perhaps the
323 beginning of February of 2020, is when we fully
324 activated.

325 Q Okay.

326 A And then the only way that differs, because
327 I said I would go over two ways, the only way the news
328 media function differs is when we're not activated,
329 then instead of working with folks at the Joint
330 Information Center, we would work with the respective
331 programmatic communication offices, where whatever that
332 issue or that information, where it was coming from,
333 we'd work with them to then do the same thing, move it
334 through our office, and up to HHS.

335 Q And by programmatic, you mean, I guess,
336 whatever different centers?

337 A Mm-hmm. Mm-hmm.

338 Q Okay. And can you tell us how the
339 clearance process with HHS works?

340 A For news media? We're still talking about
341 that, right?

342 Q News media, right.

343 A We send interview -- requests for
344 interviews, requests for telebriefings or press
345 conferences. All -- there's a mailbox. There's a
346 certain kind of way that we send it up. And then they

347 move it through their process, and send back the okay
348 to, you know, proceed with whatever media activities we
349 might be asking about.

350 Q Is that something you handle or does a
351 specialist under you handle that?

352 A I wouldn't handle that in the deputy role.
353 There are folks who work in our news media branch, and
354 in the division of public affairs that have various
355 roles in making sure that that moves through its
356 process accurately.

357 Q Okay. But is that something you oversee?

358 A Yes. I -- in the deputy role, I support
359 the OADC director in managing that scope of work.

360 Q Okay. I want to take a bit of a step back
361 and since you have 20 years in communications at CDC,
362 can you tell us what are some of the more important
363 aspects of your role in getting CDC information out to
364 the public and media?

365 A I think, you know, I mentioned one of the
366 areas that I've worked in is in emergency risk
367 communication. I think especially pertinent to this
368 response, but also given a lot of the
369 sensitive -- other sensitive outbreaks that CDC has
370 worked on over the years, that is an area where it is
371 really critical for us at CDC to keep some of those

372 risk communication principles in mind as we do our
373 work.

374 And so the easiest way to talk about or think
375 about the principles of risk communication is to really
376 think about making sure you're in a timely way telling
377 the public about what you know about outbreaks or an
378 issue, what you don't know, what you're doing to find
379 out more.

380 And then you do what we call share the burden
381 with the public, which means you engage them in making
382 sure they're taking whatever actions they can from a
383 prevention and public health perspective. You know, if
384 there are behaviors that we think are critical for
385 action, we try and make sure there's an actionable
386 element of information sharing that happens as well.

387 Q And have you received training in risk
388 communication?

389 A Yes. Over the years, yes.

390 Q Do you do formal training with the
391 communications staff?

392 A Yes.

393 Q And what is that training?

394 A There are -- there's the actual course, if
395 you will. There are courses in this, and it's called
396 CERC, it's CDC's emergency and risk communication. So

397 there are different modules of CERC, different aspects
398 of training. But we offer it to CDC employees in
399 different formats, I guess.

400 Q Okay. What sort of different formats?

401 A So -- well, it used to be the day that we
402 would be in person and we could break it up and do
403 different -- there were different classes, if you will.
404 And then when I say format, you know, some of the
405 training in CERC is more of traditional classroom
406 training. But some of it is actually then, you know,
407 role-playing and making sure you understand how to put
408 some of the principles into practice as you
409 are -- that's what we do with our SMEs, we help them
410 become more comfortable in their risk communication
411 roles.

412 Q And I know you mentioned that, but those
413 are your specialists?

414 A Our subject matter experts at CDC.

415 Q Oh.

416 A So those are the scientists that might be
417 speaking publicly about a certain issue.

418 Q Okay. Let's move to this emergency
419 response. I guess in January, Secretary Azar declared
420 a public health emergency starting with January 2020.
421 Can you tell us how your work was affected in these

422 early months? Now we're talking January and February
423 of 2020.

424 A Well, as you might imagine, there was just
425 an increasing amount of communication needs to support
426 the CDC's response to the pandemic. So in my role, I
427 was spending most of my day working directly with and
428 in support of the Joint Information Center and the
429 Emergency Operations Center.

430 Q Can you describe a little bit of that need?
431 Is that additional interest from outsiders? Is that
432 additional emphasis from CDC to get information out
433 there on its own? How did that manifest itself in
434 those early months?

435 A I'm not sure I understand. I mean, I'm not
436 sure I understand your question. It was routine, I
437 guess, for us that we were -- when we activate, there's
438 always a desire to make sure, you know, we have
439 information that people can access on our website, we
440 have information that people if they're calling CDC
441 info, which I mentioned, that they can get information
442 there.

443 There's just a lot of ways we try and get things
444 out through news media. So there's just a lot of
445 different ways we're trying to make sure people know
446 what we think they need to know from a public health

447 perspective as quickly as we can.

448 Q In these early months, how do you sort
449 of -- how did your team sort of ramp this up, in terms
450 of getting the information out there?

451 A We used all of our typical channels and
452 processes for information sharing that we always do.

453 Q Okay. Does that include telebriefing?

454 A Yes.

455 Q Can you tell us a little bit about the
456 process by which CDC decides to do telebriefings, and
457 sort of what goes into that, who you pick to handle and
458 all that?

459 A So if you're asking specific to the
460 response while we were activated, I would answer the
461 question with that in mind.

462 Q Sure.

463 A So with that in mind, we work with the
464 incident commanders and the JIC leads to identify when
465 and how best to share information. And I say when
466 because, generally, in an activation and certainly in
467 the case of this activation, when there was, in many
468 ways, more that we didn't know than what we knew, I
469 mean, this was a new -- newly emerging virus and a
470 new -- it was very new, the pandemic, from a scientific
471 standpoint.

472 And so in a situation like that, our risk
473 communication principles really have us on a strategy
474 of more routine regular information sharing as a way to
475 do what I mentioned earlier, make sure people
476 understand as we're learning it. I mean, the science
477 is unfolding, right? So here's what we know, here's
478 what we don't know, here's what we're doing about it,
479 here's what you can do to protect yourself and your
480 family.

481 There's a formula to that, and there's a rhythm
482 to that that is really important to make sure
483 people -- to actually -- from a communication science
484 perspective, that's what we know works to minimize,
485 like, panic, right? The people always think the
486 public's going to panic. What we -- and of course, we
487 know that and what we know works best is not a void of
488 information, but rather a routine sharing of what we
489 know and what we don't know, what we're doing about it.
490 So that they can come to -- there's a certain level of
491 transparency there that allows them to depend on that
492 information and that rhythm of information.

493 Q And so do telebriefings -- is that one of
494 your tools to keep that rhythm going?

495 A It is. It's the primary one, really,
496 right, because at that point, we're using the media as

497 kind of a channel, a gateway to the public. And it
498 serves a really important purpose in that respect.

499 Q Why in particular telebriefing?

500 A Because it does a couple of things. It
501 allows -- again, it allows for regular updating and it
502 also allows for our subject matter experts who are the
503 spokes people, that is also a very efficient use of
504 their time. Usually the spokesperson are either the
505 incident commander or a CDC -- other high-level CDC
506 director, or deputy director, right?

507 And so it allows for an efficient use of his or
508 her time, so that they can attend to the urgency of the
509 response. So it's really, really a busy time and it
510 helps to be able to talk to all the reporters at the
511 same time, provide them all the same information, and
512 then not have to do as many one-off interviews that
513 just eat up more time.

514 Q So it seems like the subject matter experts
515 are obviously super busy.

516 A Very.

517 Q And it's sort of an efficient way to handle
518 questions and get out to all your major news outlets at
519 the same time.

520 One question I have for you is that in your 20
521 years with CDC, what would be, when you're mobilized

522 for response, what would be the typical rhythm of
523 information coming from telebriefings?

524 A In activations such as this, I've seen a
525 rhythm of daily, I've seen a rhythm of three times a
526 week, two times a week. It varies. But it's -- and
527 sometimes I've seen just weekly as well, right? It
528 depends on where we are in the outbreak itself.

529 Q Okay. I want to talk a little bit about
530 the rhythm sort of in those early months compared to
531 over time. And I think it might be helpful to look at
532 something that we've pulled from the CDC website and
533 that's Exhibit 2.

534 [Exhibit No. 2 was identified
535 for the record.]

536 The Witness. Sorry, I have to move to that.

537 [Majority Counsel]. No problem.

538 The Witness. Okay, I'm there.

539 BY [MAJORITY COUNSEL].

540 Q Okay. So I guess this is something that we
541 found just clicking on the media advisory. And I guess
542 these are the notifications of the telebriefings and
543 press conferences over the course of the year?

544 A That's correct.

545 Q Okay. And I'm not going to -- I've counted
546 them, but you can check my math here. So in January of

547 2020, it looks like there were nine telebriefings that
548 had to do with the novel coronavirus?

549 A I'm not on January yet. There we are.
550 Okay. Yes. It looks about right.

551 Q Okay. Now, would that be -- we have sort
552 of a vastly spreading pathogen, lots of unknowns.
553 Would that rhythm be typical?

554 A Yes.

555 Q Were you involved in any of the work around
556 these telebriefings?

557 A Yes.

558 Q Okay. Can you tell us what your role was?

559 A So, during that time, I was functioning in
560 my deputy role. And I would work to support the team.
561 I mean, at that point, it's all hands on deck, right?
562 So part of it is, I would work really closely with the
563 Joint Information Center, I would be providing sort of
564 strategic input on the decisions that have to be made,
565 and the materials that are being used. Then I would
566 work with the then acting OADC director in support of
567 any of her needs at the time for materials, either for
568 the CDC director or for others, you know, who might be
569 involved in the press events, right?

570 And then as needed, I would help prepare
571 materials that were review materials or information

572 that was going up to ASPA for clearance. You know,
573 it's just -- it would vary. But in general, especially
574 during this time, I would, you know, was really plugged
575 in to the response itself, so the EOC, the Joint
576 Information Center, our team, and the work up at ASPA.

577 Q And I know it varied, but it seems -- you
578 know, we've looked back at a lot of these
579 telebriefings, and it seemed like Dr. Messonnier was
580 the subject matter expert that was used kind of
581 extensively; is that right?

582 A Yes. She was early on functioning in that
583 incident commander role, and so I think that's part of
584 what I mentioned earlier, is that the incident
585 commander was usually someone we would use as an agency
586 spokesperson.

587 Q Okay. And now looking back at Exhibit 2,
588 scrolling up to February, there are eight telebriefings
589 in February?

590 A Right.

591 Q And again, you were sort of coordinating
592 these with the communications team?

593 A Mm-hmm.

594 Q And during these telebriefings, the ones
595 that I've listened to, the media just can ask
596 questions, and they typically ask all kinds of

597 questions at the end of them; is that right?

598 A That's correct.

599 Q We sort of went over this, but now let's
600 talk specifically during this period. Why was this
601 rhythm of telebriefings important in these months?

602 A I'll just reiterate, it's really important
603 during any public health emergency that you routinely
604 communicate with the public what you know, what you
605 don't know, what you're doing about it, and what
606 actions they can take to protect themselves and their
607 family. That is just the tried and true way to
608 communicate this kind of risk. And it was very
609 important in this one, again, given how new the
610 emerging virus was to the scientific community. I
611 mean, there was science unfolding like in realtime.

612 Q Okay. And, again, like you said, when the
613 science is unfolding, keeping that sort of rhythm of
614 informing the public of what you know and what you
615 don't know is extremely important from your
616 perspective?

617 A Yes.

618 Q I think you know where I'm going here and I
619 want to point you to Exhibit 1.

620 [Exhibit No. 1 was identified
621 for the record.]

622 BY [MAJORITY COUNSEL].

623 Q There was a telebriefing, and I'll just let
624 you know what it is. It's a media advisory and
625 transcript of a telebriefing with Dr. Messonnier on
626 February 25, 2020. And do you recall this
627 telebriefing?

628 A I do.

629 Q There's been a lot of attention about it
630 and the response from others in government about it.
631 So what do you recall about this particular
632 telebriefing?

633 A I recall that that was Dr. Messonnier and
634 CDC doing what we do. So I remember it as what I would
635 have expected.

636 Q Did the way CDC communicated with the media
637 and the public change in the period following this
638 telebriefing?

639 A I don't know that it immediately changed.
640 I think Dr. Messonnier did another telebriefing, if I'm
641 not mistaken, in early March. So late February to
642 early March. And then, yes, it changed.

643 Q So there were two. I'm going back to
644 Exhibit 2.

645 A Okay. In March 2020, Exhibit 2?

646 Q I'm looking at the bottom of page 1.

647 A Okay. Yes, I've got it. The last one
648 being the 9th, yes.

649 Q So the rhythm sort of --

650 A Changed.

651 Q -- was nine in January, eight in February,
652 two in March, and then none between March 9th and June
653 12th. Why was there this gap in telebriefings?

654 A Because we were not able to gain clearance
655 to have a telebriefing.

656 Q Okay. Obviously, talking about those
657 principles you mentioned, and sort of if you look at
658 the number of deaths between March 10th and June 12th,
659 it's over 100,000 Americans. Knowing what you know and
660 given your experience, would it have been important for
661 you, given your experience, to maintain that rhythm of
662 information through these telebriefings?

663 A Yes, it would have been.

664 Q And can you tell us a little bit about what
665 was going on specific to telebriefings and the CDC in
666 this period, the three months between March and June?

667 A We were -- we requested to have
668 telebriefings and we did not gain the needed approval
669 to do so.

670 Q Okay. It seems that you're having sort of
671 a reaction to this particular question?

672 A Well, it's just because you reminded us all
673 that, you know, people are dying.

674 Q This particular way of getting information
675 out, I know this is hard to measure, but in terms of
676 the work you do, where does this stack up in terms of
677 importance of getting the subject matter experts out
678 there to the public?

679 A It is a critical piece of any public health
680 response, is to share what you know, share what you
681 don't know, tell people what they can do to keep
682 themselves and their families safe. That's what we do.

683 Q Was it communicated to you that CDC
684 wouldn't be getting clearance for telebriefings during
685 this period?

686 A There were probably -- there was probably
687 at least one occasion where I can remember us being
688 told no. But other times, we just wouldn't get the
689 clearance. So we couldn't proceed unless we get an
690 affirmative, right? So then we can't do it. So a lot
691 of times, it was just -- we weren't told yes, so we
692 couldn't move forward. There were at least one
693 occasion where I can remember being told no.

694 Q Okay. So focusing on that occasion, when
695 was that and what do you recall about it?

696 A I recall that that was early April, and I

697 recall at that time, we were -- so the White House task
698 force had been stood up, and we were working through
699 the then Office of the Vice President. And one of the
700 communication leaders there, we were seeking to do a
701 telebriefing in that timeframe. And he said no, and
702 indicated that the White House task -- that he
703 perceived our request to be duplicative of what the
704 White House task force was doing when they had their
705 press briefings.

706 Q And do you recall who that was in the
707 Office of the Vice President?

708 A Yes, Devin O'Malley.

709 Q Okay. What was the subject matter of the
710 telebriefing that you wanted to do?

711 A That particular telebriefing in early
712 April, we were -- I am -- I'm pretty sure that that was
713 one of the ones that we wanted to talk about a couple
714 of things. So an update on cases, which is a routine
715 part of what we would do. So update on cases, meaning
716 what we're seeing across the country.

717 During that particular one, we also wanted to
718 talk about pediatric cases. And in this case, there
719 were even at that time, three, if I'm not mistaken,
720 pediatric deaths. And so we knew that that was an
721 important piece of information to share.

722 And that we also wanted to talk a little bit more
723 about the public health perspective on wearing cloth
724 face coverings, which was what we were calling masks
725 then. But the public health perspective on wearing
726 those, and why we were adding that to the
727 recommendations of what people could do to protect
728 themselves and their families.

729 Q How is that prepped? Do you guys prepare
730 like a document with talking points? Do you meet with
731 the subject matter expert? Sort of what work was done
732 for that proposed telebriefing in early April?

733 A So we would prepare, yes, talking points,
734 but also we prepared for whoever the SME is. And this
735 one, I'm pretty sure was Dr. Schuchat, because I think
736 in early April is when she started functioning as an
737 incident commander. So I think that's why, I think it
738 was her. And we -- for those telebriefings, we would
739 work with the Joint Information Center to produce a
740 script for the subject matter expert. And then from
741 the script, we distilled a set of talking points that
742 we would normally send to gain clearance to have the
743 telebriefing. We would send the talking points.

