

RPTS SCOTT

DCMN HOFSTAD

COMMITTEE ON OVERSIGHT AND
GOVERNMENT REFORM,
U.S. HOUSE OF REPRESENTATIVES,
WASHINGTON, D.C.

INTERVIEW OF: CRISTINA BEATO, MD

Friday, November 2, 2007

Washington, D.C.

The interview in the above matter was held at Room B-373,
Rayburn House Office Building, commencing at 2:05 p.m.

Appearances:

For COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM:

NAOMI K. SEILER, COUNSEL

ARTHUR L. KELLERMANN, MD, MPH, HEALTH POLICY FELLOW

ASHLEY CALLEN, MINORITY COUNSEL

JENNIFER SAFAVIAN, MINORITY COUNSEL

KRISTINA M. HUSAR, MINORITY PROFESSIONAL STAFF MEMBER

For THE WITNESS:

CRISTINA BEATO, MD, DEPUTY DIRECTOR, PAN AMERICAN HEALTH
ORGANIZATION, WORLD HEALTH ORGANIZATION

Ms. Seiler. This is an interview of Dr. Cristina Beato.

Am I saying that right?

Dr. Beato. You are. That's good.

Ms. Seiler. It is being conducted by the House Committee on Oversight and Government Reform on November 2nd, 2007. This interview is part of the committee's investigation into the politicization of the Office of the U.S. Surgeon General.

Dr. Beato, could you please state your full name for the record?

Dr. Beato. Cristina Victoria Beato.

Ms. Seiler. Thank you.

Thank you for joining us today. My name is Naomi Seiler, and I'm majority counsel for the committee. Accompanying me is Dr. Art Kellermann, professional staff for the committee.

Would counsel for the minority please introduce themselves?

Ms. Safavian. Jennifer Safavian.

Ms. Callen. Ashley Callen.

Ms. Husar. Kristina Husar.

Ms. Seiler. Before beginning with the questioning, I'd like to go over some standard instructions and explanations about the interview. It will proceed as follows: I will ask you questions regarding the subject matter of our investigation. When I'm finished, minority counsel, as I mentioned, will have the opportunity to ask you questions. Additional rounds of

questioning, alternating between the majority and the minority staff, may then follow until the interview is completed.

We will make every effort not to take up any more of your time than we need to collect the information we need for the investigation. And we will also provide breaks between the rounds as necessary, so just let us know.

An official reporter will be taking down everything we say and will make a written record of the interview, so you do need to give verbal, audible answers.

Because this is not a deposition, you will not be placed under oath, but you are required to answer questions from Congress truthfully. Is there any reason you are unable to provide truthful answers to today's questions?

Dr. Beato. No.

Ms. Seiler. Do you have any questions about the ground rules?

Dr. Beato. No.

Ms. Seiler. Okay. Let's get started.

EXAMINATION

BY MS. SEILER:

Q First of all, can you please describe what roles you've had at HHS?

A I entered HHS as the Deputy Assistant Secretary for Health. Then the following year, I became Principal Deputy Assistant Secretary for Health. And then I was nominated in the

summer of '03 to be the Assistant Secretary of Health.

Q Okay.

A Then, after the new term started, I went to the FDA as special advisor to the new Commissioner, Andy von Eschenbach, until April of this year.

Q Okay. And now?

A I am doing -- I am now, currently, the deputy director of the Pan American Health Organization, World Health Organization.

Q Okay. And are you in the Public Health Service, or were you when --

A I was a Commissioned Corps officer in the United States Public Health Service from December 2nd of '01 to April when I went into the inactive reserves, so then I left the Department at that time.

Q Okay. That's April of this year?

A Of '07, correct.

Q Thank you.

[Beato Exhibit No. 1

was marked for identification.]

BY MS. SEILER:

Q As Exhibit 1, we put together, just to make the timeline easier on this conversation, a little timeline of your positions and Dr. Carmona's and Dr. Lawrence's. So please let us know if there are any errors here, but we just thought this would be

useful to have in front of us if there are any questions about timing and who was in what position.

A No, this looks accurate.

Q Okay, great. Briefly, how would you describe the core responsibilities of the ASH?

A The core responsibilities? The ASH is responsible -- first of all, the ASH has the role of being the main advisor in public health issues and science issues to the Secretary.

Secondarily, the ASH runs the Office of Public Health and Science, which includes many offices -- Office on Women's Health, Office on Minority Health, Office of Human Research Protections, Office of -- we have also the regional health advisors, of which there are 10 of them. Some of them, at the time, were Commissioned Corps officers; others were not. So that's not necessarily a Commissioned Corps component; they were mixed -- the Office of the Surgeon General.

I mean, I could just go on and on. There are several offices.

Q Okay.

A The personnel I had was a little bit over 120-something. And the budget, when I left as the ASH, was close to \$400-and-something million.

Q Okay. Great.

A And then, the ASH was also one of the key players in the Secretary's cabinet for, like, budget discussions and the liaison

with, really, the other science sectors, like NIH, CDC, FDA, ARC, a lot of our sister agencies.

Q Okay. Thank you.

Obviously, focusing on the Office of the Surgeon General here, how would you describe the core responsibilities of the Surgeon General?

A The Surgeon General is basically -- there are two -- there's a public face to him, and then there's what I call the managerial face, where he runs the day-to-day component of the Office of the Surgeon General and the Commissioned Corps.

The public face component is he's seen as America's doctor. So, in terms of dealing with public health issues that you want brought up for the Nation to focus on or solutions or awareness, I believe that that's really the best spokesperson for that kind of thing.

Q Okay. Thanks.

When you were Acting ASH, who made decisions about hiring for the SG's office?

A For the SG's office? Dr. Carmona.

Q Okay. And were there any employees who were shared?

A Yes.

Q Okay.

A I shared -- well, Secretaries went back and forth, too, but I shared specifically a speechwriter because he had two of them quit at the same time.

Q Okay.

A I had a speechwriter named Jennifer Cabe that I shared with him. It's not sharing; I assigned her to basically help draft his speeches. He also had Craig Stevens from ASPA doing speeches for him. But Craig -- Jennifer had come from NCI, and I thought she probably had a little more of a science background, but it was extremely weak.

Q Okay. Sorry, can you just say what "ASPA" stands for?

A Oh, I'm sorry. Assistant Secretary of Public Affairs.

Q Thank you.

A And then Jennifer was my employee, but I assigned her to Dr. Carmona when two of our speechwriters quit.

Q Okay. And how did supervision work if there was a shared-employee situation like that?

A Well, I'm the supervisor of that employee.

Q Okay.

A It's my employee. She is being detailed or tasked to that office.

Q Okay. Thanks.

After Dr. Carmona relinquished his role as Acting ASH, which ended in August of '03, you were appointed Acting ASH; is that correct?

A Correct.

Q When you became Acting ASH, you made Dr. Art Lawrence DASH for Operations; is that accurate? Was that a decision you

made, or was that an internal --

A No. Dr. Lawrence's title has always been, to my understanding, DASH of Operations.

Q Okay.

A When I went to Acting ASH, he then became the Acting P-DASH.

Q Okay. So this was like an automatic move?

A Yes.

Q Okay.

A He was, actually, Acting ASH during 9/11, because we didn't have an ASH at that time. I mean, he has been a longtime career person there.

Q Okay. At some point, Dr. Lawrence, as well as other staff, began to exercise a form of administrative oversight over the operations of the Office of the Surgeon General, according to the documents we have. Was this something that you arranged?

A No. The DASH for Operations has always exercised oversight over all of the offices of OPHS.

Q Okay. So, in addition to Dr. Lawrence, who else, of the people who worked for you, was involved in overseeing the operations of the Office of the Surgeon General?

A The operations? Basically, it would be Dr. Lawrence, and we -- Secretary Thompson had hired Mr. Bill Turenne to come in and help. We were, really, trying to see how we could make the Commissioned Corps really be needed and relevant after a 9/11

world.

The Commissioned Corps, for many years, has been considered, quote/unquote, "an alternative employment system in the Department." We had many officers who never even wore the uniform, who never knew protocols. I mean, it was a little distressing, in that sense. Many officers had all of the benefits of being an officer in a uniformed service, yet really knew very little about the Corps and identified more with the division or the department they were working with rather than the Corps.

And so, the transformation of the Corps had to have two things. One is value for people to keep joining and addressing what we saw as a very valuable role that the Corps could fulfill, not just in terms of emergency response and preparedness and things like that, but, really, in underserved and vulnerable communities, which has been one of my real passions. We still had a lot of slots in the Indian Health Service that were not filled. We had a lot of slots in our community health centers where I saw that it was a great opportunity for commissioned officers to really be giving back to the country.

Q So was Mr. Turenne involved in this transformation?

A Mr. Turenne was involved with Art and a lawyer -- what was his name? Steve somebody -- who was hired to do research on the whole history of the Corps and the laws of the Corps and to come up with different plans of how we could have a Corps that was more responsive and nimble.

