

INTERVIEW WITH

CASEY WRIGHT

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with Ms. Casey Wright  
Interviewed at Ms. Casey Wright's Office.  
Washington, DC, U.S.A.  
Interviewed on June 2<sup>nd</sup>, 2010  
H1N1 Oral History Project  
Interviewed by Sheena Morrison

Ms. Casey Wright: CW  
Sheena Morrison: SM

Sheena Morrison: The following interview was conducted with Casey Wright. It was conducted on behalf of the National Library of Medicine for the Making History: H1N1 Oral History Project. It took place on June 2, 2010 in Ms. Wright's office in Washington, D.C., and the interviewer is Sheena Morrison.

Hi, Casey.

Casey Wright: Hello.

SM: Okay. So why don't we begin with the biographical stuff. Can you tell me what your position is here at ASPR, and how long have you been in your current position?

CW: I am currently a Senior Analyst in the Office of Policy and Planning with Dr. Lurie's Office of the Assistant Secretary for Preparedness and Response. I have

been with ASPR or its predecessor offices and names since the summer of 2003.

SM: That's a long time. You're seasoned.

CW: I started out as a Presidential Management Fellow and started out in a different arm of ASPR. At the time it was really sort of the equivalent of Dr. Kevin Yeskey's Office of Preparedness and Emergency Operations, or the operations and planning piece, and I worked there for a majority of the time and didn't come over to Policy until August of 2008.

SM: So, what's your background?

CW: I have a public health master's degree in social determinants of health and infectious disease. And before that, I received a degree in sociology. I was very interested in the social pieces of health and illness. So don't ask me how I ended up working here in biodefense.

SM: But are you enjoying yourself?

CW: Yes, I certainly - I feel like there are some days that I use these expensive degrees and some days where I just really don't, and yet I'm still writing the checks. But, no, I enjoy the work that I do, and I think there are some days where I leave work and it's incredibly clear that I have made an impact in some very, very small way toward the health and readiness of the nation. And there's a

couple of days where I don't really feel that, but sometimes it happens. But I've learned to recognize that I'm one small, but I tell myself, important, cog in the wheel.

SM: Absolutely.

So, can you tell me how your position as Policy Analyst helps to facilitate the implementation of the national strategy for influenza?

CW: For a pandemic [unclear]? Sure. I really came into, I filled the shoes of someone who it's almost impossible, it's really impossible, to do. For many years in the policy office, there had been someone coordinating pandemic policy both across ASPR and across the Department, representing the Department on pandemic flu policy issues for the interagency and for the White House, and her name is Julie Schafer, who I hope you are interviewing.

SM: I did.

CW: I had worked pandemic issues, influenza issues, for the operations side of the house for a long time and wanted to transition into policy, and so came over into Julie's job. She moved on to do more work with medical countermeasures in Robin Robinson's group. I started filling in for her in August of '08, and, really, the job stayed the same. I was responsible for making sure that

all of the - we had this implementation plan for our national pandemic influenza strategy really driving a lot of the Department's preparedness activities, activities to ready ourselves for a future pandemic and a long to-do list of things to do in order to be ready. And in a sense, I was monitoring and making sure that that to-do list was getting done in an appropriate manner, and a lot of activity at the White House to consistently call us up on our readiness and make sure that we were coordinating with the federal [unclear] agency and working.

It was a busy time. In April of 2009, there was still plenty to do to ensure that we were ready. So I was a busy girl.

SM: So, can you recall what you were doing when you-

CW: I can.

SM: Okay [unclear].

CW: There was a lot of activity across the board, but I remember being highly focused on vaccines. Both had been working for many months to finally get out for public comment a policy on how we would use pre-pandemic vaccine. So, our implementation plan and our strategy had sort of set forth this idea that we would have on hand enough pandemic vaccine, pre-pandemic vaccine, made for currently circulating strains of potentially pandemic viruses in

order to vaccinate 20 million people. So, you want 40 million doses, the idea there being is that these 20 million people are really important to keep society moving, particularly if you're planning for a major 1918-like pandemic, and you have to figure out who those 20 million people are.

And the idea is that as soon as you identify this virus, you make some quick calls and estimations on, do we think that, you know, how close is this vaccine that we've stockpiled to the pandemic virus that we're actually dealing with? And if it's relatively close, and we think it could provide some small amount of protection while we're waiting the long time to actually get the true-match vaccine, then you would start vaccinating these people. And we had come up with a policy document that articulated who we thought these 20 million people were and some of the triggers for use, and not so much on how we would actually go about the distribution, but more the utilization policy, and that's still in draft somewhere.