744 Q Who in this instance prepared the talking
745 points?

746 A Who?

747 Q Who?

748 A That would have been the JIC media lead.
749 So the person who was working in the response, in the
750 Joint Information Center, as the lead for the media.
751 They would have worked with the incident commander and
752 the response leadership to create and clear the
753 telebriefings script, so we could make sure that all
754 the scientific references in there were accurate and
755 the data was the most accurate.

756 They would have worked with the incident manager
757 and others to do that. And then it would go from the
758 media, the JIC media lead to our news media office.
759 And then we would review, and then work with others as
760 needed to kind of get clearance and then prepare to
761 have the telebriefing.

762 Q Who was the JIC media lead at that time?

763 A I think it was still Kristen Nordlund, but
764 the role -- it does revolve, like different people come
765 in and out, and serve in different roles. I think it
766 was Kristen still, but I would have to go back and
767 check on that for sure.

768 Q Okay. That's Kristen Nordlund?

769 A Mm-hmm.

770 Q Okay. Does she report to you? What's her
771 role?

772 A So the JIC media lead reports to the JIC
773 leads. So she would have been in that reporting
774 structure of the -- within the Emergency Operations
775 Center, within the response itself, she would have
776 reported to the JIC leads. And they all report
777 to -- in some way or shape to the incident commander.

778 Q So we've been told -- we've spoken to a
779 number of people, that a couple of days after that
780 February 25th telebriefing, there was a meeting at the
781 Office of the Vice President with a bunch of different
782 communications folks from health agencies. Were you
783 present at that meeting?

784 A From the Office of the Vice President?

785 Q Yes.

786 A I don't know that I was at that meeting,
787 no.

788 Q Okay. And sort of what we're told was
789 discussed was that from that period onward,
790 communications would have to be cleared through the
791 Office of the Vice President. I think you just
792 described sort of what happened.

793 A Mm-hmm.

794 Q In April. So taking a step back, in
795 previous incident responses, where would the clearance
796 have to go? You mentioned it went to ASPA and the

797 White House was involved in previous responses or was
798 this something new?

799 A It was certainly new for CDC to be told to
800 communicate directly with the Office of the Vice
801 President, right? So I'm assuming that ASPA, in their
802 normal role, they would, in fact, be engaging different
803 arms of the White House, right, and previously. I
804 wouldn't have been part of that, but that's my
805 assumption of what they're there to do. But this was
806 the first from my perspective for CDC to be going back
807 and forth directly with, you know, the Office of the
808 Vice President communications folks.

809 Q Okay. And did you personally communicate
810 with those folks?

811 A There were times when I did, yes.

812 Q And what would you communicate? First,
813 I'll ask you, do you remember specific times? I mean,
814 we talked about this time with Devin O'Malley. Were
815 there other instances?

816 A So there were times when it was either
817 seeking -- it was always kind of in the umbrella of
818 clearance, right? And sometimes that was clearance of
819 news media activities, whether that's interviews or
820 press releases or telebriefings. But then we were
821 also, at that time, being asked to clear content being

822 added to our website, the CDC website for COVID. So
823 there was some elevated kind of clearance protocols for
824 information that was going on the website and some
825 video clearance and it was the -- there was a lot.

826 Q Okay. Starting with media, who did you
827 interact with from the Office of the Vice President?

828 A My own personal interaction was really
829 primarily I remember Devin. I don't remember that I
830 had any other interaction on the media side.

831 Q And what about on the website? Who did you
832 interact with about that in getting things cleared for
833 the CDC website?

834 A I remember that we were given particular
835 people or particular aspects of the communication
836 product, but I don't actually remember other names
837 right now, or, like, who we were sending web content to
838 or who we were sending for video clearance. I'd have
839 to go back and look. I don't remember.

840 Q How did that change your work, adding that
841 layer of clearance?

842 A Well, it created big confusion, obviously,
843 because that's not the way we were used to working.
844 And it also created -- it just -- it cost us all more
845 time.

846 Q And tell us what you mean by that, time, in

847 terms of your time, time, in terms of getting the
848 information out to the public?

849 A It was really about the getting information
850 to the public. And during a response of this scale,
851 again, at that time where everything is so new and you
852 want that regular rhythm, delays in being able to share
853 information, I think that matters, you know, so --

854 Q Obviously for telebriefings, it was more
855 than a delay. It was just a stop to it for three
856 months. But in terms of media appearances, what kind
857 of delay are we talking about in terms of time?

858 A I'd again have to go back and look to know
859 with any certainty. But I don't know that we were
860 doing that many -- that any of us were doing that many
861 interviews, either, not just telebriefings. So I don't
862 remember a lot of interviews happening then, either.

863 Q Why?

864 A At least not with our primary SMEs.

865 Q And why were your SMEs not getting out
866 there? I would think there was probably more press
867 interest in what the CDC had to say?

868 A There was a lot of press interest. And we
869 were trying -- I mean, we were responding to press
870 inquiries. But when those press inquiries needed, you
871 know, on-camera SME or something like that, I

872 just -- again, back to -- if we don't get an
873 affirmative, then we can't do it, so --

874 Q And was your team -- now we're talking, you
875 know, March, April, May. Was your team making a lot of
876 requests and then getting -- not getting the okays
877 during that period?

878 A It's my recollection that we were putting
879 forward requests for broadcast interviews and not being
880 able to fulfill them.

881 Q Who was involved in sort of saying -- or
882 you mentioned some people at the Office of the Vice
883 President, but I guess ASPA is a step before that.
884 Were there people at ASPA as well who were telling your
885 people no?

886 A I don't, again, recall being told no on
887 interviews things, as much as I remember just not being
888 told yes, so -- and it was -- this is part of the
889 confusing part, because sometimes -- or some of the
890 time, I think we were working through ASPA to get to
891 the Office of the Vice President, but there were other
892 times we were told go directly to the Office of the
893 Vice President, and just keep ASPA copied. So I think
894 it just really depended on the timing of things.

895 Q Okay. And would requests go unanswered?
896 You said you weren't told no, but you weren't told yes.

897 So tell us, in practical terms, how that worked.

898 A We would send up requests, and we
899 would -- I mean, we would wait to see if we got an
900 affirmative back. The affirmative would -- we -- it
901 would always -- it always is, always has been, and we
902 would want it to be in writing. So we were waiting for
903 an affirmative email that said, you know, okay to go,
904 you know, proceed. If we don't get that, we don't
905 proceed.

906 [Majority Counsel]. We're at 9:58. I think this
907 would be a good time to take our five-minute break, and
908 then switch it to the other side, because we're getting
909 to some other topics. Does that work for you?

910 The Witness. That works for me.

911 [Majority Counsel]. Okay.

912 [Recess.]

913 [Majority Counsel]. It looks like everybody is
914 here, so we'll turn it over to our colleagues in the
915 minority.

916 BY [MINORITY COUNSEL].

917 Q Thank you, Ms. Galatas, for being here
918 today. My name is [Redacted] with the Republican
919 staff. I want to ask you a few questions first about
920 your history and your role at CDC. So you said you
921 were in the deputy role for about ten years; is that

922 correct?

923 A Yes.

924 Q And how long at CDC total?

925 A About 20.

926 Q Okay. During the ten years that you were
927 deputy, or the 20 years that you were there total, was
928 it routine for you to work with HHS headquarters and
929 ASPA in particular?

930 A Yes, it was.

931 Q Would you characterize it as kind of like a
932 standard operating procedure, standard course of
933 business?

934 A Yes.

935 Q And you talked about how communications
936 worked in a non-emergency and an emergency response.
937 For non-emergency, you said communications go through
938 the program office where the subject matter experts
939 are, and then to the office of the director, and then
940 over to HHS and ASPA, right?

941 A That's correct.

942 Q And that's been true through all
943 non-emergency areas?

944 A Yes, as long as I've been here.

945 Q And you said it was the same for an
946 emergency, but the JIC is involved instead of the

947 program office, right?

948 A That's correct.

949 Q And in your ten years as deputy, there's
950 been H1N1, Zika, Ebola, various other emergencies.

951 A They've all been.

952 Q They've all been the same?

953 A Yes.

954 Q And you characterized ASPA's role as
955 clearance and review of communications. So you had
956 to -- CDC would frame the communications, send it up to
957 ASPA, ASPA would review to make sure that it fits
958 whatever administration is in office right then and the
959 policy, and then clear it for you guys to send out,
960 right?

961 A Right. So you're talking primarily of
962 media materials?

963 Q Yes.

964 A Yes, that's right. We would send interview
965 requests, talking points, or a request for telebriefing
966 or something like that to ASPA.

967 Q And that wasn't -- ASPA's role in clearance
968 and review isn't odd for you? You think that is their
969 role?

970 A That's the standard I've always seen, yes.

971 Q Thank you. I want to move on to the issue

972 with telebriefings. You said they are one of the
973 primary ways to get CDC information out to the public,
974 correct?

975 A (Nodding head).

976 Q What are some of the other ways especially
977 during an emergency time?

978 A Then we would have information on our
979 website, right? We would have information available to
980 those who might call for CDC info. And then we use
981 other media strategies as well. So maybe if we don't
982 need a telebriefing, we might do press releases or
983 individual, like, interviews, instead of a larger
984 telebriefing. So we use multiple channels through
985 which to share information.

986 Q Okay. And you said telebriefings, you've
987 seen them vary in how often they occur from daily to
988 weekly. Have you seen monthly before?

989 A For a -- during an activation?

990 Q Yes. During a public health emergency?

991 A I wouldn't say I've seen them just monthly,
992 no. But the other depiction of, you know, sometimes
993 daily or multiple times a week or weekly, yes.

994 Q Okay. So I'd go back to majority Exhibit
995 Number 2, the list of telebriefings in 2020?

996 A Mm-hmm.

997 Q Based on that, it looks like the previous
998 administration held about 25 telebriefings from when
999 the coronavirus kind of started until when they left
1000 office. Do you agree? I can count them if you want to
1001 or we can just --

1002 A Right. That sounds about right, so, yes.

1003 Q So most of 2020 would have occurred -- I
1004 mean, all -- most of the telebriefings on here say
1005 they're an update on COVID-19.

1006 A Mm-hmm.

1007 Q So all of these would have been based off
1008 of an ongoing or near upcoming public health emergency.
1009 January 17th, I'm trying to remember the first case, I
1010 think it was right around then. So I imagine they're
1011 still covering an emergency scenario?

1012 A Yes. I mean, we were activated, if that's
1013 your question. Are we still activated?

1014 Q Yes. Are you activated in emergencies?

1015 A Yes.

1016 Q And you said telebriefings are a critical
1017 piece of the public health response especially during
1018 emergencies?

1019 A They are.

1020 Q So as I said, the previous administration
1021 did about 25 in the span of 12 months. Thus far in

1022 2021, there have been three briefings in eight months,
1023 none between February 24 and July 27. Do you have any
1024 inclination as to why?

1025 A I don't.

1026 Mr. Barstow. Hey, [Redacted], we're happy to
1027 allow that question, but we're starting to get into
1028 areas outside the scope of the interview.

1029 [Minority Counsel]. I'm just trying to put
1030 things into context here. We're still in a public
1031 health emergency, as Ms. Galatas said. Telebriefings
1032 are an important aspect to the public health response.
1033 It's important to have the context of what was normal
1034 and what is abnormal.

1035 Mr. Barstow. Like I said, I think that last
1036 question was fair, but if you get into specific
1037 conversations or actions, then I'm going to have to
1038 instruct Ms. Galatas not to answer the question.

1039 [Minority Counsel]. Okay.

1040 BY [MINORITY COUNSEL].

1041 Q Ms. Galatas, considering, you know, since
1042 January of 2021, there have been significant
1043 developments in vaccines, therapeutics, various other
1044 ways to treat the coronavirus, and also the rise of
1045 delta variant, we're up to average 2,000 deaths per day
1046 again, would you consider telebriefings to be an

1047 important aspect of getting that information to the
1048 public?

1049 A Telebriefings are. They are important
1050 which is why I've been glad to see the CDC director
1051 engaged in those.

1052 Q Okay. That's -- in fairness, the previous
1053 CDC director was engaged in briefings as well, correct?

1054 A Some of them, yes. Yes.

1055 Q So you said these briefings slowed down
1056 after the coronavirus task force at the White House was
1057 stood up?

1058 A (Nodding head).

1059 Q In previous public health emergencies, you
1060 said around Zika, Ebola, H1N1, has there been work out
1061 of the White House stood up in response to this?

1062 A Yes.

1063 Q So that's not abnormal that in a public
1064 health emergency the White House would be involved?

1065 A No.

1066 Q Okay. During the time that the majority
1067 pointed out some of these telebriefings slowed down,
1068 they were still happening but they slowed down, was the
1069 White House task force doing their own briefings?

1070 A They were.

1071 Q And if I remember correctly, they were

1072 almost on a daily basis, if not sometimes twice a day?

1073 A (Nodding head).

1074 Q The White House task force consisted of
1075 various people across agencies. Dr. Birx, Vice Admiral
1076 Adams, Dr. Collins, Dr. Fauci, Admiral Giroir, Dr.
1077 Hahn, Dr. Marks, Dr. Redfield. Would you consider them
1078 to be medical experts?

1079 A Yes.

1080 Q So in your opinion, medical experts were
1081 still providing direct information to the public?

1082 A They were.

1083 Q All right.

1084 [Minority Counsel]. That's all I have. I think
1085 my colleagues might have some.

1086 [Minority Counsel]. Just a couple questions
1087 here.

1088 BY [MINORITY COUNSEL].

1089 Q On the telebriefings, who attends the
1090 telebriefings?

1091 A Sorry, I'm not sure what you mean by
1092 attend.

1093 Q I'm sorry, my computer was muted. Can you
1094 repeat that? I apologize.

1095 A I think you said who attends?

1096 Q Right, who attends?

1097 A So I don't know if you mean just the like
1098 they're there, or are you saying who participates in
1099 them.

1100 Q Who participates in them?

1101 A So generally, we'll have a subject matter
1102 expert.

1103 Q Sure.

1104 A And then we'll have a press officer who
1105 kind of serves as a moderator.

1106 Q But who calls in to the telebriefings?

1107 A Oh, who calls in. Sorry, got you. News
1108 media.

1109 Q How many?

1110 A It varies, but you know -- it does. It
1111 varies.

1112 Q Two or three?

1113 A Oh, no. More than that.

1114 Q Four or five?

1115 A Depending on the topic, it could be, you
1116 know, a dozen to, you know, several hundred.

1117 Q And then are these telebriefings recorded
1118 and put on your website immediately?

1119 A They are recorded, and they are -- once the
1120 transcription happens, they are added to our website.

1121 Q How long does that transcription take?

1122 A Usually I think it gets up there like
1123 within 24 to 48 hours.

1124 Q Okay. So a dozen to a couple hundred news
1125 media call in to the telebriefings, correct?

1126 A Generally, yes.

1127 Q The White House task force briefing that
1128 [Redacted] just talked about, were those held on
1129 television?

1130 A Yes.

1131 Q And how many people watch that? A hundred?

1132 A How many people watch it?

1133 Q Yeah.

1134 A Your guess would be as good as mine, as
1135 many viewers as those outlets have.

1136 Q And how many viewers do those outlets have?

1137 A I don't know.

1138 Q Do you think it's more than a dozen?

1139 A Yeah.

1140 Q Do you think it's more than a couple
1141 hundred?

1142 A [Gesturing.]

1143 Q Do you think it's carried live on CNN?

1144 A Yes.

1145 Q Is it carried live on CNBC, carried live on
1146 Fox News?

1147 A Yeah.

1148 Q In fact, wouldn't the White House task
1149 force briefings, carried live for anybody in their
1150 living room to watch, be a more effective way of
1151 telling people what you know, what you don't know, what
1152 actions you could take to protect your family than a
1153 closed CDC telebriefing attended by a few dozen media
1154 outlets?

1155 A Sure.

1156 Q I'm sorry, I didn't hear an answer.

1157 A Sure.

1158 Q Do you disagree with that? Do you think
1159 the CDC telebriefing is the most effect way in a public
1160 health emergency to get the message across?

1161 A I think it is one of effective methods of
1162 ways to do that, yes.

1163 Q But you see that the White House briefings
1164 received a lot more coverage than the CDC
1165 telebriefings, correct?

1166 A They did.

1167 Q Thank you.

1168 [Minority Counsel]. That's all I have for right
1169 now. We're going to halt this round of questioning.
1170 We can kick it back to the Democrats.

1171 [Majority Counsel]. Ms. Galatas, would you like

1172 to take another five-minute break or just go through?

1173 The Witness. No.

1174 [Majority Counsel]. Great, thank you.