And we had a Corps officer named Robert Knouss, who, unfortunately, has passed away from prostate cancer, but a very dedicated Corps officer, who really became the point person in the transformation. And he really was able to bring a vast area of information because he had worked out in Indian country. He had worked in international organizations. He had worked in different agencies. He had worked at headquarters. And he was somebody that lived and breathed the Corps.

Q Okay. So, just to focus in on the areas that your office -- again, specifically the Office of the Surgeon General -- conducted supervision, were you or your staff involved in the review and approval of Surgeon General travel?

A I was the last person. We had a lot of managerial problems with the Surgeon General -- a lot. It was one of the most difficult challenges I've had as a manager.

It became clear to me, within weeks of having this position, that this was not something that I was willing to devote all of my energy and time to, because that's not what I saw the role of ASH being. And I also -- I come from academia, and I feel that things done in a group are always better. I think more than two eyes are always better. So I requested, like, a little committee or group to be formed with OGC, Ethics, either the Dep. Surgeon General or the Chief of Staff, whoever was available that was close to the Surgeon General, and my immediate people from OPHS.

Q So who were they?

A At times, it could have been Dr. Lawrence. At other times, it would have been the Chief of Staff, Josephine Robinson. It could have been the head of our budget component, if people were out on travel. It could have been -- at one time, we had Hal, who was, like, the program budget officer-type person, but then he had an accident and retired. And then we hired John Jarman, who came from NIH after that. So it depended on people's schedule and travel.

I charged this committee with reviewing the travel. I was extremely concerned about the number of visits being paid to southern Arizona and southern California, to the exclusion of the rest of the Nation. And Dr. Carmona has a summer home in Coronado Del Mar, near San Diego, and has a home in Canyon Ranch, in Tucson, Arizona. And, conveniently, a lot of these travels would be over weekends. And he would travel, literally, with two or three people, when the rest of us would travel with one or naught.

If you'll recall, during those years, we were on continuing resolutions a lot. And I was extremely concerned about this travel, which I thought was questionable. As more information kept coming up, I started -- the first couple of weeks, there were groups that I would not consider to the level of a Surgeon General going in, like the Firefighter Association of Tucson City, you know, or -- you know, and then the Volunteer Firefighter Association. I mean, it was like little community hubs, to just be able to go to the region. And in the meantime, we had big

public health groups that didn't seem to be getting attention. We had other States that were not getting attention.

Dr. Carmona is of Puerto Rican descent. The issue of disparities is something that I clearly wanted to focus on, and Dr. Carmona, in my opinion, did not do justice and service in really reaching out to a lot of our minority communities. Most of the minority issues that happened were either brought up by outside components, but not because we really went and tried to get into community places, community clinics. Those kinds of things, I think that was, you know, what I wanted, at least in my opinion, people needed to see that there's a Surgeon General that cares.

Q Okay. I, actually -- sorry to cut you off -- I'll have some more detailed questions about travel, so I'll have more questions about that, but I just want to --

A But there's more than the travel. Let me tell you why I formed this committee.

Q Okay.

A I got word that the driver was going around picking up his dry cleaning, okay? I about fell out of my chair. And on my watch, I wasn't going to have anything like that happen.

When I pulled out the travel, I had a GS-7, I believe, making a triple-digits salary and overtime from Dr. Carmona. I mean, it was inexplicable to me.

At that time, I requested help in how to set up a system

where people had to write down -- and we talked about cabs. And Alex Azar was the General Counsel at that time. I went and sought his counsel on that, because I really did not feel this was appropriate at all.

Q So these were concerns both of cost and of appearance?

A Well, yes, absolutely. First of all, as to the budget, it's taxpayers' dollars. As to appearance, there is no way, I mean, there's just no way I'm going to have some driver go pick up somebody's laundry. And that's what somebody told me. I didn't even want to know the rest.

Q Okay. Thank you.

Well, again, just to go back to get the broader view of what you and your staff looked at, maybe we should just do yes/no for these, and then we'll return to them in more detail.

A I also wanted to talk to the Chief of Staff about this, Bob Wood at the time. And I know that he was written a letter -- we launched an investigation, and Dr. Carmona had to pay money back. I tried to stay away from this because Dr. Carmona was not happy that these things were going on.

Q Okay. Were you and your staff involved in review and approval of proposed Surgeon General reports and calls to action?

A No, but I did review -- I did review when they came to the review process, because the ASH does review these.

Q That is the review process that the Executive Secretary runs as a draft --

A For everything in the Department.

Q Okay.

A Everything that comes out of the Department goes through Executive Secretary. At least that's the process; it should.

Q Okay. Were you involved in the review and approval of personnel decisions within the Office of the Surgeon General?

A I just signed off. I basically allowed them to get their people and who they needed.

Q Okay. And were you involved in the review and approval of Surgeon General policies and memos involving Corps operations?

A Yes, because the ASH has the issue of policy and force management.

Q Okay. To your knowledge, had this overall level of day-to-day oversight been applied to previous Surgeons General?

A Yes.

Q Okay. Were there changes that you think were made, or was it --

A Not that I could see or tell --

Q Okay.

A -- and not that any of the career people -- I mean, I never heard from Dr. Knouss, which I highly respected, or Dr. Lawrence, who had been Corps officers, or Marlene Haffner from FDA, who was also a long-term Corps officer. I mean, none of the Corps officers ever expressed any concerns that things were any different.

Ms. Seiler. Okay. I'd like to introduce Exhibit 2.

[Beato Exhibit No. 2

was marked for identification.]

BY MS. SEILER:

Q So this is an e-mail chain from April 7, 2003. And in the middle message, you sent an e-mail to Regina Schofield -- that's the White House liaison, correct?

A Yes, that's correct.

Q -- expressing concern about behaviors on the part of Dr. Carmona.

A Yes.

Q Are those the concerns like the driver, et cetera, that you're describing now?

A No.

Q Okay.

A I mean, I had concerns about that, but those were management concerns that I thought -- actually, I found a lot of these out later when I took the reins. These are concerns I saw -- let me tell you, because that is in response to the paragraph below it. This is an e-mail Dr. Lawrence sent me. In his portfolio, he had always been working with the Office of Research Protection and Office of Human Research Protection. And basically, Dr. Lawrence is extremely well-versed in how these things ran, and we had a very capable supervisor there.

And there was an investigation going on into what is called

the ARDSNet. This was a protocol used by critical care physicians, starting in emergency rooms and then going into the ICU, where intensivists were having different sets in the ventilator systems for patients that were critically injured and unable to give consent to be put at different, what they call, volumes and PEEPs and things like that.

There had been one investigator, out of many, that expressed that the outcomes of these protocols were detrimental to patients. When you have a complaint like that, you have to act on it. Dr. Lawrence had brought that complaint forth from the supervisor of the Director of OHRP to me.

Again, my solution is to always get a group of people together that are experts in the field, because the concern that this one investigator had, who was a nephrologist, he had never actually worked in an ER or, much less, in an ICU situation. And I believe that there was input that wasn't being considered when he was making his conclusions.

So I requested that the group seek out from academia experts in pulmonary critical care, including people that are in the pulmonary -- like, they have a whole chest physicians' component. That group was created. Individuals came on board from academic schools across the United States to review protocols, to review process, to review outcomes, to do data, biostatistics. The group said they needed about 2 to 3 months to review all of this.

In the meantime, Dr. Carmona, who was Acting ASH, starts to

get involved in this because -- I don't even know how this happened, to be honest. But when you have an ongoing investigation, number one, you don't talk about it to anybody. Number two, you let the folks who need to do their review do their review and then answer you back, and then you move from there. So Dr. Carmona, apparently, was going outside of the process and the system, and that concerned Dr. Lawrence, who then sent it to me.

In the meantime, I was very concerned about these. First of all, Dr. Lawrence had been taking care of OHRP for years. You don't go around talking about things. And I was the P-DASH at the time, so that was in my portfolio to oversee all of this. You don't go -- and he was autocratic. I mean, everything I said there I believe.

Q And why did you say that you were concerned that his actions were placing the Secretary and President at great, unnecessary risk?

A Because it was very clear to me, just like the actions of the driver. I have a duty, number one, to the public health and, secondarily, to the Department I work for. And that Department is headed by the Secretary, who reports to the President of the United States. And it is my responsibility to ensure that process is followed, that people are protected, and that -- I am not here to let some person who believes in, literally, autocratic behavior to sort of go and make an embarrassment of the Secretary or the President or anyone else. I

believe that that is -- I wouldn't be doing my job.

Q Okay. Again, just as background to sort of understand all of the players here, you mentioned Mr. Turenne --

A Yes.

Q -- who was brought on by the Secretary. He was a consultant; is that correct?

A He was a consultant.

Q On contract?

A I assume so.

Q Okay. And do you have a clear sense of how his duties were defined?

A No, because he was initially hired by the Secretary's office and then came to help out on the Commissioned Corps issue. So I really was not involved in those early stages of his definition of job description or expected outcomes or anything.

Q Okay. So who would have been supervising him or evaluating his performance at that time?

