INTERVIEW WITH

RICHARD TURMAN

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with Mr. Richard Turman
Interviewed at Mr. Turman's Office.
Washington, DC, U.S.A.
Interviewed on March 16th, 2010
H1N1 Oral History Project
Interviewed by Sheena Morrison

Mr. Richard Turman: RT
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Richard Turman. It was conducted on behalf of the National Library of Medicine for the Making History: H1 Oral History Project and took place on March 16th, 2010, at Mr. Turman's office in Washington, DC. The interviewer is Sheena Morrison.

Okay, so you were saying about the--

Richard Turman: The parties that I think it would be important to also talk to (depending on your purposes, which I look forward to hearing as you described,) will be some mix of the following: Noris Cochran, N O R I S, last name Cochran, C O C H R A N. He is the deputy assistant secretary for Budget. Working for him is Liz Devoss, D E V

O S S. Liz is the acting division director for the division within the Budget Office that handles flu. And then Bonnie Norton is the policy analyst who handles flu almost full time in the Budget Office. So, those three parties I would have included here. I reached out when I found that we were calendared, but I would suggest doing so. Noris' office you can make an appointment with at 690-6393. Helen White is his secretary.

SM: Okay.

RT: Turns out I was the budget director until last March, so I was in the office he had. He was in the office Liz has, and Liz was a branch chief working for him. And we've all three been doing flu together since President Bush dealt with going to Congress in the fall of 2005 with his national flu strategy. So we helped develop that strategy, get the money from Congress, spend four years figuring out how to spend it, and then we're here when H1N1 came up. So, we have as a group, as a team, a long standing engagement in the issues.

SM: Alright! I didn't know that. Exciting!

RT: Yeah.

SM: Okay. So, then why don't we begin with your explaining to me your role in the federal government's planning and response efforts?

RT: Before we do that, if you could describe to me what I don't recall from the note that Nicky sent out that described the historian's role in this process, so I could have a sense of how... I didn't know I was in the limelight. I hadn't realized that that was part of the enterprise, if that makes sense.

SM: Well, the purpose of the project is to document for future researchers the response efforts of the government to the H1N1 virus. And essentially, I am the historian on the project. I'm collecting documents, and conducting interviews that will be deposited in the National Library of Medicine.

RT: Got it. I've participated in other oral history projects. I also have a bachelor's in history, so I'm familiar with some of the practices and techniques of dealing with, more often documents, but occasionally, people.

I also had, when I was in graduate school, a course and in the course, one of the methods they used--the teacher had co-written a book called *The Swine Flu Affair.* It was Dick Neustadt, who wrote famously with the gentleman who was the head of the Harvard School of Public Health, Mr. Fineberg (Dr. to me), about *The Swine Flu Affair*. I had a course in Berkeley that he taught on policy analysis. For a 4 week period, T*he Swine Flu Affair* was the document or the book we had. So I had been immersed in the censor memo and in [indecipherable] and all these historical characters.

Then I joined the federal government. And I met some of those people because I joined in 1987 at OMB. I dealt with some of the people at CDC (which I was then a budget claimer for) who had been in T*he Swine Flu Affair*. And it was, like, pretty wild to read and start dealing with

immunizations and child immunization programs and flu. I'd been dealing with that set of issues about how do you think about making public policy in a pandemic?

I also, when I joined the federal government, had a responsibility for HRASA, the Health Resource and Service Administration. And we had just enacted the Vaccine Injury Compensation Program, which then was financed in part through taxes. We had to figure how to pay, how to administer it. And it had come from some of the issues that also showed up on *Swine Flu Affair*. In that time frame--the first round of swine flu--one of the sets of issues is how do you manufacture it? The other issue is how do you come up with liability relief? And that had been a stymieing point that they had to create in Congress a structure.

And we then faced issues in the '80's about flu, and people not wanting to take it because of side effects. So they created the compensation fund, which also then was follow up from the kind of academic training I'd had by accident in this arena. It was interesting to have dealt with this issue for a long time.

So, when this thing came up, the first thing I did after I heard that it was happening is I went and got (because I had a copy at home,) *The Swine Flu Affair.* I made copies for the Counselors, the Chief of Staff, and some of the other colleagues because we've been through this before and seen it, and I wanna make sure that people are aware. Which is why when Nicki said that we were going to have a historian, I was like, "Hey, that's great because we learn." And indeed, one of the first things I did that weekend was make copies of the recommendations they have at the end of the book for how do we think about this the next time it happens. So anyway it's--

SM: Amazing!

RT: That was just background that I had an interest in, but I wanted you to know how we got started.