The other thing that was preoccupying us at the time, I mean, rightly so, was we had developed this huge strategy for how we would allocate the final pandemic vaccine in varying levels of pandemic severity, into the 300 million people in the country, plus any sort of foreign nationals

that were living here, who would get it, and in what order. And we figured that out, and that had been published. Now it was, well, how are you going to do it?

And so many of those people were what we call critical-infrastructure people, and you only get so many doses a week or a month, and how do you know how many people in each state are critical infrastructure? And do you hand out - people were talking about handing out - tokens? States would need to start counting how many people in these different categories they have living in their state, and the states would get tokens - to figure out this thing they would turn in at the time of the pandemic to get doses of vaccine. Maybe it's crazy. I don't remember if we ever determined it was crazy or not, but it was incredibly complicated. And getting it to federal employees. So that was, we were just distracted by how complicated that was in thinking through that.

Those are the two things that, one was real policy and then one was real more implementation and nitty-gritty that I remember being worked on at the time.

SM: So, were you a part of a series of committees? Or how was this done? How did you come up with a policy strategy as well as the, sort of, the implementation part of it?

CW: On a pandemic in general, sort of the portfolio?

SM: Where you were at, just before it happened, you were working on these two things. How did you come to those decisions? I mean, not you as an individual, but as an organization, how did the government come to it?

CW: Well, we actually never came to a final decision, but what was the process for getting there?

With pre-pandemic vaccine, I had a working group. I had a group of people who were familiar with how we made those hard decisions with the pandemic vaccine criteria, and who gets it, in what order; and folks who were familiar with the implementation of it, wanting to make sure that, as we were proceeding with this policy, that it was actually implementable.

But, the relatively informal, and then it started to progressively get more formal. I remember, I think we had a briefing for the current Principal Deputy Assistant Secretary at some point in that late winter of '09, and we thought the document would be best served...I think we put it through a round of clearance to get everyone's initial reactions, and the initial reaction, I remember, was not good. We got a lot of comments, really less about who the people were, but more on the text or describing why we

thought this was necessary. What was the science behind it? And I think right in late April, we had adjudicated all of those comments and were starting to feel pretty good about the product. And the next step, though, would have been another round of clearance and putting it in the *Federal Register*.

We may pass that. It will be interesting to see. We didn't use the pandemic vaccine policy guidance that we put out during H1N1, so the future of that document I think is a little uncertain, and the future of that policy and the pre-pandemic guidance is so tied to it. So it's a little hard to know the future. I haven't picked it back up, is what I'll say. And I think for the actual distribution and dispensing of the pandemic vaccine, according to the previous policy schema and set order of use, was a small group of folks from DHS and in CDC just trying to put our arms around the problem, and trying not to make it more complicated than it was. So we hadn't even really moved beyond just trying to understand what we were doing with it.

SM: So it's still on hold, and once things sort of... Well, things have changed a lot. It's been a year since the first case, and so this is something that you will be picking up again in the near future.

CW: I would think so. In a way I'm kind of waiting, and I know that probably runs really contrary to what I should be doing and what my job is, but we're waiting for this after-action report to be done. And I think, I'm hopeful...I don't know. I think I might have too high expectations of what it's going to tell us in the end, and the new path and trajectory that it's going to put us on and how clearly articulated it is.

SM: I see.

CW: I'm hopeful that it's detailed and clearly articulated and it's the right path, whatever that path is. I think that if it is, then I think, all of a sudden, the skies will open up and the sun will come out and I'll have a very clear sense of, okay, here is now how I need to prioritize the revision of all these policies, the revisiting, the additional work, and how to prioritize them and how to move forward. And I think I'm hesitant to do any of that just quite yet, because I think folks - even though the disease has really slowed down, it's almost as if, I sense this, I can almost taste it in the air, is that - folks kind of want a break. I don't know. Maybe that's just me and [unclear] with my taste buds, but there will come a moment where it's time to pick all that stuff up. I

just, I'm not feeling that it's now. If my boss is, she hasn't told me.

SM: Who is your immediate boss?

CW: That's a good question. A little bit of hesitancy about moving forward is I'm not totally certain. We've gone through a reorg, so I'm kind of floating out there. So, I'm a little hesitant to pick up a big project and start to move with it. But Lisa Kaplowitz is the new Director of the ASPR Office of Policy and Planning, and right now I'm just working on a direct report to her as far as I can tell.