A That would have been the Chief of Staff.

Q The Chief of Staff for the Secretary?

A For the Secretary.

Q Thank you. That's Bob Wood?

A It was Bob Wood at the time.

Q Okay. Thank you.

A And then after that it was Scott.

Q Sorry, Scott?

A Whitaker.

Q Thank you.

And we've been told -- and this is something that came up in documents -- that Mr. Turenne frequently told staff within your office and the Office of the Surgeon General that he had a close relationship with Secretary Thompson. Did you ever hear him make that assertion to other staff?

A Yes.

Q Okay.

So I'd like to ask a few questions about reports and calls to action. If the Surgeon General -- and I understand you said you were involved later in the process, so I'm asking just to the extent you were sort of aware of what was going on, you know, in the offices below you.

A There were two reports that came to my desk that I called people back on. One was the osteoporosis report, because when I reviewed the final draft of that report that Noonan gave me at the time, who was responsible for the Surgeon General reports, the whole issue of aging seemed very weak to me. So I wanted the NIH Institute of Aging to have a better opportunity to review this.

Q Okay.

A So, osteoporosis I pulled back until NIH Aging had a chance to give feedback. And I believe that the report was much better as a result of that.

Q Okay.

A The second report that I pulled back was actually one that CDC had been really leading on. And a dear friend of mine, Jonathan Samet out at Hopkins, was like the lead consultant person. And Dr. Samet is probably one of the -- not just one of the best pulmonologists but also one of the best public health folks around.

Q This is the smoking report?

A This is the smoking report.

Q Okay.

A And when that report was presented to me, it was an incredibly rich report and very well done, but, in terms of communications, I saw that report as being a missed opportunity. It is at that time that I requested, how can we make this report be usable, like, in schools? And that's where the idea came from of making these into CD-ROMs.

Because if you look at Surgeon General reports, very few people actually read these Surgeon General reports that are outside the box of public health. And if you have a report that is as rich and as good as this one, the main theme is to try to get it out, really, into the public arena.

Q May I ask, was this the time at which you had pulled back that report? This is Exhibit 3, the e-mail from January 29, 2004.

[Beato Exhibit No. 3

was marked for identification.]

Dr. Beato. I don't remember if this is the same time or not. But I know I pulled it out because it had the communications part I did not like.

BY MS. SEILER:

Q Okay. What was the outcome of that?

A Oh, they made a CD-ROM on it. They made a -- and there's a synopsis that went to schools. It is, actually, the beginning of the Surgeon General reports being created into synopses and small CD-ROMs of things like that.

Q And how much did that -- because I know there has been some discussion of, you know, how long this report took to come out and why it took several years. Do you know how much delay --

A No, I don't.

Q -- that it had at that point?

A Oh, this, what we did here? Not more than a couple months.

Q Okay.

A No more than that.

Q Okay.

A Because there were communications issues, basically.

Ms. Seiler. Okay.

I would like to introduce Exhibit 4. This is an e-mail chain from October 3, 2003.

[Beato Exhibit No. 4

was marked for identification.]

Dr. Beato. Okay. This is Dr. Moritsugu.

BY MS. SEILER:

Q He was the Deputy Surgeon General?

A Yes. He has been for many, many years.

Q So, in this e-mail, you wrote, "I have checked with the sixth floor the question posed to me this morning on announcement on a Call to Action on Correctional Health for a speech the Surgeon General is giving on Monday the 6th. That call to action topic has NOT been approved by the sixth floor, so it may not be used in any public forum."

Can you explain what you meant by the "sixth floor"?

A The Executive Secretary had not sent this out. The Executive Secretary sits on the sixth floor.

Q Okay.

A So this had not gone out as reviewed, cleared or anything. I did not even know that it existed.

Ms. Seiler. Okay. So I'd like to introduce Exhibit 5.

[Beato Exhibit No. 5

was marked for identification.]

BY MS. SEILER:

Q So this is a response from Dr. Carmona later that night. And he wrote that he had received your message, and he said, "As I explained to staff, the correctional call to action concept had previously been approved by the Secretary and Bob Wood as well as

Domestic Policy at the White House. However, this was last year." He goes on to say that his office will stand down until they get further direction.

Did the Secretary and the Domestic Policy Office typically have to approve report subjects?

A Not to my knowledge did Domestic Policy at the White House, but -- and I never saw the Secretary sign off on anything. But I know that eventually, after I signed off, it would go to the Chief of Staff for his knowledge at least.

Q Okay.

A As to everything, I know the process is that it goes through the Executive Secretary.

Q But as far as the initial concept. In other words --

A No. No.

Q -- if the Surgeon General says, "I want to do a report on --"

A I find this very strange, because a lot of ideas come from the agencies or they come from us within the Department as we try to plot policy components.

So, first of all, as to the fact that the Secretary and Bob Wood supposedly did this and I didn't know about it, I thought that was interesting; as well as Domestic Policy at the White House, I thought that was interesting too.

Q Okay. Did you have any involvement in the development of the Call to Action on Global Health?

A No.

Q Okay. And other than the e-mail exchange we just went through, did you have any involvement in the Call to Action on Correctional Health?

A No.

Q Okay.

Shifting back to travel, you started to describe for us the group you put together and asked to look at the Surgeon General's travel. Can you tell us what criteria you asked them to apply in looking at specific travel requests?

A Number one, I wanted them to address public health issues that were significant, specifically the issue of childhood obesity and disparities among minorities. The issue of preparedness at the very beginning was also quite critical.

Number two, that travel not coincide with private residences. There had to be clear justification of a group that really had a public health mission and a public health outreach.

And number three, it had to live within our budget. It had to be appropriate and live within our budget.

Q And you mentioned that Dr. Lawrence was involved in this process and also --

A On and off, remember, when he would take the position or not. Because then once I got my Chief of Staff, I put Josephine in charge.

Q That's Josephine Robinson?

A That is correct.

Q And Mr. Turenne?

A No, I never put him in -- he was not in my line. He was not an employee. He was a consultant. So he never had an official role, or I never had him in the line of anything.

Q Okay.

When Dr. Carmona became the Surgeon General, was he or his staff presented with a clear protocol on what travel could and could not be taken?

A I was, so I assumed he was. I was not the ASH at that time, so I assumed he was.

Q What were you provided with?

A I was provided -- we all went through the ethics course. We went through several persons. And as a PAS nominee, there were extensive issues on travel -- what was appropriate and what was not appropriate -- that White House Counsel went over.

Q And that was at what point?

A Well, that was when I had it, so I assumed it happened when he was a PAS person too.

Q Okay. So you don't know directly?

A No.

Ms. Seiler. Okay. I'd like to introduce Exhibit 6.

[Beato Exhibit No. 6

was marked for identification.]

BY MS. SEILER:

Q So these are e-mails among Dr. Lawrence, Mr. Turenne, Alex Azar, Regina Schofield and Andrew Knapp.

Regina Schofield, as mentioned, was White House liaison; is that correct?

A That's correct.

Q Was it typical for her to be consulted on Surgeon General travel issues?

A No.

Q Okay. In the top e-mail, Mr. Turenne tells the other recipients in the first paragraph that he was asked about this travel by Migliaccio. Can you identify him?

A Jim Migliaccio was one of our officers. He has since retired. He was in the Office of the Surgeon General, functioned as the Surgeon General's Chief of Staff. He was a very, very excellent officer. Then he went to be in charge of the INS Component for Migrant Health.

Q But at this point, he was in the Office of the Surgeon General?

A He was in the Office of the Surgeon General.

Q Okay. So Mr. Turenne writes, when he was asked about this trip by Mr. Migliaccio and Dr. Moritsugu, "I told them no way, but he can go to the moon on his own time."

Was Mr. Turenne authorized to say "no way" in response to a trip proposal?

A You know, I think by his insertion there -- I mean, he

doesn't have the authority. He can certainly give an opinion, but he did not have the authority.

Q Okay.

A He was still a consultant during this whole time. The authority would have come -- at this time, I was the P-DASH. I wasn't even included in this. The authority here would have come from Art, who was obviously the person in charge, at this point, of the travel.

Q Okay.

A The only people that can say yea or nay when there are questions like this is Alex, who was the General Counsel, and Scott, who would have been the Chief of Staff for the Secretary.

Q Okay.

A But I'll tell you something. I was not included in this e-mail, but this was a continuous event. This is before I assumed the ASH position, but I was already privy to a lot of what was going on as the P-DASH.

It was extremely difficult to create a budget and to get people out when at the last -- this is something else that happened frequently. He would be out on a trip, and all of a sudden change trips. So there was no approval process done. We couldn't get the best rates. Typically, he wanted to take two or three people with him, as if money were just going to grow on trees. It was extremely distressing, from a management perspective, to handle this.

Ms. Seiler. Okay. Still on the topic of travel, I'd like to introduce Exhibit 7.

[Beato Exhibit No. 7
was marked for identification.]