SM: Well I'm sure that it served you well--

RT: Oh, indeed.

SM: --as you moved forward.

RT: Indeed. It was just interesting that I ended up having--I mean, I'm not a virologist--but I've had policy knowledge and interest in a lot of the programs that came out of that set of activities since then. Anyway, why don't we start with your list? I just wanted to understand how and where we were here.

SM: Okay. Can you explain to me your role in the federal government's planning and response efforts to the 2009 H1N1 outbreak?

RT: Yeah.

SM: Well, you know what? Why don't we begin with a biographical question: what your position here is at HHS, and how long have you been in your current position?

RT: March last year. From January last year until two weeks ago, I was the Acting Assistant Secretary for

financial resources because the Obama administration's confirmed appointee only arrived two weeks ago. So, since January 20 of a year ago until two weeks ago, I was the head of the place where you get money. So, in that sense, I was the party who was responsible for figuring out how to communicate: figuring out how much we needed for whatever we need, and how to communicate with OMB and with Congress to be able to get it. So in that arena, flu becomes one of the issues, not unlike health reform or recovery act or other items that involve cash.

Now, within the assistant secretaryship for financial resources, my permanent title is the Principle Deputy Assistant Secretary. But I was also then serving as the Acting Assistant Secretary when H1N1 came up. Within our area, we then have four groups that are responsible for different things: the budget office which helps identify and get resources; the grants and the contracts offices that help figure how to spend the money once we get it, and the finance office which then counts up everything that we spend in the Department with the auditors, and makes sure we spend it right.

The budget office has a big role in figuring out on the front end--with flu, just like with Recovery Act, or what's that other little item(health reform), biomedical research, FDA's regulatory expenditures, or childhood immunizations at CDC. We have a responsibility for working with the agency to determine how much they think they need, figuring out from the Secretary how much she wants to ask OMB for, and then trying to convince OMB to fund what the Secretary wants, which they generally don't do, and then going to the Congress to get the money, for at least as much as the Secretary wanted, but usually only as much as OMB will ask for.

So we work for the Secretary in that regard. But we're an avenue for getting resources, and our job is to know what is needed and then bring the decisions to her or her designees to be able to get them on her behalf. And then, once we get them, work with the agencies to try and figure out how to spend them carefully and effectively to accomplish the outcome.

SM: Well you made that sound really exciting.

RT: Well, that's what we do. One of the sets of things that's interesting is the way that the pandemic flu money for H5N1 was appropriated (the Congress appropriated when the President asked for). President Bush asked for 7.3 billion dollars. They gave HHS 6.6 billion, of which 6.6 was for HHS. We got 5.6 billion in '06, and that money was appropriated to the secretary through the Public Health and Social Services Emergency Fund. The Emergency Fund then had the funds doled out to meet the needs of the scientific plan--the flu plan.

It was not just handed out to the agencies to spend as they saw, but there was created a Countermeasures Steering Committee, excuse me, the Contract Steering Committee to deal with the flu contracts because most of the work was done through contract. So, we had a group that was chaired by the Assistant Secretary for Financial Resources on behalf of the Secretary, but included the Deputy Secretary and heads of the FDA, CDC, NIH, and BARDA's predecessor.

So, we would have in one room all of the parties who were there to help implement the H5N1 flu preparation plan.

That H5N1 flu preparation plan, which then was administered--the finances--through the budget office, which I then headed for those four years with Noris and Liz, was in the process of trying to develop cell-based and recombinant and other technologies for dealing with H5N1, but they would also then be used in this case for H1N1. So, the stockpiling of the antivirals was all for that purpose that was then generated through that process.

The budget office was the place where people had to say, "Here is our plan to spend the money." Then it came to the Contract Steering Committee, which then said, "Okay, this sounds like you're on plan. Go ahead and issue the contracts", which were always done through their own official contract office because that's the natural process.

The decisions were made here, as much as, "Are you on track?" "Are there any intellectual property concerns that

have to be fixed?" We had the GC(General Council). We had the contracts office. We had the specialists from across HHS. If someone said, "Well wait a second, I'm from FDA, I think we have an issue with that", then you'd be able to figure out, "Okay, who can track that down?" Then two weeks, come back and make sure we were on track to meet the flu plan. So, that process had gone in place for four years, and we worked with the Congress to make sure they were aware of how we were proceeding--and with the OMB.

