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COMMITTEE ON OVERSIGHT AND REFORM

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SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

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U.S. HOUSE OF REPRESENTATIVES

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WASHINGTON, D.C.

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INTERVIEW OF: CHRISTINE CASEY

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Thursday, October 28, 2021

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The Interview Commenced at 10:00 a.m.

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

67 [Majority Counsel]. Let's go on the record, please.

68 Today is October 28th, 2021, and it's exactly 10:00
69 a.m. This is a transcribed interview of Christine Casey
70 conducted by the House Select Subcommittee on the
71 Coronavirus Crisis. This interview was requested by
72 Chairman James Clyburn as part of the committee's
73 oversight of the federal government's response to the
74 coronavirus pandemic.

75 I would like to ask the witness to state her full
76 name and spell her last name for the record, please.

77 The Witness. Sure. My full name is Christine
78 Georgianne Casey. And the last name is spelled
79 C- A- S- E- Y.

80 EXAMINATION

81 BY [MAJORITY COUNSEL]:

82 Q Thank you. And good morning, Dr. Casey. My
83 name is [Redacted]. I am the Majority counsel with the
84 select subcommittee. I want to thank you for coming in
85 today for this interview. We recognize that you are here
86 voluntarily and we really appreciate that.

87 Under the committee's rules, you are allowed to have
88 an attorney present to advise you during this interview.
89 Do you have an attorney representing you in a personal
90 capacity present with you today?

91 A I do not.

92 Q Is there an attorney present representing the
93 agency?

94 A That's correct, yes.

95 [Majority Counsel]. And if possible, would counsel
96 please identify themselves for the record.

97 Mr. Barstow. Kevin Barstow, senior counsel HHS.

98 [Majority Counsel]. Thank you. And there are quite
99 a few other individuals on the call as well. Could the
100 additional staff on the call please introduce themselves
101 for the record. Let's start with perhaps the Majority
102 staff.

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

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

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

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

107 [Majority Counsel]. And Minority?

108 [Minority Counsel]. [Redacted].

109 [Minority Counsel]. And this is [Redacted]. Thank
110 you for being here, Christine.

111 [Majority Counsel]. And I think there are a few
112 others I saw in there as well.

113 Mr. Wortman. Eric Wortman, CDC Washington.

114 [Majority Counsel]. Thank you.

115 BY [MAJORITY COUNSEL]:

116 Q Dr. Casey, I just want to go over a couple
117 of the ground rules for the interview today. As
118 previously agreed to - -

119 [Majority Counsel]. Did you skip anyone from the
120 agency? I'm not sure if we got everyone.

121 Ms. Martinez. Yes. JoAnn Martinez, HHS.

122 Ms. Schmalz. And Jenn Schmalz, HHS.

123 [Majority Counsel]. Very sorry for missing you.
124 Thank you.

125 BY [MAJORITY COUNSEL]:

126 Q So, Dr. Casey, as previously agreed to by
127 Majority staff and HHS staff, the scope of this interview
128 is the federal government's response to the coronavirus
129 pandemic from December 1st, 2019 through January 20,
130 2021.

131 The way this interview will proceed is as follows:
132 The Majority and Minority staffs will alternate asking
133 you questions one hour per side per round until each side
134 is finished with their questioning. The Majority staff
135 will begin and proceed for an hour and then the Minority
136 staff will have an hour to ask you questions. We'll
137 alternate back and forth in this manner until both sides
138 have finished their questions.

139 We've agreed that if we are in the middle of a line
140 of questioning, we may end a few minutes before or go a

141 few minutes past an hour just to wrap up a particular
142 topic. In this interview, while one member of the staff
143 may lead the questioning, additional staff may ask
144 questions from time to time.

145 As you can see on the Zoom, there is a court
146 reporter taking down everything that you say and
147 everything I say to make a written record of the
148 interview. So for the record to be clear, please just
149 wait until I finish each question before you begin your
150 answer and I in turn will wait before you finish your
151 response before asking you the next question. The court
152 reporter cannot record nonverbal answers such as shaking
153 your head, so it's important that you answer each
154 question with an audible verbal answer.

155 Do you understand?

156 A I do.

157 Q We want you to answer our questions in the
158 most complete and truthful manner possible, so we're
159 going to take our time. If you have any questions or
160 don't understand any of the questions, please let us know
161 and we would be happy to clarify or rephrase our
162 questions.

163 Do you understand that?

164 A I do.

165 Q If I ask you about conversations or events in

166 the past and you are unable to recall the exact words or
167 details, you should testify to the substance of those
168 conversations or events to the best of your recollection.
169 If you recall only a part of a conversation or event, you
170 should give us your best recollection of both events or
171 parts of the conversations that you do recall.

172 Do you understand?

173 A I understand.

174 Q If you need to take a break, definitely let
175 us know and we would be happy to accommodate you.
176 Typically we take a five- minute break at the end of
177 each hour of questioning, but if you need a break before
178 that, again, just let us know. The one thing I would ask
179 is that to the extent that there is a pending question,
180 you finish answering that question before we take the
181 break.

182 Do you understand that?

183 A I understand.

184 Q Although you are here voluntarily, and we
185 will not swear you in, you are required by law to answer
186 questions from Congress truthfully. This also applies to
187 questions posed by congressional staff in an interview.

188 Do you understand?

189 A I understand.

190 Q If at any time you knowingly make false

191 statements, you could be subject to criminal prosecution.

192 Do you understand?

193 A I understand.

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

196 A There is no reason.

197 Q Great. The select subcommittee follows the
198 rules of the Committee on Oversight and Reform. Please
199 note that if you wish to assert a privilege over any
200 statement today, that assertion must comply with the
201 rules of the Committee on Oversight and Reform.

202 Committee rule 16(c)(1) states, "For the chair to
203 consider assertions of privilege over testimony or
204 statements, witnesses or entities must clearly state the
205 specific privilege being asserted and the reason for the
206 assertion on or before the scheduled date of testimony or
207 appearance."

208 Do you understand?

209 A I understand.

210 Q Do you have any questions before we begin?

211 A I have no questions.

212 Q Great. Let me please start out by asking you
213 to provide a brief summary of your educational
214 background.

215 A Certainly. So I graduated from the American

216 University in Washington, DC with a bachelor of science
217 with honors in the majors of economics and psychology. I
218 then obtained additional coursework and applied and was
219 accepted to medical school and I attended the Uniformed
220 University of the Health Sciences, F. Edward Hebert
221 School of Medicine graduating in 1995.

222 As a result of that admission to medical school, I
223 accepted a commission in the U.S. Public Health Service
224 in 1991. I graduated from UUHS and went on to
225 conduct - - or to complete, rather, a residency in
226 internal medicine and pediatrics at the University of
227 California San Diego and the Children's Hospital, which
228 is now called Rady's Children's Hospital.

229 Do you want my professional background as well, or
230 just the education?

231 Q For now, that's helpful and appreciate that.
232 Thank you very much.

233 But yes, getting to your professional background, I
234 understand that you currently work for the Centers for
235 Disease Control and Prevention; is that right?

236 A That's correct.

237 Q And how long have you worked at CDC?

238 A I came to CDC in August of 2001.

239 Q And what is your current position at CDC?

240 A I serve as the editor of the serials at the

241 MMWR series.

242 Q What previous positions have you held prior
243 to your editorial role at the MMWR series?

244 A At CDC?

245 Q At CDC, yes.

246 A When I came in 2001, I came to the vaccine
247 safety group to lead a project called the clinical
248 immunization safety assessment. And that was to evaluate
249 patients with rare adverse events and to better
250 understand the risk factors.

251 I left that position in 2006 and I went to the
252 office of the director, office of the chief science
253 officer, office of public health research. I spent about
254 six months there and then I was invited to join the
255 special projects team in the office of the chief science
256 officer, where I was responsible for special projects,
257 specifically policy, partnership, and preparedness.

258 Q With regard - - I'm sorry.

259 A During that role, I would review the MMWR.
260 And so in 2007, I was invited to serve as the acting
261 editor-in-chief at MMWR, and at the end of that detail
262 I was offered the position of the deputy editor of MMWR.
263 To that point in the history of MMWR, there had only been
264 one senior science editor. I wasn't ready to leave my
265 position and so I returned to my job in the office of the

266 chief science officer, but in May of 2009, I accepted the
267 position and moved to MMWR where I've been since.

268 Q So, I'm sorry, did you say you've been in
269 your current roll since, was it 2007?

270 A 2009.

271 Q 2009. Thank you. In your current position,
272 who do you report to?

273 A I report to Charlotte Kent.

274 Q And do you know who Charlotte Kent reports
275 to?

276 A She reports to Admiral Michael Iademarco.

277 Q Does anyone report directly to you?

278 A No.

279 Q In your current role, what were your general
280 responsibilities before the coronavirus pandemic?

281 A So my role at MMWR is primarily for - - as
282 serving as a science editor for the MMWR series serial.
283 This is the longer form reports in our series that are
284 comprised of the recommendations and reports,
285 surveillance summaries, and special supplements.

286 In addition to that role, I serve as an editorial
287 consultant to CDC and HHS colleagues, I liaison to
288 partners and publication science whether that's the
289 council science editors where I served a term as a board
290 of directors as well as cochairing their national meeting

291 in 2014.

292 I also liaised to the African Journal Partnership
293 Project. I'm a facilitator of very successful
294 collaborations with CDC and external partners,
295 specifically peer review journals, and I serve as a
296 subject matter expert on editorial policy for colleagues
297 at the agency.

298 Q Is it possible to explain a little bit about
299 your more specific responsibilities in that position?

300 A I edit reports. I'm not sure what you - -

301 Q Yeah. That's helpful. I'm thinking on a
302 day- to- day basis, sort of what are your
303 responsibilities?

304 A So on a day- to- day basis, I consult with
305 authors. I receive their work after submission. I work
306 with the authors to clarify their content. I will have
307 queries on the scientific content. If I have questions,
308 often, you know, what's the analytical plan? Are you
309 missing your P value? Does the conclusions go beyond the
310 scope of the study design? I help sharpen the
311 limitations if they're not comprehensive. And I serve as
312 a peer to my colleagues who - - in the scientific
313 editorial capacity.

314 Q And did any of your responsibilities in your
315 current position change over the course of the pandemic?

316 A No, I continued - - I served primarily on
317 the serial. In February of 2020, I was detailed to the
318 CDC occupational health clinic where I helped deployers
319 go out the door to make sure that they were cleared for
320 fieldwork. And I did that from February 28, 2020 until
321 the end of July 2020.

322 During that time, I continued to work on my MMWR
323 content, albeit not full-time. I worked in between
324 patients or after hours.

325 Q And backing up just a second. Could you
326 explain briefly what the MMWR is? I gather you said it's
327 the Morbidity and Mortality Weekly Report. But could you
328 just tell us a little bit about what that is?

329 A Sure. So MMWR has a rich history. Our
330 origins go back to 1878 from the Surgeon General's
331 bulletins which were established through the Quarantine
332 Act reporting on infectious diseases. It evolved over
333 the years to what is now known as the Peer Review Journal
334 Public Health Report.

