

INTERVIEW WITH

LAURA PETROU

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with Laura Petrou
Interviewed at Laura Petrou's Office
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Interviewed on December 17th, 2009
H1N1 Oral History Project
Interviewed by Sheena Morrison

Laura Petrou: LP
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Laura Petrou, Chief of Staff to HHS Secretary, Katherine Sebelius, on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project. It took place on December 17th, 2009, at the Chief of Staff's office in Washington, D.C., and the interviewer is Sheena Morrison.

So, can we begin with how long you've been in your current position as the Chief of Staff?

Laura Petrou: So, right off the bat, I can't answer the question. I started at HHS, I think, on February 17th, and I became Chief of Staff mid-April. And then the Secretary was confirmed, I think, on April 28th.

SM: So you came on board before she did?

LP: Before she did, yes. And I worked on her confirmation.

SM: Well can you tell me at what point did you become involved in the 2009 H1N1 outbreak response efforts?

LP: It was really right away because the virus was first discovered in the U.S. right around the time I became Chief of Staff. And my memory of it is of Rich Besser from CDC calling me about some concern they had about the virus, I think, one weekend. I was getting emails. The first time they saw it, I got an email, somehow. I'm not sure who sent me that. Then maybe the next day, there was more concern that it had been confirmed, and it was some un-subtypeable specimen. They thought they had a novel virus, and they were concerned. And I got several calls from Rich over the next few days saying, "You know, I think we need to let the White House know what's going on. We're getting increasingly concerned." So it was mid- to late April.

SM: Can you tell me a little bit about the circumstances under which you inherited your role in the 2009 H1N1 response efforts?

LP: The circumstances I inherited? Well, I think originally as Chief of Staff, I was going to be informed of what was going on anyway, and it was obviously a big deal here. So I was tracking it. And then there was a daily meeting that was happening in the ASPR conference room, and somehow, I got invited to a couple of them and I went. I was sort of trying to hear more about the science and have a little more detail about what was going on. And I started going to more and more of them, and some of the other people on the staff who had been involved went less, and I sort of became the secretary's H1N1 person.

It became increasingly clear to me that was where I needed to focus because the other big thing going on was health reform. And we had a lot of people who are experts on health reform working on it. I felt confident that was going as well as it could, and that it had plenty of high leadership attention. I felt like I was more needed on the flu team.

We were also waiting for the nominated Assistant Secretary to come on board. We had an acting person at ASPR, we had an acting person at CDC, and they were both doing very well. Rich Besser was doing an amazing job at the communications.

I'm not sure how it happened, but one day I sort of looked up and realized, "Okay, I seem to be in charge of a lot of this." So, I felt it was necessary, and I think the Secretary felt it was necessary, and it just got more and more complicated as time went on.

I also felt like my experience in the anthrax response in 2001--I felt a little bit prepared for this. And I wasn't intimidated by the subject matter. I felt comfortable doing it. So the situation just morphed into that.

SM: Can you tell me a little bit more about the kind of mechanisms that were in place early on to help coordinate and communicate the HHS response efforts with other agencies and branches of government.

LP: Well, from the very beginning, there was coordination at the White House and with DHS. At the beginning, I think

there was a sense that this was likely to be more of a Homeland Security issue, and as time went on, it became much clearer that it was really a public health issue. And there was more focus on the public health side, especially when it looked like the pandemic might not be especially severe. Not that it has been mild, but it's been sort of, I would probably say, moderate. And it wasn't going to be as much of an economic and social disruption as a lot of people feared at the beginning. It was really going to be more public health focused.

In the beginning, I remember one of the early press conferences before the Secretary was confirmed. Secretary Napolitano, John Brennan, who's the Homeland Security Advisor to the President, and Rich Besser from CDC -- and Jennie Backus and I staffed that, went over to the White House. HHS declared the public health emergency, and that group held the government's first news conference explaining to the American people what was going on, and how our response would be managed. And so, from that point on, we had a very serious commitment to coordinating the communications so that the government acted and spoke with one voice. Most of the early coordination was with Homeland Security and HHS.