BY MS. SEILER:

Q This is an e-mail chain from February 1st of 2006. So this was an invitation that was sent from the executive director of the National Fraternal Order of Police to Sara Taylor, White House Staff, although it's at a non-White House e-mail address, and another -- it looks like someone else at the same staff, requesting Dr. Carmona's participation. Then Sara Taylor responds, "We'll do."

A colleague there, I guess, sent it to someone at HHS, asking if the Surgeon General could do this event. It was sent to Dr. Carmona and then, ultimately, sent to him again in this very top message, saying, "Can you do this event on February 11th in Nashville? Very big push from White House."

Were speaking invitations frequently passed along from the White House?

A Not that I'm aware of. I was never included in this either, and he certainly didn't complain to me about this either.

Q Okay. If invitations were sent along from the White House, is it likely that they would have been accepted or just --

A It depends on the invitation. I don't know. It depends

on the invitation. If you have a nurse -- the AMA coming to the White House, I would like to know what the subject is, but I wish they'd come to the Department first.

Q Okay. Exhibit 8 --

A Again, I'm not included in these.

Q Okay. If you feel you can't comment on the --

A No, I can't respond. You're asking me to comment on something I'm not included on.

Q That's fine. You're saying that you can't --

A No.

Q -- speak to the process, so we'll skip that.

Ms. Safavian. You're saying you can't speak to the process because, at that time, you were not even involved in the process?

Dr. Beato. I wasn't. This is after I'd left that position.

BY MS. SEILER:

Q Okay. Wait. Can you clarify what you mean by that, when you say you'd left that position?

A It should have been John at that time, right?

Q Okay. In February '06?

A Yeah.

Q Okay. Thank you for that clarification.

[Beato Exhibit No. 9

was marked for identification.]

BY MS. SEILER:

Q So, going back, then, to that time period when you were,

I believe, in that position, this is an e-mail from July 14, 2003.

A I still wasn't ASH then. This was still Rich.

Q So, as P-DASH, you were not involved in the travel process at that time?

A I wasn't, especially with the budget. I mean, I didn't even get included in these e-mails.

Hang on. Let me read this and see. Let me start at the first e-mail.

Okay.

Q So, on these next exhibits, I'm asking you questions with the understanding that you were not the writer or the recipient of these e-mails. I'm simply asking your opinion of them, from your perspective of the job you had at that point.

This is an e-mail exchange between Mr. Turenne and Dr. Moritsugu. Mr. Turenne discussed a number of factors involved in assessing the Surgeon General's travel.

On the second page at the top, you can see that Mr. Turenne wrote, "To my mind, the questions are much simpler. How does it fit with the President's and Secretary's agenda? What value does the administration gain? What result is better?"

Were you, at this point, aware that Mr. Turenne was looking at travel through those questions?

A I know Ed Sontag was the Assistant Secretary for Management, and I know that the Secretary had him working with Ed too. I can tell you that the reason this travel was flagged is

because it's Houston and then going back to San Diego again. Had this not been an issue of southern California, this travel would probably not have been flagged.

Q Okay. So, in the e-mail below that, which Dr. Moritsugu initially sent to Mr. Turenne, Dr. Moritsugu wrote, "Bill: You had requested OSG to provide you a best-case analysis of options regarding the SG's potential attendance" at the event under consideration here.

So Mr. Turenne was, in some cases, involved in the travel process, apparently, if he was asking for an analysis here of this travel and then was giving his opinion back to Dr. Moritsugu.

A It appears that way based on this e-mail, but I don't know if it's an issue that he's gathering information for the decisionmakers or --

Q Okay.

A I mean, he did not have the decisional authority.

Q Okay.

A He may have decisional analysis. I mean, I used him for that too. He'd find things out for me or go do research on something. But that does not mean -- I mean, I had the decisional analysis on some of these things, and I'm not even copied on this.

But I can tell you that when Sontag was involved in this that it went to the top. It bypassed everything because of the California trip, San Diego. Every time that pops out, or southern Arizona, these trips would be very, very much scrutinized.

Ms. Seiler. This is Exhibit 9.

[Beato Exhibit No. 9
was marked for identification.]

BY MS. SEILER:

Q This is an e-mail exchange, first involving an e-mail that Mr. Turenne wrote to White House Liaison Regina Schofield on April 14th of 2003 -- which I understand, at that point, you were not ASH.

He wrote, "He needs to be the SG with specific speeches, to specific audiences, on specific topics addressing the Secretary's and the President's agenda, which will become more political as the re-elect gets under way."

Again, I'm not asking you a specific question about this one because I understand that you were not ASH at that point.

Exhibit 10.

[Beato Exhibit No. 10
was marked for identification.]

Dr. Beato. So is this e-mail -- I mean, do I do anything with this? I'm confused.

Ms. Seiler. We'll collect them back at the end.

Dr. Beato. Is there a question on it?

Ms. Seiler. I'm going to talk about the next exhibit and then ask you a question about both together.

BY MS. SEILER:

Q It's Exhibit 10.

A Warn me. I'm getting confused.

Q Sorry about that.

A So this is September of '02 --

Q Right.

A -- when I was not even here.

Q You weren't?

A No. Oh, yeah, I was. I came on in December of '01.

Okay, I'm here.

Q Okay.

A Where am I? All these years, where am I? Yeah, I'm here. Don't confuse me.

All right, what am I reading here?

Q This is a long e-mail. Tell me if you want time to read the whole thing.

A Yeah, I need to read this, because I don't know what this is about. I haven't seen this either. So where does it start, and where does it end?

Q It's essentially --

A Who's Veronica Stephens?

Q So this is how we have interpreted the way this e-mail blocks out. Mr. Turenne forwarded --

Dr. Kellermann. A title for Veronica Stephens is on the second page.

Dr. Beato. Where are you?

Dr. Kellermann. On page 48, there's at least a job title

listed under Captain Stephens.

Dr. Beato. Oh, this is Planning and Emergency -- okay. This is Jerry Hauer's group.

BY MS. SEILER:

Q Right. This is within an e-mail forwarded -- if you look up at the very top, Mr. Turenne forwarded to Art Lawrence an e-mail that he, Mr. Turenne, had sent to Regina Schofield.

A Wait a second. Wait a second.

Q This is not at the very beginning.

A Okay. Now --

Q Sorry. This is a tricky one.

A Who's sending -- okay. Tell me again what you're saying here.

Q So Mr. Turenne forwarded to Dr. Lawrence --

A Okay. 3:56 p.m. on 9/24. This is 9/25 at 11:06. So Regina got it after Dr. Lawrence.

Q Correct, the forwarded one.

A Okay.

Q These are kind of internal to Mr. Turenne's e-mail to Regina Schofield.

A Okay.

Q So the whole thing is an e-mail, essentially, from Mr. Turenne to Regina Schofield, and he pasted in the e-mails that you see on the top of the second page.

A Okay. It seems this, Veronica Stephens, went to Art, as

I see this.

Q Yes.

A Art sent it to Turenne.

Q Yes.

A Turenne sent it to Regina. Is that correct?

Q Yes, along with his commentary.

A Okay. All right. So now, what am I supposed to do, read this and then say something?

Q Well --

A I mean, I'm not even in this group here.

Q I understand that. What I'd like to point you to is the bottom of the second page.

A The bottom of -- so where it says "48"?

Q Where it says "Recommendations."

A Okay. Who is recommending this?

Q The way we stipulated this is that this is Mr. Turenne continuing his commentary to Regina Schofield.

A Wait a second. Oh, I see. How does he do this?

Q We're not sure.

A Okay. All right. So you want me to read -- okay. Let me read what this is about --

Q Sure.

A -- because things can get -- unless you know the whole thing -- I'd like to know all the facts before I make a comment to you.

Q Sure.

A All right. The first person is, let me see, Ms. Stephens, what does she write?

All right. So she is concerned about her issues. What is going on?

Okay.

Q Okay. Thank you for reading through all that.

My question is, again, with the awareness that you were not the writer or the recipient of these e-mails, nor were you ASH at the time, my question is:

If you'll look at Page 3 -- that's the third page, Page 49 -- at the bottom where Mr. Turenne is listing what he thinks the Surgeon General should be doing, A, he talks about strengthening the public health infrastructure; B, health prevention -- these both seem like very uncontroversial public health issues, at least in broad terms uncontroversial -- C, Mr. Turenne lists defending the President's position on stem cell research and the President's position on the smallpox vaccine.

Without even getting into the details of the latter, stem cell research and the President's position on it were certainly a much more controversial area.

In your opinion, is it the role of the Surgeon General to defend the President's position on controversial issues like that?

A I think the Surgeon General's role is to defend public health, period.

The stem cell research was never in his portfolio. And, to my knowledge, that was Dr. Zerhouni at all times. So I have no idea. Mr. Turenne, obviously, was not aware of that. But the person in charge of stem cell research advice given to the President -- and he's been very honest about it. He does not agree, currently, with the President's position. And I don't even understand why that's there.

The issue of smallpox was very relevant at that time. That's when we were trying to get people vaccinated. And, you know, this is something that the Secretary and the President put a high emphasis on. You know, Dr. Carmona did work for the President. He's a presidential appointee person. So when there's a big public health issue like the smallpox vaccine, I think it's really appropriate what that says about that.