335 In 1952, MMWR emerged from that at the National
336 Office of Vital Statistics, and in 1960 we came to CDC.
337 The series is the agency's primary vehicle for scientific
338 publication, is timely, reliable, authoritative,
339 accurate, objective and useful public health information
340 and recommendations. It's comprised of the weekly, which

341 are brief reports that are published weekly as the name
342 implies. These are short reports, about 1400 words, ten
343 references, three supports, meaning tables, figures,
344 facts.

345 The content that is in the weekly are primarily
346 outbreaks. They're focused around findings, trends, over
347 public conditions such as smoking with curated public
348 health topics in the vital signs banner. And I described
349 the serials for you as well.

350 Q Thank you. I know you mentioned that you
351 were the science editor for the MMWR serial. In that
352 role, do you ever perform work on the MMWR?

353 A Well, I just want to step back a minute.
354 Both the MMWR series, so all of us are under the banner
355 of MMWR. We're not different. We're different formats.
356 So that we call it the MMWR weekly and we call it the
357 MMWR serials.

358 The serials have three different formats. These are
359 longer forms, recommendations and reports, surveillance
360 summaries and special supplements. On that side, because
361 they are longer reports, they're 5,000 to 95,000 words,
362 hundreds of references to - - our longest have been
363 1500 references. We have no word limit. And they are
364 comprised of the agency recommendations from federal
365 advisory committees such as the ACIP, Advisory Committee

366 on Immunization Practices. We do sexually transmitted
367 infection guidelines, comprehensive surveillance
368 findings, which are larger survey data sets, conditions
369 from the weekly that are reported in the weekly, but with
370 more years, more variables, multiple data systems for
371 special topics in our supplements for rural health and
372 disparities.

373 So again, the MMWR series has two components; the
374 weekly short, brief reports, and the serials, longer
375 forms, three formats.

376 Q Got it. That's really helpful, thank you.

377 In your current role, do you ever perform work then
378 on the MMWR weeklies?

379 A I do occasionally from time to time. I will
380 help out with policy notes because there's some
381 cross- topics in terms of the ACIP, shorter form
382 recommendations might come out in the weekly. I serve
383 as - - if there's a report that folks would like
384 consultation on, I might do that has as well.

385 When I came to MMWR in 2009, I came as the deputy
386 editor. At that time, again, there was a singular
387 science editor and so I worked on both sides from that
388 time. As we grew in staff and the work enlarged, we then
389 hired a weekly editor, who's primarily responsibility for
390 the weekly, myself who does - - moved over and

391 dedicated primarily to the serial, and then we hired an
392 online editor who does a lot of the communications that
393 augment the scholarly content.

394 So I have, in the course of my time of 14 years,
395 worked extensively on the weekly. I'm very familiar with
396 it in general.

397 Q Got it. Thank you. Could you provide a
398 brief overview of the process for drafting, editing, and
399 approving the contents of the MMWR weekly?

400 A Sure. I think it's - - that's a complex
401 question. So if it's okay with you, I'd like to break it
402 down a little bit. And that is, what happens before
403 submission and what happens after submission.

404 So authors before submission will have content that
405 they're working on within their center institute or
406 office. And they will create their content and get
407 feedback, it will align with the priorities of the
408 program, and then once the document is stable, they will
409 put it through what we call CDC clearance.

410 So CDC clearance is the process of reviewing and
411 approving scientific information for products that are
412 disseminated outside of the agency and we have a policy
413 in place for oversight for that. And the purpose of that
414 clearance is to make sure that the scientific products
415 are scientifically sound, technically accurate, and made

416 available in a timely manner.

417 The components that conduct the clearance are
418 organizational entities of CDC, and they're essentially
419 the CIOs, staff offices, business service offices, and
420 the process is delegated to the authors group through the
421 CIO with cross- clearance internally through the agency
422 or external.

423 So each of the units will determine who sees which
424 reports or which information products at what time and
425 turnaround times and things like that.

426 So once it goes through clearance, which usually
427 goes to the level of the center, cross- clearance
428 internal to the agency if there's overlapping content or
429 outside the agency for external review or approval such
430 as like FDA, our sister agency, SAMHSA. It is then
431 submitted to MMWR through a software called ScholarOne.

432 And authors have - - on our website there's
433 something called instruction for authors and we provide
434 there for them a checklist that they have to go through
435 to make sure that they have everything in order, that
436 they attest, that all the authors meet authorship
437 criteria, that this is not a duplicate publication, very
438 standard things in publication practice. So it's
439 submitted to us.

440 I'll just take a break there to see if you have

441 questions.

442 Q Yes. So far that's very helpful. You
443 mentioned the authors. I'm wondering, who are those
444 individuals typically?

445 A Sure. So primarily for the weekly I would
446 say overwhelmingly they are CDC staff, scientists. They
447 may collaborate with external partners, so there may be a
448 mix. Very rarely, probably less than 5 percent of our
449 content comes from external authors only.

450 If that's the case, then those external authors
451 typically will contact us first, meaning the editorial
452 staff. And then we advise them - - learn a little bit
453 about what they want to publish, make sure that it aligns
454 with the agency's mission, and that it is within the
455 scope and mission of MMWR. And then at that point we
456 will have them put their content through the agency
457 clearance, because everything that's published in MMWR is
458 the voice of the agency and it needs to be cleared
459 accordingly.

460 Q And so once there's an author and there is a
461 piece selected, can you talk about the editing process?
462 Who edits, if at all, those pieces before publication?

463 A Sure. So once it's submitted, it is
464 the - - there's a team lead for both the weekly and the
465 serial. So the team lead would ingest the report from

466 ScholarOne would make sure that all the components of the
467 report are there; that the clearance documentation is
468 accurate and complete; that the figures are in the right
469 format, et cetera, the right file formats. And then they
470 would pass it to the weekly editor who reviews it
471 for - - well, let me back up for a second and talk
472 about what happened pre- COVID and then during COVID.
473 Helpful?

474 Q Sure. Thank you.

475 A So once something's submitted, prior to COVID
476 what we would do is the editors of the weekly, the
477 serial, the online editor, the editor- in- chief, we
478 would meet on a weekly basis in person and we would
479 discuss all the submissions that came in in the week
480 prior for the weekly. After that discussion, then we
481 would select ones that we thought were a good fit and we
482 would prioritize them and we would send them for review
483 to the weekly editor.

484 And the criteria we used for acceptance at that
485 point - - preliminarily accepted, right, because it
486 hasn't been evaluated carefully - - we used the same
487 criteria that you see for our mission. Is it timely? Is
488 it reliable? Is it authoritative? Is it accurate? Are
489 there objectives? Is it useful public health information
490 and recommendation? But also, you know, is it redundant?

491 You know, resources have to be spent wisely. So
492 sometimes redundance is necessary, sometimes not. So we
493 would prioritize.

494 And then so once it's preliminarily accepted, it
495 would go to the weekly editor who would review it in
496 detail. She would send that back to the assigned
497 writer/editor, technical writer/editor on the weekly side
498 who would communicate then with the author, the comments,
499 and then that would go back and forth until the report
500 was considered stable, all the questions had been
501 answered, the format was cleaned up. And then the team
502 lead for the weekly would assign the date of publication,
503 and then we would enter production.

504 Q And so those individuals you mentioned, the
505 weekly editor and any other editors communicating with
506 the author, those are CDC scientists?

507 A Yes. So the weekly editor is MD trained, has
508 an epi background as well. And then our technical
509 writer/editors have varying backgrounds. One is a Ph.D.,
510 others of our technical writer/editors might have English
511 degrees, but most - - surprisingly, we have a good
512 depth of expertise because folks come to MMWR as they
513 really enjoy the mission, they feel part of a high
514 functioning team doing important work, and they stay for
515 many, many years, sometimes over 20, 30. And so they

516 have seen quite a lot of science and they're very
517 helpful. We work as a team to make sure that things
518 aren't missed.

519 Q That's great to hear as a citizen. So those
520 folks are all career CDC staff, you're saying?

521 A For the most part. We have about 40 staff in
522 general at MMWR. When I came in 2009, it was about 20.
523 So we've doubled our size. And I think I counted last
524 time maybe 30 are FTEs and the other are contractors.

525 Q Got it.

526 A And we're comprised of not just MDs and
527 Ph.D.s and writer/editors that have a wealth of
528 experience, but we also have desktop publishers, graphic
529 artists who work with the web and things.

530 Q That's all helpful. And I would be curious
531 to hear the continuation of the process. I think you
532 were starting to talk about the publication process as
533 this subsequent step, although I also know you mentioned
534 that there was a different process under COVID.

535 So I don't know if it makes sense to finish the
536 whole pre- COVID track first and then we can go back to
537 the post- COVID track. Does that make the most sense?

538 A Sure, we can do that. MMWR is
539 posted - - when it's finished and published, it's
540 posted on the website. We're online only currently. You

541 can get a written subscription, but you have to pay for
542 that outside the agency. So it's posted to the web at
543 1:00 on Thursdays, and so that means that the production
544 that starts for that Thursday begins the Friday before.

545 So the Friday before, reports are prepared and
546 they're disseminated to reviewers. Comments are received
547 on Monday. Another iteration of the report is sent out
548 for review, this time, I believe, closer to - - just to
549 MMWR staff. And then it continues its life cycle until
550 it's stable, the questions are all answered and the
551 report is coded. There's a lot of coding it has to do in
552 order to put it to the web for X style, XML language so
553 that it's discoverable, et cetera.

554 And then it's prepared by the desktop team laid out
555 in both PDF and HTML format and posted to the web.
556 Before it's posted, the night before about 4:00 p.m. on a
557 Wednesday, it's released to the media through the media
558 channel with an embargo that lists at the time that it's
559 posted.

560 Q Got it. That's all helpful. Thank you.

561 And so now I guess - - I know you mentioned that
562 the process changed during - - or post COVID. So I'd
563 be curious to hear about that change.

564 A Sure. So the changes for post COVID are
565 primarily logistical. Nothing changed in terms of the

566 integrity or the quality of the science. It primarily
567 was - - obviously timelines were compressed and
568 accelerated. And because the expertise of the scientists
569 who were publishing with us didn't reside in a CIO, per
570 se, but resided in the infrastructure of the incident
571 management response through task force or in the field,
572 they would originate there and they would go through
573 clearance through the response before then being
574 submitted to MMWR.

575 And instead of the weekly meeting of the editorial
576 staff, that was expanded and transformed to a weekly
577 meeting with the incident manager and the associate
578 directors for science and task force leaders where
579 concept proposal, because it was very important to
580 prioritize what - - the agency was dealing with lots of
581 information, to kind of focus and prioritize what was to
582 be - - what activities would take place and then again
583 what would be published.

584 So authors would create a concept proposal. That
585 concept proposal would go to the weekly meeting, and then
586 at that point the information products would be
587 determined whether or not they were to come to MMWR or go
588 to a peer review journal. And so some would get green
589 lights, others - - to go ahead and develop a full
590 report, others would be told that that was not an agency

591 priority and the work would stop, or they might make
592 recommendations to refocus and resubmit.