Now, at one of our meetings in March last year, CDC noted that there was a case of a novel virus. They knew it was a flu virus, they didn't know exactly what it was. And CDC reported that there was this case in San Diego that had then been reviewed by folks in Wisconsin as part of one of the H5N1 trials that were going on about a particular rapid diagnostic tool. And the rapid diagnostic tool was being funded by the H5N1 project, which was reporting back to the Countermeasures Steering Committee.

On a Friday, reported that there was this case of a novel virus. It was only picked up because it was part of this

academic health center in Wisconsin that was running this trial that was in San Diego. I can't figure out the geography, but it was. And they had this case of, I think, two cases, and it had taken a while to get verified at CDC that it was flu. But it was one of those electric moments when people said they thought it was a big deal. That was the Friday before Mexico City and everybody else realized what was going on.

And so, it was interesting because it was the regular meeting where we were going through the issues of the day, which were, "Okay, how are we doing with rapid diagnostic tests, how are we doing with our production of H5N1 for our stockpile? How are we doing for vaccine and the rest?" And we just got a big contract for developing a cell based manufacturing plant in North Carolina.

So, from the beginning, we were kind of up on what's going on with flu because it's something we monitored. And we had been looking for when the first H5N1 bird would hit, which it hadn't. We still monitored the epidemiology through our CDC colleagues, but had NIH or OPHS's Bruce Gellin, who was

a part of the group as well, and Steve Redd from CDC, and the various parties who then became the nucleus of what then ended up dealing with flu. So, that group then--

SM: So wait, wait. You guys were all at this meeting? Okay.

RT: Yeah. So, I remember Steve Redd talking about it on that Friday--and he's the header on Public Health Service who handles much of flu at CDC--and giving us the update, walking us through the case of what was in. And then a week later, when Mexico City and the United States were in conversations about, "Okay, we have a very serious flu outbreak" (maybe it was two weeks later), it had come from that case that they then did further analysis of to determine what and where it was.

Mexico was saying it was the American flu. We were saying it was the Mexican flu. I mean there was a variety of debates about was it swine flu? The White House then saying it was not swine flu, it's something else because they didn't wanna be related to the swine flu problems of 1976.

And how do you re-label it? So, it was interesting from the beginning.

It became very quick. You had to figure out--of the assets we have from preparing for H5N1, which ones might be available and of use quickly against H1N1? And the very quick decision within the first week was to take the stockpile of antivirals and make it available to states. So, that was a decision made on a Sunday within--it all started on a Friday, and by Sunday we were having conference calls and making decisions to release the stockpile to the states, 25% of it. So that it would go out, then we had to figure out how to replenish it.

We were having conference calls then daily, set up for Friday, Saturday, Sunday, Monday, Tuesday, every day for probably three months as we're getting through the waves of how big is this. Where is it going? How do you have the resources? Our job, since the Congress is very quickly saying, "Do you need more money?" OMB was saying, "Do you need more money?" We were trying to work with CDC and BARDA

and NIH and all parties to figure out what it is. What more can you do, and how quickly?

And it became pretty clear you had to quickly start working on a vaccine even as we were doing the firefighting currently with the assets we had. Then it became clear that we needed to be able to get additional resources to do that. But we took some of the balances we had--they were already planned to be used for H5N1--and used them instead: a billion dollars for buying the preparation for the vaccines for H1N1.

But that took a set of decisions where you analyze what did CDC and NIH and BARDA need, and who had the technology? Who had the options, and who could proceed? So BARDA put together some proposals. We vetted them within the department, took it over to OMB, and they said, "Well, we're not so sure you need to do that quite so quickly," and all the rest: a lot of skepticism. We had meetings at the career level, at the policy level, and then the Security Council staff with the leadership at OMB, with the

leadership at the Department, to make sure they understood this is important, it needed to happen.

The President then sent up a request to the congress for an amount, not as much as we all thought was needed, but an amount that they thought they could ask for. The Congress asked us a lot of information which we then provided. They then came to a conclusion to provide the funds that was very similar to the amount the department had indicated was needed.

And we then, having worked to get the funds available, had to work to receive proposals from CDC, BARDA, NIH as to how to spend it that was consistent with the law, show that to OMB, after a lengthy unpleasant process get them to understand why we wanted to spend it the way we did. In some cases, using some of the memorandum that you'll see from April, May, June about how to spend it.

The Secretary then made decisions because we had to have decisions about do we spend it on this? Do we spend it on that? What mix of the vaccine production, the vaccine fill

finish, the vaccine distribution? It became clear that the plans for vaccine distribution, you had to make a choice. Do you go through the regular private market? Do you go through the state plans for vaccine distribution? And the choice became pretty clear that the plans going through the states wasn't going to deal with the speed with which we needed to get the vaccine out.