SM: Okay. So, where were you? Can you recall what you were doing when it became clear that ASPR was in response mode to what could be potentially a pandemic?

CW: Let's see. Well, April 24<sup>th</sup> is when I first heard about it. Was that a Friday? Was that a Friday or a Thursday? I think it was April 24<sup>th</sup>, and I'd just started, and I got the impression that folks had been talking about this for a couple of, at least days previously, but I hadn't been in the loop, whatever. And then just the e-mail traffic and my inclusion in that e-mail traffic started to create itself and started to spike. I mean,

every hour on the 24<sup>th</sup>. I went back in preparation for this and I looked at my e-mails. It's fascinating.

But I didn't really jump in and start. You got the feeling that I could jump in and do what I could to be helpful. Saturday is the 25<sup>th</sup>, it was whatever that Saturday was, and there were lots of...There were video teleconferences going on and conferences in the operations center, and there was a lot of activity for a Saturday in the main offices of ASPR, people kind of roaming around trying to understand what was going on, and lots of inquiries from the White House about these cases in Mexico and in California. It really lifted off there for me starting the 24<sup>th</sup> and 25<sup>th</sup>.

SM: And what was the main issues that you had to contend with?

CW: I remember there was an immediate, what I felt was immediate - again, I was slightly late to the game, I think - lots of questions about additional antiviral purchases, and do we, should we buy more? How much more? How do we pay for it? Do we need to stimulate commercial production? And I thought it was fascinating, because just three weeks prior, we were very comfortable with how much antivirals we had, and we'd built this antiviral stockpiling policy and strategy based on the worst of the

worst-case scenarios. And it was that we would have 80 million, 81 million doses. And we would hold on to 50 million and the states would be stockpiling. And lots of debate, discussion, and understanding that some states might not stockpile as much as we've asked them to. Some states might not stockpile any, and, by golly, we're just going to have to be okay with that. This is the decision that they've made. We've bought some, and it's commercially available in general, and so we're going to be fine.

And so, it took me a minute to get out of that mindset that we're not in a pandemic we've been planning for in a way that we thought we might be, because it was looking so dire in Mexico. And I had to remember that although I was still generally surrounded by non-politicals and people I'd been working with for a really long time on flu issues, they were all responding to questions and concerns raised by brand new people, and this new administration and this timing was just so remarkable. And this was really the first time I really noticed it, and it was an immediate sort of thought that our previous policies had not been sufficient and we needed to decide what to do. And eventually, we bought some antivirals. We bought some

more, and now we have way more than we'd ever sort of planned to have.

But I remember I was just - that was the first thing I was trying to help with, sort of, on the wings - but, again, I don't want to overstate - I was just kind of there. We were all trying to figure out what, in this policy shop of ASPR, what our role was going to be and how we can all be helpful, because it's just something about our office, I mean, we all just want to be helpful and we all sort of want to be in the thick of it, in the middle of it, and trying to do it. But I'm very cognizant that that sometimes causes more trouble than it's worth. But I felt particularly strongly, as the pandemic policy coordinator, I should be around.

And I think that as the hours really progressed, in maybe just a couple of days, it became clear that where we were kind of best going to be able to serve the new administration, and where I was going to be able to be helpful was to continue my connections with the White House and make sure that folks were ready, senior group folks were ready for the White House conversations. And also, to provide the perspective of, "here's where we were four weeks ago in terms of the policy and strategy," so at least we can understand why we made the decisions we made to get

to where we are now. It's totally cool if we want to, like, reverse that or adapt to that in any way.

But I remember, I got a Christmas card from the Chief-of-Staff, and I think on the note, she was thankful. She appreciated the historical perspective that I provided, at the same time I was able to think beyond that and...Anyway, I digress.