593 Once the concept proposal was approved, then the
594 authors would go ahead and develop a full report. That
595 would go through clearance as I described before, but now
596 instead of in the centers, it would go through the
597 incident management response, the relevant task force.

598 So if the content had to do with vaccines, it would
599 go through the vaccine task force. If the content had to
600 do with vaccines and communities, then there was another
601 task force that was working with state and local. So
602 that would be the cross- clearance.

603 During that time, we inserted an additional step to
604 facilitate the content and that would be that the weekly
605 editor would do what's called a preclearance review. So
606 she would receive the report as it was going through
607 clearance so that she could make some early comments and
608 often help with the formatting, because we do have very
609 specific formatting that many authors are not familiar
610 with. And folks found that very useful. That would
611 go - - when it completed clearance, then the authors
612 would go ahead and formally submit.

613 Now, instead of the scheduling being done by the
614 team lead of the weekly, the editor- in- chief was doing
615 that scheduling in concert with the team lead. But

616 obviously, because the editor- in- chief had a very good
617 understanding of the agency's priorities and timing for
618 release and when things would be ready, conversing with
619 the leadership in the response, that was a more
620 appropriate place to have that happen.

621 Q Thank you. So before the pandemic, in your
622 role as the science editor of the MMWR serial, how often
623 did you communicate with HHS personnel?

624 A Never.

625 Q Did that change at all during the pandemic?

626 A For me, personally?

627 Q Yes.

628 A So I was on the receipt of emails that had
629 HHS personnel, but I didn't have any personal
630 interactions with folks.

631 Q And what was the discussion in those emails?

632 A I wouldn't characterize it as a discussion
633 because it was a passive receipt, so I'm not sure of your
634 question.

635 Q What do you mean by passive? You mean you
636 were just receiving the email?

637 A I was receiving emails that would have HHS
638 folks on them.

639 Q But the sender wasn't from HHS?

640 A I received one email from a sender from HHS.

641 Q And who was that individual?

642 A Paul Alexander.

643 Q And you said that was just one email?

644 A Correct.

645 Q And do you know what the subject of that
646 email was?

647 A I believe you have an exhibit.

648 Q Okay. So - -

649 A Do you want to hold off on that, or - -

650 Q We will get to that.

651 A Okay.

652 Q But to your knowledge, that's the only email
653 that you received from Dr. Alexander?

654 A Directed - - emailed directly to me.

655 Again, I was on emails where he was copied.

656 Q Understood. And do you know why, after the
657 pandemic, you started being included on emails that had
658 HHS personnel on them?

659 A You mean during the pandemic?

660 Q Yes, during the pandemic. We're still in the
661 pandemic. You're right.

662 A So MMWR has summaries that prior to the
663 pandemic would summarize essentially the first paragraph
664 of the weekly report, and that would be distributed
665 internally to the agency. During the pandemic, at some

666 point while I was deployed - - so I don't have much
667 knowledge as to how that came about - - that summary
668 distribution list grew and it included folks from HHS as
669 well as an expanded list within the agency to include
670 folks from the response, policy communications, chief of
671 staff, et cetera.

672 Q Prior to the pandemic, in your experience had
673 individuals from HHS or policy or communications, those
674 that you just mentioned, ever been included on those
675 summary emails before?

676 [Minority Counsel]. [Redacted], I thought the scope
677 of the interview was from December 31, 2019 to January
678 2020. So if you're asking about things prior to the
679 pandemic, it seems that would be outside of the scope of
680 the interview that you laid out at the outset.

681 [Majority Counsel]. [Redacted], this is just
682 relevant context to understand what may have been
683 different during the pandemic. We're not going into the
684 event of the serial.

685 [Redacted], you can continue.

686 BY [MAJORITY COUNSEL]:

687 Q So I can ask the question again, or maybe you
688 remember it, Dr. Casey.

689 A I think I understand the question to be if
690 the distribution list was different.

691 Q If the distribution list that you mentioned
692 had changed during the pandemic to include - - I think
693 you mentioned HHS personnel, policy folks, communication
694 folks, chief of staff folks. Were any of those
695 individuals, in your experience, included on those
696 summary emails prior to the pandemic?

697 A Well, I can break it down in two parts. So
698 the first answer is, to my knowledge, HHS individuals did
699 not receive these summaries, one, because by nature they
700 were not shared outside the agency. The distribution
701 list, as I said, expanded during the pandemic. That's
702 not to say that prior to the pandemic there weren't
703 internal CDC folks who were communicators or associate
704 directors for science or center directors.

705 That distribution list would change over time simply
706 because during my time at MMWR, we've been through four
707 reorganizations. And each time we reorganize, folks
708 might take a look at our distribution list and ask for
709 certain individuals or functional roles to be included.
710 So that list was ever evolving.

711 But I can say with certainty to my knowledge never
712 did that content go outside the agency - - the MMWR did
713 not share that summary, those summaries, outside the
714 agency. And that goes back, and I can anchor that to
715 2009.

716 Q And when those HHS and other folks started
717 appearing on those emails that I think you said you were
718 also receiving, what was your reaction to seeing those
719 individuals on the emails?

720 A I found it unusual, and the reason I found it
721 unusual is that the purpose for it not being sent out by
722 the agency historically, to my understanding, was so that
723 there could - - was that that was designed to have a
724 protection for the editorial process and the production
725 process to protect the agency from ever being called into
726 question if there was perceived or real interference from
727 any non-CDC entity for any purpose, whether that be
728 scientific, policy, political, editorial. And it
729 underscores that others weren't engaged in our editorial
730 process prior to this time in terms of receipt of our
731 content.

732 There were other mechanisms in place to inform folks
733 outside the agency who are interested in our content and
734 that is essentially preclearance - - whether that be done
735 preclearance to clearance or policy or comms,
736 communications, engaging with whether authors, whether
737 that be in an IM structure or in a center, or at times
738 it's - - if entities would want to know what was being
739 published in MMWR, there have been times, and I can't say
740 like with certainty like to what entity or whatever, but

741 what's called the E- book.

742 The E- book is what is shared with the media and
743 that is an embargoed content, and that helps folks who
744 have a need to know be prepared for what is the
745 forthcoming contents from MMWR. But remember, the
746 content is done, it's completed, it's sealed, it's an
747 E- book. It's what's going to appear on the web, it's
748 what's going to be appearing in the HTML and the PDF
749 format and what will be indexed PubMed.

750 So those are the appropriate places for a mechanism
751 to share with others outside the agency who have a need
752 to know, whether it be a partnership, et cetera.

753 The other reason that this firewall, so to speak,
754 was in place was because we have a very rapid turnaround,
755 and any extra steps are steps that could potentially
756 introduce errors or unintended content. As you can
757 imagine, during our regular review process, we have a lot
758 of - - we might have a lot of reviewer questions; and
759 beginning the production process from Friday, which
760 closes on Wednesday, the turnaround time is very quick.
761 So the more comments you get, the more - - curiosity
762 comments or whether they be substantive or not, can cause
763 energy.

764 Q Got it. Thank you. That's helpful.

765 In your role as science editor of the MMWR serial

766 before the pandemic, how often did you communicate with
767 the CDC director?

768 A I would have to take a long view to 2009 to
769 answer that question. Is that an acceptable - - okay.

770 So in the acting capacity as
771 editor-in-chief - - and then it would be editor
772 because you only had two of us - - there would be
773 times where - - the director has always been
774 our - - in our receipt - - in receipt of the full
775 reports during our production. At times the director
776 might interpose a question asking for clarification, et
777 cetera, but not always. So there were times that as the
778 acting editor or if I was the primary editor on a
779 particular report and a query came from the director,
780 then I might interact directly with his or her office, or
781 a surrogate, a designee.

782 But that was very rare, and - - but we would maybe
783 have more interaction with folks in what is now called
784 the office of science because they are also reviewers in
785 our production and they often represent the interests of
786 the director.

787 Q With regard to your frequency of
788 communication with the actual director, did that change
789 during the pandemic?

790 A I would say that it changed - - globally

791 for MMWR, that changed during our multiple
792 reorganizations. The accessibility to the director
793 became less and less as we became reorganized over time.

794 Q And in your role - - I'm sorry.

795 A So, I'm sorry. Just prior to that, there
796 would be - - it was very easy to reach out to the
797 director, but over time with the reorg and different
798 layers of hierarchy, then it was not as accessible. So
799 you would either have to go through someone else
800 or - - et cetera.

801 Q And in your role as science editor of the
802 MMWR serial, before the pandemic, how often, if at all,
803 did you communicate with others in the director's office?
804 I'm thinking, for example, of Kyle McGowan or Amanda
805 Campbell or Nina Witkofsky.

806 A So I want to understand the question again.
807 Can you repeat it? Because I wasn't sure the serials or
808 the series?

809 Q Yes, definitely. I am talking about in your
810 current role, which I hope I'm not saying it incorrectly,
811 but I thought it was science editor of the MMWR serial,
812 right?

813 A Correct, correct.

814 Q So in that role, before the pandemic, how
815 often did you communicate with those individuals in the

816 director's office?

817 A Never.

818 Q What about during the pandemic?

819 A For the contents of the serials, no.

820 Q In your role as science editor of the MMWR
821 serial, before the pandemic, how often, if at all, did
822 you communicate with anyone at the White House?

823 A Never.

824 Q Did that change during the pandemic?

825 A In my role as the serial - -

826 Q Yes.

827 A - - editor? In my role as the serial
828 editor, never, to my knowledge.

829 Q And in another or other role?

830 A Only on receipt of these emails.

831 Q And by receipt of these emails, do you mean
832 the ones - -

833 A The summary.

834 Q - - that included HHS individuals?

835 A Correct, the summaries. Or if somebody would
836 be a reply all and I was on the CC line or intentionally
837 put there, then I suppose I would see it.

838 Q And you're saying those emails also included
839 sometimes individuals from the White House?

840 A Correct.

841 Q And you mentioned before that you were simply
842 a passive recipient of those emails?

843 A Correct.

844 Q Do you recall who from the White House was
845 included on those emails?

846 A I believe it was - - I'd have to look at
847 their - - Dr. Birx from the task force. Okay.

848 Q Sorry. So I heard Dr. Birx, and then - -

849 A And I'm not sure. You'd have to look at the
850 extent - - people have extensions of the emails, but
851 their functional role might be elsewhere.

852 Q Got it. I would like to show you now one of
853 the specific MMWRs published last year, and this is the
854 document that we've premarked Exhibit 1. If you have
855 that handy.

856 A I do.

857 (Casey Exhibit No. 1 was identified
858 for the record.)

859 BY [MAJORITY COUNSEL]:

860 Q This is an MMWR that is dated August 7, 2020.
861 And it's titled SARS- CoV- 2, Transmission and Infection
862 Among Attendees of an Overnight Camp, Georgia, June 2020.