So we had to then, all of a sudden, create a process of using McKesson, which is a private contractor, which was a process we were told on a Tuesday, if we didn't get them 50 million dollars by Wednesday, they would not have anything to do with us. And then we were going to have big piles of stuff that we had to put somewhere and weren't going to get into people's arms, and would fail. So, we had to figure out how to get them, in English, to explain what it was, figure out if that was really the deadline, talk to OMB and get them to agree to approve money for something they'd never heard of.

So part of this process was working with the agencies to figure out what was needed, how to write it in English, get

a decision from the secretary that yes, that was a high priority for the use of the funds. Then go to OMB and get them to understand, and in some cases, notify Congress that it was needed. So we were involved in all the daily meetings, in part because we were needed to help figure out how much more to ask for. And once we got the money, we knew what it was asked for, and we had to be able to be a bridge, to understand enough of the science and the process of dealing with the vaccination policy issues to help people to determine--well, okay, if you spend it on this then you can't spend it on that.

And so you had to make a decision about, okay, if you're here-- Now, OMB at the very beginning wanted to make sure that we didn't buy it all and then have it rot. They wanted to make sure that if we didn't need it all, we would have off ramps in our decision making, so we wouldn't buy more than we needed, so we wouldn't end in a situation where the administration had bought 600 million doses of vaccine and we only needed a 100 million. So, from the beginning they were on a "hmm, not going to happen" kind of mode, and meanwhile, there was a lot of charts coming from the public

health agencies showing, okay, in all the previous ones there was a first wave and then a second wave and, occasionally, a third wave which was further out.

So, our role is to be knowledgeable about what the policy issues are, and as you've seen us in the room, occasionally probe, like, why are we doing that? Does that make any sense?

There was a whole issue in the fall where people were saying we need to make a commitment to take a portion of our production capacity that we paid for and send it to overseas areas, which makes all sorts of humanitarian sense, but I kept pointing out that it seemed unlikely that the American people will be excited, if they understood that people in the United States weren't going to get vaccine because it was going overseas. And it turns out that they started making claims in reserving some to go overseas about the time that people didn't need it as much anymore over here. But also, I don't think any of those shots overseas ever went into arms, or have yet. It was a high priority for people to do. It turns out the

international infrastructure is weaker than it is even here, which isn't a real surprise because getting it in the United States also took longer.

All of the initial projections in April and May about a vaccine campaign had heroic estimates about how quickly the virus would grow, and what would happen and how quickly you could then get it distributed. And it turned out that they were overestimates of how long it would take to distribute. Because then when we got to the fall, when it turned out the wave was here and we didn't have vaccine fast enough, there was unpleasant processes where people made estimates based on what the companies told us, and it turned out not to be the case.

SM: Were you involved with the negotiations with the companies as well?

RT: No. Our engagement is with parties here within the department who deal with the companies, and then deal with OMB. But we do (how do I say,) wholesale, not retail. So, their job is to deal with that, but we deal with getting

the resources and then trying to get from them what the estimates of how much those are, so the various parties who we have to liaise with and engage, OMB and the appropriations committees who provide the money, don't get surprised.

SM: So you basically dealt with BARDA?

RT: Yes, and the leadership within ASPR. Because during this period of course-the leadership was run by Robin Robinson out of BARDA, but the ASPR at the time was Craig Vanderwagen who was a political appointee of the Bush administration who was still here. He was one of the few people carried over, but his replacement, Nickie Lurie was then nominated in maybe March or April. (It's in the public record. You can check.) And then she came aboard in June. And so, he was a known quantity that wasn't remaining in the job, but was in charge.

But it was also something so important that from the beginning, the Chief of Staff was designated by the Secretary as the person to whom we needed to work. Now,

Laura Petrou had worked on public health issues in the past in her previous lives, but also included the anthrax attacks in Congress when she worked in the Senate for Mr. Daschle in 2001. (So she had dealt with CDC. Indeed, I think some of the same individuals.) So, she had dealt with how do you deal with a public health problem? Very intense; people are dying of regular issues, and it's important to get the science right. So she had expertise in a variety of areas that served her well as she then had to figure out how to deal with the decision making about what we do.

Homeland Security was saying, "We're in charge here, and we're going to close the borders." She had to figure out how to navigate that one. So, from the beginning, there was a whole international aspect that had to be managed in terms of how does HHS deal with other the parts of the government?