SM: So when you say the connection to the White House, to keep that connection, who were you engaging with? What agencies or-

CW: Early on, it was the, well, throughout, it was the new National Security staff, and it was primarily Carter Venture [phonetic, ck. sp.], who worked in the White House, and he'd really been leading for some time this biweekly pandemic policy group that I'm a part of, an interagency group. So we've known each other for a very long time, and he was really working on behalf of the new leadership team at NSS and the Disaster Readiness Group, I think is the new name now. But it was the DRG that quickly started hosting these interagency phone calls, and VTCs. I think, I remember, the first one was on that Saturday before. And so Carter was kind of an intermediary with the DRG leadership. There's a name that's escaping me of who was running that group at the time in those calls, but kind

of working behind the scenes to make sure that we were ready to answer the questions the DRG leadership had, prodding us to ask more questions of ourselves. It's what the White House I think does best. Sometimes they answer them for us. And it was a way for me to reach out to him and say, "What does the DRG really want to hear? What are they interested in? Here's what we're not prepared to not talk about; here's what we are prepared to talk about. And FYI, here's our message for this meeting." So there weren't really any surprises.

SM: It sounds exciting.

CW: Well, yes.

SM: Were you present for the meeting with Margaret Chan when she came to HHS? This was early on.

CW: I was, I was present for a meeting with her. I think there might have been many. But I did weasel my way into one of those meetings.

SM: How would you characterize the meeting?

CW: Awkward. I mean, she was incredibly gracious, and it was really awe-inspiring to be in the room with her. And I was still trying to figure out who these other people in the room with me were, because I knew a lot of them worked for HHS. But I quickly figured out that it was John

Monahan who was leading this meeting for us. He was one of the Secretary's counselors.

And I guess when I say awkward, John didn't have - a couple of the new folks didn't have a very good sense of the WHO process for declaring a public health emergency of concern, and how involved are we in helping WHO make that decision or influence that decision.

To be frank, it seemed a little convoluted to me just even hearing Dr. Chan talk about it. And there was just, I got the sense that she was being evasive about the process a little bit, and how much we could be involved at a political level rather than at a scientific level in that decision-making, and John kind of trying to maneuver. I don't know how much he was faking not understanding or if he was just trying to use that as a tactic to pull more detail from her. But we didn't leave that meeting, I don't think, with a - there may be others left with a different impression, but how the speed with which WHO had made the decision, how we would be able to influence it well, and really what would happen - we just didn't leave with a sense of what the next steps would be, and how it would all turn out. I think we were hoping that we would get some assurances from her, but I don't remember that happening.

SM: So, did it change the nature of your work as WHO elevated its pandemic level?

CW: Did it change the nature of my work? No. Well, it complicated...You know, we had had, for a long time, this table. We had developed U.S. stages to help describe for the country and for the states a sense of, here's where we are in the pandemic. We're in stage two, which is really, I think at the time it might have been WHO phase five or six. Stage two was really representative of, the disease is somewhere else, and it's not even on our continent, and this means, at stage two, we're trying to prevent its arrival to North America. And we quickly realized that, as the WHO started to ramp up their phases, there was such discontinuity with how they matched up with our stages. We based those on geography and where the disease would originate, and we just never considered that it would happen in our backyards.

And so, if the WHO raising their levels changed my work in any way, it created this huge distraction with, you know, they're at phase five and we're clearly in stage four. It's here in the U.S., but those don't line up on the pretty picture. And so what stage are we in, Casey? I would get a question almost every hour from people all over, all over HHS, the interagency, and I just didn't have

an answer because it didn't really line up. And then, frankly, I just thought, I don't know that it really matters. And I'll tell you, we messed around with that issue for far too long. That was still plaguing us weeks and weeks later.

SM: You were the point person, then, early on in terms of policy, and what was happening. I mean, you were in charge of getting everyone together for the meetings as well.

CW: Right. I did try to help with that. Some of the meetings started to form themselves, and I thought, while I hadn't been formally...I guess I was kind of waiting for someone to tell me what my job was, because so many people were already sort of inserting themselves and being a part of the process. I was a little hesitant. It's not my personality to sort of dive in and take charge.

But I did try to work behind the scenes and be at least informally in charge of making sure that all the right people were in these rooms for these conversations and that they had the necessary information, as best as I could provide it, and to make the decisions that they were making. And pretty quickly, we started forming - there was kind of a regular core group of people that started to meet daily to talk about this stuff and teeing up with other

policy staff within ASPR. What were the issues we need to talk about today? What are our options? Who else needs to be brought into these meetings for these very specific issues?