863 Please, if you'd like, take a minute to familiarize
864 yourself with this MMWR.

865 A I have it in front of me.

866 Q Have you seen this MMWR before?

867 A Yes, it's been published and I'm aware of it.

868 Q This MMWR discusses the introduction and
869 transmission of COVID- 19 among children at an overnight
870 summer camp in Georgia in June 2020, right?

871 A Correct.

872 Q The report concludes, and this is the first
873 full paragraph on the second page of the report, that the
874 virus "spread efficiently in a youth- centric overnight
875 setting, resulting in high attack rates among persons in
876 all age groups, despite efforts by camp officials to
877 implement most recommended strategies to prevent
878 transmission."

879 Do you see that?

880 A No, I'm sorry. Can you orient me again? I
881 have the PDF.

882 Q No problem. It's the second page.

883 A The second page, sorry.

884 Q Yes. In the first full paragraph on that
885 page.

886 A Okay.

887 Q And it says that the virus "spread
888 efficiently in a youth- centric overnight setting,
889 resulting in high attack rates among persons in all age
890 groups, despite efforts by camp officials to implement

891 most recommended strategies to prevent transmission."

892 Right?

893 A Yes, that's what it says.

894 Q It goes on stating, and this is just one
895 sentence down, that, "This investigation adds to the body
896 of evidence demonstrating that children of all ages are
897 susceptible to SARS- CoV- 2 infection and, contrary to
898 early reports, might play an important role in
899 transmission."

900 Do you see that?

901 A I do.

902 Q And then the very next sentence says, "The
903 multiple measures adopted by the camp were not sufficient
904 to prevent an outbreak in the context of substantial
905 community transmission." Right?

906 A That's what it says.

907 Q Do you have any reason to believe that this
908 MMWR was not based on accurate scientific information?

909 A No. This is an evolving outbreak, and I
910 think that the authors are characterizing their specific
911 findings and referencing and citing some of the content
912 that you read.

913 Q To your knowledge, was this MMWR based on
914 sound scientific analysis?

915 A I haven't read the report in depth, but it

916 is the aim to publish sound scientific content.

917 Q I want to look at another MMWR, and that's
918 the document that we have premarked as Exhibit 2.

919 (Casey Exhibit No. 2 was identified
920 for the record.)

921 The Witness. Okay.

922 BY [MAJORITY COUNSEL]:

923 Q And just while you're pulling that out, I'll
924 note that this is an MMWR that's dated a week later,
925 August 14, 2020. And this one is titled Hospitalization
926 Rates and Characteristics of Children Aged, less than, 18
927 Years Hospitalized with Laboratory- Confirmed COVID.

928 Do you see this one?

929 A I do. But I'd like to just make one point,
930 and that is the Exhibit 1, even though it says August
931 7th, and this second Exhibit 2 is August 14th, you'll
932 note that both are early releases; and the first one,
933 although the publication date is August 7th, it was
934 released on July 31st. And with the second one with the
935 publication date of August 14th, it was released and
936 posted online on August 7th.

937 I just wanted to clarify that. So it's not a
938 two- week interval and the dates are a little bit
939 different.

940 Q Thank you. That's very helpful to point out.

941 I appreciate that.

942 Have you seen this MMWR before?

943 A I have seen it before, yes.

944 Q Generally speaking, this MMWR discusses
945 COVID- 19 associated hospitalizations for children,
946 right?

947 A Correct.

948 Q And this one is, just in the middle of this
949 first long paragraph, it states that for the period March
950 21st through July 25th, "weekly hospitalization rates
951 steadily increased among children."

952 Do you see that?

953 A I just want to see where you are. Oh, here
954 we go. Let me see.

955 Yes.

956 Q Do you have any reason to believe that this
957 MMWR was not based on accurate scientific information?

958 A I do not.

959 Q Do you have any reason to believe that this
960 MMWR was not based on sound scientific analysis?

961 A I have no reason.

962 Q Thank you. And that's it for that MMWR. So
963 if it's easy, please feel free to put that one aside for
964 now. But I would like to look next at the document that
965 we've premarked as Exhibit 3.

966 (Casey Exhibit No. 3 was identified
967 for the record.)

968 The Witness. That, I would have to pull up on my
969 computer. I would imagine you can still see me.

970 BY [MAJORITY COUNSEL]:

971 Q I imagine, too. I will let you know if you
972 disappear.

973 A Okay.

974 Q And while you're doing that, I will note for
975 the record that this is a document that we've premarked
976 Exhibit 3, and it's Bates stamped SSCCManual- 000064 to
977 SSCCManual- 000070. And once you have it up, just let me
978 know.

979 A Okay. I have it.

980 Q This is a July 26, 2020 email chain. And if
981 you need a moment to look it over, please do so.

982 A Okay.

983 Okay.

984 Q The original email in this chain, which
985 starts at - - you may have seen this before, but we mark
986 our documents with little alphanumeric numbers or
987 combinations in the lower right- hand corner of the page.

988 So the email chain that was first sent by Charlotte
989 Kent starts on the page number that ends in 0068. And it
990 looks like she sends the email to certain CDC and HHS

991 personnel with the subject line: One MMWR COVID- 19
992 Response Early Release Scheduled for Wednesday, July
993 29th, 2020.

994 Do you see that?

995 A Yes.

996 Q In her email, Dr. Kent appears to be sending
997 a summary of the Georgia summer camp MMWR that we just
998 discussed.

999 Do you see that?

1000 A I do.

1001 Q Do you know if you received this email from
1002 Dr. Kent?

1003 A So I have the PDF up on my laptop and I'm
1004 doing a find and search, and I don't find my name.

1005 Q And the reason I ask is because I also didn't
1006 see your name, but I did notice that there are quite a
1007 few what appear to be distribution groups. So I didn't
1008 know if maybe you were a member of one of those
1009 distribution groups.

1010 So to the best of your recollection, do you recall
1011 if you received this email?

1012 A No. And in looking at the documentation, it
1013 doesn't appear I did.

1014 Q Scrolling up one email in time, and if it's
1015 helpful to give you that alphanumeric combination, that's

1016 the page ending in 0065. It appears that Paul Alexander
1017 replied to Dr. Kent's email providing certain comments
1018 for alterations to the Georgia summer camp report.

1019 Do you see that?

1020 A Where he says, "Hi Ms. Kent, a pleasant
1021 goodnight"?

1022 Q Yes.

1023 A Yes, I see it.

1024 Q Do you know, at the time that he sent this
1025 email, what Dr. Alexander's role was?

1026 A I do not. And I'm not sure what his role was
1027 even today, certainly not what his role was for MMWR.
1028 What his role was in his home institution at HHS, I even
1029 have less knowledge.

1030 Q Got it. Prior to the date of this email,
1031 which he sent on July 27th, 2020, did you have any
1032 interactions with Dr. Alexander?

1033 A I believe I've answered that question. I've
1034 had no interactions with Dr. Alexander ever.

1035 Q And by interaction, I mean email, any type of
1036 communication, anything like that. So I know you
1037 mentioned the one email previously, but other than that
1038 one email, have you had - -

1039 A To my knowledge, I've only been in receipt
1040 from one email from him to me.

1041 Q Do you recall ever hearing that - - and
1042 apologies if you answered this, but I'm not quite sure if
1043 you did already. But do you recall ever hearing that
1044 Dr. Alexander sent emails providing input on draft MMWRs
1045 or the MMWR summaries?

1046 A I wouldn't have cause to hear things, because
1047 during this time period I was in the occupational health
1048 clinics seeing employees, preparing them for their
1049 deployment. And my interactions with MMWR content was
1050 primarily around the serials. So working, I think, at
1051 that time we had a recommendation report on
1052 transplantation, different topics, so - - and I had
1053 very limited interaction with Dr. Kent at that time.

1054 Q Okay. We can put that email aside. And if
1055 we could pull up the document that we've premarked as
1056 Exhibit 4.

1057 (Casey Exhibit No. 4 was identified
1058 for the record.)

1059 The Witness. Okay.

1060 BY [MAJORITY COUNSEL]:

1061 Q As you're pulling that up, I'll note for the
1062 record that the document that we have premarked as
1063 Exhibit 4 is Bates stamped SSCCManual- 0000390 through
1064 SSCCManual- 000045. And once you've had a chance to pull
1065 that up and look through it, just let me know.

1066 A Okay. I want to make sure that - - is this
1067 also in the right- hand corner the document that ends in
1068 0587?

1069 Q No.

1070 A Okay. Oh, I'm sorry. Yes, I see it.

1071 Q And if you would like to take a minute to
1072 look through it, please do so, and just let me know when
1073 you've had a chance.

1074 A I've taken a quick look.

1075 Q So this is an email chain that starts with an
1076 email from Charlotte Kent on August 5th, 2020 to a large
1077 number, again, of CDC, HHS, and other individuals. And
1078 this one does appear to include you, right?

1079 A Correct.

1080 Q The initial email which starts at the page
1081 that ends in 0042 is, as I mentioned, sent by Dr. Kent.
1082 And just to clarify, I think you said before she is the
1083 editor- in- chief of the MMWR - - is it of the weekly?

1084 A Series.

1085 Q Of the series?

1086 A So she has oversight of both the weekly and
1087 the serial.

1088 Q Got it.

1089 A And online content.

1090 Q Okay. Got it. Thank you so much.

1091 Dr. Kent's email appears to relate to two MMWRs,
1092 one of which includes the one that we just discussed
1093 regarding hospitalization rates of children with COVID,
1094 right?

1095 A Correct.

1096 Q Later that day, and this email begins on the
1097 page ending in 0039, Dr. Alexander replies to
1098 Dr. Kent's email. Do you see that?

1099 A Yes.

1100 Q Do you recall receiving this email?

1101 A I don't recall, but I see it here.

1102 Q Regarding the report pertaining to the
1103 hospitalization of children, Dr. Alexander says to
1104 Dr. Kent - - and this is his first full paragraph on
1105 the page that ends in 0041. He says, "would your full
1106 report outline the details of the outcomes, e.g., what
1107 happened to those kids hospitalized and importantly, how
1108 many were discharged, and how many died? That is what
1109 matters to parents."

1110 Do you see that?

1111 A I see that.

1112 Q And with regard to the second report, this is
1113 in the next paragraph in his email, he says, "I point you
1114 to more recent research...for the team to consider."

1115 Do you interpret this email as Dr. Alexander

1116 seeking to provide alterations or changes to the MMWRs
1117 referenced in Dr. Kent's email?

1118 A I'm really not sure what his intent was.

1119 Q Do you remember having a reaction to
1120 Dr. Alexander's email in response to Dr. Kent's email
1121 when you received it?

1122 A Well, since I stated earlier I don't recall
1123 seeing this particular email, I would then follow on to
1124 say that I would have no - - there would be an absence
1125 of a response. I don't recall seeing it.

1126 Q Sure. And I know we are approaching our
1127 hour. I just have a couple last questions on this email,
1128 if possible, so it might make sense to just finish that
1129 up before we take our break.