As time went on, and relatively quickly, we involved the schools and needed to provide school closure guidance, so Secretary Duncan was brought in. The National Security Staff has been the coordinator at the White House level under the leadership of John Brennan and also his deputy, Heidi Avery. Denis McDonough at the White House was involved very early on as well. And I think Robert Gibbs went out with the group at that very first press conference.

But the coordination has happened at every level. The secretaries have communicated very well together. They all work well together. And the staffs, the senior leadership at particularly DHS, HHS, and Education have worked really well together. There was an early cabinet meeting where Rich Besser attended, right after the secretary was confirmed, that focused on this as well. And USDA was involved, State, USAID--really, everybody--Commerce. It was very clear that the whole cabinet was going to be trying to work in a coordinated fashion on this. And this really happened in a fairly extraordinary way. It's been a cooperative, collaborative effort. And you were asking across government, not within HHS, right?

SM: Right, and also within HHS because the daily meetings are also a form of communication across agencies.

LP: Right.

SM: Can you tell me how those began?

LP: Admiral Vanderwagen, he started those. I guess as soon as this happened, he started the meetings and they were led primarily by ASPR, FDA, CDC, NIH. And again, a couple of other people on our staff had started going to those, and then I sort of ended up going to them. And then at some point, to my dismay, they started calling it the Chief of Staff meeting, which I thought was kind of silly.

SM: [Laugh.]

LP: I guess I became too inquisitive or something. So, I think Admiral Vanderwagen wanted to make it a way for everybody to report to me what was going on. And it's also funny to call them that because I don't think that's the way the meetings go. You've seen them. It's just more of an ongoing discussion. And I think, Nicki, Dr. Lurie has

really tried to make them a little bit more structured, which I think is really good. Although I also know (she does, too) you can't structure everything sometimes. You have to take whatever comes that day and deal with it. As you, yesterday--

SM: I see, yeah.

LP: Maybe it was Monday, the day we came in and Jenny said, "Well, does everybody know about this Sanofi thing?" and sort of took over the discussion, but--

SM: Yeah.

LP: It wasn't exactly what was on the agenda.

So, I think it was just a daily way for us to all get together and make sure we're on the same page. And that everybody--the leadership of this flu response effort-- knows the same thing. And then we've all got the best information to go forward, and we can make decisions.

It really has, I think, served us well in terms of decision making, even if it's not pretty all the time. I've been

amazed at how often we poll the people on the phone and in the room and how often people really do agree. And when you get Tony Fauci and Steve Redd and Jesse Goodman and Nicki and Bruce Gellin all sort of agreeing that, "Yeah, this is the right thing to do," you feel pretty good that it's a good decision.

And I don't think anybody is a shrinking violet, or feels like they can't say what they think. I think they just have honestly agreed a lot of the time. I feel it's real important for people to say if they disagree. I don't want everybody to say what they think they're supposed to say. But yeah, if they do agree it makes you feel like it's probably the right decision.

And Admiral Vanderwagen, I think the thing that most resonated with me that he ever said was that he wanted to build in systems to guard against groupthink. And I think we did that really, really well in the beginning. You had these advisory committees—NBSB, ACIP, NVAC--all these groups that provided some outside input and a different perspective. I've always remembered we do need to guard against groupthink. And every once in a while I think, "Okay, are we doing that sufficiently? Or have we fallen

into something where we sort of got into some groove and there's no way to get out of it?" And I think by and large, we've done a pretty good job with that.

We also have 8:00 O'clock communications calls that have a smaller group of people on every day. And we'll talk about what's happening today that might be in the news. Reporters might be calling. How are we going to deal with it? And the communications side of this has been, as you've seen, just completely integral to this. You can't separate it from the policy because if you can't communicate to people what they need to do to protect themselves, it isn't going to happen. So that's another area where I think we've done reasonably well.