But also, we had Ministers of Health calling from other places. Keep in mind we did not have a confirmed Secretary, so the Acting Secretary [we had to wheel him out 25:36] he was not part of the administration. He was an acting

secretary from the last regime; he was a political appointee of the last administration. He was my former boss, the Assistant Secretary for Resource and Technology. But then he was Acting Secretary; he didn't know what was going on on the other basis because he wasn't part of the new administration. He was there for signing things as needed, but not for participating in decision making. But when the minister of health in Canada wanted to talk to the Secretary of HHS, we didn't have a confirmed secretary; we didn't have a confirmed Deputy Secretary; we didn't have a confirmed Assistant Secretary for Health.

SM: So who?

RT: So, we brought him into the meeting along with then the Chief of Staff, who was the person who had taken over to handle for the Secretary when she was confirmed. She'd been nominated by the time this happened. But she didn't arrive until end of April, and her very first day, she was at a briefing that morning and a press conference on H1N1. The Secretary did because she's incredibly smart,

incredibly adept, and very quick and able to [26:43] very quickly.

But what we needed was to have a secretary in charge to deal with the other Secretaries who were all saying they were in charge. And it was a health issue. So she was able to bring the expertise to bear on the department on the policy issues the White House faced about do you close down the borders? And how do you deal with the parties on the frontlines in our transportation, security administration, and other people in airlines and borders and other places trying to figure out--how do you protect your federal workers so they're not at risk? They need masks; that's a big question. And that went on for months. So there's a whole engagement on that.

Our job is to figure out how do we get the money the department needs to help fight the infection and its spread? So, how do you get the vaccines? How do you get the antivirals? How do you get the specialized antivirals that are IV for those that are in clinics. And on a daily basis, how do you track the disease? So all of us were needing to

know: who is it hurting? Who is it hitting? Who do we expect to hit? And then, do the trials work? Do the trials work for pregnant women? Do the trials work for over 65? If you use an adjuvant, is the adjuvant licensed in the United States? No. Will the American people tolerate having an adjuvanated vaccine that contains Temeresol, which is mercury?

And there was a policy set of issues we had to lay out and make sure that people understood that those were the choices they were going to face. Do you start fill and finishing vaccine before you know it's going to work? If you're going to try to figure out how to get it in arms that was a decision we had to make in early August. The plan was to decide--do you give the vaccine after you know the outcomes of the clinical trials in the middle of September That's what we'd known from June. But then, we had to decide in the second week of August. You probably had to go to fill finishing even if you didn't know if it worked because otherwise, if you waited till you know the decision, you still had to wait three or four more weeks for it to get fill finished so it could get distributed.

So a variety of very serious logistics issues had not been fully thought through. On the front end, it had been get the stuff, and then we'll send it out through distribution systems. And that had to be part of the more sophisticated understanding. So, we had daily flu meetings until probably about six weeks ago, well, two months ago, when Haiti happened.

SM: Right.

RT: We were still doing the daily flu meetings. It went from how we get more vaccine?--which you saw some of the disappointments in the fall; the Friday discussions about, okay, here's the flu numbers for the productions this week, are they higher or lower than they were before? How many people have actually taken them? How do you get the uptake up?

Couldn't get our advertising out until late because you didn't want to advertise and push people to take something they couldn't get. But we also worked with the people in

communications doing the advertising earlier on, get them money so they would be able to do great ads, so they would be effective, so that you could induce more supply--I mean demand.

We also had to work with OMB to explain that the method CDC had of distributing vaccine was going to require money to go to the states to administer the vaccine, and explain to them how that was going to work, which they were quite skeptical how it was going to work. Anyway, we had a fairly heavy involvement because you needed to have the money to help you do it. And once the money was appropriated, it's then controlled, not through an appropriation of CDC or an appropriation within BARDA or an appropriation through NIH, but an appropriation appropriated through the Office of the Secretary, which is then managed on a day to day basis through this office.

SM: I see.

RT: That was a long soliloquy. I'm sorry for the length.

SM: No, no, no, it's wonderful. It was all related. So, what was one of the first barriers that you came up against in trying to get together the money needed for--

RT: Well, there was a lack of coordination, a common story.

So, we would regularly meet whenever we had to have a decision. But there was a lot of meetings that would start at 3:30 on a Friday night. A famous one with me and Robin Robinson, Noris, Liz, and Bruce Gellin in Laura's office at 3:30 on Friday that would go to 7:00 that night because the questions she needed to know answers to weren't clear: If we get this money, how many people could we vaccinate? How bad is this going to be?--and the rest.