1130 In that initial paragraph of his email,
1131 Dr. Alexander says, "The data is clear globally and in
1132 the US that children are at very little risk of getting
1133 COVID virus, and when they do, it is very mild if any
1134 symptoms, and they recover very well, almost entirely."

1135 Do you see that?

1136 A No, I'm sorry, you'll have to orient me
1137 again.

1138 Q No worries. So this is in that first initial
1139 paragraph in his email.

1140 A I see. Okay, "The data is clear." Well, it

1141 should be the data are clear, but.

1142 Q Well, grammar aside, do you see the
1143 quotation?

1144 A I do.

1145 Q To your knowledge, was that accurate
1146 according to the available science at the time?

1147 A I really think that that's outside the scope
1148 for me to comment on. I can't put myself at that time
1149 during the response to give you a sound answer since I
1150 was not intimately involved in the science at that time.
1151 So, I can't express an opinion.

1152 Q Do you know whether, at the time of this
1153 email, CDC scientists agreed with the position in
1154 Dr. Alexander's email?

1155 A I can't speak to whether or not folks were in
1156 agreement. I'll refer you back to the publication in the
1157 blue summary box of Exhibit 2 which says that most
1158 children are asymptomatic and less is known about their
1159 severe disease, which was the purpose of characterizing
1160 the hospitalization of children under 18 and their rates.

1161 So what they found was that children are at risk for
1162 COVID- 19, and they make that conclusion based on the
1163 data where although the rates are less than adults, one
1164 in three children were hospitalized - - one in three
1165 hospitalized children were admitted to intensive care

1166 units. And I believe in the body of the report that is a
1167 similar pattern among adults.

1168 Q And I think I may know the answer to this
1169 question, but to confirm, had you received or been a
1170 passive recipient of any emails from Dr. Alexander, like
1171 this one providing comments on draft MMWR summaries,
1172 before this email?

1173 A I honestly can't say I would recall simply
1174 because, again, I was deployed offsite doing other duties
1175 as well as my serials. And if such an email came
1176 through, I may or may not even see or open it.

1177 Q All right.

1178 A So I can't answer in the absence of certainty
1179 knowing.

1180 Q Understood. Thank you.

1181 [Majority Counsel]. Let's go off the record.

1182 (Recess.)

1183 [Minority Counsel]. We're ready to go back on the
1184 record.

1185 BY [MINORITY COUNSEL]:

1186 Q Dr. Casey, my name is [Redacted]. I work
1187 with the Republicans on the staff here. Thank you very
1188 much for being here.

1189 Today we really appreciate you taking time out of
1190 your day job, especially given the state of affairs

1191 around the country, for you to be here and answer these
1192 questions.

1193 I'm sorry you have to be here today. I don't
1194 frankly think this is a good use of anybody's time. You
1195 spent the first hour being asked about emails you weren't
1196 even on, things you weren't even involved with. The last
1197 year, for the majority of the year, you were in the
1198 occupational health clinic as you talked about. The
1199 Democrats frankly know the answers to all the questions
1200 they're asking you. We learned from Dr. Kent last
1201 December many of the things that you're talking about
1202 here today, and subsequently from a lot of other
1203 interviews we've had since then, so I wish they would get
1204 to the point and save you the hassle. I'm really sorry
1205 you have to do this. I feel like we're a train going
1206 down the wrong path on the tracks, and all the passengers
1207 and the crew are yelling to stop, but the conductor just
1208 keeps going. And I think that's what's happening here.

1209 I just have a few questions for you and then we'll
1210 kick it back - - [Redacted] has a couple questions as
1211 well - - and we'll kick it back to the Democrats. We
1212 don't want to take up too much of your time.

1213 I believe in the first hour you said, in your role
1214 as deputy editor of MMWR, you aimed to publish sound
1215 scientific content; is that correct?

1216 A Correct.

1217 Q And you were asked about several MMWRs where
1218 you were over at the occupational health clinic, and I
1219 believe you stated you had no reason to believe that they
1220 were not based on sound scientific analysis; is that
1221 correct?

1222 A Correct.

1223 Q So during your time as the deputy chief of
1224 MMWR, and also when you were acting chief of MMWR
1225 briefly, did you ever let anything affect the scientific
1226 integrity of the MMWR?

1227 A I want to first correct just my title. I
1228 came to MMWR in 2009 as deputy editor, but as we grew my
1229 title is now the editor of the serials. Just so there's
1230 not confusion.

1231 So, I'm sorry, can you restate the question?

1232 Q Sure. During your time as acting editor or
1233 deputy editor of the serials, have you ever let anything
1234 affect the scientific integrity of the MMWRs under your
1235 purview?

1236 A Under my purview, no.

1237 Q Dr. Kent told us the same thing in December,
1238 that under her watch, she never let anything affect the
1239 scientific integrity of the MMWR. Would you have any
1240 reason to doubt or disagree with her comments?

1241 A No. I have the utmost respect for Dr. Kent.
1242 [Minority Counsel]. Thank you very much.

1243 [Redacted] has some questions for you. Thank you very
1244 much.

1245 BY [MINORITY COUNSEL]:

1246 Q Hi, Dr. Casey. As [Redacted] said, I work
1247 on the Republican staff with him. I just have a few
1248 quick questions for you.

1249 Are we still in a pandemic?

1250 A Yes.

1251 Q And you said, before the pandemic, HHS
1252 employees were "never on MMWR summary emails."

1253 Is that correct?

1254 A That's correct, to my knowledge.

1255 Q And then during the pandemic, they were added
1256 as an extra layer of review and knowledge?

1257 A I would clarify that statement from my
1258 purview, and that is that they were on the emails. For
1259 what intent, I'm not clear.

1260 Q Okay. So they were added to the emails, but
1261 you're unsure as to why?

1262 A Correct.

1263 Q Okay. Are individuals within HHS still
1264 receiving MMWR summaries?

1265 A I believe that has stopped.

1266 Q Okay.

1267 A But you would have to double- check with the
1268 weekly folks.

1269 Q Okay. Is Jeffrey Zients receiving MMWR
1270 summaries?

1271 A Is - - I'm sorry, who?

1272 Q Jeffrey Zients. He's the COVID- 19 response
1273 coordinator out of the White House.

1274 A To my knowledge - - I have no knowledge.
1275 So I don't know.

1276 Mr. Barstow. Hey [Redacted], if you could stay
1277 within the scope.

1278 [Minority Counsel]. The questions were asked about
1279 2018. In the words of Majority counsel - -

1280 Mr. Barstow. We have been allowing for general
1281 questions about action before the pandemic. If you could
1282 stay within that, that would be great.

1283 [Minority Counsel]. Just for the record, Majority
1284 counsel said questions were allowed to add a little bit
1285 of context even if they were outside the scope.

1286 [Majority Counsel]. And just to clarify, I did not
1287 say that questions are okay if they're outside the scope,
1288 if they're providing relevant content.

1289 [Minority Counsel]. That's all I'm doing here,
1290 [Redacted], just trying to get context.

1291 BY [MINORITY COUNSEL]:

1292 Q Dr. Casey, can I direct you to Majority
1293 Exhibit 1, it's the Georgia summer camp MMWR.

1294 A I have it.

1295 Q Did you draft this MMWR?

1296 A No.

1297 Q Did you edit this MMWR?

1298 A No.

1299 Q Did you approve this MMWR?

1300 A No.

1301 Q I direct you to Exhibit 2, the
1302 hospitalization rates and characteristics of children
1303 under 18 years with laboratory confirmed COVID- 19.

1304 Did you draft this MMWR?

1305 A No.

1306 Q Did you edit this MMWR?

1307 A I did not edit this MMWR during the
1308 production. Post publication, I was engaged in a
1309 correction of this MMWR.

1310 Q What was the correction?

1311 A So the correction, if you look at the top of
1312 the PDF, and I'll read it to you. It says, "Please note"
1313 in red, this is our standard. "This report has been
1314 corrected." And that happened during while I was acting
1315 editor.

1316 And it goes on to say, The definition of pediatric
1317 obesity was incorrectly stated in the text of the report
1318 and in the Table footnote; however, the analysis was
1319 correct and used the CDC definition of pediatric obesity
1320 for children, greater or equal, 2 years (body mass index,
1321 kilogram per meter squared, greater than or equal to the
1322 95th percentile for age and sex based on CDC growth
1323 charts.)

1324 So this is very common. If there is an error in a
1325 report, part of scholarly publications best practices is
1326 to make a correction. So when this was brought - - I
1327 believe this issue was brought to the attention of one of
1328 the authors who notified me, and I worked with them to
1329 clarify the scope of the error, which would help me to
1330 understand how to correct it. And there was nothing
1331 wrong with the analysis, it's just that they put the
1332 definition incorrectly stated in the text. All the
1333 findings remained the same.

1334 Q Okay. Were you the final approval for this
1335 MMWR?

1336 A Not for this MMWR. My involvement was only
1337 for the correction - -

1338 Q Okay.

1339 A - - post- publication.

1340 [Minority Counsel]. That's all I have for this

1341 hour. Thank you.

1342 [Majority Counsel]. Thank you. And Dr. Casey,
1343 typically we take a break between the Majority and
1344 Minority questions, but I'm happy to keep on going
1345 through if that works for you; otherwise, we can take a
1346 five- minute break.

1347 The Witness. That's fine. We can continue.

1348 [Majority Counsel]. Okay. Great.

1349 I would like to turn our attention to an email which
1350 we premarked as Exhibit 5. Do you have that available?

1351 The Witness. Yes, I do.

1352 [Majority Counsel]. While you're pulling that up,
1353 just for the record, this is Exhibit 5, which is Bates
1354 stamped SSCC- 0022285 through SSCC- 0022289.

1355 (Casey Exhibit No. 5 was identified
1356 for the record.)

1357 BY [MAJORITY COUNSEL]:

1358 Q Please let me know if you would like a minute
1359 to look through this email, or maybe you've done so
1360 already.

1361 A I'm ready.

1362 Q So this is - - well, the first email in the
1363 thread, which starts at the very bottom of the first page
1364 of the document which ends in the number 285, is an
1365 August 8th, 2020 email from Paul Alexander to Charlotte

1366 Kent, Michael Caputo, Ryan Murphy, Nina Witkofsy, and
1367 Robert Redfield.

1368 Do you see that?

1369 A I do.

1370 Q You were not apparently a recipient of the
1371 original email from Dr. Alexander, but then one email up
1372 in the chain you'll see he forwarded it to you.

1373 Do you recall receiving this email?

1374 A I do.

1375 Q In the message Dr. Alexander forwarded to
1376 you, he notes that Dr. Kent is "on leave and I am
1377 informed that you are taking her role for now."

1378 I think you might have alluded to this earlier but
1379 do you know, what did Alexander mean when he said that
1380 you were taking her role for now?

1381 A Well, in her out- of- office email, he would
1382 have received a notification that I was acting
1383 editor- in- chief. So that makes sense that he forwarded
1384 it to me saying that I'm taking her role.