It was a really wild and fast time. I mean, the op-tempo was what we call it. I think we would have a pre-meeting in the mornings. Based on my notebook - I found it a year ago - I have these like 8:30 meetings where we're trying to figure out what the DRG is going to talk about at like 9:00 a.m. so that we would all move over into the operations center and have this meeting, this VTC with the White House, where they're just handing out tasks left and right, and CDC is on, and here's what's happening, here's what we're offering to do, and here's what people are telling us to do. And then sort of, as soon as we left that meeting, we had an hour to kind of think about, "Here's all the issues we talked about yesterday, how many of them were resolved? We need to continue that conversation. Here's all this new stuff that cropped up," and make sure, I think, in time for an 11:00 meeting with everybody else to...All of a sudden, somebody would come out of some other phone call with somebody else at the White House, or WHO would say, "We need to talk about [unclear], and we need options." And so it's Matt Payne

and we're just furiously trying to find a computer, because I don't work in the main building. But I'm over there all day now and trying to tee this stuff up so we can have some kind of minimally comprehensible conversation about it with, really, the ASPR leadership, the Secretary's counselors, the Chief-of-Staff of the Department, the leadership of CDC, FDA, and NIH. It was exhausting.

SM: So the early meetings were ones that you were not responsible for, but that you helped to pull all the people together.

CW: That's right.

SM: And can you tell me, how would you characterize those early meetings say the first two weeks?

CW: How would I characterize them? I think there was some push and pull with CDC. I think Admiral Vanderwagen was really trying to establish from the very beginning - he was the Assistant Secretary and running our office at the time - and he was trying to establish a sort of a rhythm to these meetings and to create an atmosphere of sort of collective decision-making. And those meetings were really more about...it was very difficult for him to do that. I think so much of these early decisions were about community mitigation, and what are we doing with schools, and maybe a little bit about what we're doing with borders. So a lot

of it was really what's going on, and disease and surveillance. So, so much of it was in CDC's lane, and these meetings, instead of being a dialogue and debate about what to do next, was a little bit of CDC just saying, "Well, here's what we're going to do. Does anybody have any questions?" And you can see Vanderwagen just trying to pull some discussion out. He wanted to feel more involved in that decision-making. He wanted trying to pull out from CDC this idea that these are policy decisions, and that really manifests itself later on

Rich Besser tells the story about sitting in the White House and Rahm Emanuel is redrafting the school-closure methods, and how he recognized that this is about science, but it's also about politics, and it's also about greater societal issues, and it's about commerce and the economy, and at some point HHS only becomes one small voice. And I think that Vanderwagen - maybe I'm just projecting - wanted to try to infuse these conversations with that, and would just struggle. And it made it hard for me to do my job.

It wasn't hugely hard. I just remember it being awkward, because then, at the same time, I'm going to daily meetings with the White House as part of this sub-interagency policy committee; that's daily with the federal agency and the White House talking about flu issues, and I

would report. I would zip straight from these meetings at 11:00 and try to grab something to eat, and then go straight to the White House for these meetings. I would be asked, I would say, "Tomorrow, CDC is going to release guidance on vax (vaccine), and here's what it's going to say." And if it was something that was really not totally about science, like the school stuff, I would be asked, "Well, what other concepts did you consider," and "Have you thought about X, have you thought about Y," and I couldn't because we hadn't really had a fullsome debate about the options in these meetings. I wasn't really able to articulate that. In the end, the impact was generally minimal. I mean, folks just kind of nodded and agreed. But that's how I would - it doesn't characterize every meeting, but it's what sticks out in my head the most.

SM: As someone who's been involved in flu for a number of years, would you say that the fact that there was a shift, a change in administration, do you think that had any impact beyond what you just mentioned on people being able to do their job, your being able to do your job, in particular, the fact that there was this transition?

CW: I don't think it made the job harder. I mean, it just meant we were just busier. I mean, the education

involved to bring people up to speed, it was just different.

You know, Peggy Hamburg came on board, and we quickly arranged a briefing for her to come in and give her pandemic planning, federal planning 101, you know, and it's a precious hour and 30 minutes. It's just like that stuff was necessary. And I wonder, I remember marveling - I have to think about, like, when this really, when did we start, talking about a pandemic vaccine, an H1N1 vaccine very early. But when we started to talk about what we were going to do and how we were going to fund it, it think became clear. I remember Julie Schafer and I talking about this often, that we had never planned for having to justify to folks within the Department, and within the Office of Management and Budget in particular, what our plans and strategies were and how we were going to do it. We never factored in into any of our planning that we were going to have to convince people that we needed a vaccine, and how we were going to convince them and what were all the data points. There's only so much planning you can do. But I think that we were, I guess maybe it was just more of a naivete, that, I mean, it took weeks and weeks and weeks to get any of that figured out, and to figure out how do we tell this story about how long it takes to make a vaccine

and what is the process? And how much does it all cost, and what are the risks in terms of timing? And we were just amazed at the back-and-forth and the questioning on the general utility at all of taking these steps. And Julie and I, I just remember just being, like, shocked. I mean, how could we not...