1175 The Witness. Sure.

1176 BY [MAJORITY COUNSEL].

1177 Q I just have a few questions on this same
1178 topic, if you wouldn't mind indulging me going back in
1179 time a little bit.

1180 You mentioned earlier that CDC wanted to do a
1181 briefing about cases, pediatric deaths, and the use of
1182 cloth face masks in early April. Can you tell us a
1183 little bit more about what specifically CDC wanted to
1184 share during that briefing? Maybe first starting with
1185 the cases, and I guess the current state of the
1186 coronavirus at that time.

1187 A I don't remember what the exact data points
1188 were per se. I just know that that was part of what we
1189 were asking to talk more about what we were seeing
1190 across the country, at that time.

1191 Q At that time, is it fair to say that it was
1192 still the first wave of the pandemic and cases were
1193 still spreading around the country?

1194 A Yes.

1195 Q And in early April, there was still a high
1196 number of people dying from the coronavirus each day?

1197 A That's correct.

1198 Q So when you say you were hoping to share
1199 information about the current status of the pandemic,
1200 it's cautionary information, correct?

1201 A Yes. And when CDC is hosting a
1202 telebriefing about a topic, these or others, it is
1203 always from -- it is the public health perspective on
1204 said topic, which may differ from, you know, we
1205 certainly don't give medical advice per se, right?
1206 We're talking about the public health implications that
1207 we're maybe talking about epidemiology, what we're
1208 seeing around transmission, what we're seeing around
1209 spread, what we're seeing with cases, with what we're
1210 learning about prevention measures, what works and what
1211 doesn't work.

1212 So that would be the nature of a CDC
1213 telebriefing, would be really to hone in on the public
1214 health perspectives.

1215 Q So the CDC's core mission as the nation's
1216 and really the world's preeminent public health
1217 surveillance and prevention organization; is that
1218 right?

1219 A That's correct.

1220 Q What about the topic of pediatric deaths?
1221 Can you tell us a little bit more about what

1222 information CDC was seeing at that time and what they
1223 hoped to convey during that briefing?

1224 A I think the main point then was just to
1225 document, to let folks know that we were seeing,
1226 although limited, we were seeing spread. And even at
1227 that point, we were seeing pediatric deaths from
1228 COVID-19, which was -- you know, it's an important
1229 piece of the emerging stance of things.

1230 And from a public health perspective, you know,
1231 until that point, we had really been most of what we
1232 were seeing, of course, was in the older adult
1233 population. And so it's just important to make sure as
1234 you see cases emerge that you're able to characterize
1235 those, so that folks understand who's at risk, and what
1236 you could -- again, what you could do to protect
1237 yourself and your family.

1238 Q So is it fair to say that people want to
1239 keep their kids safe and learning that there are
1240 pediatric deaths would be information Americans would
1241 want to know?

1242 A Yes.

1243 Q Just a quick clarification. When you say
1244 that you saw three pediatric deaths, are those infants,
1245 adolescents? I understand that the use of the word
1246 pediatric can vary.

1247 A I don't know that I could speak to the
1248 exact age range there. Generally speaking -- yeah, you
1249 know, I don't know. I don't want to say, because I'm
1250 not entirely sure. But I think it's the younger
1251 cohort, and you know, definitely below 18.

1252 Q Okay.

1253 A So potentially, you know, even younger but
1254 I don't know.

1255 Q Thank you. Were there specific
1256 recommendations that CDC wanted to share with respect
1257 to keeping juveniles or pediatric -- the pediatric
1258 population safe at that time?

1259 A I don't know that there were specific ones
1260 that were different than the general social distancing,
1261 you know, again, new recommendations early in April
1262 around wearing cloth face coverings when you are
1263 outside your home, and washing hands, and, you know,
1264 all of those.

1265 Q Was there a particular subject matter
1266 expert who was going to be -- who was being put forward
1267 as the potential briefer with respect to the pediatric
1268 death issue?

1269 A I don't know that it was because of
1270 pediatric deaths per se, but I'm pretty sure that
1271 recommended spokesperson for that particular

1272 telebriefing would have been Dr. Anne Schuchat.

1273 Q Right. Was there any other information
1274 specifically about pediatric deaths that CDC was
1275 planning to share during that telebriefing?

1276 A Not that I recall, no.

1277 Q You also mentioned that the telebriefing
1278 was going to discuss the use of cloth face coverings.
1279 Can you elaborate a little bit about what the planned
1280 information to be disclosed about the face coverings
1281 would have been?

1282 A So my recollection is that because that was
1283 shortly after our recommendation was made, then we were
1284 really looking for that opportunity to talk a little
1285 bit more detail about what we knew about cloth face
1286 coverings, why we were recommending them.

1287 You know, at the time, we were talking about how
1288 to wear them, even if what you could make them from at
1289 the time. You know, we were trying to help people
1290 understand what could be used for cloth face coverings.
1291 So there were just a lot of -- kind of
1292 public -- detailed public health perspective on the
1293 importance of this, and how to do it, and when to do
1294 it, that -- you know, we wanted to make sure we were
1295 communicating about.

1296 Q Thank you. Did you consider this

1297 information about the current state of the pandemic,
1298 the pediatric deaths, and the use of cloth face
1299 coverings important to share with the public at that
1300 time?

1301 A Yes, we did.

1302 Q Why?

1303 A Because, again, as we've talked about, when
1304 you're in an emerging -- when you're in a response, and
1305 everything's kind of you're learning as you go, it's
1306 just important to keep people updated on what we're
1307 seeing. So what we're seeing around transmission, for
1308 example, around the country, what are we learning. So
1309 learning that cloth face coverings could be helpful.
1310 At that time, we used them as source control, so that
1311 they could keep you from spreading it if you
1312 unknowingly have it.

1313 And we've learned more since then. So that's an
1314 example of as you learn more, you talk about it. So in
1315 general, I think that's what we were trying to do. And
1316 certainly seeing transmission in younger -- in
1317 pediatrics and children would have been, you know,
1318 important for us just to note that we're seeing that
1319 transmission.

1320 Q So just to make sure I'm understanding, did
1321 you think it was important from a public health

1322 perspective to get this information to the public, so
1323 that they could keep themselves safe?

1324 A Yes, that's exactly right.

1325 Q You said that in this particular case, the
1326 early April telebriefing, that the request was rejected
1327 by Mr. O'Malley in the Office of the Vice President.
1328 And I think you also mentioned that his reason was that
1329 it was going to be duplicative of what the White House
1330 coronavirus task force was going to cover. Do I have
1331 that right?

1332 A There was definitely one of the
1333 telebriefings that we wanted to have where that was
1334 Devin's response. I would really have to go back and
1335 check to make a 100 percent sure that it was this very
1336 one that we're talking about. I think it was, but
1337 I -- you know, I could be mistaken about whether that
1338 was the exact one or not, because we were putting
1339 forward multiple requests at the time.

1340 Q Okay. I guess just as an initial question,
1341 were others part of these communications where you
1342 would be conveying these requests for the approval for
1343 the telebriefings, and then hearing back that they were
1344 rejected?

1345 A Well, so there were other people on
1346 the -- like email chain, if that's what you're asking,

1347 were there others on the email chain?

1348 Q Yes.

1349 A Yes, there were others.

1350 Q I understand that this is a bit of a memory
1351 test, but who would you have generally expected to be
1352 on those communications, maybe first from the White
1353 House?

1354 A Well, I think Devin would have been on it
1355 for sure. From the CDC side, the acting OADC director
1356 at the time was Michelle Bonds, and she probably would
1357 have -- in fact, not probably, she was the one that
1358 would put forward the request. I was often copied on
1359 those when she sent them forward. So she would
1360 definitely be on them.

1361 Q Do you recall if there were others from the
1362 White House that were also involved in these decisions?

1363 A Not that I can remember.

1364 Q Do you recall if the White House
1365 coronavirus task force ended up covering the same
1366 information that Mr. O'Malley suggested was going to be
1367 duplicative of the CDC's planned telebriefing?

1368 A I don't remember that they covered those
1369 exact topics at that time, or at the level of maybe the
1370 depth that we would have. Again, from that public
1371 health perspective.

1372 Q What do you mean by that, the level that
1373 CDC would have provided?

1374 A So it's just that the White House, of
1375 course, would have multiple topics to cover, right?
1376 Where we would have really been -- our telebriefings
1377 were only on the CDC specific public health aspects of
1378 a response, right?

1379 So in that context, we would have been going
1380 deeper, I think, into public -- things that we thought
1381 were important from a public health perspective versus
1382 I think, you know, having watched many of those White
1383 House telebriefings, they just covered other things,
1384 and not always just the CDC piece. So that's all I
1385 meant.

1386 Q And I remember watching some of those
1387 briefings myself. In some cases, the former President
1388 was doing all the talking at those briefings; is that
1389 right?

1390 A Yes, I think he did participate in some of
1391 those briefings.

1392 Q Is it fair to say that CDC's public health
1393 experts would have had expertise in these matters that
1394 perhaps the former President wouldn't have had?

1395 A Fair.

1396 Q Do you think that there's a value in having

1397 the White House, the CDC, and perhaps even other
1398 relevant agencies all provide briefings to the public
1399 during a time of public health crisis?

1400 A Yes.

1401 Q Why?

1402 A I think, you know, in an epidemic, pandemic
1403 of this scale, I think there are rightly other arms of
1404 the federal government who have important roles that
1405 they're playing, not just CDC. So it's always good to
1406 have CDC at that table and, you know, happy that we
1407 were there at different times, right? But it
1408 isn't -- wouldn't be exclusive to us, nor should it be.
1409 I think the difference, again, was that CDC had
1410 advocated to do ours, so that, again, we could go a
1411 little deeper into our respective piece of that.

1412 Q And is it -- our colleague mentioned that
1413 perhaps the audience is larger at the White House
1414 briefings than the CDC briefings. Who would be at the
1415 CDC briefings, generally?

1416 A Generally, those are the beat reporters for
1417 health and public health.

1418 Q And they, in turn, would disseminate the
1419 information that CDC provided to the readers of their
1420 publications?

1421 A Correct.

1422 Q The interview? And so it's not that CDC's
1423 briefings were only heard by 12 people; is that
1424 correct?

1425 A Of course not.

1426 Q Do you have any sense of the number of
1427 people who would, in turn, read the USA Today articles
1428 that catalogued what was disseminated during those CDC
1429 press conferences?

1430 A I mean, I really don't know the
1431 distribution numbers for all the major media, but, you
1432 know, we generally understand that it's more than a
1433 dozen.

1434 Q It's safe to say that the press understands
1435 that CDC are subject matter experts in these fields,
1436 and they look to the CDC for that information, and then
1437 disseminate it to the broader public?

1438 A Yes, they definitely do.

1439 Q Going back to the White House coronavirus
1440 task force briefings. You mentioned, I think just a
1441 moment ago, that you're not sure that the information
1442 that CDC wanted to convey during that April
1443 telebriefing was either fully conveyed to the public or
1444 perhaps it was delayed. Let's go one by one.

1445 Can you recall anything specific that CDC wanted
1446 to share about cases and the current state of the

1447 pandemic that either wasn't conveyed by the White House
1448 coronavirus task force or perhaps was delayed in being
1449 conveyed to the public?

1450 A Not specifically, no.

1451 Q What about the information about pediatric
1452 deaths?

1453 A I don't recall, you know, in that
1454 timeframe. I don't recall them talking about pediatric
1455 cases. It doesn't mean they didn't. You know, I'm not
1456 going to say that I watched every one of them, right?
1457 So I just don't know.

1458 Q But sitting here today, you don't recall
1459 pediatric cases and deaths being discussed in that same
1460 April -- early April timeframe that you wanted to do
1461 the CDC telebriefing?

1462 A I don't.

1463 Q What about the information on the use of
1464 cloth face coverings?

1465 A That was covered at the White House
1466 briefing, yes.

1467 Q Do you recall if it was roughly
1468 contemporaneous with the early April briefing that CDC
1469 wanted to do?

1470 A If I'm not mistaken, that one was one that
1471 then-President Trump was involved in. That was, if I'm

1472 not mistaken, April 3rd. And he did mention CDC
1473 recommending wearing cloth face coverings at that time.
1474 He also mentioned that he probably wouldn't wear one,
1475 but that others could.

1476 Q Was that consistent with the information
1477 that CDC would have shared at their own briefing?

1478 A No.

1479 Q Did that -- did the former President's
1480 comments give you any concern about how it would be
1481 perhaps taken by the members of the public listening?

1482 A I thought it was a bit of a mixed message.
1483 That CDC recommends wearing them, but I'm not going to.

1484 Q What's the potential impact or harm from
1485 sharing mixed messages to the public on issues of
1486 public health guidance?

1487 A Well, again, especially when you're trying
1488 to help people understand what they can do to protect
1489 themselves and their loved ones, then consistency of
1490 messaging, and then also having your own actions align
1491 with what you're recommending, I mean, those are
1492 important principles.

1493 Q And obviously, there have been lots of
1494 debates over the last year-and-a-half about wearing
1495 masks. Has CDC found that there's been resistance to
1496 masks over the course of the pandemic?

1497 A I think that we've seen, much like the rest
1498 have, through media coverage, that there are those who
1499 are unwilling or who maybe don't believe the science
1500 behind or the findings behind the protective measure
1501 being that it's effective, so --

1502 Q Just a couple more questions for me and
1503 then I'll turn it back over to my colleague,
1504 [Redacted].

1505 Earlier, you appeared to get upset when you were
1506 describing the request from CDC to perform briefings to
1507 the public in the spring of 2020 being rejected, and
1508 you mentioned that people were dying. Why is this
1509 upsetting to you?

1510 A I mean, we're all human beings, and moms
1511 and daughters and wives and, you know, we're all of
1512 those things at CDC. We aren't just people who look at
1513 case counts and don't look at the lives behind the case
1514 counts. They aren't just numbers and statistics.

1515 So when [Redacted] reminded us that during that
1516 time, you know, that's what we were all seeing, it's
1517 just that reminder. You know, it's hard for me -- it
1518 was hard for me then, it's hard for me now. It's a lot
1519 of lives lost, and it's just -- you know, we're in this
1520 from public health to save lives and protect people,
1521 and it's hard to watch so many people suffer.

1522 Q In that period when CDC was not being
1523 allowed to perform briefings and interviews and get
1524 information to the public, did you think it was
1525 important that information was not being provided that
1526 perhaps could have kept people safe, and that it was
1527 important for CDC to -- it would have been helpful for
1528 CDC to be able to speak publicly about these matters?

1529 A I feel like it would have been, yes. From
1530 that public health perspective, I think it would have
1531 been important for timely information to be kept coming
1532 from CDC.

1533 Q Do you believe that some of these decisions
1534 may have undermined CDC's efforts to save people's
1535 lives during the pandemic?

1536 A What do you mean decisions? Like --

1537 Q I guess maybe first the decision not to let
1538 CDC get information out to the public in the manner
1539 that the agency thought best at that time.

1540 A I mean, I would say, again, I think it
1541 could have helped.

1542 Q You mentioned -- strike that.

1543 In making these requests up the chain to the White
1544 House to do telebriefings and interviews, are you aware
1545 of why approval was being withheld?

1546 A No.

1547 Q Did you ever hear from a colleague any
1548 conversation that would suggest a reason why approval
1549 was withheld?

1550 A No.

1551 Q Did you or anyone else at CDC escalate this
1552 internally at CDC, perhaps to Dr. Redfield?

1553 A I did not, personally. I think that -- I
1554 think that he was aware. I don't know who in
1555 particular made him aware, but I do think he had some
1556 level of awareness, yes.

1557 Q Are you aware if Dr. Redfield, in turn, may
1558 have escalated this to the White House or to others to
1559 try to get CDC out of the box and able to provide those
1560 public briefings and interviews?

1561 A I don't know that in particular.

1562 [Majority Counsel]. Thank you so much, Ms.
1563 Galatas. I'm going to turn it back over to my
1564 colleague, [Redacted].

1565 [Majority Counsel]. Okay.

1566 BY [MAJORITY COUNSEL].

1567 Q I think we can pick up there and talk about
1568 this same time period, so we're talking early into
1569 mid-April, and it's our understanding that around that
1570 time, there were some personnel changes at ASPA. Is
1571 that what you remember?