SM: Well, as someone who has witnessed the degree to which everyone deliberates the issues, I see that there's as much energy going into the actual implementation of the program as there is to dealing with how to convey the message--to use your language, the messaging. And it's been an amazing thing to observe as a citizen. So yes, I see that often.

LP: Yeah, I keep thinking about that, especially when I think about our critics. Part of me thinks, "If they could

sit in one of those meetings, or not just one, but maybe a week's worth of them and see, listen. If they could hold their fire and really listen for a week," I think they'd be shocked at how much real critical thinking goes into these things, and how much people really care about getting it right and doing the right thing.

I've been so impressed with the people that I'm working with. I'm really proud of what they've done, and I'm proud to work with them. There are days, even knowing that you're there, there are days I think, "Oh goodness, I wonder what Sheena thought of that?"

SM: [Laugh.]

LP: And I think, "Well, she's seen the good days too." So, there are a lot of really talented, dedicated people who're working very, very hard to try and get this right.

SM: To get back to the groupthink point. Yesterday, with the issue of how much vaccine to purchase or to donate, I heard it tossed back and forth for, like, most of the meeting. And at the end, there was still more deliberation.

So, is that one of the things? What keeps you up at night as Chief of Staff in the middle of this campaign?

LP: A lot of things have kept me up at night--although I've been so tired, it's hard for things to really keep me up at night--fewer things now than before.

Certainly, I've worried about a mutation that would make the vaccine ineffective.

I worried for a long time, "Was the bulk of the disease going to be here before the vaccine?" and certainly, to some extent that did happen, and that was bad luck, but a mutation is probably what worried me the most.

If the vaccine hadn't worked, if we'd had some safety problem with the vaccine--that worried me too. That's all gone incredibly well, the quality of the vaccine. And I don't know if that's luck. I think a lot of it is really smart people who worked hard on it. It's sort of tried and true technology.

But mostly, just people getting really, really sick and ending up with nothing that could help them. At least,

absent a mutation, I feel like we've gotten beyond that point. I don't have to be so worried about that anymore. We had antivirals set up to treat people who needed it, and I think the team did a really good job making sure that people about were prepared to treat people. And we gave good advice to people about when they needed to seek treatment. Obviously there's some people who didn't get treatment soon enough or couldn't be helped, and that's really sad. But I feel like in spite of the few things that have gone wrong, I feel like most of the things have gone right.

And I worry about criticism: will it be fair? How do you deal with, blunt the criticism that isn't fair? But I'm also used to that in my career in Congress. So, I think it's the mutation that scares me the most.

There's also the random event. Somebody was explaining to me once that during the emergency exercises, they try to practice how to deal with an unexpected problem. He said, "Well, you know, think about if the truck carrying the vaccine turns over, and the vaccine spills out and none of it is usable." Those kinds of things, I think about those things, too.

SM: So, I'd like to talk a little bit about some of the things that are taking everyone to task now. And one of them is the discussion to off-ramp as far as vaccine production is concerned. Can you first explain a little bit to me what that means, and how it's being handled? How it's being conveyed to the Secretary and the public as well?

LP: Okay. Yes. I think the idea of the off-ramps is something that was discussed with OMB very early on--that we wanted to have a flexible response. When this started out back in May really, when we were talking to OMB about wanting to move forward with development of a vaccine and potentially with a vaccination campaign, there were so many uncertainties. We didn't know how much we would need. We didn't know if H1N1 would dissipate and we wouldn't need to vaccinate anybody at all. Will we have a small scale vaccination program, a large scale one? And OMB was very clear they wanted us to have what they called "optionality, and maximum flexibility."

"Optionality" became sort of a joke, but one of the things we said we could do with these contracts was have some flexibility. Then, if we engaged the existing licensed

manufacturers in the U.S., we could try to make sure we reserved some capacity for us because there was going to be a global limit on manufacturing capacity. But we wouldn't know in the beginning how much we'd need. Probably, we'd need to assume that we needed enough for every American in case there was some severe pandemic. We didn't want to be short, and at that time, we thought it was most likely that we'd need two doses of vaccine. In fact, I think we thought that until August, when we found out we would only need one dose for most people.