And I don't know how much of that has to do with the fact that it was a different crowd; I just don't know. I'd like to think that it had a lot to do with it because that would... And just knew the faces, and we had [unclear] myself to be responsible that the right people were in the room. And having been responsible for that for so long, and then to all of a sudden not recognize some of the faces around the table and not sure who they are, and as soon as they open up their mouths, I can kind of figure out at least who they're representing and what organization they're from. But that was, (although I quickly adapted), challenging.

SM: Well, if you had to say like early on in some of these calls, like the dynamics between CDC, ASPR, and maybe some of the other agencies, who had control? Or was there sort of like a shift from the scientific aspect, where CDC just jumped in, and then shifted to the policy where perhaps ASPR or, you know, who . . .

I remember speaking with Rich Besser, and he said early on, it was like somebody had to take control. And so what I'm trying to get at is, how did you feel, in your opinion? What was your sense of who had control?

CW: Oh, CDC, no doubt. That's how I felt it was. Is that what Rich said?

SM: Well, actually, he was more, it was his query, so to speak, like he was one, he's like, somebody's got to take control, because there were no policy people, the administration's political choices were not in place. So who was going to take control? And so it was a question that he posed, I believe, rhetorically. Like, somebody's going to have to take control of this.

CW: Well, I think from his position, he's so way up, at the very top of the food chain. I mean, I heard his remarks before. We didn't have a Secretary. Secretary Napolitano was sort of on the scene, and but from was down at my level. I mean, at least when it came to the decisions and how we interacted with the White House, I mean, the CDC was really the loudest voice and the biggest presence both in our meetings with them and our VTCs and interactions with the White House.

It really all of a sudden really became almost a conversation between the White House and the CDC, and the

rest of us were sort of there observing, trying to, sort of, furiously track what was being asked of CDC and how much of it was really asked to us or just someone else in the Department. And just trying to make sure that we just knew how hard CDC was working and how many people they had involved. And it's so many of these, particularly when you get away from like some of the true public health stuff and you start to talk about medical countermeasures and vaccines and antivirals and emergency use authorization and PREP Act and the building of a vaccine. Those conversations and those decisions are our collective decisions, and I think we all felt that that can't be. We need to try to continue the energy that Vanderwagen was trying to create. Let's start at least those off on the right foot. We haven't really started off the work on the community mitigation on the right foot, but at least making sure the that Toni Fauci was there and involved and engaged and [unclear] from FDA, and that we were getting all of their input from the front. It was more of a...it wasn't quite so much as a relay race, you know, CDC moving, handing something off, and then it's someone else's, and there's been no engagement or dialogue, but, I mean, early on, they were dominant in the conversation.

But pretty quickly, the Chief-of-Staff of the Department started to kind of corral folks in a different way.

I remember when Nicki Lurie started popping her head in. I think that was later in May. But that kind of changed the dynamic too, I think in a good way.

SM: And would you say it was at this point where policy began to shape science and science shaped policy?

CW: Yes. It took us a while; it took us a couple weeks to get there. But I think when the Secretary came on board, when the Chief-of-Staff started to get a little bit more involved, when you had CDC being told by the White House, "You cannot proceed with this guidance. You've got to think about all this other stuff." And, of course, Rich Besser had got it right away. I mean, they're all brilliant people down there. I mean, they got it. But I think it just started to, everyone kind of started to churn in a little bit different way. And it really came out, I think, with the vaccine stuff and all those debates and discussions, and that was, and I think we kicked that off on the right foot.

SM: When you say the vaccine stuff, you're talking about the decision to do the campaign?

CW: Yes. Well, the decision to at least make the vaccine, because that just involved so many different players within the Department. And collectively, you know, the budget office, FDA, CDC, NIH, ASPR, NVPO (National Vaccine Program Office), Bruce Gellin's shop, and then the Assistant Secretary for Health, Howard Kho - I think he was on board by then - and the counselors, the chief-of-staff, and Julie [unclear] even pursue starting to make some of this vaccine and clinical trials and whatever. And then later, that kind of stuff got set in motion, and we had to decide later in the summer, were we actually going to use it?