1572 A Personnel changes at ASPA?

1573 Q At ASPA, yeah.

1574 A Currently, I don't remember.

1575 Q Who were your primary contacts at ASPA?

1576 A Primarily, we would work through the public
1577 health, the person there that was like his beat was
1578 public health, and that was Bill Hall. So he was our
1579 primary go-to. And then I think there were times where
1580 we would interact with, I think Ryan Murphy. I'm not
1581 sure exactly what his role, but at the time, I think he
1582 probably was the deputy of ASPA. And then there were
1583 also a few occasions when we'd work with the ASPA, more
1584 directly, I think at the time was Judy Stecker.

1585 Q Okay. What were the occasions when you
1586 would work with ASPA yourself during that time?

1587 A Well, at that time, it was primarily -- it
1588 was not primarily me working with Judy. It was really
1589 the acting OADC director at the time, which was
1590 Michelle Bonds. So that's primarily who worked with
1591 her, or who would have worked with her.

1592 Q When did you first interact with Michael
1593 Caputo after he took over at ASPA?

1594 A So I think shortly after he came onboard,
1595 which I think would have been in the June timeframe.
1596 At that point, I was then the acting OADC director. So

1597 in the middle of May, Michelle Bonds left the acting
1598 OADC director role. I became acting OADC director.

1599 And because of that, I was included in a meeting
1600 that Michael Caputo arranged, where he wanted to talk
1601 to the communications leadership around HHS. So I
1602 think all of the operatives, we were invited to
1603 participate in a telephone call where he, you know,
1604 introduced himself and talked about how happy he was to
1605 be at HHS, and in this role.

1606 Q That meeting, that I guess phone call, that
1607 would have been -- so after you took over as acting
1608 director and sometime in June?

1609 A Yes. As I recall, that meeting was in
1610 June.

1611 Q Who else was at that meeting, do you
1612 recall?

1613 A There were other staff from ASPA there.
1614 There were -- like I said, there were other
1615 communication leaders on the calls.

1616 Q Did he communicate any new policies, in
1617 terms of how CDC would work with ASPA at that time?

1618 A I don't think he did on the phone that day.
1619 I don't remember that level of detail. I know that we
1620 did get written communication from Michael Caputo after
1621 that, that clarified that we should go back to kind of

1622 normal protocol, and move things only through ASPA, and
1623 not through the Office of the Vice President anymore.
1624 So sometime in that timeframe, we got some
1625 clarification that we could stand down on direct
1626 interaction with the Office of the Vice President.

1627 Q So then you would go back to moving things
1628 through ASPA, and getting ASPA clearance?

1629 A That's correct, which was standard
1630 protocol.

1631 Q I guess we'll get into, as you might
1632 anticipate, some specifics later. But in general, how
1633 would you describe your interactions with Mr. Caputo?

1634 A I didn't find him to be particularly fun or
1635 pleasurable, but I also didn't have that many of them.

1636 Q In the ones you did have, why did you feel
1637 that way?

1638 A Because I felt that there were
1639 unprofessional behaviors that were not pleasant.

1640 Q Like, I mean, we'll get into specifics, but
1641 generally, what was unprofessional about your
1642 interactions with him?

1643 A He was just, I felt, very threatening.
1644 Like, you know, bully-ish behavior that I didn't find
1645 particularly professional or necessary, to be honest.

1646 Q Had you experienced that before?

1647 A No.

1648 Q In the workplace?

1649 A No.

1650 Q Nothing like that?

1651 A No.

1652 Q The other folks at ASPA, you understand
1653 that he had some other people working for him, and I'll
1654 just ask you if you've interacted with them. Did you
1655 interact with a Dr. Paul Alexander at ASPA?

1656 A I was on some emails with Paul. I don't
1657 recall ever having a direct interaction, in terms of a
1658 phone call or anything like that, but we were on some
1659 email trails together, yes.

1660 Q And what about Brad Traverse?

1661 A Also on some email trails together. Maybe
1662 a couple of phone calls. In fact, I think he might
1663 have been on that first phone call with Michael Caputo,
1664 when he was introducing himself. I think Brad was
1665 there.

1666 Q Okay. Is it safe to say that that first
1667 phone call was probably pretty friendly?

1668 A [Nodding head.]

1669 Q So when did the unprofessional threatening
1670 behavior begin?

1671 A So there was one instance -- well, there

1672 are two instances. They both happened during the
1673 course of that summer of 2020. I don't remember
1674 exactly when. But one, I wasn't directly involved in,
1675 but it involved Kristen Nordlund, the person I
1676 mentioned earlier who was in the Joint Information
1677 Center, the media lead role. And back and forth
1678 between she and Mr. Caputo that I became aware of,
1679 because she brought me in and sought my counsel on it.
1680 And then the other one directly involved me. And that
1681 one happened later in the summer, like, I think
1682 July-ish.

1683 Q Okay. We'll go through those in a little
1684 bit more detail in a little bit. I can imagine these
1685 are not things you want to relive, but we want to hear
1686 your perspective about them. Did others -- so
1687 obviously, those two incidents. Were there others at
1688 CDC communications that had other incidents with anyone
1689 at ASPA?

1690 A You're asking for incidents versus
1691 interactions? I want to make sure I understand.

1692 Q Incidents as sort of an unprofessional
1693 threatening behavior outside of those two that you
1694 mentioned?

1695 A I don't know of any.

1696 Q Okay. We've been told by others at ASPA

1697 that folks at CDC in communications had expressed
1698 frustration that Mr. Caputo would be slow and fail to
1699 respond to clearance requests. Was that your
1700 experience?

1701 A I don't know that I could quantify whether
1702 it was slow or not, to be perfectly honest, so, no.

1703 Q Okay. Did anyone -- did you know of anyone
1704 expressing that frustration as Mr. Caputo sort of
1705 acting as a bottleneck for clearance?

1706 A I heard it depicted that way, but I
1707 don't -- yes, I heard people talk about it that way,
1708 but just in a general sense, not -- not anything that I
1709 thought was, you know -- not anything that I thought
1710 was actionable on my end at the time.

1711 Q Okay. I think it may be helpful for us to
1712 look at a media request, and sort of have you walk us
1713 through the process.

1714 A Okay.

1715 Q And now I'm referring to Exhibit Number 3.

1716 [Exhibit No. 3 was identified
1717 for the record.]

1718 BY [MAJORITY COUNSEL].

1719 Q I'll give you a minute to review.

1720 A Okay. It's open.

1721 Q Okay. So let's start at the bottom.

1722 A Okay.

1723 Q And we're looking at an email from Paul
1724 Fulton?

1725 A Mm-hmm.

1726 Q And the subject is Dr. Redfield Interview
1727 Clearance - AAP News Interview. It was sent on May 8th
1728 at 8:55 a.m.

1729 A Mm-hmm.

1730 Q So who is Paul Fulton?

1731 A Paul was then functioning as a press
1732 officer assigned to support the CDC director.

1733 Q Now, does the director have its own sort of
1734 communications team or are they folded into your --

1735 A They were a team of folks that at the time
1736 were operating -- I think they were at the OD level of
1737 the division of public affairs. So that supported the
1738 CDC director.

1739 Q So Paul Fulton didn't report directly to
1740 you, he reports up through the chain?

1741 A Correct.

1742 Q Okay. And so looking at this, there was a
1743 request for Director Redfield to participate in an
1744 embargoed interview about an MMWR?

1745 A Mm-hmm.

1746 Q It looks like you're on this email with a

1747 number of other folks?

1748 A Yes.

1749 Q And looking at the section that says Main
1750 Messages.

1751 A Mm-hmm.

1752 Q Can you tell us sort of how the
1753 communication folks prepare points like this, in order
1754 to prepare someone for an interview?

1755 A Sure. So this was -- these were talking
1756 points developed -- this would have been an example of
1757 material that would have been developed with
1758 the -- through the Joint Information Center, so through
1759 the JIC, through the media team there, the JIC lead,
1760 along with the MMWR staff, and whomever the kind
1761 of -- wherever this -- the first author, wherever that
1762 person would have been working in the response.

1763 So usually it would be the first author, the
1764 response leadership working with the JIC lead in the
1765 media to really hone in on what are the key points from
1766 the MMWR. They would share them with us in OADC. And
1767 whether it was material that would be used like this to
1768 support an interview, we would put it into the ASPA
1769 format, and then ask for clearance.

1770 There were other times we might drop something
1771 like this into a press release, and then kind of send

1772 it up for clearance, so -- but the general way it would
1773 happen, because the MMWR would be the first author,
1774 whatever unit they're within, within the response, JIC
1775 lead, JIC media, and then us.

1776 Q And for this particular MMWR, the title was
1777 Effects of the COVID-19 Pandemic on Routine Pediatric
1778 Vaccine Ordering and Administration, United States,
1779 2020.

1780 A Mm-hmm.

1781 Q So this was -- if we move down to the
1782 fourth bullet, that talks about the data. It says,
1783 recent data from two CDC systems show troubling
1784 decreases in ordering and administering of childhood
1785 vaccines during the beginning of 2020, indicating that
1786 many children are vulnerable to serious disease.

1787 In the next bullet, the need to protect against
1788 serious disease doesn't disappear during this public
1789 health emergency focused on COVID-19.

1790 So it seems like this MMWR was about exactly what
1791 the title says.

1792 A Mm-hmm.

1793 Q That routine vaccines, vaccine ordering and
1794 administration in kids, due to the pandemic, these
1795 numbers are low?

1796 A Mm-hmm.

1797 Q And let's move up the chain, and see how
1798 the clearance worked here. So now we have an email at
1799 9:04 from Bill Hall, and he says, assuming you all will
1800 send up here to ASPA through regular channels for
1801 clearance, once CDC internally has made a decision on
1802 whether to have him do this.

1803 So this is what you were talking about earlier,
1804 right? These are the regular channels of going through
1805 ASPA.

1806 A Well, Bill is asking if we will do that.
1807 But what makes this one unusual, Paul, you'll see, sent
1808 his email to Rachael Oury. Rachael at the time was a
1809 local appointee sent down -- sent to CDC to help manage
1810 media around the COVID response. So I think what you
1811 see here is Paul basically asking Rachael, you know,
1812 assuming either Rachael's going to bring it up and get
1813 approval, or she's going to tell him to do it, I guess.

1814 Q I think you skipped ahead a little. I just
1815 want to take this sort of piece by piece.

1816 A Okay.

1817 Q Before -- I'm sorry, you were talking about
1818 Paul Fulton?

1819 A Yes, I was talking about Paul Fulton.

1820 Q Sorry, my mistake.

1821 A That's okay.

1822 Q The other Paul?

1823 A The other Paul, yes.

1824 Q Let me stop and ask you about Rachael.

1825 When did she come onboard?

1826 A I do not remember. I know Michawn Rich was
1827 the first person in that role that we had, and she
1828 maybe came in April, May. And then Rachael came after
1829 her. I don't really remember the timeframe as closely,
1830 but it looks like she was here pretty early in May,
1831 so --

1832 Q And you mentioned she was a political
1833 appointee?

1834 A Yes.

1835 Q And what role did she play sort of on your
1836 team, in terms of clearances for media?

1837 A I wouldn't say that she was on our team. I
1838 think she operated, I think, out of the office of the
1839 director in the chief of staff's office, is where she
1840 kind of sat. She didn't -- I don't think she was
1841 assigned to us. We didn't -- it wasn't conveyed to us
1842 that way, anyway. But she was here, to our
1843 understanding of her role, was that she would have a
1844 role in facilitating media clearance for CDC through
1845 the administration, so --

1846 Q And what were your personal interactions

1847 with her?

1848 A They were kind of along the lines of what
1849 you're seeing here. We would -- different ones of us
1850 would bring information to her to help facilitate a
1851 path for clearance.

1852 Q Okay. So from Bill Hall's email at 9:04, I
1853 guess the decision internally was made or had to be
1854 made for the director to do this interview, and then
1855 clearance would go through ASPA?

1856 A Mm-hmm.

1857 Q Is that right?

1858 A Mm-hmm.

1859 Q And then here, scrolling up, an email at
1860 11:48 from Rachael Oury?

1861 A Mm-hmm.

1862 Q And she says, correct, awaiting ASPA
1863 clearance. CDC OADC ASPA Clearance OS Interviews,
1864 adding those folks.

1865 A Mm-hmm.

1866 Q Okay. Including you?

1867 A I think I was already on there, but yes.

1868 Q Okay. And then a response back from
1869 Michael Robinson at 11:54, the attached MMWR is live
1870 and would be, I guess, OK'd by TF.

1871 So by that time, I guess, according to this

1872 email, the MMWR was live available on the website?

1873 A Mm-hmm.

1874 Q And what does OK's by TF mean to you?

1875 A I don't actually know if that's initials of
1876 somebody or -- I don't know.

1877 Q Okay. Could it mean task force in this
1878 instance?

1879 A It could, maybe.

1880 Q Again, would that make sense, because you
1881 guys are going through ASPA, ASPA is handling sort of
1882 the interactions with the White House Office of the
1883 Vice President at this point?

1884 A Right. Right.

1885 Q Okay. I think it's helpful to now
1886 look -- well, we can just work our way up.

1887 A Mm-hmm.

1888 Q And there's a 2:04 email from Paul
1889 Alexander to Michael Robinson?

1890 A Mm-hmm.

1891 Q And it says, hi, Dr. Paul Alexander working
1892 with Michael Caputo at HHS. The key here is to
1893 highlight that we are all not equally at risk and
1894 children are at minimal risk, based on how the virus
1895 has been characterized thus far. We continue to learn
1896 daily, but at this time, children are at little risk.

1897 It is important to communicate that by not taking these
1898 vaccines, parents will place their kids at risk for
1899 other illnesses that are usually dealt with via routine
1900 vaccines for vaccine preventable illnesses. We know
1901 that parents are concerned, but they must weigh the
1902 risk of no vaccine, and thus increased risk for
1903 illnesses that are usually handled with the vaccine.
1904 This is a very important issue. Parents are concerned
1905 and we need to communicate that we are all not at equal
1906 risk in the U.S., CDC data suggests that children 0-19
1907 years old have risk of 0 percent.

1908 So none of that about the risks of COVID to
1909 children was in the MMWR, is that safe to say?

1910 A Yeah, I don't think that would have been
1911 covered in that particular MMWR.

1912 Q Would your press team have included these
1913 points in prepping the director for this interview?

1914 A Say that again?

1915 Q Would your press team have included these
1916 particular points in prepping the director for this
1917 interview, as in points that were not in the MMWR?

1918 A I don't know. I don't know. I think that
1919 what would have happened is we would have prepped the
1920 CDC director on the findings and the CDC points that
1921 you saw below. That's where we would traditionally

1922 give our focus. So I don't that this would have been
1923 brought to the CDC director's attention or not.

1924 Mr. Barstow. I don't know where you're going
1925 with this questioning line, but I don't know if it
1926 would be helpful for Kate to explain what her role was,
1927 and what she had awareness of when it came to MMWRs.
1928 Or maybe that could help on time.

1929 [Majority Counsel]. Sure.

1930 BY [MAJORITY COUNSEL].

1931 Q I mean, I'm just asking sort of about the
1932 preparation. During an interview like this, that would
1933 involve a prep team and people you worked with. And
1934 what that would entail, as opposed to what's being
1935 discussed here in this email.

1936 A Right. Right. So again, I think, in
1937 general, the CDC approach would be to stick closely to
1938 the facts and the data being shared in that particular
1939 MMWR.

1940 Q Okay.

1941 A So again, I'm back down to the original set
1942 of main messages that Paul Fulton put forward. That's
1943 where we would have --

1944 Q Okay. And then moving up, there's an email
1945 from -- so these few exchanges with Paul Alexander were
1946 with just Michael Robinson, and then Michael Robinson

1947 and Rachael Oury?

1948 A Mm-hmm.

1949 Q And now pointing your attention to this
1950 Friday, May 8th email, at 2:28 p.m. And Bill Hall
1951 writes, plus CDC comms. Please always include CDC
1952 comms team for awareness if nothing else. There is an
1953 extensive set of points CDC has made around childhood
1954 immunizations.

1955 A Mm-hmm.

1956 Q So you see that he is adding you and other
1957 comms people back on this chain?

1958 A Mm-hmm.

1959 Q And this points out, please always include
1960 CDC comms for awareness if nothing else.

1961 Were there problems with communication between
1962 ASPA and CDC, where your team was left off of emails
1963 like this, that you're aware of?

1964 A I mean, I will say that, you know, I'm sure
1965 that ASPA has its own need to be -- do back and forth.
1966 I think what Bill is trying to point out here is, if
1967 the ASPA team is only including Rachael, then that is
1968 not the full set of -- that's not the CDC comms eyes on
1969 an issue, right?