And the scientific information was--it's what scientific information is: it's what you know. But what you don't know is the next step. How fast is the virus going to grow in a vaccine? Is it going to take two doses or one? Is it going to take 15 mcg? Is it going to take 30? Is it going to take 7¼? H5N1 took 90 mcg, whereas a regular flu vaccine takes

15 of antigen, which is the operating part. And the key there was you had to hope that it was going to work. If it didn't work, you needed to have more money to be able to survive this or to figure out how to put together credible estimates. So, the hardest part at the beginning was trying to get enough information to figure what we needed, see if the plan was solid and then go explain it to somebody.

But internally, we weren't coordinated because people weren't sure what was about to happen. This came in March, and the administration, which didn't have a Secretary, didn't have a Deputy Secretary, didn't have Assistant Secretaries, didn't have a new Director of CDC, didn't have a new Director of NIH, didn't have a new Director of FDA, didn't have a—-[laugh].

SM: That's what makes it so amazing.

RT: Well, but in the same way, there were existing structures: the countermeasures steering committee. We had a meeting on a Saturday to figure out how to get more antivirals, from 4:30–6:30. And we have 35 people on the

phone. I chaired the meeting while sitting on my boat in the middle of the Chesapeake Bay. I'm not making it up. [Both laugh.] Didn't tell them where I was, didn't need to. But I had my laptop and I had my computer and I had my blackberry, and we were able to walk through what the decision was.

Because we had to buy more antivirals because the amount of antivirals in the market was beginning to disappear. And so, we needed to refill after we unloaded how much we had in the stockpile in the States. And I think we prepared the decision structure on a Saturday. By Sunday, we'd gone from having 15 million doses available worldwide. By Monday, there was only 10 million doses beyond what we needed. And then by Tuesday, there was only 1 million doses because everybody was busy buying. So, if we wanted to get in line or hold our place in line, we had to come up with hundreds of millions of dollars in, like, 2 days to be able to figure out and make it happen.

So, we had structures, and there was a flu plan. It was for H5N1, but there had been plans to be able to deal with it.

There was a plan already, and the people knew their roles. Rich Besser had been the head of the CPOTR, which is the Center for Bioterrorism and Other Threats. He was the person who was actually knowledgeable in that area, which is great. He was acting as head of CDC. So there was a plan.

There was a plan that people in place in BARDA (Bruce Gellin from the Vaccine Program Office) had worked on for flu. So, people kinda just started going through the playbook of, okay, gotta get antivirals; got to figure where the masks are; got to figure out how do we make the vaccine. NIH was how do we start clinical trials? FDA was how do we help assist? There was a plan. And there's parties who'd been coming together to be able to figure out how to implement through Countermeasures Steering Committee and other places.

So there was not starting over. But the problem was we in America lop off the top leadership every four years of our Executive Branch, which is good because you get new ideas. But you still lop off the top. Well, that means there was a

whole lot of people who didn't quite know what we were doing, who were here helping us but weren't the new appointees. They were the new counselors, advisers, chiefs of staff and the rest, but they weren't confirmed. So, we worked with them to explain how the system worked, what the plans were.

And then we had to figure out how to adapt it. The hardest part was adapting the plan to what H1N1 was in an environment without leadership who knew what the plan was. What would happen was, people in BARDA or ASPR would say, "Oh well, we're doing the next step on the plan. Chief of Staff, what's the next step on the plan?" [Laugh] And they all were doing this. "Well you didn't tell me that." It was people at the lower levels just taking the step forward not recognizing that people at the top didn't quite know what was going on. So there were several times when there were meetings when chiefs of staff had-- Have you met with Laura yet?

SM: I've met with her. We had one interview. We'll have another.

RT: One meeting on a Thursday night about 7:00 o'clock, she said, "I got a call from the Deputy Secretary of Education today. The Deputy Secretary of Education said that someone made a decision at a meeting today in the White House that we were going to do x."
She goes, "I said no, that couldn't possibly be the case because I hadn't heard about it."
Someone then piped up, "Oh, I went to a meeting at the White House. We all agreed to do x."
She goes, "You didn't think it was important to tell me?"
"Oh, I didn't know you'd care!"

Well, there wasn't great transmission-structures for communication internally, in part, because there wasn't a structure. So I said, "Well, how about if we meet every day at 5:00 o'clock?" And we started that for a couple days. Then we moved it from every day at 5:00 o'clock to every day at 12:30 because we were meeting at Laura's office. Usually, I would say, "Let's meet at 5:00 o'clock to 7:00 o'clock or something," and I said, "Well, we know we're going to have this meeting. Why don't we do it on a regular

basis?" And so, it started at 12:30, theoretically for half an hour. Then it always went over. And then, in the last three months, it moved to 1:30 because the theory was, we'd actually have lunch first and sit around our food but--

SM: So, Laura kept everyone holed up till she got her answers?