And I remember, talk about policy and science, I mean, everyone was trying to make a very conscious decision from the very beginning. I remember Tony Fauci talking about it too. He's like, if we can learn anything from Harvey and *The Swine Flu Affair*, it's, we have to keep these decisions separate between making a vaccine and then actually using it, and we have to be okay that we might make some bulk vaccine and we might fill and finish some of it, but we might not ever use it. I thought that was fascinating. I hadn't fully read the *Swine Flu Affair* by that point, and everybody was really, really respectful about it, understood that, and it took some educating. Even though

the White House was very familiar with that, it was still difficult to get this, and we had to translate it at multiple different levels across the Department, this idea that just because we're making it doesn't mean we're going to use it. Stay tuned. Eventually folks got the message.

SM: So, if you had to name, say, six principal players who were actively involved in shaping policy around the response efforts, who would they be? You can include yourself too.

CW: Oh, please, no.

Laura Petrou, Chief-of-Staff; Nicki Lurie, the ASPR; Tony Fauci, NIAID Director; Jessie Goodman of FDA; Richard Turman at ASFR (Assistant Secretary for Financial Resources), our budget office. And then, it's weird, I know I should say Tom Frieden, but I never once heard his voice the entire time, so I would say Steve Redd.

I know that Tom Friedman was in the background sort of directing things for CDC, but I was always shocked that he never engaged. All of these daily meetings I'm talking about, and all of these interactions, he was never engaged, never there. I know that there were private conversations happening, but, yeah, no. So I'll say Steve Redd.

SM: Okay. Again, you've been involved in other kinds of preparedness and response efforts in your position, right? Has there been much difference in the degree of senior-level and White House involvement in the H1 response efforts when compared to, say, the government strategy to deal with other natural or manmade disasters?

CW: Yes and no. The only time I can remember it being of such magnitude was Katrina and Rita, and even then, it really wasn't quite, there weren't daily meetings with the interagency at my level at that time. I mean, there were frequent...You know, that's the only time that it comes close. The others, it's not even a blip in comparison.

SM: So who else, at your level, who else was actively part of the response effort, I mean the response efforts? Your name is all over the place because you do the meetings, and I notice that people refer to you and your role in many different ways. So who else, who are your counterparts?

CW: I will name - there's just no way I can name all of them because so many people contributed. I guess my counterparts - I'll preface this with, within HHS, I guess, in June, the White House published this national framework for readiness for H1N1 and for the next-fall wave. It was

pretty much kind of a to-do list of all the ducks we needed to get in a row in order to be ready, preparedness tasks. And in order to respond appropriately, the ASPR decided to set up this task force and create pillar heads, people who would pay attention to the different sections and components of this framework. So, when that transition happened, I would name just all of my other incredibly hardworking pillar leads. We weren't always sure what our job was, but everybody dove in with us. And I think you must have that list, but that's people like Ellen Bursky and Nitin Natarajan and Adam Landman and Julie Schafer. I can't speak enough about Julie Schafer. Ilka Chavez, Amanda Smith. I'm sure I'm forgetting names. And, of course, Claire Helminiak. I wouldn't call her, she ran the task force.

And then, before that, really, when all of the scramble was happening, it's Ilka again and Amanda Smith, Matt Payne. We all just dove in as members of this policy group and just trying to do everything we can to make sure that the trains are running and leadership was informed. It wasn't just me.

SM: Well, you speak really highly of Julie. How would you characterize her contribution? I mean, I've

already spoken to her, and she's very humble, and so I'm asking you, a colleague.

CW: Oh don't let the humbleness fool you. I mean, it's hard because Julie was not only a colleague, but she's a dear friend. She's just been doing this for so long that her expertise and her sort of history and her work ethic, it's so incredibly invaluable. I think she wasn't, when this happened, she was doing policy work, but kind of more programmatic level within BARDA (Biomedical Advanced Research and Development Authority), within Robin Robinson's shop, But pandemic influenza emerging infectious disease policy. And I remember just as I'm involved in these meetings, and kind of absorbing what's going on very early, the 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup>, she had a sense of what was going on, and I'm just forwarding her e-mails and telling her what's going on, because she wasn't being brought in. But I was doing everything I could to do so. But eventually, finally, I was able to make sure that all of the right people were involved in these meetings, and Julie was one of them, and she focused early on.