But the stem cell research, that was never on his portfolio. That was Dr. Zerhouni.

Q Okay. But aside from the question of whether specific issues are in someone's portfolio, if the Surgeon General is asked to speak on a topic where he or she disagrees with the President, do you think the Surgeon General should be able to say no or to express his or her opinion, as opposed to the President's?

A The Surgeon General should express what the science draws out and his opinion based on public health. Absolutely, that is what the Surgeon General needs to do.

Q Okay. Thank you.

When travel --

A So what does that have to do with this one? Because I still have this one handy.

Q Oh. Well, we can go back and draw that in. If you look back at Exhibit 9 --

A Nine. This is 9?

Q Yes.

A Ah, I don't know.

Q On the second page --

A Okay.

Q And, again, this was Mr. Turenne who was writing to the White House liaison, Regina Schofield. Mr. Turenne wrote, "He needs to be the Surgeon General with specific speeches, to specific audiences, on specific topics addressing the Secretary's and the President's agenda, which will become more political as the re-elect gets under way."

So my question there would be whether you agree that it's the role of the Surgeon General to support a political agenda, as opposed to a public health agenda, of the President's.

A No. The public health agenda. But I don't know what Bill is thinking or not. But I do agree with the part that says "specific speeches, to specific audiences." Because, when I was Acting ASH, I got complaints from a lot of academic people and from the AAMC that the speeches that Dr. Carmona was giving were not for the levels of clinicians or scientists or public health

nurses or debators.

I cannot tell you how many times -- and I don't mean to be flippant about this -- that people would tell me, "I am sick and tired of hearing about his abuelita." You know, and I found that a little offensive, being Hispanic. But, I mean, over and over, I kept hearing the same thing, which comes back to my dismay of not having good public health speechwriters.

And for him -- you know, I wrote most of my own speeches, because we lacked that capacity, unless you were going to the agency, but they had their own stuff. I did seek a lot of counsel from the speechwriters at NIH and CDC, so when they have comparative things.

But I firmly believe that specific speeches ought to be delivered to specific audiences. And the lay population, you know, they can relate to the Surgeon General and his family circumstances and motivate young kids. But you cannot insult the intelligence of other people by that kind of thing.

Ms. Seiler. Okay.

My last question for this round is with Exhibit 11.

[Beato Exhibit No. 11

was marked for identification.]

Dr. Beato. Again, am I on this? You keep giving me stuff that I'm not on.

BY MS. SEILER:

Q Well, you were Acting ASH at the time.

A Okay. So then I should be seeing something, hopefully. That doesn't mean I saw it, though. Okay.

Q No. That's fine. And I don't have questions about the substance of the talk, but you're welcome to look at it if you want to.

A Who is he talking to here? Task force? Okay. Task force. Okay.

I was shielded from this, by the way, because I was a nominee at the time, and they wanted me out of this one.

Q Okay. Out of this specific topic?

A This topic and the tobacco topic, the litigation from Justice.

Q Right.

A I was completely told by General Counsel to stay away from those.

Q Okay. Well, that's fine. My question here is more general.

In this case, Mr. Turenne was sent a talk the Surgeon General was going to give and made edits and asked that those edits go back into the clearance system.

Was Mr. Turenne routinely involved in editing speeches or statements that Dr. Carmona would make?

A Not to my knowledge.

Q So, if he was doing this, under whose authority would he have been doing this?

A I could not answer that. I don't know.

Q But you said that he was not in the official line of approval for anything.

A No, he was not in the official line. I mean, these edits, they would have to go through someone who is official. They'd have to go through Dr. Lawrence. They'd have to go through Dr. Ken Moritsugu. They'd have to go through someone who's official.

Q Can you please just tell me who would be -- you were listing a couple people, but who was routinely involved in reviewing the contents of speeches?

A The speechwriter, too -- it should have been Jennifer Cabe -- who usually was the architect of most speeches. On occasion, it would have been Christina Pearson. Was she here at that time, April? I think she was still there.

Q Okay.

A I mean, I don't know the time frame, because people came and went.

Q That's fine.

As far as approving the content, in other words, once something was drafted, who had to approve it?

A The final approval of this would have been the Surgeon General himself.

Q Okay.

A Finally, the person -- it's just like when I got

speeches. If there was something in there I didn't like, I didn't say it or I deleted it. The final approval would come from the Surgeon General himself.

Q Just to make sure we're clear, to the extent Mr. Turenne was involved, it was informal?

A It was informal.

Q It wasn't under a clear line of authority?

A No.

Ms. Seiler. Okay. Thank you.

We're good for this round.

Ms. Safavian. Okay. Do you need to take a break or anything?

Dr. Beato. No.

EXAMINATION

BY MS. CALLEN:

Q Dr. Beato, I want to thank you for being here. We'll try not to take up a lot of your time.

I'm Ashley Callen. I just want to ask you sort of a broad, general question.

It has been alleged by our colleagues in the majority that the administration -- the White House or perhaps the Secretary or others -- sort of hushed up Dr. Carmona's message, or attempted to.

But it appears to us, from what we've been hearing from various witnesses, that Dr. Carmona had his own sort of

independent agenda, if you will, and, to use your words, was perhaps autocratic, impulsive, nonobjective. That's from Exhibit 2 that we talked about earlier. And maybe that contributed to his voice being weakened rather than speaking with the strength of the full administration.

Would you comment on that at all?

A If I understand you correctly, I hear two things in your question. One is allegations about experiences within the administration.

I believe that my position is supervising the Surgeon General and is also being a political appointee. And I, first and foremost, consider myself a physician and a scientist. I was never, ever, in any way, shape or form told not to say anything, told not to review anything or to comment about anything. It is totally untrue if Dr. Carmona claims that that happened, at least when I was around. He never mentioned any event like that to me. That's the first thing.

The second thing is we had a very ambitious agenda, and I specifically wanted to work on the issues of disparities. Dr. Carmona is not a team player. Dr. Carmona, within 6 or 8 months, had burned bridges everywhere, and he did not have comradery within the Department or within other departments.

He did talk a lot about being a four-star. He did talk a lot about the sister services. He did talk a lot about his men, his mission, his war. He was the Surgeon General of the world; he

told me that once. I said, "No, Rich. You're the Surgeon General of the United States Public Health Service."

He would go around telling people that he would be -- and people would call me and complain about this -- that he would be, quote/unquote, talking to people and would say, "Well, I went running with the President." That happened, like, maybe the first week when they nominated him. And this was in years 2 and 3 of the administration, and he's still telling people that, that he's having breakfast with the President.

It got to the point where it was embarrassing. I told him not to mention the President, period, because I thought it was something very destructive and inappropriate. But if you look and listen to many speeches that Rich gave, he would insert things about the President -- about going running with the President, about things that were totally, in my opinion, inappropriate, have nothing to do with the agenda or with the Office of the Surgeon General, period.

Dr. Carmona was very, very brilliant, and he worked very hard. Dr. Carmona also had a very difficult time having a female Hispanic supervisor. He and I, behind closed doors, clashed frequently. I would never do this in public, but he insulted me. He tried to belittle me. I experienced sexism from him. He was an extremely angry person. And he would walk out the door and put on a smile. I have never seen such dysfunctionality in my life.

I was the Chief Medical Officer in a large academic center,

and I have dealt with difficult personalities -- chairs of neurosurgery, chairs of surgery -- but never have I dealt with anyone who was a liar as much as Dr. Carmona was. He would tell me things about a trip that turned out not to be true. He would tell me things about officers that turned out not to be true.

I would get phone calls from the Commissioned Officers Association asking me about something we had just discussed as a thought for a policy that they already knew about. And he was the only person in the room, besides Lawrence and the Chief of Staff or somebody. And I'm thinking, how does the COA know about this when it's not even -- I mean, was always inciting and fomenting division among people.

I had an extremely difficult time. And I have kept my mouth shut for years, because, first and foremost, I'm a physician, and I believe my professionalism will not allow that. But Dr. Carmona is manipulative, and he's a liar.

And I am very, very sad that he did not take the opportunity to really address the incredible public health issues that we have in this country. And he was too busy worrying about his travel, about his uniform, about his stars, about his army and about his power. And, personally, I find that extremely offensive.

And he was a nightmare to manage. And when people lie, like he lies, it is very difficult to have a team, and he is not a team player. And he made my life miserable. And, you know, I had to go out and smile. And I will never in public say anything

negative about him, because it is -- you know, I believe there are serious issues here.

Q Are you aware of the hearing that this committee held and that he was a witness of the allegations that he made?

A I was called after that because The New York Times called me to comment on this, you know, politicization. And I was stunned. I was stunned, because when he departed, he told all the Commissioned -- he never, ever once complained to me -- and God knows he complained about everything to me -- he never once complained to me about being muzzled or whatever. He never once said anything about anybody saying anything to him.

Q Are you aware that he complained to anyone else about that?