RT: Well, Laura was on a hook to make sure that on behalf of the Secretary that she was right. And what's great about Laura, she's tenacious in learning, in questioning, and probing and saying, "I just don't understand this." And she's so smart. She brings together the strands of the issues. She would negotiate the mask issue with DHS and Labor and a bunch of other people and CDC's science. But she would also then figure out, "Okay, how much does this cost? How do we communicate this to OMB?" And she was in the meetings in the White House about flu, but also staffing the Secretary when she got here to be able to be her person that she would then know.

Obviously, Nickie Lurie when she came on board was a party to that, but Laura was really the interface with National Security Council staff. We had a big flu summit June 6th or 8th or whatever, and that was a huge shindig. Because we had to figure out what we were going to say, we had a meeting at the White House with our science advisers. I'm not even sure OMB was there. I don't think so--junior people. The plan was to say, "We're going to plan to vaccinate." And that was hugely controversial because OMB was like, "No, we're not." And the answer was, "Yes, we are."

So, you had to go back and forth and figure out what was the message because the state health officer was saying, "If you don't tell people that we're going to come, if you keep saying, 'We don't know if it's going to come back, and we'll try and be ready if it is.' You have to tell them there's a plan, and we're going to go forward. We're going to fund it." That's what we then ended up having the Secretary say at the session. But there was a big flu--Some of it they had to create with the governors because, as the last administration recognized, you can't do it nationally. We have a nation of states, and the governors are necessary

if you're going to mobilize to be able to make it happen because their bureaucracies are the ones that are going to do the shots in the arms.

RT: We don't have bodies to do that in the federal government. So that was very early on confirmed that you needed to work with the states, and there was efforts to do that through our Intergovernmental Affairs Office and the rest, early on, in teams.

But on all the kinds of epidemiology, we always had to do daily hearings: Had the disease changed? Where is it? How to then order how many of this vaccine relative to antivirals? Is it responding to antivirals? How are we doing on our resistance? Okay, do we need to change the mix?--which we did during the period of 80/20, which was something [Teralenza undecipherable – 39:03], the famous one versus the less famous one. And then we moved to 90/10, and then we went to 80/20, then 50/50 because you had to decide where the disease was; how it was responding to treatment, and how virulent it was.

Then by the analysis by the early summer/midsummer about who had it most affected, and learning that pregnant women were more affected than we would have expected they were. The deaths were 6%, whereas the population were 1% or a number like that. Therefore, how do we figure out how to immunize pregnant women? And how do you convince someone who's pregnant that not only is this going to be necessary, but it's going to be improving the health and safety. It's something that people are going to feel like they're getting a guinea to do that. So it's a lot of important public health discussions about how do you communicate, and how do you figure out from the data how to go forward.

And the new meetings served that purpose once they got started. It was mayhem for a while because you couldn't figure out what the decision making process was. Once we sort of figured out that Laura's was in charge, and that there was a regular process, and she was going to keep asking questions until she got the answer, then we knew where we were. And she then spent all afternoons working through the various issues.

Now, Laura, I generally can always find between 7:00 at night and 9:30 because that's where I usually know to find her. And so, if I need a decision, that's where I would go because I could always find her. I was usually here because I was doing Recovery Act as a day job; I was Acting Assistant Secretary. I was in a Principle Deputy job and I was running Recovery Act responsibility for the department, 147 billion dollars. So we're busy trying to see if we can help the American people through that, while we had a little bit of a flu problem. And there was a little bit of health reform work going on.

RT: Which we didn't, in many ways, have as much responsibility for because that was being designed by other designers, but we had to get ready in some particular ways. So, we dealt with flu and continued to all through the summer, which was okay:
"How are the lots going?"
"Oh, it's not growing so fast."
"How's that going to work? How's it going to affect the outcome?"

And then, can we get the money to the states? Can the states use it to actually get the admin parties out there? Will there be people to administer it at the time the flu vaccine arrives? How do you make those up in gyms across the country, at a time, you know, two months hence? How is it all going to work? And there was much stress and effort to try and plan for it. And it was really hard to get right. Much discussion about how bad is it going to be and in modeling because that had an effect on how much vaccine you're going to need before you're going to have to distribute it. And how much that's going to cost.

So anyway, it was a whirlwind, and it was interesting to watch it get science-based from the beginning. But also, then have to adapt because the guesses turned out to be as good as they could be, but they were still guesses, and facts turned out differently. The good news, the best news is we didn't need two doses. That was huge. We'd still be vaccinating--and we are, but at a big rate. And it also turned out to not be as virulent. If it had been more virulent for two doses, it would have been really bad.