1385 Q Got it. Did you routinely serve as acting
1386 editor- in- chief when Dr. Kent was away?

1387 A I have served in the past as acting
1388 editor- in- chief when Dr. Kent was away from the
1389 office, yes.

1390 Q And how, if at all, did your responsibilities

1391 change while you were serving as acting
1392 editor- in- chief?

1393 A So while serving as acting editor- in- chief,
1394 you have all the duties of the editor- in- chief. So my
1395 duties expanded to be with full authority in her role.

1396 Q And what did that consist of on a
1397 day- to- day basis?

1398 A So on a day- to- day basis, it would be, you
1399 know, all content that is published in MMWR, the final
1400 approval as the editor- in- chief, any staffing issues in
1401 conjunction with the managing editor, any queries about
1402 the scientific integrity of the series. I mean, anything
1403 you can imagine. Folks might have a question, if they
1404 are asking about our policies, our procedures, where
1405 something is in the queue, routine things.

1406 Q So looking back at Dr. Alexander's email, so
1407 that's a page down, in the first substantive paragraph he
1408 says, "Michael, I am asking that you put an immediate
1409 stop on all CDC MMWR reports due to the incompleteness of
1410 reporting that is done in a manner to mislead the
1411 public."

1412 Do you see that?

1413 A I do.

1414 Q And then later in that same paragraph,
1415 Dr. Alexander continues discussing the MMWRs saying that

1416 CDC "appears to be writing hit pieces on the
1417 administration," which he claimed were "deceiving."

1418 Do you see that?

1419 A I do.

1420 Q He goes on to say, and this is in point
1421 number 3 in the numbered list down the page, "Nothing to
1422 go out unless I read and agree with the findings how they
1423 CDC, wrote it and I tweak it to ensure it is fair and
1424 balanced and 'complete'."

1425 Do you see that, too?

1426 A I do.

1427 Q On the next page of his email in what appears
1428 to be bold font, he says, "so I request that CDC go back
1429 to that report and insert this else Michael, pull it down
1430 and stop all reports immediately."

1431 Is that right?

1432 A Correct.

1433 Q And then just a bit further down in that same
1434 paragraph, he writes, "Their aim is clear. This hurts
1435 any President or administration. This is designed to
1436 hurt this President for their reasons which I am not
1437 interested in."

1438 Do you see that, too?

1439 A I do.

1440 Q Did you have any reaction to reading this

1441 email from Dr. Alexander?

1442 A Yes.

1443 Q And what was that?

1444 A My reaction to this email is, one, it's
1445 highly unusual and quite concerning for somebody to ask
1446 to put an immediate stop on MMWR reports. I don't think
1447 in my memory that has ever happened. And, to be
1448 accused - - because it is accusatory
1449 language - - that MMWR content is designed to harm our
1450 commander in chief, the President. So it's quite odd.

1451 Q So when you received this email, did you
1452 interpret it as - - so you interpreted as
1453 Dr. Alexander requesting to stop the publication of all
1454 MMWRs and also change reports that had previously been
1455 published?

1456 A Yes. That's what he's asking in this.

1457 Q And I think you alluded to this just a minute
1458 ago. But prior to this email from Dr. Alexander, did
1459 anyone ever make similar demands seeking to stop the
1460 publication of MMWRs before?

1461 A No. Not to my knowledge.

1462 Q Prior to this email from Dr. Alexander, did
1463 anyone ever make similar demands seeking to make changes
1464 to the content of MMWRs?

1465 A We have on occasion received queries from

1466 readers with questions as to our content, asking, seeking
1467 clarification, in which case we would forward that query
1468 to the authors to respond. So I can say that.

1469 In the past, when I was acting editor- in- chief in
1470 2009 or 2010, there was a GAO process where there was an
1471 outside academic who asked for changes to MMWR.

1472 Q So other than readers or outside academics,
1473 did anyone - - prior to this email from
1474 Dr. Alexander - - who was a political appointee ever
1475 make similar demands seeking to make changes to the
1476 content of MMWRs?

1477 A No.

1478 Q So would it be fair to say that you would
1479 consider Dr. Alexander's request in this email to be an
1480 unprecedented demand?

1481 A Yes.

1482 Q Are you aware whether any changes were ever
1483 made to any MMWRs as a result of this email from
1484 Dr. Alexander?

1485 A As a result of this email, to my knowledge,
1486 there have been no changes as he requested. And as you
1487 can see, our presses have not stopped.

1488 Q The last thing you said was, I'm sorry, that
1489 your what?

1490 A The press, the press. You know, the newspaper

1491 jargon. Our presses - - we have not stopped the presses.

1492 Q I see. Thank you. Are you aware whether any
1493 changes were ever made to the MMWR approval process as a
1494 result of this email from Dr. Alexander?

1495 A I'm not sure I understand the question. The
1496 logic I'm having challenges it, sorry.

1497 Q Sure. No problem.

1498 So earlier one step I think in the process from
1499 start to finish of the MMWR is we talked about selection
1500 and editing, and then I think there was a final approval
1501 process; is that right?

1502 A Correct.

1503 Q So as a result of this email from
1504 Dr. Alexander, were changes ever made to the MMWR about
1505 approval process?

1506 A No. And I'll just note that in
1507 his - - somewhere in this email - - I believe it's this
1508 email, where he states that nothing should be published
1509 without his approval and clearance, which is what is very
1510 odd. He's not in the process, and so not only is he
1511 demanding to do that, but he's inserting himself.

1512 Q And in your opinion, why would this demand by
1513 Dr. Alexander to assert himself be problematic or, I
1514 think you said, concerning?

1515 A I'll go back to what I said earlier in the

1516 first hour, and that is, the practice that MMWR had for
1517 decades, to my knowledge, is that our content during
1518 production had a production firewall that the folks who
1519 were involved in the development of the report during
1520 production would be limited to the authors and the
1521 editorial staff and reviewers at the agency who needed to
1522 give final approval or have input. And that firewall was
1523 in place for this very reason.

1524 So by sharing content - - whether it be the
1525 summaries or full reports - - outside the agency, that
1526 protection per se was breached and, therefore, we have
1527 the questions that we're having today from the committee.

1528 Q So you received this email from
1529 Dr. Alexander in response to, I think you said,
1530 Dr. Kent's out- of- office notification?

1531 A Correct.

1532 Q What happened next?

1533 A So if I recall correctly, this was Sunday.
1534 When I looked at it - - he sent it Saturday night late
1535 right before midnight. When I looked at it on my phone,
1536 it was probably 1:30, 2:00 in the morning. And the
1537 reason I did that was - - I recall - - is because I
1538 was acting editor- in- chief; I had just finished
1539 watching a movie with my husband and I decided, well, let
1540 me just make sure everything's okay. And I saw this

1541 email which, as we've discussed, is of concern.

1542 So I went to my laptop to read it more closely, and
1543 then I noticed that on the email string, that Dr. Kent's
1544 supervisor was not included. And acting in her capacity,
1545 I thought it would be important that he would
1546 be - - have visibility on it, especially since the
1547 director was on the email string as well.

1548 So I made the decision to brief him, and I called
1549 him in the early hours and probably simultaneously
1550 forwarded the email to him. And that is Admiral Michael
1551 Iademarco.

1552 Q That's a name I think I might need assistance
1553 with. Did you say Iademarco?

1554 A Iademarco.

1555 Q Okay. Iademarco. I can do that.

1556 A Yeah, it's challenging. And I'm phonetically
1557 challenged.

1558 Q It seems like you'll know who I'm talking
1559 about one way or the other.

1560 A I'll refer to him as the admiral.

1561 Q The admiral.

1562 A If that would be helpful.

1563 Q No, I can do Iademarco.

1564 A Okay.

1565 Q So you mentioned that you called - - he's a

1566 doctor, right? Dr. Iademarco?

1567 A Yes. He's a critical care pulmonologist.

1568 Q And when you called him, you said in the
1569 early hours. So that's Sunday morning?

1570 A Correct.

1571 Q And that was in the middle of the night
1572 around 2:00 a.m.?

1573 A Correct.

1574 Q Or when - -

1575 A About 2:00 a.m., I would think.

1576 Q And what did you discuss with Dr. Iademarco?

1577 A Well, I began by apologizing for disturbing
1578 his sleep. He assured me that that was fine. And I
1579 wanted him - - I told him I wanted him to be aware that
1580 there was an email that I received forwarded from
1581 Dr. Kent from Paul Alexander with the question - - with
1582 these requests, demands I would say, to stop the presses
1583 and that we were on a hit for the President, and I wanted
1584 to discuss with him the next step.

1585 Q And what was Dr. Iademarco's response to your
1586 call?

1587 A Well, he's very methodical as a mathematician
1588 as well as a physician, and so we went through the email
1589 together. And clearly, I think we were both of the
1590 opinion that we were going to take no action at 2:00 in

1591 the morning, and that the request was not reasonable, so
1592 no action would be done. And that I wanted to make sure
1593 that the director was aware that Dr. Kent was out of the
1594 office and that I was prepared to discuss it in the
1595 morning.

1596 So I drafted this email to Dr. Redfield informing
1597 him she was on vacation, that I was serving as the acting
1598 editor- in- chief in the acting capacity, and I had
1599 consulted with Dr. Iademarco. So he was aware that he
1600 was now in the loop and he was copied, and that we would
1601 be available to discuss the next steps in the morning.

1602 And I added, I think, to the email string
1603 Dr. Schuchat.

1604 Q In total, about how long was that
1605 conversation with Dr. Iademarco?

1606 A I'm not really sure, because I see the
1607 timestamp of the email going forward as being 5:20 a.m.
1608 So I don't feel like it was four hours, so - - I can't
1609 really anchor it.

1610 Q Regardless, you didn't get a lot of sleep
1611 that night, it seems?

1612 A No.

1613 Q After the phone call with Iademarco, what
1614 happened next?

1615 A So in the early hours - - not this early,

1616 but after sunrise Sunday morning I notified Dr. Kent
1617 that I was in receipt of the email, because I was
1618 concerned, even though she was on vacation, if she were
1619 to open it up and read it, that she might have some cause
1620 for concern. So I wanted her to know that I had received
1621 it and that it was being addressed and that no response
1622 or action was needed on her part. And I told her that I
1623 had met with the admiral over the phone and that I had
1624 sent an email to the director.

1625 Q And that initial conversation that you just
1626 noted with Dr. Kent, that was via phone call?

1627 A Yes.

1628 Q And about how long was that call?

1629 A Oh, maybe 20 minutes. I don't know. I don't
1630 recall.

1631 Q And by the way, the timestamps on these
1632 emails sometimes get wonky or adjusted based on various
1633 time zones. So that may be part of the cause for the
1634 confusion as to why the email to Director Redfield says
1635 5:26 a.m., if that's contrary to your memory.

1636 A That would make sense.

1637 Q But that doesn't jog your memory for about
1638 how long the conversation was with Dr. Iademarco?

1639 A I wouldn't imagine it being much more than an
1640 hour or so. I mean, you know, in terms of going through

1641 the email, discussing it and drafting an email to the
1642 director.