You know, she was in this medical countermeasure division of this group, and so she focused heavily on antivirals and paying attention to the original antiviral purchase, and purchasing for antivirals and masks for the

federal, for HHS, workforce. And quickly, as talk about the vaccine escalated, I mean, she really became Robin Robinson's right-hand lady. And just about every memo written or produced by ASPR and Robin Robinson's shop related to vaccine purchase, vaccine use, the vaccine manufacturing, Julie either wrote its entirety, or had a huge hand in, and was responsible for, teeing up so many of those decisions and creating options memos for folks as consideration.

And she later became just the antiviral pillar head under our task force, and when that happened, she really transitioned out of the vaccine stuff, and the antiviral stuff kept her incredibly busy. And so later, anything you saw over the summer and the fall about antivirals, she wrote it all, and those were some of the toughest decisions to make, I think, some of the more complicated ones, I guess I'd say, in the complexity of all the different factors to consider.

In the same time, that's where her focus is, I'm constantly asking her for advice, because even though I'm just a community mitigation and border pillar head, I was still having to kind of pay attention to everything else given my other responsibilities, and we were kind of each other's refuge throughout the whole thing[unclear].

And, again, I couldn't have done my job without her. And I don't think that Nicki Lurie, Robin's job could have been done without her. I don't think Nicki Lurie's job could have been done without her, or the Secretary's.

SM: Was there anything that kept you up at night throughout the early phases of the pandemic?

CW: I'd like to say, I mean, in the very early phases, I was incredibly worried about the nation writ large. But what kept me up at night was, is this it? And is my brother, with cystic fibrosis, did California stockpile enough drugs? When are we going to get a vaccine, does he need to...? I was so intensely worried. And I was worried about my husband, you know, like D.C. Julie and I joked the entire time. We don't think D.C. bought, if they bought any antivirals, it was very minimal. We were, just like, we're screwed. And I thought, there's my husband, and I remember thinking, I'm so thankful he rides his bike to work and he isn't on the Metro. And my parents. That's what kept me up at night. And it was, okay, now this is real, and this will impact my family.

And I think it was sometime a little later in the pandemic, I was - maybe this is unnecessarily personal - but, of course, the whole time I'm trying to get pregnant, and it finally works near the end or in the middle of this

vaccination program. And I remember, I'm surrounded by experts, and we're all talking about how safe this vaccine is, and I know that it is. And I'm in it. I'm in these rooms with these decision-makers, and I should feel... Even still, I was like, will I get this vaccine? I know I should. But everyone around me is asking, who happens to know, my secret, they say, "Are you going to do it?" and I say, "I think I will." And I cannot imagine if I, if Casey Wright is asking these questions, or if Casey Wright is fearful for her family's life, until we yet know what's sort of going on with the virus. And if I'm asking myself, should I get this vaccine knowing what it's doing to pregnant women, what on earth is anyone else in this country, how are they feeling? I'm in the ultimate... And it's still, it just makes me crazy just to think what must be going through others' heads who don't have the benefits that I do of being in these rooms and having access to these experts, and knowing the truths that I know and still questioning. That it makes me nuts, in hindsight.

So I guess that's what sticks out for me most about what was keeping me, I mean, I was incredibly, it was kind of really selfish thoughts.

But I think maybe - and I think I'll close with that - is that what made me sleep soundly, when I did, was just

how we were doing everything, I think, that we could, and that's really all you can do. So when I slept soundly, that's what helped me along.

SM: Well, thank you, Casey. It's been great.

END OF INTERVIEW

Broad Themes

- Policy documents on use of pre-pandemic vaccine
- Vaccine distribution based on levels of severity
- Critical infrastructure
- Implementation
- Working group on pre-pandemic vaccine
- *Federal Register*
- After-Action Report
- Additional antiviral purchases
- Stockpiles of States
- Roles in response effort
- White House conversations
- National Security Staff
- Disaster Readiness Group (DRG)
- Margaret Chan
- Pandemic Phases - WHO versus U.S.

- Decision making - Interagency struggles
- Sub-Interagency Policy committee
- Vaccine Policy - Time taken to make decisions
- Dynamic of interagency meetings
- Decision to do vaccine campaign
- Policy and science, science and policy
- Vaccine production versus use of vaccine
- Pillar Heads - Principal players who shaped policy
- National Framework for readiness for H1N1

Follow Up

Names: None

Documents: List of Pillar heads - Casey Wright's counterparts in response efforts.