1970 So I think that's what he was pointing out. And
1971 I think that there were probably, you know, cases of us

1972 falling off of emails, and then us being on some emails
1973 and not others. So I think that's a fair depiction
1974 that we were on some, but not others. And that was
1975 true for me.

1976 Q Did that affect your work?

1977 A Well, yes, it would affect our work if, in
1978 fact, we were the ones supposed to be taking action on
1979 someone, or weighing in, or you know, executing on
1980 something, you know, we would have to understandably be
1981 on the chains to have full awareness if nothing else.

1982 Q And then his point that there's an
1983 extensive set of points CDC has around childhood
1984 immunization.

1985 A Mm-hmm.

1986 Q What's he talking about there?

1987 A So I think what he means is, given the
1988 title of the article, then the -- kind of our standard
1989 messaging about the importance of regular childhood
1990 vaccination, those are pretty standard messages we have
1991 that may or may not have been directly referenced in
1992 the article. And he's -- I think what he's saying is,
1993 our SMEs would be aware, would know how to talk through
1994 those.

1995 Q Okay. And just to close out, it seems that
1996 there were points the CDC were prepping the director

1997 for, those main points at the bottom?

1998 A Mm-hmm.

1999 Q And then there were sort of points outside
2000 of the report that came from Mr. Alexander and ASPA.
2001 Is that a fair reading of this exchange?

2002 A It looks that way, yes.

2003 Q Did you or anyone on your team experience
2004 this sort of thing with ASPA, in terms of them wanting
2005 to emphasize particular points in CDC communications?

2006 A So you're -- are you asking, [Redacted],
2007 did this type of thing happen routinely?

2008 Q Or at all, yes.

2009 A Yes, I think it did.

2010 Q Okay. I'm going to follow up on that, but
2011 we're running out of time, so I'll flip it to -- well,
2012 first, I'll ask if you want a five-minute break. And
2013 if you're okay, we can flip to the minority.

2014 A Okay.

2015 [Minority Counsel]. Thanks, [Redacted].

2016 BY [MINORITY COUNSEL].

2017 Q Ms. Galatas, I just have a few quick
2018 questions. Is the CDC a law-making agency or do they
2019 make recommendations?

2020 A Make recommendations.

2021 Q Okay. And then this early April

2022 telebriefing that we've been talking about on the cases
2023 of limited pediatric deaths, and the use of face masks,
2024 do you know about when that was supposed to be
2025 scheduled?

2026 A I don't know the exact date. I think it
2027 was around April 9th, 10th, 11th. It's still in that
2028 early part of April.

2029 Q Okay. So the COVID task force briefing on
2030 April 3rd would have predated this telebriefing, in
2031 your memory?

2032 A Yes.

2033 Q And at that briefing, the President said
2034 the CDC is advising the use of non-medical cloth face
2035 coverings as an additional voluntary public health
2036 measure. Is that in line with CDC's recommendation at
2037 the time?

2038 A Yes.

2039 Q And then do you think -- so that was in the
2040 White House briefing room with the President and COVID
2041 task force. Do you think a CDC telebriefing one week
2042 later would have gotten the information out faster and
2043 to more people than an official announcement from the
2044 President of the United States?

2045 A I think two things there. One, I think
2046 that if I'm not mistaken, that's the same telebriefing

2047 where the President also indicated that he -- you know,
2048 you can wear them if you want, but I probably won't.
2049 So that was one mixed message, frankly, that we thought
2050 we -- it helped underscore the need to provide more
2051 information about why we were recommending.

2052 Q But his statement was in line with the
2053 recommendation. CDC can't mandate a mask.

2054 A No.

2055 Q So him saying the CDC recommends wearing a
2056 mask, you have to do what you have to do is in line
2057 with what the CDC's authorities and recommendation was?

2058 A I don't remember him saying you have to do
2059 what you have to do.

2060 Q I editorialized a little bit.

2061 A Yeah.

2062 Q He said, it's voluntary, you don't have to
2063 do it. That sounds like a recommendation.

2064 A Well --

2065 Q Not a mandate. Do you agree?

2066 A It was him saying that --

2067 Q No, it --

2068 A He recommended.

2069 Q Can he recommend things or mandate things?

2070 A Right.

2071 Q All right. Thank you.

2072 A Sure.

2073 Q It also says that telebriefings conducted
2074 by the CDC back in April 2020, in addition to White
2075 House task force meetings and the various other press
2076 events that Dr. Redfield, Dr. Fauci, Dr. Birx were all
2077 doing on television could have been helpful. Could
2078 those telebriefings, in addition to those same doctors
2079 other than -- well, Dr. Fauci, Dr. Collins,
2080 Dr. Walensky going on TV, could CDC telebriefings still
2081 be helpful now?

2082 A I don't understand your question. I'm
2083 sorry.

2084 Q You said in response to -- I'll
2085 rephrase -- in response to the majority's questioning,
2086 that telebriefings in conjunction with White House
2087 briefings and other media appearances would have been
2088 helpful back in April of 2020. Do you stand by that?

2089 A I think they would have been, yes.

2090 Q Okay. Do you still think they would be
2091 helpful now?

2092 Mr. Barstow. [Redacted], we're getting into
2093 questions outside of the scope of the briefing for the
2094 interview today, so I'll instruct Kate not to answer
2095 that question.

2096 BY [MINORITY COUNSEL].

2097 Q Do you think CDC public health briefings
2098 are helpful during public health emergencies?

2099 A Sorry, [Redacted], you broke up, then.

2100 Q I'm sorry, Kate. My volume was off again.
2101 Generally speaking, you believe CDC public health
2102 telebriefings are helpful during public health
2103 emergencies, correct?

2104 A I do.

2105 Q And we're still in a public health
2106 emergency, correct?

2107 A Correct.

2108 Q Okay. Thank you. Are there people that
2109 you don't think should give COVID briefings, you think
2110 it should only be subject matter experts?

2111 A No, I think what I said earlier is there
2112 are different aspects of -- when you have a pandemic,
2113 there are different aspects of the pandemic that
2114 different experts should speak to. So I think the
2115 public health experts should speak about their
2116 respective roles.

2117 Q So having non-public health experts give
2118 briefings would be problematic to you?

2119 A Well, I didn't say it would be problematic.
2120 I said that if they're speaking to their respective
2121 areas of expertise, and there's reason to talk about

2122 that, then they should be. But the public health
2123 expertise should be coming from the public health
2124 people. I think that's just kind of good practice.

2125 Q Okay. So in your opinion, the President of
2126 the United States, former, current, whichever President
2127 of the United States, I don't think we have had an
2128 epidemiologist or virologist ever elected to the White
2129 House, should not be providing epidemiological or
2130 virological information to the public?

2131 A I'm not saying they shouldn't be allowed to
2132 talk about it. I'm saying that, you know, there are
2133 reasons to have more detailed conversations or more
2134 detailed information sharing, and some of that should
2135 be handled by the experts.

2136 Q In telebriefings?

2137 A Sure.

2138 Q Okay. And as a reminder, there have been
2139 four this year.

2140 [Minority Counsel]. That's all I have. Thank
2141 you.

2142 [Majority Counsel]. All right. So we've been
2143 going for more than two hours now, I think. If it's
2144 okay with everyone else, we would like to take a
2145 ten-minute break. Does that work with everyone?

2146 The Witness. Sure.

2147 [Recess.]

2148 BY [MAJORITY COUNSEL].

2149 Q Okay. Ms. Galatas, I don't see you. Are
2150 you there?

2151 A Yeah, I'm here.

2152 Q There you are.

2153 A Okay.

2154 Q Okay. So I want to follow up on the point
2155 that you last made. We were kind of summing up that
2156 email exchange, and talking about CDC preparing talking
2157 points, and then ASPA having their own points that they
2158 wanted to be made. And you said that we did see this
2159 happening. Can you tell us what you were talking about
2160 in the context of prepping the director, sort of where
2161 else you saw this happen in those -- in that timeframe?

2162 A I mean, I think the email trails speak for
2163 themselves. I mean, some of them I was on, some of
2164 them I wasn't on. But they're -- you know, I think the
2165 heart of what you're asking is, was Paul Alexander and
2166 others from ASPA trying to influence what the CDC
2167 director was saying. I mean, I think that that's what
2168 appears was -- you know, that's what it appears was
2169 happening.

2170 Q And outside of this email chain, did that
2171 happen on other sort of media engagements, be it

2172 talking points, or for interviews, or anything else
2173 that came out from CDC?

2174 A There were other times where Caputo and
2175 Alexander were trying to weigh in on talking points for
2176 the director and -- yes. So there were other instances
2177 of this, yes.

2178 Q Okay. What were those other instances that
2179 you can recall?

2180 A Honestly, none that -- I mean -- that I can
2181 recall the exact nature of and feel comfortable to
2182 speaking to directly. But just a general sense that it
2183 was happening.

2184 Q Okay. Were there points that you recall
2185 that they wanted the CDC to make, in terms of subject
2186 matter or the science?

2187 A Not with any specificity that I could say
2188 they wanted us to say this. But we knew this was true.
2189 I think that's what you're asking for. And I don't
2190 remember any specifics.

2191 Q Okay. What do you remember generally?

2192 A I remember generally that there
2193 was -- there seemed to be times where Alexander and
2194 Caputo were maybe sounding on things or wanting things
2195 said that, you know, I mean, that email trail is an
2196 example of it. I don't know, [Redacted], you're

2197 wanting me to speak to other exact instances, and I
2198 just don't remember them.

2199 Q Okay. But this is, in a general sense, you
2200 remember that this wasn't the only time, there were
2201 other times?

2202 A Yes.

2203 Q Did folks in CDC communications talk about
2204 this, express any feelings about, you know, that sort
2205 of dynamic to you?

2206 A So you're just asking me, did -- were CDC
2207 communicators talking to me personally about this. Not
2208 at any level that sticks out to me like right now.

2209 Q Okay. How did this compare to sort of
2210 interacting with ASPA in the past?

2211 A It was different. And maybe if I take a
2212 step back, this will help. So we typically at CDC, in
2213 interacting with ASPA, are seeking really just
2214 communication clearance. And so all the subject matter
2215 experts, all the scientists at CDC will have weighed in
2216 on everything and we send it up. And then it's usually
2217 communicators who are then asking, well, what does this
2218 data point mean or what -- you know, so they might be
2219 asking clarification, but they're not generally saying
2220 I'm a scientist and I, you know -- it's -- the nature
2221 of Paul Alexander's role, it's almost like he was

2222 trying to be involved in scientific clearance, but in
2223 the comms lanes.

2224 And that's just not how we operate within CDC or
2225 with ASPA traditionally. So I have not known it to be
2226 the case that you would have a scientific expert in the
2227 comms chain at that point. It's just -- it was
2228 different.

2229 Q It seems to me, and correct me if I'm
2230 wrong, but by the time you guys are working on things,
2231 the science is already done, already gone through a
2232 peer review?

2233 A Correct.

2234 Q It's been discussed with the subject matter
2235 expert. You guys kind of distill what's already done
2236 and then put it out to the public. Is that fair?

2237 A Yes.

2238 Q Okay. Did the process sort of change when
2239 you had someone weighing in on the science?

2240 A I don't know that the process changed. It
2241 was just unusual to have someone who was trying to do
2242 what looked like scientific clearance in the comms
2243 chain. I'm just -- I'm not saying it was effective or
2244 it worked. I'm just saying it was unusual in that is
2245 not normally what happens when we're moving things
2246 through ASPA for communications clearance.

2247 Q Okay. Do you recall any times where sort
2248 of Caputo and Dr. Alexander were successful in changing
2249 anything that went out?

2250 A And by that, you mean communication
2251 materials?

2252 Q Anything that would be shared with the
2253 public. So that could be talking points, that could be
2254 guidance, press releases, scientific work.

2255 A I don't recall changes being made that we
2256 at CDC comms perceived were inaccurate or wrong in
2257 terms of what ultimately left the agency.

2258 Q Just looking back, given your 20 years with
2259 CDC, what do you make of this dynamic in terms of sort
2260 of the principles that you talked about in
2261 communications?

2262 A I think that as we talked about before,
2263 it -- more than anything, it kept -- it cost us time
2264 because there were just layers of clearance that
2265 hadn't -- I hadn't seen before. And that it also kept
2266 us from kind of that realtime public health risk
2267 communication, the ability to do that in that timely
2268 way of here's what we know, here's what we don't know,
2269 here's what we're doing about it.

2270 Q Okay. So now I think I want to turn to
2271 those two incidents that you referred to earlier. The

2272 first involving Kristen Nordlund?

2273 A Mm-hmm.

2274 Q And I think we have the email chain marked
2275 as Exhibit 4?

2276 [Exhibit No. 4 was identified
2277 for the record.]

2278 The Witness. Okay.

2279 BY [MAJORITY COUNSEL].

2280 Q Okay. Can you walk us through what
2281 happened and how you came to be involved in this
2282 incident?

2283 A So I think you can kind of see on the email
2284 trail, I was not on the email trail itself while this
2285 was unfolding. But at that point, I was the acting
2286 OADC director. And so I know Kristen well and I know
2287 at the time the JIC, Joint Information Center,
2288 leadership, I knew them at the time, I knew them well.

2289 And so Kristen brought this issue to me to seek
2290 my consult on. So that's how I came to be in
2291 possession of this email trail. And in general, she
2292 was, you know, asking me -- she was giving me a heads
2293 up on it and then asking me what I thought, you
2294 know -- what I thought. And I guess, you know, could I
2295 help her out any on this.

2296 Q Okay. Let's go to the bottom of Exhibit 4.

2297 And it looks like -- obviously, when she forwarded this
2298 to you, you reviewed it and looked at what was going
2299 on. But there was a request from CNN, right?

2300 A Mm-hmm.

2301 Q And here's the email from Elizabeth Cohen
2302 at CNN asking about Operation Warp Speed and working on
2303 a vaccine education campaign.

2304 A Mm-hmm.

2305 Q And there's a response from Michael Caputo
2306 saying, we won't have information for you on this in
2307 time for your deadline. Your source apparently does
2308 not have actual visibility on this issue. I'd hate CNN
2309 to put out a wildly incorrect story.

2310 So the CNN reporter responds about her sources at
2311 the agency, and she mentioned at the bottom -- or at
2312 the middle of the page here, Nordlund being one of
2313 them. So now looking at the email at 5:24 p.m., with
2314 the Fauci and Nordlund in bold.

2315 A Mm-hmm.

2316 Q Do you see where I'm looking at?

2317 A Mm-hmm.

2318 Q She writes, when we asked her about such a
2319 program, she wrote to us, "This question would be
2320 better suited for HHS as they are handling Operation
2321 Warp Speed work....Would suggest reaching out to the

2322 new Assistant Secretary For Public Affairs at HHS,
2323 Michael Caputo re: Covid vaccine campaign. From what I
2324 understand, he is spearheading it."

2325 So it seems like what she did here was just direct
2326 the reporter to Mr. Caputo.

2327 A Right.

2328 Q Is that what your team was sort of expected
2329 to do?

2330 A You know, I don't recall the time that we
2331 had even gotten this question before, so I don't know
2332 that there was an established what we were expected to
2333 do with this necessarily. But I think that, you know,
2334 at the time that I was -- that she brought me into this
2335 and then, you know, as I looked at this, I'm reminded
2336 that, you know, I think that Kristen was sharing
2337 information that at the time she had firsthand
2338 knowledge of, which was that, you know, Michael Caputo
2339 had called a meeting.

2340 So not the one we talked about earlier, when he
2341 introduced himself, but a subsequent one. And he had
2342 talked about the national public awareness campaign
2343 that his office was going to be handling specific to
2344 COVID. So I think all she was really doing was saying
2345 what she heard on the call, which is you would need to
2346 talk to Michael Caputo to discuss that further. It's

2347 our understanding he's leading that effort. And that's
2348 what we understood from that particular phone call.

2349 Q Okay.

2350 A So I didn't see it as, you know, inaccurate
2351 or unusual, meaning Kristen's response to the reporter.

2352 Q And then scrolling up to the email at 5:39.
2353 We have Mr. Caputo's reaction. Just give me one
2354 moment. Sorry.

2355 And it's a strong term, I think is an
2356 understatement here. He writes: Kristen, in what
2357 world did you think it was your job to announce an
2358 Administration public service announcement campaign to
2359 CNN?

2360 Dr. Redfield -- I think that's a typo -- is like
2361 us all to get on -- or, would like us to get on a call
2362 ASAP Monday to discuss this.

2363 Did you talk to Kristen about this email?

2364 A I didn't talk to her. I talked to the JIC
2365 lead, and I had some -- I think I texted her over the
2366 course of that weekend. I don't think I talked to her,
2367 though. But I know she was, you
2368 know -- understandably, she was concerned about it.