So, we were talking about 600 million doses of vaccine, knowing that it wasn't likely that 100% of the population would take the vaccine, even in a severe pandemic. But we knew the demand would depend on the severity of the disease, or the perceived severity; whether the vaccine was going to come in time; that locally it would depend on whether somebody well known, or a child, died in some community. That would ramp up demand locally. And that it was something we couldn't totally predict, but we wanted to be able to have some flexibility to deal with it as the response went on.

Robin Robinson talked to me about what kind of flexibility we had in the contracts. And he said, "You can terminate for cause, and you can also terminate for convenience at some point." And so--

SM: This was early on?

LP: This was very, very early on when we were talking about having these contracts with the companies. And OMB is very clear that they weren't going to sign off on this whole plan unless we had some options built in: that we could cancel, terminate some of these contracts if it became clear we didn't need as much vaccine. And we knew that we'd have to pay for things within the contract that had already been done. But if the bulk vaccine hadn't been manufactured yet, we wouldn't have to pay for it if we terminated it in time, or if we had already gotten the bulk vaccine, but it hadn't been filled and finished yet. If we stopped that order--if we either didn't order the fill and finish of a certain amount of vaccine, or if we stopped, we were told we could also stop some things mid-stream and not pay for anything that hadn't been done yet. Whatever they'd done in response to an order we would have to pay for, but other things, we could get out of, as Bruce Gellin says,

"with a small a restocking fee," which is not exactly how it worked, but... So, we knew very early on that we might need to cancel some of this, that we might not need it all, that we might need to see what the demand was.

Once we found out that we only needed one dose, we knew then that we weren't going to keep buying more and more vaccine. So we essentially stopped buying vaccine at about 250 million doses.

We did buy some additional vaccine because we found out we had access to vaccine that we could get earlier. And that became a very important issue, once Australia prioritized the CSL vaccine for Australia, because that took away about 30 million doses that we were planning to get very early on in the program. That was going to be our first vaccine, and that was sort of taken away from us. So they said they would get it to us later.

Well, it became clear we needed to see if there was any way to get more vaccine earlier. And when we did that, in a couple of instances, we did it with the knowledge that we might terminate some of the later contracts--I'm sorry, not the contracts, but the task orders. And so, all along, we

have known that we might need to make some adjustments like that.

In terms of messaging, we haven't done a lot of public messaging about this. The press is always interested in the numbers, and they knew that we had ordered 250 million doses. And each company would put out a press release saying what we'd bought, so you could add them all up.

And we were also trying to be transparent. We had an absolute need to be transparent--the President has made it clear he wants us to be--and we want people to have faith in what we're doing.

But we also didn't want anyone to get some false signal that if we were going to cancel vaccine orders that there wasn't going to be enough for people. And as you know from being in the meetings, it's been very clear that we all want to avoid that. We absolutely want any American who wants it to be able to get it. And so we're trying to sort of divine what the demand is going to be, and erring on the side of having more vaccine--too much vaccine--rather than not enough. And really, the biggest principle is having it

early. The earlier vaccine is much more valuable than the later vaccine.

So it's like a mathematical puzzle, almost, to try to figure out how to do this and, at the same time, be sure that we're being good partners with the manufacturers. We know that having them have faith if we enter into an agreement with them that we will keep it is really important for future biological threats or pandemic response. If they're going to manufacture, they need to know that we're not going to cut and run. I think that there's a fine line somewhere in there, and that's what we've been discussing the last few days, and it's important.