A No. Trust me. I would have heard.

The other issue -- and I am like -- I get a phone call from The New York Times, and I'm like, "I don't know what you're talking about. I'm sorry." "Well, he claims this, he claims that." I said, "Look, he's a hard worker. He worked very hard as the Surgeon General." I tried to focus on the positives, but I will not go down the road with anybody in public about this.

I have never dealt with somebody who lies as much as Dr. Carmona and thinks only of himself. He is a narcissist to no end. And he has problems with women, serious problems with women. And he could not stand the fact that I was going to be ASH. He tried to undermine my nomination several times, both on the Hill

here -- because I know my Senator that sponsored me -- as well as in the White House. He'd try to go in -- and people would tell me this, you know. It was totally unprofessional, totally unprofessional.

And at the end, he could have been -- he had a gift. He had a gift to speak. He had a gift to bond to people. And he wasted that gift when we needed to improve so many things in our Nation. He wasted it. And that I find -- I feel like I failed in some way, because I could not channel this man to focus on the important things that I thought were important.

It was a living nightmare. It was a living nightmare.

Q I just want to go back really quick to -- thank you for that -- to Exhibit 7 that my colleague showed you earlier, the e-mail from the White House, or from --

A Oh. Getting back to your thing, yes, I did see the speech, because I was talking about the reporter.

Q This is talking about the invitation.

A No. Let me answer your question, because that man was under oath in front of the Congress, and he lied. He lied to all you people in Congress, and he lied in front of everybody. When I went back and played that tape, he lied in what he said.

Nobody ever instructed him, to my knowledge -- and God knows I was there a lot -- to say the President's name three times on one page or that travel was -- the travel was because he was unethical and he cheated and he tried to take our money as

taxpayers to go to his little San Diego -- whatever -- Coronado Del Mar home that he bought, a multimillion-dollar home, after suing Maricopa County, too, by the way. I mean, it's not good.

EXAMINATION

BY MS. SAFAVIAN:

Q Doctor, just to be clear, I know you said that, to your knowledge -- and you said he lied before our committee, which, obviously, we'd take very seriously if any witness did do that. But to your knowledge, you don't know if anyone told him the comments that he mentioned at the hearing?

A After 4 years? Those comments after 4 years? The stem cell research, that would have never been in his portfolio. I would have been asked before him. That would have never been in his -- this is Elias Zerhouni.

Q But was that something he wanted in his portfolio?

A He wanted it in his portfolio, and he was specifically told it is Elias Zerhouni. He wanted that in his portfolio.

Q And so, did he keep trying to insert himself in that process?

A I don't -- I cannot answer that. I don't know. I don't know that. But I do know that he wanted that, because he kept telling me, you know, "I'm insignificant, I'm insignificant." I go, "What are you talking about?" And that's when stem cell was an issue. Once stem cell wasn't an issue, then he didn't care about it.

It was whatever the issue was in the limelight. Katrina was another one. Katrina -- he wanted to be right in the limelight of Katrina. I mean -- and it depends on what was occurring at the time, based on my observations. I don't think it's so much the subject matter as the issue of being in front of the camera or in front of -- you know, being the person in charge.

I cannot tell you how many times he would talk about command and control, command and control. The Office of the Surgeon General is not command and control. We are public health officials. And he goes around telling people command and control, command and control, command and control.

I'm sitting there, "Rich, this is not the Army. This is not the Navy. We are the United States Public Health Service. We don't talk about 'command and control.'" I mean, yes, we talk about discipline. Yes, we talk about officership. Yes, we talk about being a Commissioned Corps officer, but we don't talk about command and control. His whole focus is command and control.

BY MS. CALLEN:

Q I just want to go back really quick to Exhibit 7, where Jamie Burke, who was the White House liaison, was discussing an invitation to the Surgeon General to speak to the Fraternal Order of Police in Nashville, Tennessee.

And I know you weren't involved in this, but generally, did the White House just make suggestions for events that, in your capacity or in the Surgeon General's capacity, you could attend?

They weren't directing you to attend events. Is that correct?

A I was never directed to attend any event.

Q And you could always say no if it wasn't within your mission, correct?

A Absolutely.

Q Okay.

Is there anything else you want to add to the record? We're finished with our, sort of, specific comments.

A Well, I just wanted this committee to know that the Office of the Surgeon General, I believe, is a critical office just like the Office of Minority Health and all of our other offices. I am very distressed that this is happening and that the Surgeon General's Office is becoming this spotlight thing and being -- I think it's being politicized now as a result of all of this.

There are many good, incredible officers working there. There are people who have dedicated their lives to public health. There are people who work hours that most people I know would never do. And I come from academia, and we work a lot of hours. And I know that this is concerning officers that are rank-and-file in our communities, in IHS and places.

One of the reasons why I never, ever said anything negative in public about Dr. Carmona or showed any animosity is because I respect these officers so much, and I don't think it's good to have division of any type. But I did hear from the other end that

he would, at every occasion, say how horrible I was, how incompetent I was, how I cheat and lie, on and on and on.

It took a lot of discipline to keep my mouth shut, but I have a lot of respect for the Public Health Service. They do an incredible service to our country. I see incredible opportunities to expand it and really reach our vulnerable populations, our rural populations and our minority populations.

It would be an incredible shame if there weren't progress made in this transformation -- which, by the way, Dr. Knouss, I believe, carried on his shoulders 90 percent of the time. And there is also an event that Doctor -- and I'm surprised you haven't asked me about this -- but we had an agreement when we divided, on paper -- because it was getting so difficult to manage Dr. Carmona, to remind him of what his day-to-day activities were and not get into the force management issue and the transformation policy issues -- that we drew up in front of Alex Azar as the General Counsel. And Bob Knouss was there. And there are copies of that floating around; I know that. I don't have it, but there are copies of that, that he signed his name on to and, within a week, he already had defaulted on.

RPTS MERCHANT

DCMN MAYER.

Ms. Husar. So all that didn't do any good.

Dr. Beato. I don't know. It is there; you can ask either --

Ms. Husar. What would the time line be?

Dr. Beato. Oh, God, it would be the transformation thing.

It would have been during this whole time line.

Ms. Safavian. And it would be the duties and responsibilities of the Surgeon General's Office and ASH?

Dr. Beato. Yes. And how we broke up -- who would -- like I had OCFM, he had OCCO, what we expected OCCO. And you can be free to ask Bob Williams and Ken Moritsugu and ask Larry Furman and Denise how many times I brought Denise and Larry into my office to try to get them to work together.

Larry Furman, at the time, was head of OCFM and Denise was head of OCCO, Denise Canton; and the dysfunctionality within the Surgeon General's Office was such that people's paper work wasn't get done; and the two individuals had to work closely hand in hand.

Dr. Carmona did his best to create friction between these two people saying, you know, OCFM is just ASH's and you belong to me. Nonsense. I literally pulled these people together to form a plan of action, a strategic plan, a project management with deliverables. And Dr. Carmona, you know, that's not what I want.

And I said, Well, Rich, we need to at least get people's

orders out. We need to at least try to get people into the corps. It was very difficult for people that were trying to manage issues of the corps, very difficult. And you can ask him: At least once a month for 6 months I brought in Larry Furman and Denise Canton together to try to move in a management perspective to move the agenda forward.

Ms. Safavian. Thank you.

Ms. Seiler. So we have another round, another set of questions. Would you like to take a break?

Dr. Beato. No, I would rather just get it done.

Ms. Seiler. I would like to introduce Exhibit 12.

[Beato Exhibit No. 12

Was marked for identification.]

Dr. Beato. Okay.

BY MS. SEILER:

Q So in this e-mail Dr. Lawrence wrote to you, Mr. Turenne and Ms. Robinson, as we read it, this suggests that there was some lack of clarity as to who was supervising the speech writer, Jennifer Cabe, at that point. Is that accurate?

A I don't believe there's -- well, this is what -- we switch. I hired Christina Pearson. And Christina Pearson then went downstairs to ASPA, the Assistant Secretary of Public Affairs. Then Tracy was in ASPA, and her portfolio was prevention; and one of the things I really wanted to focus on was prevention and the obesity, because really when you talked about

prevention, obesity was the big one behind that. And Tracy was like the person in charge of that from a communications perspective and outreach to groups and had a very good relationship with the Diabetes Association and things like that.

So Christina Pearson went downstairs and Tracy came up. I do not remember exactly the time, but I know it was in '04. Jennifer was my employee. Like I told you before, she's not a public health speech writer. I thought she was going to be better. She was a temporary employee from NCI; she came from NCI, the National Cancer Institute, and Tracy was the head person. She should have been supervising Jennifer and Craig Stevens and Jerome, and we had another gal. What was her name? I had two of them there, but I don't remember the other gal's name.

Q But it is fair to say from this e-mail that there was a lack of clarity as to what was going on?

A No, I don't think so. I don't think -- look, I told Jennifer very clearly that I was detailing her to the Surgeon General to help him with speeches because one gal had gone out and the other one had quit. There was no lack -- I speak very clearly. If she's confused, that's her issue.