SM: Well, I don't know how much time. Well, we're at 12:00 now.

RT: That's fine. We can keep going.

SM: Okay. What did I want...? So, the major issues that you had to contend with was, one, [knock on the door] finding the money to--

RT: Come in.

Third party: I just had a question

RT: The good news is we don't have a Haiti call today at noon. We don't have a flu call at noon, so I can actually go a little long if you--

SM: Oh no, I thought we did. I thought I saw that there was, not a call, but our meeting, the 1:30 meeting.

RT: Oh, is the 1:30 on?

SM: Yeah.

RT: Oh, okay, we'll see.

SM: So I was--

RT: So, well, getting the money.
The other is getting the information, figuring who the decision makers are. It's not obvious. And getting current information because the scientific information changed as the group got bigger.

There was regular effort to then have small group meetings about subtopics. The problem with small group meetings is that makes sense for people to get together with CDC and BARDA to have a conversation about how to do the distribution. But then you have to come back and report to the big meeting. And the information flow and bureaucracy the more people that are involved, the harder it is to keep up. And that occurred because you eventually had the lunch meetings that were so big, they then said, "Oh we're going to have small meetings." Well sometimes you're in the small

meetings, sometimes you weren't, but the activity kept going. And if you didn't know it was happening, then the next..."Oh, that happened two weeks ago." "We made that decision three weeks ago." So those are all barriers. It's not just about getting the money; it's about trying to figure out how to have information, bureaucracy keep going while you're trying to keep focused on something. What else you got?

SM: Let's see. Well what were some of the underlying assumptions that guided your decision making process in the spring?

RT: We follow public health and we follow the law. And you can always spend money on things that you're legally allowed to spend money on, because the money comes not just as money but as money appropriated for a particular purpose. So you can only spend money on what it's for. And you want to do everything you can to meet the public health needs, and use the best science and best scientific information in the face of uncertainty to guide that decision making.

SM: Okay. Well, it's been an hour, so I'm going to stop here, but I would like to--

RT: Against federal spending, and so their job is to figure out what's really needed, what's really happening. And since I've worked with those two parties for over a decade, or twenty years in one case and ten in the other, our job is to convince them on behalf of the secretary: This is what's needed to bring the public health experts over there, like Rob and Bruce; Here is our plan, it's credible, it needs to be funded.

And so, our job is to be the conduit to information to them--be persuasive. And if they're not persuaded, make sure the political leadership knows and understands, not only the content rationales, but other reasons that the administration wants to do this. So, our job is to make sure that they're knowledgeable. We keep them up to date with weekly phone calls. But then when needed, we need to be able to go back to them and say, "Here's what we need."

So, they have a perspective on the pandemic because both of them were involved since 2006 and 2005. Tom Riley was here with me and Noris and Liz, and then moved over to OMB in 2008. But Mark has been there doing the implementation of the original flu plan the entire time. So, both of them dealt with that and then H1N1. So they're the party whose job it is, is to be paid. I used to call us at OMB 'data oriented skeptics.' So, their job is to say: "Prove it to me, and we'll allow you to go to Congress and ask for money." And we had to help explain to our colleagues internally, like Rob and Bruce and all the other parties, "Okay, here's what you have to say in order to get the money out of Tom and Mark." And then we had to go, once they said, "Okay." We'd asked for a hundred, they give us 50. We then go to Congress and say, "We need 50" because you can only go for what they ask for. And if Congress then asks, "Do you think you really need a 100?" then you can just say then, "We're approved for 50, but if we had a 100 here's how you'd spend a 100."

SM: And so, in what ways was this unusual? Was this an unusual role for you to play?

RT: No, it's the same role we've been doing with H5N1. It's the same role that we've been doing because the money was appropriated essentially to fit a plan, and then we had money left. We used money from that plan to fill this plan, and then continued down the road. It was a changed plan, but there was at least a road map for people who knew flu and what was going on. So, it was not a new role, but it was certainly intense because you don't, for most topics we're dealing with, have daily meetings.

SM: So, the first, the money that was left over from H5-

RT: Not left over. It was planned for things we were going to spend it on, and `the money had not been used yet. So, there was things that Robin didn't want us to take it away from, but we had to. H1N1 was a higher priority in the short term than H5N1. And now, we're trying to get the money back for all those things, to back-fill and replenish those sources so we can go back on the plan of things we have to do. It will benefit both. So yeah, it was more

intense, but it’s the same thing that we do, just more of it faster.