But a lot of these companies, I think, are going to be fine with it because a lot of them need to start switching to other products. Sanofi told us recently that they need to start making yellow fever vaccine. They aren't going to be able to make H1N1 vaccine much longer. At least, on not as many of their production lines as they've been using so far. So the companies are going to be making something that brings them revenue. It's a question of what they're making. And I want us to be good partners, but I also don't

want the government to be overpaying for vaccine--either because we don't need it, or because their price is too high. These companies are making really good profit. So, I think we have been good partners, and the American people need to know that there's going to be enough vaccine for them. And there will be. We need to get a good deal for the government, while still being good partners with the manufacturers--so, juggling all that.

SM: I was taking note of your adjectives: divine, divining and faith. You really are walking this thin line where you're trying to establish faith in the public and with the companies. And the whole nature of the virus is so unpredictable. That has been sort of present throughout the meetings: that a lot of it can be managed, but there's a lot that's out of your hands.

LP: Right. That's right. We're at the mercy of the virus growth and all kinds of other... There's a lot we can't control and know. We know a lot more than we did in the very beginning though. But the trust issue is huge with the companies, with the public, with state and local health officials, with providers, everybody. You need everybody to trust you. And being transparent, I think, has been a

critical part of that, but we've sometimes paid for our transparency, too, as you've seen.

SM: Yeah. I mean everyone's been under immense scrutiny, but (and I'm not tooting this horn) this is where your interviews will demonstrate that there is a huge difference between what the media has presented and what actually went on in the meetings. I think that it will be vindicating for some and not so for others, but mostly, people will get to see exactly how government worked. And I think it has worked fine with those exceptions where you didn't have any control.

LP: Well, obviously, I can't be completely objective, but I feel like it has, too. People have been under tremendous pressure. While lots of things (not everything) keep me up at night, certainly the pressure that I felt, that everybody has felt, has been intense because it's important; it mattered. There aren't that many times when you're working on something and people may live or die based on whether you do a good job. And, you know, I think--I hope--history will vindicate us. I feel like accurate history will vindicate us.

I'm told that there are a lot of people, particularly outside the beltway, who already feel like it's gone very well. Mike Osterholm--I don't know if you saw what he wrote the other day, I should forward that to you. In this documentary for PBS, he heaped praise on the response, which I found shocking because he's usually pretty negative. You know, he said some negative things about us over time, too, but I sort of feel like government actually stepped up and this worked for people. It did as much as it could, and I know, and you know, how hard everybody's worked. The public has no idea of that really, not that they necessarily should. You don't expect everybody to know what goes into every government service or action that people benefit from. But it's been, I think, a pretty noble effort, actually.

SM: Well, I saw a flash, I think it was a couple of days ago, on recalled vaccine. And it was so quick, without any explanation of actually what went on. And because I've been in the meetings, I know that it's far more complex than just the blurb that says, "This has been recalled." Can you tell me a little bit about that?

LP: About the recall? Yes. Basically, I think the only reason this vaccine was recalled was that there's a legal, regulatory requirement to recall it because the vaccine fell just slightly outside, or below the specifications for potency. This is pediatric single-dose syringes for children 6 months to 36 months. Since it had been lot-released, at which time it had been adequately potent, its potency has dropped a little bit, and it's just outside the company's specifications for Sanofi Pasteur. It's a legal requirement that the company recall it, even though it's completely safe and, according to all the experts that I've heard speak about it, it should be completely immunogenic for those kids.

It had to be recalled, which is unfortunate because you don't want anything that could possibly reduce public faith in this program. But you have to hope that this will give people faith that when something like this happens, we're upfront about it, and we did what we needed to do. I mean, in a way, it's sad that some of the doses just can't be used. But it was an interesting discussion because, then again, how can you communicate this information without scaring people, and in a way that they think you're telling them the truth? So, it's a challenge.

SM: Yeah. And I experienced that sitting there watching it with my partner who was up in arms. And I said, "Oh no, there's more to it. There's no need to worry. There's no harm going to come to anyone as a result. The vaccine is still good. It's not like that." And so, I guess what I'm getting at is, have you felt that the media overall has not been as objective in their presentation of some of the glitches that have occurred in the campaign? And I can say that they have not been with the plan itself but those things that are out of the control of the HHS leaders, like the manufacturing issue. Most of them have actually been manufacturing issues, if I'm not mistaken?