Q Okay. But Mr. -- excuse me, Dr. Lawrence in his question is Tracy supervising Jennifer or someone else or no one?

A No, Tracy is supervising Jennifer.

Q So he was unsure at that point. But you're saying the situation should have been clear?

A I don't know if that's the case or he's being sarcastic. I don't know. I wasn't there. But I can tell you what I did and what I said, which is, She is my employee.

Q At one point members of your staff were targets of a formal complaint from Ms. Cabe, is that correct?

A Yes. Ms. Cabe filed a formal complaint against OPHS, specifically Mr. Turenne and Dr. Lawrence.

Q And what was her complaint?

A Her complaint was she felt -- the best I could figure out is, she felt threatened by Mr. Turenne.

Q Okay.

A And there was a -- there were two parts to this because -- and you have to understand, Jennifer is a very sweet person, but she's not very strong in the sense of she's easily -- she always had a lot of physical complaints and problems. She missed work a lot. She just didn't seem like a real strong person. And so I don't know if her perception of people may be different.

Mr. Turenne, I don't know if you've met him or not, but he is fairly a big man, a lot of white hair, a typical Italian-type-descent person. He's very -- he speaks a lot with his hands and he's very animated and emotional. He's not like your Nordic -- he's not like you, your Nordic type; he's a very emotional-type individual.

And I did see on occasions where Mr. Turenne starts just talking and talking, and, yeah, if you're this kind of small

person, I could see where that's threatening.

Q Okay.

A Now, I was not there when the event happened. I was on travel somewhere. When I came back, to the best of my ability, I believe there was an overreaction on the part of Art and -- Dr. Lawrence and Mr. Turenne because Jennifer had -- if I was not there to authorize travel, Tracy was not there to authorize ASPA. Because this is a joint thing, ASPA, since communication has to be looped in with the whole department.

And Kevin Keane, who was the Secretary of ASPA, had approved this travel for her to go onto. But again, it's the Houston -- I don't know if it's Houston, San Diego. And many people, including myself, felt that sometimes the Surgeon General took too many people on travel when our budget really has to be measured.

And one of the issues was, why do we need Craig Stevens, who was the public affairs person for the Surgeon General, and Jennifer going and then the person that went with the Surgeon General, because he always had an aide go with him to all places. And that was the concern I heard from Art and Turenne.

Q But her travel had been approved?

A Her travel had been approved.

Q Okay.

A Now, there was an encounter where they asked her, why are you going, because she apparently had family in Houston or something. I wasn't there. This is all hearsay.

When I come back, there's this big blow-up of -- Jennifer is upset, she feels like she's threatened by Mr. Turenne. The next thing I know there's an investigation.

The next thing I know, I get an e-mail from the labor fellow stating that Dr. Carmona was writing letters on behalf of Jennifer of how horrible Mr. Turenne was. And I'm like, Wait a minute, stop, there's due process here for everybody involved -- for Jennifer, for Lawrence, for Turenne. And I asked everybody, Stay out of it, there are people that deal with this. There was a gal in our office who dealt with these complaints.

It was my job, as I cite, to make sure Jennifer felt safe, that she could work from home if she needed to. That whatever was happening with Jennifer, we took care of first and foremost. Because I did not witness the event, so I don't know if it's accurate or not; but my job was to her, to give her that opportunity to feel safe.

My job was to give Turenne and Lawrence due process, and everybody, so we could keep clean.

Ms. Seiler. And if I may ask a question just about that detail of it. Exhibit 13, this is an e-mail where you did write to Ms. Cabe about being able to work from home.

[Beato Exhibit No. 13

Was marked for identification.]

Dr. Beato. Well, yeah. I mean, I'm telling you what I did.

BY MS. SEILER:

Q Sure.

I just have a question about that detail, which is, was it standard, if someone at work was alleging -- and clearly alleging only at this point -- a hostile work environment from someone else, was it the alleged perpetrator who was always asked or told that he or she could leave the area or was the person who was alleged to have done the act asked to leave until the situation was resolved?

A The perpetrator, if you want to call it that, the alleged perpetrator is always the person asked, and Mr. Turenne was asked to leave as well.

Q Okay.

A Jennifer asked to work from home because she wasn't feeling well. I talked to LaVonnia and on and on and on. So she did not in any way, shape or form ever want to see him even walking in front of the street or anything.

I went to the extremes of protection because the personalities that I'm dealing with are very difficult. And once Dr. Carmona inserted himself as a manager, writing in a way that he really interfered with the process, I got very concerned. Not only did I refer this back to the people that take care of this, which was LaVonnia, I requested that an independent investigator be hired from the outside so that nobody could say inside is manipulating anything, because I felt so uncomfortable with what was going on here.

And there was an independent investigator that got hired.

Dr. Lawrence has the name; I don't. But they wrote a report. The report should be somewhere.

Q Yeah. So we actually have that report. You may want to take a bit of time to look through this. This is Exhibit 14.

[Beato Exhibit No. 14

Was marked for identification.]

Dr. Beato. What's your question? Because there's a lot of stuff here.

Ms. Seiler. Sure. Actually, if we can pause for a moment.

[Discussion off the record.]

BY MS. SEILER:

Q So Exhibit 14 is the report you got from the external consultants; is that correct?

A That is correct.

Q I have a few questions about it. First of all, on the second page, they provided a list of people whom they interviewed via telephone. They had said on the prior page they interviewed Ms. Cabe, Mr. Turenne and Dr. Lawrence directly, but then these people were going to be called on the phone.

It then says, "Additional interviews were attempted, but not completed due to extraneous variables, which prevented their completion. Upon deliberation, it was decided by the Office of Public Health and Science that those collateral interviews would not be included in this summary."

What does that refer to?

A When I requested this interview, I wanted a lot of people interviewed, because I only get to see a part of the individual during a particular time. And I figured other people that were in different scenarios or situations, if I was going to pay this kind of money, I would like to see, you know, what is their experience, what have they observed.

And so I requested different floors, different individuals in different areas of the department, all that had encounters with this gentleman.

Q And then the last sentence of that same paragraph it says, "It should also be noted that the collateral sources provided by Ms. Cabe were interviewed in the initial Administrative investigation and were not recontacted via direction from the Office of Public Health and Science."

Can you explain that?

A No, I can't. I don't know what that means.

I don't know who she provided. I mean, I know that she provided Dr. Carmona as her source, but I thought he was interviewed.

Q Okay. Well, this says via direction from the Office of Public Health and Science. They were not?

A No. I asked that a lot of people be interviewed.

I did not follow this; LaVonnica did, because -- and Art did the contract. I didn't even know who these people were. But my understanding is that the person that Ms. Cabe gave was Dr.

Carmona to be interviewed.

Q I mean, it sounds here that it is plural.

A But that's interesting because that's how she gave Christina Pearson too. Because Christina Pearson told me -- no, I don't believe that's accurate. Because there's Christina Pearson, there was Tracy. Because I do remember Jennifer saying she wanted Christina and Tracy, who had worked with her, interviewed.

Well, Christina and Tracy were interviewed, so I don't know where that comes from.

Q They were interviewed in the HHS investigation or by these consultants?

A By the consultants. I had to do nothing with the HHS investigation.

Q Okay. Because it states here that they were not reinterviewed, and there's nothing in the report to indicate they were reinterviewed.

A Well, I don't know. I don't know about HHS. I kept totally straight with that. I did request that as many people be interviewed on both sides, and I specifically wanted them interviewed in different scenarios for the particular person that the allegation was made against.

Q So either the consultants misunderstood their direction from your office or someone else in your office directed them?

A I don't know. I can't answer that.

Ms. Callen. And it looks like there's quotes from those

people.

Ms. Seiler. And I think those are quotes from the -- if you go back to page 2.

Ms. Callen. Like hearsay or something?

Ms. Seiler. Well, it was the written -- sorry, I'm not sure exactly where I saw this before. But it was the written -- the statements that they gave in the internal investigation were provided to the consultants.

Ms. Callen. Okay.

Ms. Seiler. Does that comport with the people?

Dr. Beato. See, I was not under that impression. I thought that we paid so that all these people would be interviewed.

Ms. Seiler. I'm sorry. Just to go back to the page; here at the bottom, it lists 20 written statements. So I believe those were taken from written statements, if in fact they were not interviewed, as the consultant stated there.

Ms. Callen. Got it.

BY MS. SEILER:

Q So going to the chart on page 4.

A Okay.

Q This is what they've called a behavioral analysis time line where they put together a chart of the Date; the Source; Verbal and/or Other Abuse; Physical Abuse: Person/Property and/or Other; and Number of Incidents.

So it looks like the first several here were reports from Ms.

Cabe herself.

There's a report from Dr. Carmona regarding alleged raised voice, verbal abuse, pounding his fist -- Mr. Turenne's fist.

On the next page, can you help us identify these additional people who provided these reports?

A Ms. James was my secretary, Betty James. She has since retired.

Q Okay.

Ms. Pearson?