1643 Q So you mentioned that you - - back to the
1644 call that you mentioned with Dr. Kent that was about 20
1645 minutes. Were there any next steps or follow-ups that
1646 resulted from that phone call?

1647 A Sure. So she thanked me for letting her
1648 know. She asked that I forward the email to the managing
1649 editor of MMWR simply for her awareness. So I did that.
1650 And then I told her that I would follow up with her after
1651 I knew more.

1652 Q And what was her reaction to the email from
1653 Dr. Alexander?

1654 A Well, I think we can be in agreement that it
1655 was unusual; and I think she was supportive of the tactic
1656 of no action and of the notification of the director.

1657 Q So you mentioned that you called Dr. Kent.
1658 Do you recall about what time that was?

1659 A It was probably at a decent hour of the
1660 morning after sunrise. So early morning, maybe
1661 8:00 a.m. But I don't recall specifically.

1662 Q And did you discuss your phone call with Dr.
1663 Kent with anyone afterwards?

1664 A With the managing editor, because I called
1665 her while either simultaneously or shortly thereafter

1666 forwarding the email so that she would have context and
1667 that she would be aware of where we were at in the
1668 process.

1669 Q And I apologize if I missed it. What was the
1670 name of the managing editor?

1671 A The name of the managing editor is Teresa
1672 Rutledge.

1673 Q And did you have any follow- up conversation
1674 with Ms. Rutledge?

1675 A I did, after having a follow- up conversation
1676 with Dr. Iademarco.

1677 Q So maybe it makes sense to go sort of
1678 chronologically.

1679 A Sure.

1680 Q So you mentioned the around 8:00 a.m. And I
1681 appreciate you don't remember the time exactly, but the
1682 phone call with Dr. Kent. What happened after your
1683 phone call with Dr. Kent?

1684 A Well, at some point maybe mid- morning or so,
1685 not sure, sometime on Sunday the 9th, we connected. And
1686 he told me that there was - - that we were to do
1687 nothing more, and we were to ignore - - so essentially,
1688 ignore the request.

1689 Q Sorry, you connected with who?

1690 A Dr. Iademarco.

1691 Q Sorry. Please continue.

1692 A That's okay. And he informed me that he had
1693 communicated with the director, and that I was
1694 to - - that the action of doing nothing was what we
1695 were going to do. And he asked me to delete the email,
1696 instructed me to delete the email.

1697 Q Dr. Iademarco instructed you to delete the
1698 email?

1699 A Correct.

1700 Q And I definitely want to come back to that,
1701 but I do want to continue hearing about the actions that
1702 were taken in response to Dr. Alexander's email.

1703 So you had that conversation with Dr. Iademarco.
1704 Did you have an understanding of what time he had his
1705 conversation with Dr. Redfield?

1706 A It's been over a year, and the timing of
1707 the - - the precise timing within that day is not clear
1708 to me. All I can say is that that happened sometime on
1709 Sunday.

1710 Q And you were not part of the conversation
1711 with Dr. Iademarco and Dr. Redfield?

1712 A Correct, I was not.

1713 Q With regard to the request to delete the
1714 email, do you remember what Dr. Iademarco told you
1715 exactly?

1716 A I believe he said that the director said to
1717 delete the email, and that anyone else who had received
1718 it, you know, should do so as well.

1719 Q Anything else?

1720 A In terms of what he said?

1721 Q Yes.

1722 A I think that was probably the substance of
1723 it, what he said.

1724 In terms of my reaction?

1725 Q Yes. Well, and first, just to clarify you
1726 said that Dr. Iademarco told you that the direction was
1727 coming from Director Redfield?

1728 A That's my recollection, yes.

1729 Q So, yes, what was your reaction to that
1730 instruction?

1731 A So it made me uncomfortable. I thought it
1732 was a little unusual, and I shared that with him. And he
1733 assured me that it would be okay because the director's
1734 email box is the agency's formal record, and that things
1735 cannot be deleted from the email box. So that it would
1736 be inconsequential for it to be removed from my box, I
1737 guess.

1738 Q And I think you mentioned at the start of
1739 your answer that the request made you feel uncomfortable?

1740 A Correct.

1741 Q And why was that?

1742 A Well, because this was, as you said,
1743 unprecedented with somebody in an accusatory tone
1744 requesting to stop the presses.

1745 Q And I'm sorry, so you were
1746 uncomfortable - - I meant, why were you uncomfortable
1747 with the request to - - the instruction to delete the
1748 email?

1749 A Because it - - because it felt like it was
1750 a consequential email. It was unprecedented.

1751 Q Have you ever in the past been instructed to
1752 delete an email?

1753 A Not to my recollection, no.

1754 Q Did you discuss the request to delete the
1755 email with anyone other than Dr. Iademarco?

1756 A Yes. So because I was also instructed to
1757 tell the others who had received it to delete it, when I
1758 followed up with Dr. Kent later that day, that's what I
1759 told her. And I also followed up with the managing
1760 editor for her to do the same.

1761 Q So with regard to your conversation with
1762 Dr. Kent, what was her reaction to hearing about that
1763 instruction?

1764 A I believe I recall that she probably had a
1765 similar reaction.

1766 Q And had she heard the instruction from anyone
1767 before you told her?

1768 A I don't believe so, no.

1769 Q Do you recall precisely what you told her?

1770 A I communicated the instruction to delete the
1771 email, and that we were going to take no action.

1772 Q Do you know if, in response to that
1773 instruction, Dr. Kent did in fact delete the email?

1774 A I don't know, personally, other than what she
1775 has said in her testimony before this committee last
1776 year.

1777 Q I believe you said that you spoke also with
1778 the managing editor?

1779 A Correct.

1780 Q Do you recall what you told her about the
1781 instruction to delete the emails?

1782 A The same. To delete the email, and that we
1783 would have no action to the request.

1784 Q Do you recall what her response to that
1785 instruction was?

1786 A That, I don't recall, no.

1787 Q Do you know whether she in fact did delete
1788 the email?

1789 A I don't know.

1790 Q Did you, yourself, delete the email in

1791 response to the instruction from Dr. Iademarco?

1792 A So I deleted the email, but first I printed
1793 it out to keep a hard copy.

1794 Q Why did you that?

1795 A Because I felt that it was important to keep
1796 a copy. If there was ever questions of what had
1797 happened, I would have a record.

1798 Q And, I'm sorry, I might have missed this.
1799 But why did you feel it was important to have a record?

1800 A Because, again, this is unprecedented.

1801 Q And by "this is unprecedented," do you mean
1802 the request to delete, or the email from Dr. Alexander?

1803 A The email from Dr. Alexander.

1804 Q Other than Dr. Iademarco and you and then
1805 Dr. Kent and the managing editor, do you know if anyone
1806 else was instructed to delete the email?

1807 A I don't know.

1808 Q Do you know how the request to delete the
1809 emails was communicated from Director Redfield to
1810 Dr. Iademarco?

1811 A No.

1812 Q Did you talk about the email deletion to
1813 Amanda Campbell?

1814 A No. I don't recall, no.

1815 Q Do you recall - -

1816 A I wouldn't have - - I don't believe I would
1817 have cause to talk to Amanda Campbell about this.

1818 Q Do you recall if you talked to Kyle McGowan?

1819 A I don't recall.

1820 Q Do you recall if you talked to Nina

1821 Witkofsky?

1822 A I don't recall, no. That would be notable,
1823 but if I did I don't recall, so no.

1824 Q These are individuals who are also on the
1825 email that you sent to Dr. Redfield in reply to
1826 Dr. Alexander, which is why I was wondering.

1827 A I see.

1828 No, my interactions with those individuals had to do
1829 more with the production and getting approval emails to
1830 release reports. That was the scope of my interaction
1831 with those individuals.

1832 Q Other than Dr. Kent and the managing editor,
1833 did you talk with anyone else about the deletion request?

1834 A At CDC? No. Probably my husband was aware
1835 because this was 2:00 in the morning.

1836 Q Understood. Other than your husband and
1837 Dr. Kent and the managing editor, did you speak with
1838 anyone else?

1839 A During that time? No.

1840 Q And what about after that time?

1841 A Not in a substantive way, no.

1842 Q And what do you mean - - other than
1843 interview prep or after the information became public,
1844 did you speak with anyone other than the folks that we've
1845 named?

1846 A No. I mean, you know, folks read this in the
1847 media. So in that context, but - - I mean, even my
1848 colleagues at MMWR, once, you know, you read the media
1849 report, they said to me, I didn't know that was happening
1850 when you were acting editor-in-chief.

1851 Q Right. No, I - -

1852 A So is that helpful?

1853 Q Yes. No, I was really thinking before the
1854 information became public.

1855 A Okay.

1856 Q So.

1857 A Right.

1858 Q So with regard to your conversation with Dr.
1859 Iademarco during which he told you the instruction to
1860 delete the email, did you discuss that instruction with
1861 Dr. Iademarco at all?

1862 A I'm sorry, I felt like that question was
1863 circular. Maybe I wasn't paying attention. Can you
1864 repeat it?

1865 Q Sure. No worries. It was poorly phrased,

1866 you're right.

1867 With regard to the conversation that you had with
1868 Dr. Iademarco during which he gave you the instruction
1869 to delete the email, did you and Dr. Iademarco discuss
1870 that instruction at all?

1871 A Well, I mean, discussing it - - again, the
1872 question seems circular to me so, I'm sorry, I'm having
1873 difficulty answering it; because if you're instructed to
1874 do something, you're discussing it. So I'm not sure
1875 what - -

1876 Q Sure. So maybe I am misunderstanding, but it
1877 sounds to me that he was communicating the instruction to
1878 you and that it was coming from Director Redfield; is
1879 that right?

1880 A That was my understanding.

1881 Q And did the two of you discuss, for instance,
1882 the appropriateness of that request?

1883 A I shared with Dr. Iademarco that I
1884 was - - that that seemed unusual and that it made me
1885 uncomfortable. At that point he assured me that it would
1886 be okay because the director's email box cannot be
1887 deleted, and that would serve as the record for the
1888 agency.

1889 So to satisfy my discomfort, I printed it out and
1890 saved it, but I followed the instruction in my chain of

1891 command.

1892 Q Did you have a sense of his reaction to the
1893 request from Director Redfield to delete the email?

1894 A I really can't speak to that.

1895 Q Because you don't know?

1896 A It's been a year, over a year. So if
1897 I - - I would be concerned about the accuracy of how I
1898 would portray that, so I think it's better to just say
1899 that you'd have to ask him about his reactions.

1900 Q Yes, I certainly appreciate that it's hard to
1901 remember events from a while ago.

1902 Are you aware of any document retention obligations
1903 for government officials?

1904 A I'm aware there's a record policy.

1905 Q And what is that policy, to the best of your
1906 recollection?

1907 A That certain types of records are to be
1908 retained.

1909 Q Have you ever received training or
1910 instructions regarding document retention policies for
1911 government officials?