LP: I think that's right. I think the media started out as a willing and very significant partner with us. And they really, especially the TV reporters, did a really great job and wanted to help promote the public health message. They took that responsibility very seriously and so did several other reporters.

I think of someone like Lauran Neergaard, who I saw today (and never met her before), but she has really taken the time to get the facts right and understand the meaning, not

just the words, but the meaning. And so, that movie--I don't know if you ever saw *Absence of Malice* that explores the difference between accuracy and truth? I think there have been several reporters like Luran, who've really tried to get the truth out and have been great.

I think the press turned on us in October in a pretty serious way. A lot of them turned on us, and some vocal people in Congress turned on us, too. And I think some of it's starting to come back. But I think of things like the recall; it depends on how many words, how much space their editors give them; whether it's on TV or in print. Some of them did it really well, and some of them didn't. I mean, I saw a TV report that did a great job of saying it's still safe, and they don't need to be re-vaccinated because it was just barely outside the specifications. I saw another TV news thing where they said it's not a safety problem, it's just too weak. I thought, "Well, yeah, that's not quite right either." But you know, they had 4½ seconds to say it. [Both laugh.]

SM: Right.

LP: So I've seen lots worse reporting on other issues than I've seen on this. I think by and large, we don't have a whole lot to complain about. And that's really taking a lot of steps back on any given day. There have been some really, really bad stories that were unfair.

The Goldman Sachs thing was really... You know, that wasn't the smartest political decision for the New York Health Commissioner to make. On the other hand, if they really were following the ACIP guidelines in who they gave the vaccine to, then it wasn't inappropriate. There's no reason to think that there aren't high-risk people working at Goldman Sachs or any other company that people are mad at, you know. There could be a janitor there who has diabetes. There could be a pregnant woman who is a stock analyst, or whatever. And just because someone's rich doesn't mean they don't deserve H1N1 vaccine, if they're in a priority group. And they have other employees there, too, who aren't rich.

So, there are things like that that, eventually, the press got to a more reasonable place on. But back then, they acted like the regular old press corps, and Congress acted like regular old Congress. They see an opening, and they take it. So, it's not that I would ever say there haven't

been some atrocious stories. That's not the worst of them. There have been bad ones, but all in all, I think the press has mostly been pretty responsible.

SM: You mentioned that in October they did a turn. Can you tell me what was it, in your opinion, that caused them to turn against--?

LP: It was the lack of vaccine. We had what Robin Robinson calls "bloody Wednesday," right before Columbus Day. Bloody Wednesday weekend, when we were getting hints that these manufacturers weren't going to have the vaccine they told us they were going to have by October 15th. And at that point, right as we were--as Heidi Avery says--stepping off the ledge and going to the large-scale vaccination campaign, we didn't have the vaccine that we and the American people expected. And the long lines--I think it was just very easy for the press to jump on that. The public was angry, and I understand why they were angry. They had a right to be. So, I think that's when it happened.

SM: And that must have been really difficult to message from then on, once the issue became that the vaccine isn't

here. Then the government had to sort of back pedal and explain itself when, in fact, it was a manufacturer mistake in their projections.

LP: Right. Part manufacturing mistake, part the virus wasn't growing well enough. I think Novartis didn't tell us how much trouble they were having, and we knew they were having some trouble, but not that much.

And I can't even remember what happened with Sanofi's lines. They had some kind of a problem with one of their finishing lines.

We'd lost CSL's vaccine, but by that time, we'd lost GSK's vaccine as well. MedImmune, at that point, was the only company that wasn't having problems.

Sanofi wasn't having a lot of problems. They did an incredible job early on. We'd have been in very bad shape if they hadn't sort of come through for us. I mean, it's a cliché, but it really was sort of a perfect storm of problems right at the moment we needed vaccine. We'd had fairly good luck for a while, other than the virus coming

back too soon, which was a big piece of bad luck. But that was a bad time.