2369 Q And then she says that she apologizes, that
2370 it was not her intention, and her message was to
2371 Elizabeth, the person at CNN, was to send her to you

2372 and HHS, since we've all been told that Operation Warp
2373 Speed and COVID-19 vaccine requests of any kind should
2374 be referred to HHS.

2375 And then his response at 6:01 is, we will discuss
2376 this on a teleconference tomorrow. I want your HR
2377 representative in attendance. Nina, please organize
2378 this call.

2379 And then he adds three minutes later, I'm adding
2380 Dr. Redfield back on this email exchange. Do not
2381 remove him again.

2382 So it seems like he is making some threats here.
2383 Certainly if I were on an email that said, I want
2384 someone from HR on the call, I would be concerned, I
2385 would feel threatened. Is that a safe reading of this
2386 email? Is that how you read it?

2387 A Yes.

2388 Q Did Caputo or anyone else threaten any
2389 adverse employment action against comms people? Was
2390 this something that happened other than these two
2391 incidents that we're talking about?

2392 A Not that I am aware of. These are the two
2393 that I have any knowledge or awareness of.

2394 Q And then he says -- you know, adding
2395 Dr. Redfield in the email exchange, would something
2396 like this rise to the director level?

2397 A I certainly didn't think so, but --

2398 Q What did you do when you were forwarded
2399 this email exchange?

2400 A I was on the phone in the -- so the other
2401 person you see where Kristen sent it, if you're looking
2402 at that Saturday, June 27th, she sent it to Kelly
2403 Holton and myself. And at that point, I was on the
2404 phone with Kelly, you know, just she was serving as the
2405 Joint Information Center lead at the time. And she was
2406 bringing me into it, because she could see that I
2407 wasn't included, and she was asking me at the time, you
2408 know, did I have any advice, did I have -- you know.

2409 And I -- you know, I honestly said, let Kristen
2410 know if she wants to reach out and talk to me directly,
2411 I'm happy to talk through it with her. I don't see
2412 anything in this thread that I thought she, Kristen,
2413 had done anything egregious at all. She was kind of
2414 signaling what it is we knew at that time. So I didn't
2415 think it was wrong. I certainly didn't think she was,
2416 you know, announcing a campaign. She was directing
2417 someone to talk to him for more information about said
2418 campaign.

2419 Q It seems like kind of an extreme reaction
2420 to threaten to fire someone?

2421 A I mean, the implication it felt like it was

2422 a threaten to hire -- fire, rather, because they said
2423 bring your HR person. But I don't know what his intent
2424 was.

2425 Q What came of this, if you're aware?

2426 A I don't -- I don't know if the meeting,
2427 this exact meeting that we're seeing discussed ever
2428 happened. I honestly don't -- I don't know if Kristen
2429 and an HR person ever got on the phone with Michael
2430 Caputo. I just don't know.

2431 Q Okay. But was she fired?

2432 A No.

2433 Q What was your sort of -- that someone on
2434 your team or someone you work with, what was your
2435 reaction to this?

2436 A I thought it was threatening and
2437 unnecessary and not helpful. And we all had enough
2438 going on at the time, so I just didn't think that this
2439 was productive or helpful.

2440 Q It seems like you guys were working quite a
2441 bit, under a lot of stress due to the pandemic. Did
2442 this sort of environment of threats affect your work?

2443 A I don't know that it affected our work, but
2444 it affected -- you know, it doesn't feel good. Things
2445 are already challenging enough. So, you know, this
2446 type of behavior just didn't feel respectful, didn't

2447 feel helpful, and certainly didn't feel necessary. I
2448 don't agree with the overall tone or behavior.

2449 Q Did you know just what were you told about
2450 this education campaign, in terms of the communications
2451 around it? You said that there was a meeting where it
2452 was probably announced that Mr. Caputo would spearhead
2453 it?

2454 A Right.

2455 Q What was CDC told about it?

2456 A It wasn't just CDC. There were other HHS
2457 operatives on this call as well. And he was just
2458 informing us that his office was going to undertake
2459 this, that it was going to be a major media campaign,
2460 that it would involve -- there's a description. I'm
2461 trying to remember his exact words, but it was
2462 something to the effect of there would be influencers
2463 and entertainers, influencers paired up with the
2464 experts to talk about some of the certain aspects of
2465 the pandemic.

2466 And that it was, you know, going to be, you know,
2467 a major campaign. And he kind of spoke about it in
2468 those generalities. And he spoke about it that it was
2469 going to be conducted and operated out of ASPA. And
2470 that, you know, they would bring us into it, I think he
2471 said, as appropriate, or as necessary.

2472 Q Did they bring any of the CDC
2473 communications people into it into the work around that
2474 campaign?

2475 A Not -- I don't remember myself or any of
2476 the people that I work with directly being involved in
2477 this campaign until -- frankly, until actually this
2478 year. So I don't remember it happening during the time
2479 that Caputo was at ASPA.

2480 Q Okay. I know if someone sent an email like
2481 this to one of my colleagues, it would affect the way I
2482 interacted with that person going forward. Did things
2483 like this have that effect on the communications
2484 people, in terms of dealing with HHS?

2485 A There were -- you know, at that point,
2486 there was a small number of people. It's not like
2487 comms people from across the agency interacted directly
2488 with Caputo or ASPA for that matter, right?

2489 So, you know, I would say that those of us who
2490 did any of the interactions, you know, we've been at
2491 this a while, we know our leadership role, we have a
2492 job to do and we still had that job to do whether it
2493 was in pleasant circumstances or not. So I don't know
2494 that it affected the work, but -- and it -- you know,
2495 maybe at times made it uncomfortable. But we're here
2496 to do a job and we have a job to do, no matter who's

2497 sitting in the ASPA seat.

2498 Q Okay. I think that Mr. Caputo mentioned
2499 Nina in organizing the call?

2500 A Mm-hmm.

2501 Q Can you tell us a little, I think that's a
2502 reference to Nina Witkofsky?

2503 A Right.

2504 Q Can you tell us when she became involved in
2505 communications work?

2506 A Yeah, I'm pretty sure she arrived -- so
2507 after Rachael left, Nina was appointed, again another
2508 political appointee in the comms space. She got here,
2509 I think, the beginning of June, and she was -- again,
2510 she did not sit in the office of communication with me
2511 and my staff. She was in the chief of staff's office.
2512 But she was here and we were told by her that she was
2513 here not just to facilitate media or to be not just in
2514 charge of Dr. Redfield's comms, but that she was here
2515 and she was in charge of CDC comms.

2516 Q CDC comms across the board?

2517 A Mm-hmm.

2518 Q Okay. So how did that -- she said that and
2519 how did that work in practical terms?

2520 A Well, I think in practical terms, it
2521 narrowed what would have been my purview as the then

2522 acting communications director for the agency.

2523 Q And what do you mean by that?

2524 A I mean that I remained the acting OADC
2525 director, but I did not have the full scope of what
2526 that might normally entail because Nina was here doing
2527 that job.

2528 Q What specifically did she take over from
2529 you?

2530 A All media clearance, all support to the CDC
2531 director for his comms. And pretty much all of the
2532 response communications. So just everything that we
2533 were doing at the time related to the response. She
2534 kind of took over the communication leadership of that
2535 effort.

2536 Q Were you told that this was going to happen
2537 or this change was happening?

2538 A Yes. Well, I was told by her. She and I
2539 met, and then she followed that up. We met by phone,
2540 she and Michelle Bonds and myself. Michelle had been
2541 the previous acting OADC director and then she went
2542 back to her director role. She's the director of
2543 public affairs.

2544 So a big part of the function, so she and I met
2545 with Nina when she got -- when she arrived on the scene
2546 and we had a conversation. And then we left that phone

2547 conversation thinking similar to Rachael and Michawn,
2548 the other appointees, that it was really to facilitate
2549 media and to be kind of plugged into Dr. Redfield's
2550 comms. But then she clarified in the email to us that
2551 she was in charge of all communications at CDC. So
2552 that's what I'm referencing, is that that came directly
2553 from her.

2554 Q So that came in an email when?

2555 A Did you say when?

2556 Q Yeah, when. Sorry.

2557 A It was -- I would say it was early to mid-
2558 June. It was shortly after she got here.

2559 Q Do you have any sense of why? I mean, this
2560 is your role, you were acting director, why she was
2561 brought in as a political appointee to take control of
2562 CDC comms?

2563 A I was not given a reason why.

2564 Q And can you describe how your work with her
2565 proceeded from that point, sort of you get that email,
2566 she's taking over all comms?

2567 A Right.

2568 Q What happened from there?

2569 A We spent -- you know, there was an amount
2570 of time that followed that, where we were just trying
2571 to figure out between the work with the Joint

2572 Information Center, the work with the response, the
2573 work with ASPA, like how do we -- we had all these
2574 processes and things that we did, and we just had to
2575 kind of move her into that flow of information, I
2576 guess. So it took a little bit of time to like, you
2577 know, just switch gears and have things flow through
2578 her to ASPA.

2579 Q Was there --

2580 A There was that.

2581 Q Was there a change in how things worked
2582 when they went through her, a change in tone, in speed
2583 of clearances, in any sort of aspect?

2584 A I don't know that I can characterize it as
2585 a change in tone or, you know, do I think we hit some
2586 delays as we transitioned? Probably. Because it was
2587 just -- folks were confused. They didn't know her. It
2588 took some time. But I think that, you know. That was
2589 about it.

2590 Q Let me ask it this way. She took over your
2591 job?

2592 A Mm-hmm.

2593 Q How would you have done things differently
2594 than how she handled CDC comms?

2595 A You know, I don't know that I have more to
2596 say on that, other than I think that she didn't have

2597 the public health background that, you know, she
2598 certainly is not a public health person. She was not a
2599 risk communications expert at least from what I saw.
2600 And so I don't -- I don't know that from a mission
2601 perspective of what CDC was trying to achieve, I don't
2602 know that she added more value to what was happening.
2603 That's my perspective on it.

2604 Q How did that sort of lack of experience
2605 impact the work?

2606 A I mean, I think the overall impact was, you
2607 know, just it slowed a lot of things down because there
2608 just was so much that she just -- she didn't know. And
2609 so we just had a lot of -- it took a lot more effort to
2610 have her be able to understand, you know, that -- the
2611 importance of that public health perspective on, you
2612 know, communicating about risks and about -- I mean, it
2613 was just -- it was all new to her. Not suggesting that
2614 communication was new to her, just suggesting that the
2615 public health mission and what we were trying to
2616 accomplish through communications, that was just not
2617 something she had a -- any background in.

2618 Q And that lack of background, did you work
2619 with her in terms of getting her to understand sort of
2620 the principles of risk communications, or was it a
2621 one-sided --

2622 A No there were several of us at the time
2623 just trying to -- like, trying to make sure she
2624 understood what was behind the thinking, why we thought
2625 this was important, why we would, you know, make these
2626 suggestions, or what have you. I mean, my general
2627 recollection was that it felt like we spent a lot of
2628 time in that kind of educating her role versus getting
2629 the work done. That was my overall sense of things, at
2630 least initially.

2631 Q In your experience, going back to the 20
2632 years you've been with CDC, was it unusual for someone
2633 to take over all comms coming from the CDC who didn't
2634 have any experience in public health?

2635 A Yes.

2636 Q Okay. So as far as from your experience,
2637 everyone in that role had that grounding in risk
2638 messaging and public health?

2639 A (Nodding head).

2640 Q I assume -- this could be very subtle, but
2641 did you ever get the sense that Nina was trying to make
2642 the communications coming out of CDC more positive than
2643 negative in tone?

2644 A I don't know that I have a -- I don't
2645 recall thinking that at the time.

2646 Q Looking back, do you think that?

2647 A No.

2648 Q Were there times where you had sort of
2649 differences in opinion in how she approached the
2650 communications coming out of CDC?

2651 A I have a general sense that, you know, we
2652 were, again, trying to provide that public health
2653 perspective. I don't know that, you know -- I don't
2654 know that I would be able to characterize it as a
2655 difference of opinion necessarily. Just it -- you
2656 know, she may have had different takes on things. I
2657 just, I don't -- I don't recall a specific incident
2658 where she and I were, you know, at a disagreement or
2659 something. I think that's what you're asking about,
2660 did we have a disagreement on an issue, and I can't
2661 think of specific examples to give you.

2662 Q Okay. What about the others that came to
2663 CDC? You mentioned Michawn Lynch?

2664 A Mm-hmm.

2665 Q And she was also kind of brought into this
2666 communications team.

2667 A Both she and Rachael were brought in, and
2668 we were told to kind of facilitate media clearance. So
2669 it was a more limited role.

2670 Q Okay. And that was prior to Nina?

2671 A Correct.

2672 Q Being brought in. And what about Trey
2673 Moeller? I guess he worked with Nina. Did you work
2674 with him at all?

2675 A Yes, we had some interactions.

2676 Q And what was his role?

2677 A When he came in, I don't remember exactly,
2678 because I think he came in at the beginning of June
2679 similar to Nina. But then -- so again, he was just
2680 functioning at the chief of staff office. A role for
2681 him I don't remember becoming clear until later in the
2682 summer, because he was named deputy chief of staff at
2683 about the same time that Nina was named chief of staff.
2684 And I think that was some point in August of 2020.

2685 Q Okay. And your interactions with him were
2686 about what?

2687 A Primarily the only interaction I really had
2688 with him was he would -- we were instructed to send any
2689 social media that would come out of the CDC director's
2690 handle through Trey for clearance with Dr. Redfield.

2691 Q Okay. Any other responsibilities on
2692 communications that you remember that he had?

2693 A No, not that I remember.

2694 Q So you've been through a lot of different
2695 responses. The sense that I have that's come from
2696 reporting from people on the outside, these folks were

2697 brought in to assert more control over what was coming
2698 out of CDC?

2699 A (Nodding head).

2700 Q From your perspective, is that a fair
2701 assessment?

2702 A I mean, I think you're asking me the intent
2703 of why people decided to send some people down here,
2704 and I don't have a real perspective on intent. I just
2705 know what I was told they were here to do when they got
2706 here.

2707 Q Putting intent aside, bringing those folks
2708 in, Nina in particular, did that have an effect in
2709 terms of sort of the independence of CDC and its
2710 ability to carry out its mission?

2711 A I don't know that it -- if I understand
2712 what you're asking, [Redacted], it's kind of like, you
2713 know, did it keep CDC from sharing the information we
2714 thought was important? And I don't know that their
2715 presence really changed, ultimately, what we said. I
2716 think it created some confusion and delays but I don't
2717 know that I have an overwhelming sense that it changed
2718 the content of what we ultimately said.

2719 Q Okay. So it didn't change the content of
2720 what came out, but it certainly had an effect on the
2721 speed which the public heard things?

2722 A I think it did. I think there were points
2723 in time especially when there was just confusion and
2724 there were delays.

2725 Q Okay. Let's turn to this other incident
2726 that you were sort of more directly involved in, and
2727 now we're talking about July.

2728 A Mm-hmm.

2729 Q And the first email chain of Exhibit 5.

2730 [Exhibit No. 5 was identified
2731 for the record.]

2732 The Witness. Okay.

2733 BY [MAJORITY COUNSEL].

2734 Q Okay. So starting at the bottom, it's an
2735 email sent by Michael Caputo, July 15, 2020, at 4:48
2736 p.m. The subject is Reminder and Question. It's sent
2737 to you and Michelle Bonds and Nina Witkofsky along with
2738 Loretta Lepore. All: According to longstanding
2739 policy, no media interviews are permitted without HHS
2740 ASPA clearance. There are no exceptions. With your
2741 professional responsibilities in mind, please advise
2742 how this interview happened.

2743 And then there's a link to an NPR article. And
2744 if you want to refer back to that article, obviously
2745 you're familiar with it but the article is also
2746 included if you want to refer back to it as Exhibit 22.

2747 So you get this email from Michael Caputo. Give
2748 us sort of the context and the background here.

2749 A Well, as you can see, Michelle responded
2750 first. She was then back in her division of public
2751 affairs in her director role as division director of
2752 public affairs. And so she responded that she was
2753 looking into it. At that point, you know, I just -- I
2754 was in communication with her. I don't remember at
2755 that point in what form, but you know, I would think,
2756 okay, let me know if you need me to jump in on this.
2757 So she was like, okay, I'll let you know. So then you
2758 see how it escalated.