1912 A Yes, I believe that's an annual requirement.

1913 Q So usually about one training a year on that?

1914 A Correct.

1915 Q When you were told to delete that email, did

1916 you discuss with anyone whether that request raised any
1917 concerns regarding your document retention obligations?

1918 A Again, I expressed my concern with
1919 Dr. Iademarco and he assured me it would be okay.

1920 And my recollection from the training is that there
1921 are certain interactions - - you know, there are
1922 interactions by email that are acceptable to delete in
1923 terms of like creating like a - - if you're creating a
1924 report, et cetera.

1925 So this, probably, for me, was in a gray area in
1926 terms of the policy, so I took the guidance from my
1927 superior in terms of the instruction and his assurance
1928 that it was acceptable. But to satisfy my personal
1929 discomfort, I printed out the email and retained it so
1930 that I have it. And then, in my mind, that was a way of
1931 retaining and preserving the record.

1932 Q So you mentioned that during your call with
1933 Dr. Iademarco he said that everyone who received the
1934 email should delete it, I believe, right?

1935 A That anybody that I had shared with should
1936 delete it, I guess.

1937 Q Did you take that to mean that you were then
1938 tasked with telling those individuals that they should
1939 delete the email?

1940 A Well, just the person that I sent it to,

1941 which would be the managing editor. That was the scope.

1942 Q Got it.

1943 A Had I not forwarded it, I think that would
1944 have been the end of it.

1945 Q Got it.

1946 Other than you and Dr. Iademarco, and I know you
1947 discussed Dr. Kent and the managing editor already, but
1948 do you know did anyone else delete the email in response
1949 to this instruction?

1950 A I have no knowledge of anyone else's actions
1951 because I didn't interact with them on this topic.

1952 Q Are you aware of whether Dr. Iademarco
1953 similarly instructed anyone else other than you to delete
1954 the email?

1955 A I have no knowledge of that, again, because I
1956 had no interaction with anybody else and he did not
1957 share - - he didn't say anything to me. So I wouldn't
1958 know.

1959 Q Was this email one that you would have
1960 normally kept under your typical practices?

1961 A Probably. And probably in this instance
1962 because I was in the acting capacity, even though
1963 Dr. Kent was on the string, you know, because I kept
1964 other communications during that time period as well.

1965 Q After you received this instruction, were you

1966 ever instructed to delete any emails?

1967 A No. This is the only time in my career.

1968 Q And so you had never received an instruction
1969 like that prior to this instruction?

1970 A Correct.

1971 Q Did anyone ever tell you not to discuss
1972 Dr. Alexander's request contained in his August 8th
1973 email?

1974 A No.

1975 Q Did you have any discussions with anyone in
1976 the federal government about Dr. Alexander's email or
1977 the instruction to delete it that you haven't yet shared?

1978 A No. Not to my recollection.

1979 Q One question also that I just wanted to come
1980 back to. Did you ever respond to Dr. Alexander's email
1981 that he forwarded to you based on Dr. Kent's out of
1982 office?

1983 A No, I never responded.

1984 Q Subsequent to this email from Dr. Alexander,
1985 did you have any other direct contact with him regarding
1986 his August 8th email or otherwise?

1987 A No. As I stated, the only interaction with
1988 Dr. Alexander was, again, being the passive recipient of
1989 the summaries, and this Exhibit 5 that I received
1990 forwarded from him, and that's it.

1991 Q Apart from what we've discussed today, are
1992 you aware of any other instances of political pressure at
1993 CDC last year, including instances of political
1994 appointees trying to influence public communications,
1995 guidance documents, MMWRs, or any other scientific work
1996 at CDC?

1997 A I have no personal knowledge of that. I
1998 mean, there are reports in the media.

1999 Q But no personal knowledge?

2000 A No personal knowledge, other than this
2001 experience with Paul Alexander.

2002 Q Right. Even if, in your experience, CDC
2003 officials were successful in some instances at
2004 withstanding pressure from Trump administration
2005 officials, that doesn't mean that there weren't attempts
2006 to interfere, right?

2007 A I think that's a fair statement.

2008 Q What steps, if any, do you think could be
2009 taken to maintain the independence of scientific work at
2010 CDC?

2011 A I think I would answer that question within
2012 the scope of MMWR, which is something that I have
2013 experience with so I can comment on it. And I think what
2014 I've stated before is the production firewall is a very
2015 important component of that, and I believe that's been

2016 reinstated. And I think that is the helpful - - that
2017 is very helpful because it, again, protects from external
2018 entities interacting with our content at the terminus of
2019 the life cycle, meaning during production.

2020 Q And just a bit relatedly, are there any
2021 policies and procedures that you wish were in place that
2022 could have protected CDC from political pressure last
2023 year?

2024 A Can you repeat the question?

2025 Q Sure. Are there any policies or procedures
2026 that you can think of or in your experience wish had been
2027 in place to protect CDC from political pressure last
2028 year?

2029 A So this is personal opinion, correct?

2030 Q Based on your experience in working in CDC
2031 for the amount of time you have been there.

2032 A I think one of the things that could have
2033 been done better - - and again, this is triangulating
2034 things that you read in the media as well as things that
2035 you know from your workplace, is that permitting agency
2036 spokespersons to conduct press releases - - you know,
2037 press conferences and things that have been done
2038 typically in the past during responses would have been
2039 helpful. And my understanding is that that stopped early
2040 in the response.

2041 [Majority Counsel]. Let's go off the record, if we
2042 can.

2043 (Discussion held.)

2044 BY [MINORITY COUNSEL]:

2045 Q All right. Dr. Casey, do you have the email
2046 we've been talking about from Dr. Alexander in front of
2047 you right now?

2048 A Is that Exhibit 5 that you're referring to?

2049 Q Yes, ma'am.

2050 A Yes.

2051 Q So it's fair to say it wasn't deleted,
2052 correct?

2053 A Beg your pardon?

2054 Q It's fair to say the document was retained?

2055 A The document was retained. I have a physical
2056 copy of it.

2057 Q Is this your physical copy?

2058 A This is a physical copy that I printed out
2059 from the exhibits. I mean - -

2060 Q To the best of your knowledge, when HHS
2061 produced these documents to the subcommittee, did they
2062 contact you to collect your physical copy, or did they
2063 produce it off the server?

2064 A I don't know how they produced it, but nobody
2065 contacted me to obtain this email.

2066 Q Okay. You testified that Dr. Iademarco
2067 called you and gave you an instruction to delete this
2068 email. Obviously, it wasn't deleted entirely because we
2069 have it in front of us. Do you remember the exact words
2070 that Dr. Iademarco used when he gave you this
2071 instruction?

2072 A In fairness, because it's greater than a
2073 year, I would say that I cannot give you the exact words.
2074 And as I was instructed at the beginning of this session,
2075 that I shouldn't - - if that's the case, that I should
2076 instead give substantive content, and I think I've done
2077 that.

2078 Q Okay. You said that this request was
2079 unprecedented and made you uncomfortable the only time
2080 ever in your career, but you can't remember what he said?

2081 A Well, I believe your question, sir, was the
2082 exact words that he said. So I can't tell you the exact
2083 words. The substantive outcome of the conversation was I
2084 was instructed to delete the email.

2085 Q And you said you assumed that instruction
2086 came from Director Redfield. Did Dr. Iademarco
2087 explicitly tell you Director Redfield was telling you to
2088 delete the email?

2089 A I believe the instruction came from the
2090 director, and Dr. Iademarco was communicating that

2091 instruction to me.

2092 Q Did Dr. Iademarco explicitly tell you it came
2093 from the director of the CDC?

2094 A My understanding is that it came from the
2095 director, and that understanding emerges from the
2096 conversation with him, Dr. Iademarco.

2097 Q So, no?

2098 A So if you ask me the exact words, I can't
2099 produce it as a transcription, but I'm giving you the
2100 substantive outcome.

2101 Q So I'll go one more time and then I'm going
2102 to move on. Did Dr. Iademarco tell you explicitly
2103 Dr. Redfield is telling you to delete this email?

2104 A My recollection is that the
2105 instruction - - that Dr. Iademarco said that
2106 the - - to delete the email after he spoke with the
2107 director, and that instruction was coming not from Dr.
2108 Iademarco but from the director, yes.

2109 Q Do you have firsthand knowledge of
2110 Dr. Iademarco and Dr. Redfield's conversation - -

2111 A No.

2112 Q - - on this matter?

2113 A No.

2114 Q Okay.

2115 [Minority Counsel]. Thank you. That's all we have.

2116 [Majority Counsel]. Thank you. And I just want to
2117 echo, Dr. Casey, we really appreciate your time. We
2118 have nothing else as well, and we really do appreciate
2119 your time and thank you so much.

2120 We can go off the record, by the way, if we haven't
2121 already.

2122 The Witness. Can I just say one thing, before
2123 we - -

2124 [Majority Counsel]. You want to be on the record?

2125 The Witness. Sure.

2126 Hang on one second.

2127 (Pause.)

2128 The Witness. Okay. I have nothing further. Thank
2129 you.

2130 [Majority Counsel]. We can go off the record if we
2131 were on it. And, again, just echoing all of our thanks
2132 for you being here today and for your time. Thank you so
2133 much. And have a great rest of the afternoon.
2134 Hopefully, it will be a nice one.

2135 The Witness. Thank you, appreciate it. Thank you.

2136 [Whereupon, at 12:21 p.m., the interview concluded.]

Christine Casey review and corrections to transcript (HVC301550):

COMMITTEE ON OVERSIGHT AND REFORM
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
Thursday, October 28, 2021
The Interview Commenced at 10:00 a.m.

78 – correct spelling of middle name is “**Georgian**” (inaccurate as written)

219 – the Uniformed University of the Health Sciences should be “The Uniformed **Services** University of the Health Sciences” (missing word; inaccurate as written. This is a federal/military medical school. The record should accurately reflect the name)

220 – Hebert is spelled “**Hébert**” (note this is the name of the **Congressman** who founded the medical school)

224 – UUS should be “**USUHS**” (missing “S”; inaccurate as written)

269 – roll should be “role” (inaccurate as written)

282 – MMWR series serials should be “**serials of the MMWR Series**” (as written it doesn’t make sense)

317 – the serial should be “**MMWR Serials**” (wrong word because doesn’t make sense as written)

334 – Public Health Report should be “Public Health **Reports**” (Missing “s”; inaccurate as written – this is the HHS Surgeon General’s journal, so it is important that the title be corrected).

344 – facts should be “**graphs**” (wrong word; inaccurate as written)

346 – over should be “**other**” (wrong word; inaccurate as written)

354 – Both the MMWR series – should be “Both **are** the MMWR series” (missing word because doesn’t make sense as written)

430 – SBA should be “**FDA**” (wrong acronym; inaccurate as written)

552 – X style should be “**eXtyles**” (wrong word; inaccurate as written)

762 – cause should be “**cost**” (wrong word; inaccurate as written)

1671 – Teresa should be “**Terisa**” (incorrect spelling; inaccurate as written)

2019 – the life cycle should be “the **report’s** life cycle” (missing word because doesn’t make sense as written)