SM: And that seems to me, if I can recall correctly, was the only real glitch in the campaign. And we're at the end of the second wave, for lack of a better description.

LP: Yes.

SM: And it has been successful in my opinion. I don't know if that's a naïve opinion, but I think that it seems a success.

LP: Yes, I think it is. I mean, the one thing that went wrong unfortunately had lots of implications, and we couldn't control it. And Tom Frieden has said--he's absolutely right--that if our projections had been perfect, it wouldn't change anything about where we would be right now. We'd still have had less vaccine.

There are people out there who suspect that we could, somehow, have done a few things differently and made more vaccine appear, and I don't believe that's true. And obviously, I'm not a vaccine manufacturer. I don't come out

of an industry or anything, so maybe there's something that somebody knows that I don't. But I don't think it's that we weren't pushing hard enough, or the manufacturers didn't have enough man hours engaged. I think that everybody was trying very, very hard.

Now, the manufacturers did make some mistakes that may have cost us a little bit of vaccine, but I don't think there's anything we could have done differently to make more vaccine be available that week. And, you know, I can rest easy knowing that I think we did everything we could. Where I can't rest easy is that I know we've got to have a lot better manufacturing capacity in the future. I'd actually like to see us control the U.S. owned--not necessarily U.S. run--but U.S. controlled facilities, because I think we need to be able to take over a facility if there's a need, an urgent need for something. We need to make sure that resources get dedicated to it.

I think the biggest mistake was the predictions and the heightened expectations that resulted from them. And I find it to be very understandable given the need for transparency. The states wanted to know what they could expect. They were very frustrated that we couldn't give

them estimates. So we asked manufacturers for estimates, and that was the only place we could get them.

In the very beginning, we were more conservative than the manufacturers, but the virus underperformed even beyond our predictions--our conservative estimates--and obviously, they weren't conservative enough. But the states needed the information. We had caveats on the information--they didn't get printed. And as Anne Schuchat has said, "We didn't do a good enough job." Tony said this too, "We didn't do a good enough job making sure that people listened to our caveats." And that's probably our biggest mistake.

I actually think that's forgivable, and then as you said, I think in virtually every other way, this has been a success. But we all wish we had the vaccine earlier--more of it earlier. And we did everything we could think of to get more of it earlier, including going out and buying more vaccine because we knew we could get that particular vaccine earlier. It's really been the basis of most of those vaccine purchase decisions.

SM: And right now we're at... How much time have we got?

LP: We've got a meeting.

SM: Oh right, that's right! Well, we'll pick up.

LP: Okay.

SM: Okay. Thank you so much.

LP: Thank you.

END OF INTERVIEW

Broad Themes

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- Untypeable virus
- Chief of staff meetings—origins
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- Coordination at White House with DHS
- First press conference to American people about response

- Schools closure guidance
- Agency coordination and involvement
- Daily meetings and decision making
- Groupthink - guarding against
- Outside input from NBSB, ACIP, NVAC
- 8:00 O'clock calls
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 - Mutation
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- Vaccine production
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- Partnership with vaccine production companies
- Trust - public, drug companies
- How government works - media presentation and reality
- History's vindication
- Recalled vaccine

- Media - objectivity, accuracy, partnership with government
- New York Health Commission - Goldman Sachs decision
- Priority groups for vaccine
- Bloody Wednesday
- Manufacturing prediction mistake, poor growth of virus
- Second Wave
- Manufacturing capacity - U.S. controlled
- Vaccine purchase decisions - basis of,

Names

- Secretary Napolitano
- John Brennan - Homeland Security Advisor to the President
- Rich Besser
- Jenny Backus
- Secretary Duncan - Education Secretary
- Heidi Avery - Deputy HSA
- Admiral Vanderwagen
- Mike Osterholm
- Lauran Neergaard

- Denis McDonough