2759 Q And just for context, I mean, this article
2760 was about a change the administration had done about
2761 collection of hospital data and looking at the article
2762 itself, there's a quote from Michael Caputo calling
2763 that system inadequate. And then there's a quote from
2764 a career scientist, Dr. Pollock, at CDC saying he has
2765 high confidence in the consistency and completeness of
2766 the data and using the existing system.

2767 So we can understand, I guess, the tone from
2768 Mr. Caputo as anger from sort of getting that quote
2769 into an article where he's quoted saying one thing and
2770 CDC says the opposite.

2771 So he mentions that no media is permitted without

2772 ASPA clearance, and that's a longstanding policy. And
2773 we've gone over that.

2774 A That is true.

2775 Q That's true. Okay. And it seems like this
2776 one just -- there was an honest mistake here from what
2777 you gathered?

2778 A Yes.

2779 Q Okay. So Michelle said she's looking into
2780 this at 4:56. And then Caputo says, I need answers
2781 right now. And then you responded at -- Caputo's email
2782 was at 8:15 p.m., and you respond at 9:27 p.m.

2783 So did you look into this?

2784 A I did.

2785 Q Okay. And just tell us what you did and
2786 sort of how it unfolded.

2787 A So I had several conversations with
2788 Michelle trying to understand, you know, really how did
2789 an unauthorized interview happen. This is not
2790 something that happened very often at CDC, and so we
2791 were both concerned about it. And it turns out that
2792 this -- or one of our senior press officers was working
2793 with the same NPR reporter on two different
2794 COVID-related requests. And he inadvertently signaled
2795 approval on the wrong one.

2796 So he got approval for one of the interviews with

2797 that NPR reporter, but confused the -- went back to the
2798 wrong SME and said your interview with NPR with this
2799 reporter is approved. So Dan moved
2800 forward -- Dr. Pollock moved forward and unfortunately
2801 it was the other interview request that should -- that
2802 was the one that had gotten approval. So that was how
2803 it transpired.

2804 It was after talking to our press officer, you
2805 know, I would characterize -- in fact, I did
2806 characterize it as sloppy work, but from my
2807 perspective, inadvertent. And in no way did our
2808 employee mean to do this, but this was an example of
2809 trying to work, you know, too fast and there was just a
2810 lot going on at the time. So that is what happened.

2811 Q Okay. So you provided your explanation.
2812 And then Caputo's reaction at 9:46 is, this is an HHS
2813 issue. I need to know who did it and we will look into
2814 the matter. Dr. Redfield is copied. So again,
2815 involving escalating this to the director level about a
2816 media request. How did you react to sort of Caputo
2817 trying to loop in the director?

2818 A I mean, you know, clearly this was now like
2819 what I saw as his pattern, doing it on the email trail
2820 with Kristen and then he did it with this. I mean,
2821 again, I didn't think it was necessary but if that's

2822 how he wants to operate, his choice.

2823 Q And then an email the following day at 5:54
2824 p.m. again from Michael Caputo. In between that email
2825 where he said he looped in the director, what did you
2826 talk to anyone about what you were doing related to
2827 this?

2828 A Yeah, we were doing the night before -- I
2829 mean, I had just gotten all of that verbally, but
2830 clearly, I wanted to see the documentation myself, so I
2831 was reviewing everything. I was working with Michelle
2832 to decide, you know, what we needed to do about it.
2833 And so we were figuring out what happened, we were
2834 taking action that we thought was appropriate and then
2835 we, you know, were -- I mean, we were working it.

2836 We were also working the rest of the pandemic and
2837 the rest of the response. So it wasn't as though this
2838 was all I had to do. You know, I was also doing other
2839 things. But that's what we were doing, which is trying
2840 to make sure that we had a true understanding of what
2841 had transpired.

2842 So -- and we also met with all of our news media
2843 branch staff to, you know, review protocols,
2844 make -- just took it as an opportunity to reinforce
2845 what the standard operating procedures were for
2846 clearance with ASPA. So always good to, you know, take

2847 a moment to review that in the middle of, you know,
2848 everybody working so quickly, and trying
2849 to -- everybody working long hours and everybody trying
2850 to move so quickly, it was a good time to reinforce
2851 that message, making sure we're dotting I's and
2852 crossing T's. That's what was going on.

2853 Q Okay. And it seems that Mr. Caputo's
2854 emails got increasingly angry and threatening, so --

2855 A Mm-hmm.

2856 Q But on this 5:54 email on the 15th, he
2857 said, Kate and Michelle: I have not received a
2858 response to my email in 20 hours. This is
2859 unacceptable. Please report to me the name of the
2860 press officer who approved three Pollock/NPR interview
2861 by the close of business Friday, July 17th.
2862 Additionally, please tell me the name of the CDC
2863 communications staffer who removed important COVID
2864 information from the CDC website, including the
2865 hospital data map, also by close of business on the
2866 17th.

2867 So this second request -- well, there are two
2868 requests here for names. How did you take this in
2869 terms of him wanting names of people who had done
2870 particular things?

2871 A Well, from what I saw him do with Kristen

2872 that he was heading down that path. I thought it
2873 was -- again, I didn't think it was necessary. I
2874 thought it was a little bit of an overreaction. But it
2875 was what it was.

2876 Q I think I will before we get into sort of
2877 your response, you've done an investigation, I'll turn
2878 it over to the other side because our hour's up.

2879 A Okay.

2880 [Majority Counsel]. Any questions from the
2881 minority at this point?

2882 [Minority Counsel]. Hi, [Redacted]. Hi, Kate.
2883 Just a couple questions.

2884 BY [MINORITY COUNSEL].

2885 Q You said you were currently on detail to
2886 SAMHSA; is that right?

2887 A I am.

2888 Q And when did that start?

2889 A August 16th.

2890 Q Why are you on detail with SAMHSA?

2891 A I took a role there to lead the launch of
2892 9-8-8.

2893 Q Is this the first detail you've been on
2894 since your time at CDC?

2895 A No.

2896 Q What other details have you been on, do you

2897 remember?

2898 A I've detailed to help the division of
2899 overdose prevention when they were looking for -- they
2900 needed somebody to do some communication branch chief
2901 job for a while, while they found a permanent director
2902 there. And I've detailed to a division director
2903 position years ago. So it's kind of a -- sometimes.

2904 Q So in your office in OD, keep talking,
2905 you're the deputy director; is that right?

2906 A Mm-hmm.

2907 Q How long have you been the deputy director?

2908 A About nine-and-a-half, ten years.

2909 Q And you were acting director at some point
2910 last year?

2911 A Acting OADC director, yes.

2912 Q Did you ever want to become director?

2913 A No.

2914 Q Why not?

2915 A It's just not a job that I aspire to.

2916 Q Is deputy director of OADC a job you aspire
2917 to?

2918 A Yes, it's the one I've been in.

2919 Q When you started out, was that the job you
2920 aspired to when you started at CDC?

2921 A Yes. I mean, I don't know that I aspired

2922 to it, but it's a position, you know, that opened up
2923 and I thought it would be a good one, which it has
2924 been.

2925 Q When Nina Witkofsky came in, were you sad
2926 that she took over a lot of your duties?

2927 A No.

2928 Q You said that her presence slowed a lot of
2929 things down. Do you have any specific examples of
2930 that?

2931 A No.

2932 Q You said there were points in time where
2933 there were confusions and delays. Do you have any
2934 specific examples of that?

2935 A No.

2936 Q How often were you physically in the office
2937 last year at CDC?

2938 A Up until March 20th, I was here routinely.
2939 And then after that, it was intermittently.

2940 Q What does intermittently mean?

2941 A Like maybe a small handful of times.

2942 Q Over the course of the year?

2943 A Over the course of the rest of that year,
2944 that's correct.

2945 [Minority Counsel]. Those are all of the
2946 questions I have. Thank you.

2947 [MAJORITY COUNSEL]. So I'll ask if anyone wants
2948 to take a break now if we still have an hour of
2949 questions. Ms. Galatas, would you like a break?

2950 The Witness. I'm okay.

2951 [MAJORITY COUNSEL]. All right. Let's keep going
2952 then.

2953 BY [MAJORITY COUNSEL].

2954 Q Okay. I think we left off at your email on
2955 Friday morning to Mr. Caputo, summarizing what had
2956 happened. And looking at the bottom of the page, you
2957 have a list of the steps that you guys took?

2958 A Mm-hmm.

2959 Q So at this stage, you've already talked
2960 about the internal investigation addressing the steps
2961 with Mr. Kelly, that was the -- Bert Kelly was the
2962 press officer who mistakenly approved this, right?

2963 A (Nodding head).

2964 Q Okay. And you spoke directly to Mr. Kelly
2965 and started the process with HR. And then you had that
2966 meeting that you talked about. And then on the website
2967 issue, what did you look into? Who did you talk to
2968 about that question of how that information was removed
2969 from the website?

2970 A So on that, I just talked to Michelle
2971 Bonds. I may have talked to Carol Crawford, our web

2972 team lead, our digital branch chief. I can't really
2973 remember. But I know this part of the world well, so I
2974 was -- you know, felt pretty confident that, you know,
2975 we in OADC, even though we were in charge of the
2976 website overall, and in fact, at the time, we were in
2977 charge of the -- we were doing most of the work on the
2978 COVID website.

2979 You know, I just know how web content
2980 traditionally gets cleared at CDC. And I knew that
2981 there had to have been a subject matter expert involved
2982 in especially with this being in the response that I
2983 knew someone hadn't just kind of like decided, let's
2984 take that down. So I -- that's why I responded the way
2985 I did.

2986 Q Can you explain to us what Mr. Caputo's
2987 referring to in terms of taking down that map?

2988 A I don't really remember exactly what map it
2989 was or what -- I don't remember. I don't remember.
2990 Because, honestly, I didn't personally look into it
2991 that much. I just said, hey, you know, ask Michelle,
2992 hey, did we just -- like, we wouldn't have done that.
2993 So how did this happen? And she said, you know, Kate,
2994 I don't know. We'd have to look into it. But we both
2995 know comms people don't just decide to do this. And so
2996 I said, you know what? I agree. And so -- I did that

2997 and that's all that I did with this one. Obviously, I
2998 looked into the news media much more, but this one, I
2999 did not.

3000 Q Were there other times when people from
3001 ASPA would ask you about things on the CDC website
3002 either requesting that you take them down or --

3003 A Not that -- not that I recall, no.

3004 Q Okay. About anything else that was removed
3005 from the website or changed from the website?

3006 A No.

3007 Q Looking at the bottom of this email, it
3008 seems like you're -- he had leveled strong language at
3009 you, and you're standing up for yourself here. You
3010 wrote that, let me assure you I understand the high
3011 stakes involved in this matter. There is one thing I
3012 take most seriously as a professional, and it is the
3013 oath I swore when accepting my civil service
3014 position - and for 20 years, I have demonstrated
3015 steadfast commitment to the American people in my
3016 contributions to CDC's mission of saving lives and
3017 protecting the public's health. That has not and will
3018 not change.

3019 Why did you feel that you needed to stand up for
3020 yourself in this way?

3021 A You know, that was as he continued to

3022 ratchet up his rhetoric, I know that -- I didn't know
3023 any of this was going to result in this, but if nothing
3024 else, I knew that this is -- would, you know, be a
3025 FOIA-able document, and I did not want it left unsaid
3026 on my end that he's saying it's reckless, it's
3027 damaging, you know, speaking to the trust of the
3028 Americans in their government.

3029 And, you know, disobeying his directions and
3030 being held accountable. You know, I just felt like I
3031 needed to put on the record that, you know, I actually
3032 do know who I'm accountable to in civil service.

3033 Q It seems like some of the tone was
3034 attacking, and he said these actions are reckless,
3035 damaging to the coronavirus response, damaging to the
3036 trust the Americans have in their government. Were you
3037 offended by that, hurt by that?

3038 A I don't know that I was -- I certainly
3039 wasn't hurt by it. You know, maybe offended. I
3040 just -- I just felt that, you know, I personally wanted
3041 it on the record that I take my job really seriously,
3042 and I know who I'm accountable to.

3043 Q Why were you concerned about it so much
3044 that it escalated -- it looks like you sent it to
3045 Constance Kossally; is that right?

3046 A Mm-hmm.

3047 Q Can you talk a little bit about that?

3048 A Yeah. You know, given I had never found
3049 myself in this situation, I wanted to make sure because
3050 I was being asked to turn over the name of an employee
3051 to someone outside of the agency, I just felt a little
3052 bit of -- that that was, you know, I didn't -- I didn't
3053 like doing that.

3054 So I wanted to make sure that our office of
3055 general counsel was aware that I was being forced -- I
3056 didn't really -- I was told, you know, I was kind of
3057 forced to do it. So I just wanted folks to know that I
3058 was not comfortable with it. And of course, I told Dr.
3059 Schuchat simply because she was my boss. She was, at
3060 the time, my boss.

3061 Q And you described this as a pattern of
3062 hostile and threatening behavior directed at you,
3063 Michelle, and communications staff. Do you stand by
3064 that?

3065 A I do.

3066 Q And what was Dr. Schuchat's reaction? Did
3067 you speak to her about this?

3068 A We did. And she -- you know, she -- as
3069 usual, a very good listener, she's very warm. You
3070 know, sorry that you're having to go through this. I
3071 understand this is uncomfortable. I agree with -- in

3072 the end, that this is probably what you need to go
3073 ahead and take this step, meaning turning the name
3074 over. But, you know, that was it.

3075 Q Okay. And this email to Dr. Schuchat
3076 mentioned that you sent an email to Kyle and
3077 R3 -- that's Dr. Redfield, the director -- last night?

3078 A Mm-hmm.

3079 Q And let's take a look at that email.
3080 That's Exhibit 6.

3081 A Okay.

3082 [Exhibit No. 6 was identified
3083 for the record.]

3084 BY [MAJORITY COUNSEL].

3085 Q So a continuation of this chain, let's just
3086 start at the email Friday morning, which is
3087 Mr. Caputo's response to you.

3088 A Mm-hmm.

3089 Q And it said, I want to speak to Mr. Kelly
3090 about this immediately. My office will organize the
3091 interview with appropriate representation. If he wants
3092 an HR or union representative on WebEx, that's
3093 preferable.

3094 I want the name of the comms person responsible
3095 for the pages where the data was disabled. I
3096 understand they may not have done it themselves, but I

3097 want to hear the full story from the public affairs
3098 person who is most closely responsible. I need that
3099 name by close of business today.

3100 So again, it goes from sort of an issue that he is
3101 angry about to now bringing in HR and a union
3102 representative.

3103 A Mm-hmm.

3104 Q What did you take that to mean?

3105 A Just -- I think just what it implies.

3106 That, you know, he, I guess, was looking for some kind
3107 of personnel action to -- you know, that he was
3108 intending, and so he wanted to deal with them directly
3109 and do whatever it was he thought he was going to do.

3110 Q I mean, we can just say, I mean, if someone
3111 tells you bring your union rep and an HR person to this
3112 meeting that they want to fire you.

3113 A Yep. I mean, that's what one would be most
3114 concerned about. Yep.

3115 Q Were you concerned about that?

3116 A I was concerned for Bert. I -- you know, I
3117 thought -- again, I thought he did sloppy work on that
3118 one thing, but do I -- did I think there was any
3119 mal-intent to think there was anything else going on
3120 but him being -- you know, moving too fast? No, I
3121 didn't. And so I didn't think he should have been -- I

3122 just didn't think this was, you know, necessary or
3123 appropriate.

3124 Q And like you mentioned in the other chain,
3125 this was at 10:35 a.m., email to Director Redfield and
3126 Kyle McGowan who was chief of staff at the time, right?

3127 A Correct.

3128 Q Okay. And you asked them -- you sent them
3129 the chain, you asked them to please intervene and have
3130 someone else at CDC send the appropriate program
3131 person's name, and I respectfully request that you not
3132 require me to do so. I also respectfully request that
3133 he not be given not only the comms name; but, rather
3134 the name of the program SME who made the call that this
3135 data should come down in the first place. Based on my
3136 knowledge of how this process works at CDC, I highly
3137 doubt that a comms person took this action on his/her
3138 own.

3139 So why did you escalate this to the director and
3140 the chief of staff?

3141 A Well, because I had made it clear. I mean,
3142 I had sought input from Kyle to kind of -- some of that
3143 intervening time when I wasn't responding to Mr. Caputo
3144 and his 20 hours. There was some of that time I was,
3145 you know, talking to various people. Kyle was one of
3146 those people that I was seeking input from.

3147 So he and Dr. Redfield, I never spoke to
3148 Dr. Redfield directly, but via Kyle, I came to
3149 understand that both of them thought that, you know,
3150 giving up that person's name was what I should do.
3151 That nothing short of that was going to, you know, be
3152 acceptable.

3153 So what you see here is me just saying, you know,
3154 and I was clear to Kyle along the way, I'm not looking
3155 into this other issue. That's not in my purview, I'm
3156 not going to ask questions about that. Because,
3157 frankly, I didn't want to know. I honestly didn't want
3158 to get involved in that one. That was just not -- I
3159 had enough on my plate with dealing with Bert.

3160 Q It seems to me that you've also escalated
3161 this to get some support at a very high level because,
3162 you know --

3163 A Yeah, I mean, I was basically -- you see
3164 that I copied Nina on it. I wasn't sure this whole
3165 time if she and Michael were going back and forth or
3166 not. But I just wanted it documented for the record.
3167 I wanted folks to know I wasn't going to be going down
3168 that path. I wasn't going to look into that issue.

3169 Q What ended up happening here? Did this
3170 meeting with Mr. Caputo and the union rep and HR person
3171 and Bert --

3172 A As far as I know, this one did not happen.

3173 Q Did Bert stay on?

3174 A Oh, yeah, mm-hmm.

3175 Q So taking two steps back from this episode,
3176 what it looks like from the outside is Mr. Caputo was
3177 very upset that he was contradicted in the press and
3178 sought to assert control, and asserted control in a way
3179 that some people do by instilling fear and threatening
3180 someone's job.

3181 A (Nodding head).

3182 Q Is that a fair assessment?

3183 A Yes, that's what it felt like at the time.

3184 Q How did -- now, I know this was happening
3185 under the stress of the pandemic and all of the demands
3186 on your team. How did this conduct affect you and your
3187 people?

3188 A I think that it was -- you know, it was
3189 unpleasant. It was frustrating, because I felt it was
3190 so unnecessary. I didn't think it was fair to Bert. I
3191 know that this caused him angst as well personally,
3192 obviously. So all the way around, I just thought it
3193 was just really mean-spirited and unhelpful.

3194 Q What did you do sort of after this, the
3195 email to Dr. Redfield and Dr. Schuchat?

3196 A I think that was it. You know, filed the

3197 emails away. I figured someone would ask about this at
3198 some point, so I plopped them in a folder, and I moved
3199 on to do the rest of the work we had to do.

3200 Q Had you or your team experienced anything
3201 like this before, where someone was threatening your
3202 jobs over a bad quote?

3203 A No, no. This was very unusual behavior
3204 from ASPA.

3205 Q And did it distract from your team's
3206 ability to do their job in this period?

3207 A Yeah, for that amount of time that we were
3208 having to spend time doing all that, yes.

3209 Q Did it affect the morale of your team?

3210 A Umm.

3211 Q The threat of getting fired over some
3212 mistakes would affect my morale in my job.

3213 A I think it did for Bert. I don't know to
3214 this day if Bert chose to talk to any of his colleagues
3215 about it. I know that Michelle and I, you know, as
3216 leaders, we did not talk to our staff about it, because
3217 it involved such a high-stakes personnel issue with
3218 just one staff. And so, you know, we -- part of your
3219 job as a leader is to buffer and allow the team to work
3220 in as protected of an environment as you can. So
3221 that's -- you know, that's what we did or at least

3222 that's what we tried to do.

3223 Q Looking back on it, what do you think the
3224 purpose of these threats and language in the emails
3225 was?

3226 A I mean, I think his purpose was clear. I
3227 mean, he definitely wanted us to feel threatened, so --

3228 Q So sort of this dynamic was -- hold on one
3229 second. Withdraw that.

3230 What were the other consequences of this dynamic
3231 between Mr. Caputo and your communications team?

3232 A What were the other what?

3233 Q Consequences.

3234 A Oh. You know, I don't know that there were
3235 other consequences. Again, we tried to buffer as much
3236 as we could, and keep folks focused on the work as we
3237 could.

3238 Q One thing, so you mentioned that you had a
3239 conversation with Kyle McGowan about this incident.

3240 A Mm-hmm.

3241 Q He's come out and said things about his
3242 time at CDC and we understand that he left somewhere in
3243 the August timeframe; is that right?

3244 A I think so, yes. That was about the time I
3245 was saying when Nina was named acting chief of staff.
3246 I thought it was sometime in August. It was subsequent

3247 to him leaving.

3248 Q Okay. Do you know anything about
3249 why -- and I understand Amanda Campbell also left with
3250 him around the same time?

3251 A Mm-hmm.

3252 Q Do you know why they left?

3253 A No, I didn't have a conversation with
3254 either of them when they were leaving.

3255 Q And Nina was promoted to chief of staff?

3256 A Mm-hmm. Yes.

3257 Q When did you first become aware of that and
3258 how did that affect your job -- I'm sorry, acting chief
3259 of staff?

3260 A Right, acting chief of staff. And I heard
3261 about it, I think it was a senior leader's meeting, so
3262 I was acting OACD director. I think it was one of the
3263 senior leader meetings when Dr. Redfield announced it.
3264 And it didn't -- I think the other second part of your
3265 question, [Redacted], was how did it affect you. It
3266 didn't effect me much, because she continued to play
3267 the role in charge of comms as well.

3268 So even when she moved to her acting chief of
3269 staff role, but that didn't take her out of the comms
3270 lane or the comms leadership piece. So it didn't have
3271 a demonstrable change on my reality.

3272 Q Okay. Did Kyle, when he was chief of
3273 staff, control comms in the same way that Nina
3274 continued to?

3275 A No.

3276 Q There's some of these things that we talked
3277 about were reported by the press throughout the
3278 pandemic?

3279 A Mm-hmm.

3280 Q Are you familiar with some of those
3281 reports?

3282 A Yes.

3283 Q So I want to show you just a few and ask
3284 you a few questions about them?

3285 [Exhibit No. 9 was identified
3286 for the record.]

3287 BY [MAJORITY COUNSEL].

3288 Q So Exhibit 9 is an article from CNN on May
3289 30, 2020. And take a minute to look at it. It's
3290 short.

3291 So in the middle of the, I guess, first full page
3292 of text of the article?

3293 A Mm-hmm.

3294 Q It says, interviews with CNN, CDC officials
3295 said they've been "muzzled" and that their agency's
3296 efforts to mount a coordinated response to the COVID-9

3322 Q And this is an article in the New York
3323 Times saying: "Political Appointees Meddled in CDC's
3324 'Holiest of the Holy' Health Reports." And the article
3325 here there were two quotes from this article that I
3326 wanted to ask you about. One says that a CDC scientist
3327 told the New York Times that political officials have
3328 repeatedly tried to undermine the research of CDC
3329 employees, the scientist said, even going as far as
3330 canceling interviews with the news media before the
3331 release of high-profile reports depriving them of a
3332 chance to explain their work.

3333 Now, in terms of this quote, and subject matter
3334 experts discussing scientific work, is that something
3335 you saw during your time?

3336 A So ask me your question again? I'm sorry,
3337 because I was reading, and trying to find where you
3338 were reading from.

3339 Q Let me point you to where it is.

3340 A Okay.

3341 Q So we're looking at the page 2 of 3. And
3342 it's a paragraph in the middle, seven paragraphs down
3343 that starts with, one CDC scientist working on the
3344 coronavirus response.

3345 A Oh, I see. Okay, I was on the wrong page.
3346 Sorry.

3347 Q No problem.

3348 A Okay, I'm with you now. And what was your
3349 question, [Redacted]?

3350 Q That second sentence, was that something
3351 that was expressed to you or that you saw?

3352 Mr. Barstow. Can you be a little more specific?

3353 [Majority Counsel]. Sure.

3354 BY [MAJORITY COUNSEL].

3355 Q The second sentence says that, political
3356 officials have repeatedly tried to undermine the
3357 research of CDC employees, even going as far as
3358 canceling interviews with the news media before the
3359 release of high-profile reports, depriving them of the
3360 chance to explain their work.

3361 Is that something that you saw in terms of
3362 canceling interviews related to reports?

3363 A You know, this was the time when all of
3364 this work was funneling through Nina. So I can't say
3365 with a 100 percent accuracy that these things happened
3366 or didn't happen, because I was on some emails, but not
3367 nearly all of them. And I just really don't know the
3368 answer.

3369 Q Okay. So I wanted to just close out by
3370 asking you some bigger picture questions.

3371 A Mm-hmm.

3372 Q You know, we all know and it was widely
3373 reported that the pandemic was especially difficult and
3374 challenging for people at CDC and people were looking
3375 to CDC more than ever. How do you think your team did
3376 in meeting these challenges?

3377 A I think, as honestly, [Redacted], as trite
3378 as this may sound, I think we did the best we could
3379 during really challenging times. As we all know, the
3380 pandemic itself is unprecedented, the response and the
3381 pressure on CDC has been enormous, and we showed up
3382 every day just literally trying to do the best we knew
3383 to do for the American people. That was our job and
3384 that's what we -- we're still trying to do.

3385 Q Looking back, what are some of the things
3386 that you think your team did well and conversely where
3387 did you guys fall short and could have improved?

3388 A Almost an impossible question to answer
3389 simply because it's just so big. But I will say this,
3390 that, again, I think that we did the best we could
3391 given the circumstances. And some of those
3392 circumstances involved the challenges presented by an
3393 evolving pandemic and some of those were challenges
3394 introduced by just, you know, to be perfectly blunt, in
3395 the 75 years of CDC, certainly in the 20 of them that
3396 I've been here, we had not had political appointees in

3397 the communications space. That's not a reality we were
3398 used to.

3399 So it just -- it was challenging, it was
3400 different, it was -- you know, it was just, it was what
3401 it was, but it was certainly new and it hadn't happened
3402 before and it was difficult.

3403 Q Who would you recommend -- on that
3404 particular issue, the difficulties, having political
3405 folks working on CDC communications, are there other
3406 folks you recommend we speak to that might have direct
3407 knowledge?

3408 A No. I mean, I don't know of who to talk to
3409 about that. I just know that that reality was new to
3410 me and to others here at CDC.

3411 Q Okay.

3412 [Majority Counsel]. I think I'm going to -- I
3413 think my colleague, [Redacted], has a final question
3414 for you.

3415 [MAJORITY COUNSEL]. I have no further questions.

3416 [Majority Counsel]. Just hopefully just one
3417 question or two questions for me.

3418 BY [MAJORITY COUNSEL].

3419 Q Ms. Galatas, earlier you were asked a few
3420 questions by [Minority Counsel] regarding your prior
3421 testimony that Ms. Witkofsky seemed to slow down

3422 approval. Again, I'm paraphrasing, but I think you
3423 were asked if you could recall specific instances and
3424 that you said no. Did you mean to suggest that there
3425 were instances or that you just can't recall specific
3426 examples?

3427 A I can't recall specific examples.

3428 [Majority Counsel]. That's it for me. Thank you
3429 very much, Ms. Galatas.

3430 [Majority Counsel]. Does the minority have any
3431 additional questions?

3432 [Minority Counsel]. I don't have any. I think
3433 [Redacted] has a couple questions. I don't have any
3434 questions. I just want to say, Kate, thank you very
3435 much for your time.

3436 [Minority Counsel]. I'm sorry. The
3437 videoconference is difficult sometimes.

3438 BY [MINORITY COUNSEL].

3439 Q I just have a few on the data issue with
3440 the website. What's the normal process for taking data
3441 off of CDC's public facing website?

3442 A Well, it would be similar to going up or
3443 coming down. If there's any changes, let's just say
3444 that, right, to CDC website has an approval process
3445 that it goes through first on the scientific side. And
3446 then once those decisions are made, then the

3447 communications end kind of picks that up, if you will,
3448 and does the execution.

3449 So whether it's adding content, modifying it,
3450 taking something down, or archiving, a lot of times we
3451 archive when it's no longer current, but still people
3452 might want to look at it for historical purposes, then
3453 we would archive the information. So that's typically
3454 how it happens.

3455 Q Okay. So the scientific expert says, we no
3456 longer need this, it needs to be archived, or we need
3457 to update this, go to you guys who have the web design
3458 expertise to go ahead and make the change?

3459 A Yes.

3460 Q You said that you didn't -- when a change
3461 was brought to your attention, you said you didn't
3462 investigate it much. What does that mean? What does
3463 the investigation entail, if anything?

3464 A Specific to the removal of data from the
3465 website?

3466 Q Yeah, in the July 2020 timeframe.

3467 A Yeah. Specific to removal of that, all I
3468 really did was talk to Michelle Bonds who was the
3469 director of public affairs. And so the web -- the
3470 digital media branch. I may have also talked -- that's
3471 what I was saying. I know I talked to Michelle about

3472 it. I may have also talked to her branch chief which
3473 would have been Carol Crawford who would have been kind
3474 of like, you know, in charge of that branch.

3475 And if I talked to her, it would have been
3476 similar to Michelle. And that like, you know, I know
3477 we don't just do this, so are you aware of what -- if
3478 this happened? You know? And both of them didn't have
3479 any direct awareness at that time of what was like
3480 being asked of us, so -- and that was it.

3481 Q So if the people in charge of removing
3482 information from the website didn't know that it was
3483 removed, how did it get removed?

3484 A Because -- so the way it works is that we
3485 in OADC don't manage all of the CDC website, right?
3486 Because it's just too big. So there are teams within
3487 these content areas who manage certain parts of the
3488 website and not necessarily us in OADC, right? So
3489 basically, that's what I was saying. If there were any
3490 parts of that that were the domain of us, OADC, do we
3491 own any of that that would have gotten changed? The
3492 answer was no, that those aren't -- you know, we don't
3493 think it was -- I think it was NHSN data.

3494 Q Yeah.

3495 A So they were like, no, that's their part of
3496 the website. So, like, okay then.

3497 Q Are there -- within your purview, are there
3498 kind of guidelines for when things should be removed or
3499 how they should be removed?

3500 A The overall guideline is based on
3501 scientific accuracy, right? So we're always -- in a
3502 programmatic area, we are kind of always trying to make
3503 sure that our content is current and accurate. And so
3504 that's kind of an everyday process, right? The routine
3505 process.

3506 Q So public reporting at the time of the data
3507 coming down suggested that a CDC employee might have
3508 done it out of frustration with the change in the
3509 reporting structure. So frustration in a reporting
3510 change is not an approved reason to take down
3511 public-facing data, right?

3512 A That would not be.

3513 Q Okay. And at the time that HHS CIO said
3514 that the removal was not a malfunction and actually
3515 included legacy data that if removed should have been
3516 archived, is it within the guidelines of the policies
3517 to remove legacy data without archiving it?

3518 A No, I think it would have -- I think
3519 archiving it would be the right, the proper thing to
3520 do. That's why I was saying sometimes we need it if
3521 people want to reference it for comparison studies, so

3522 we would archive versus removed.

3523 Q So if data was removed even temporarily
3524 without archiving it, do you see a record retention
3525 issue with that?

3526 A I don't know what that means.

3527 Q So you're -- like everyone is required to
3528 keep emails to a certain extent, required to archive
3529 things that are official government data. If it's just
3530 removed from the internet, do you see an issue with
3531 that?

3532 A I would imagine that would, yes, be an
3533 issue.

3534 Q In your discussions with Ms. Bonds and
3535 the -- I forgot the name of the other person. But was
3536 there any -- did they insinuate that they were going to
3537 investigate this further?

3538 A No. I asked them, did it happen on our
3539 pages, meaning was this within a domain that we, OADC,
3540 would have been in charge of? And they both said no.
3541 And I said, okay, good, that's all I need to know. And
3542 I think Michelle said, do you want me to look into it
3543 and I said no. If it's not ours, then, no, because
3544 that was enough for me.

3545 Q Okay. Then who would have been in charge
3546 of doing -- taking this action? What group was in

3547 charge of the data collected under that particular
3548 NHSN?

3549 A I think -- you know, I'd have to go back
3550 and double check. I think that's NCHS. I think that's
3551 within the domain of the National Center for Health
3552 Statistics, but I don't know that with a 100 percent
3553 surety.

3554 Q Okay. Thank you. That's all I have.

3555 [Majority Counsel]. Thanks. Ms. Galatas, on
3556 behalf of the Select Subcommittee, I want to thank you
3557 again for your time in answering all our questions. We
3558 really appreciate you doing this voluntarily, and we
3559 appreciate your hard work over the last 18 months at
3560 CDC. So thank you. And with that, I will end this
3561 transcribed interview and go off the record.

3562 [Whereupon, at 1:23 p.m., the taking of the
3563 instance interview ceased.]