A Ms. Pearson is Christina Pearson, the one I told you about that would have been supervising and working with -- and that's who I thought Jennifer wanted interviewed. The same with Ms. Self, Tracy Self.

Ms. Gonzalez is -- she was -- she's gone. She's retired. She was Dr. Carmona's secretary, executive secretary.

Q Okay.

A Ms. Jones, I think, was a temporary in the Rockville office, also at the Surgeon General's Office.

Q And Ms. Self was?

A Tracy Self.

Q Yeah.

A She's the one that I switched with Christina. Christina went downstairs and Tracy came up and then she started supervising Jennifer.

Q So she was supervising Jennifer when Jennifer was

assigned to write speeches for Dr. Carmona?

A Yes.

Q So these people, according to the classifications of the external consultants, had all reported some form of Verbal Abuse and/or Yelling and/or Other; and a few of them have reported what the consultants classified as Physical Abuse, Person/Property and/or Other.

And on page 7, as the page numbers go here, they compile -- the consultants compile those numbers; is that correct?

A Uh-huh.

Q And then the next few pages quote some of these?

A Right.

Q And then on page 12 we've got the description of a secondary investigation, which involved direct interviews with Ms. Cabe, Mr. Turenne and Dr. Lawrence, and additional information collected via, quote, "Mr. Turenne and Dr. Lawrence's selected collateral sources." So these were people that Mr. Turenne and Dr. Lawrence selected as people that they wanted interviewed; is that correct?

A That's what I understand, yes.

Q Can you help us identify these people who are quoted in the Statements from Collaterals?

A Okay. Ms. Schofield is -- I don't know who --

Oh, Beckford, she works in OPHS, the office of, like, budget and things like that.

Ms. Schofield is Regina Schofield, White House liaison.

Ms. East is Janet East. She's the executive secretary for OPHS and has been there for 20-some years.

Mr. Furman is not Mr. Furman. It is Admiral Furman, who is the Director of OCFM.

Q I'm sorry, Director of what?

A Office of Commissioned Corps Force Management.

Q Thank you.

A Ms. Kent was Captain Martha D. Kent, who was my assistant, my special assistant at the time. Ms. Persaud is LaVonnia, who was also in our OPHS administrative office.

Q What was her role?

A She's the one that was in charge of things like this: personnel issues, PDs, hiring, contracting, all that kind of -- times, mediations; I mean, she's that individual.

Q So is it fair to say, comparing that list to the list in the earlier chart, that the people in the earlier chart were people who would tend to be sort of lower down on the authority chain within the office?

A Not Ms. Pearson. Not Ms. Self.

Q Okay.

A Those two would definitely not be.

Q On page 16 we've got the findings, sort of pulling all this stuff together. And the first paragraph indicates, quote, "Data analysis indicates that Mr. Turenne's verbal and physical

behavior has been experienced and/or perceived by approximately 18 individuals as problematic within the workplace. While approximately 22 individuals did not experience and/or perceive Mr. Turenne's verbal and physical behavior as problematic one cannot negate such reports altogether.

"Based on the review of written documents, witness statements and indirect and direct interviews, it has been determined that Mr. Turenne has engaged in behaviors that have been perceived as disruptive by a portion of the workplace. However, with the exception of Ms. Cabe's reports, there were no indicators of violent behaviors toward co-workers/staff. Therefore, the potential for violence by Mr. Turenne would be low. Without intervention, Mr. Turenne's behaviors will likely stay at the same level or escalate."

The findings go on to say, quote, "Based on the interview data provided by Mr. Turenne, it appears as though he does not acknowledge that his verbalizations and related behaviors are at times viewed by others as demeaning, hostile and abusive."

So you received this report --

A Correct.

Q -- when the consultants finished it; is that correct?

A That is correct.

Ms. Seiler. I would like to go to the next exhibit, which is Exhibit 15.

[Beato Exhibit No. 15

Was marked for identification.]

Dr. Beato. Yes.

BY MS. SEILER:

Q This was dated April 25, 2005 from you to Mr. Turenne. The subject is: Final Administrative Investigation Determination-Information, and it was cc'd to Dr. Lawrence. So this is essentially your summarizing of the conclusion of this for Mr. Turenne; the first paragraph describes the sort of series of events?

A Right.

Q And then you wrote, quote, "The internal investigation failed to substantiate Ms. Cabe's claim of a hostile work environment."

Can you explain how --

A That's true. The internal did the same thing. They failed to do that. That's why you need both.

Q Okay.

A They basically go hand in hand.

Q Okay.

"The workplace assessment" -- I'm sorry, I'm quoting again. "The workplace assessment found that there was a low potential for physical violence by you and concluded that you had not behaved in a physically threatening manner on the date of the alleged incident. It is also my determination that you did not direct verbal abuse, derogatory or assaultive/threatening verbalizations

toward Ms. Cabe, nor did you create a hostile work environment that was condoned by Dr. Lawrence."

Can you please explain how that is consistent with the findings of an external consultant?

A Look who I'm addressing this to also. This is to protect Jennifer at her -- because of her fear of physical assault. I called for the police force any time she wanted to come into the building to escort her and sort of be there by her.

Q Okay.

A The only way that I could get rid of that is to say, We've finished and this is it, okay? So that's where this letter is going.

Number two -- where are your findings in here? And everything I wrote here I believe is accurate: "There is a low potential for physical violence by you." He "had not behaved in a physically threatening manner on the date of the alleged incident." In my determination he "did not direct verbal abuse, derogatory or assaultive/threatening" -- he was not saying any of that towards her. Nor did he "create a hostile work environment" that Dr. Lawrence condoned. All those sentences are true and accurate.

"Based on the record, I have come to the conclusion that Dr. Lawrence conducted himself in a manner consistent with the situation," because there was an allegation, and this is different than this, that Dr. Lawrence was sort of sanctioning all this.

Q Okay. How did you come to -- so the workplace assessment, that's the external consultant assessment that you're referring to?

A There were two, and they're both pretty much the same.

Q Okay. So the workplace --

A This is a harsher one than the one in the department, by the way. This is a harsher one.

Q Okay. The workplace assessment. And then you cite their finding that there was a low potential for physical violence, which is within here. However, you do not mention at all that 18 out of 40 of the people whom they spoke to or read the reports of did agree that Mr. Turenne could be verbally abusive.

A I don't think -- I don't think that's relevant to him to take the protective service component off, number one.

Number two, this is a confidential file. I did not share this with Mr. Turenne nor anyone else, except legal counsel.

Q Okay.

A Because this I did on my own for fear that we would end up in court one day. And I wanted independent substantiation saying, you know, the department didn't do this or the department didn't do that. So that's the second thing.

What I did do on the end that you don't have is when Mr. Turenne's contract that month expired, I did not renew it, because I did not want disruption in an environment that I already found very disruptive and dysfunctional.

Q So Mr. Turenne stopped working there?

A Stopped being -- consulting there.

Q And what did he then transition to?

A He's a consultant. He independently got his own money.

He doesn't need to work.

I don't know. I mean, I don't know.

Q I guess I'm just a little unclear on his status, because I thought the Secretary originally brought him in.

A Secretary Thompson did.

Q Right. And so he was under a contract with the Office of the Secretary. So then you said you ended the contract?

A I said, I don't need him anymore.

Q Okay.

A I didn't have -- I don't need him anymore after all this. I don't need him. This is over, this is done. I don't need any more help, thank you very much; I don't need this kind of help.

Q So he may have remained within HHS, but just not within your office?

A Not with me.

Q And was any of this information about the fact that the consultants found that his behavior would escalate if nothing was done, was that shared with anyone within HHS?

A I didn't read it would escalate. I heard it wouldn't change. At the age of 60-something, I seriously doubt this

behavior is going to change. That's why I didn't want to spend the time and energy dealing with it.

Q Well, this is page 16. Without intervention, Mr. Turenne's behaviors will likely stay at the same level or escalate.

A I don't believe a 60-year-old is going to change the way he -- I'm sorry, I just don't believe it is going to happen.

Q So you didn't believe it would escalate?

A No, I don't believe intervention is going to help.

Q Okay. But did you -- in other words, if he was going to keep working somewhere else within HHS?

A He was assigned to this office specifically to help OPHS. I don't think I ever saw him back in the building after I said, I don't think we need any more help, thank you very much.

Q And can you explain how you came to the determination that he had not directed verbal abuse toward Ms. Cabe? You had stated you were out of town when that occurred?

A I was out of town. But nothing in here said that he verbally abused her or that he was going to threaten or hurt her.

Q But those are two different things, right? There was alleging verbal abuse, and then there was a question of whether there would be assaultive threats.

A Assaultive/threatening verbalizations, did not direct verbal abuse. I don't believe that.

I mean, I think the guy -- I mean, he is gruff and not

pleasant. That's very different than verbally abusive. I mean, I just --

Q Do you know 18 out of the 40 people reported him as verbally abusive?

A I don't know if they -- look, these are very subjective calls, okay? I think 18 people, if you read this really objectively, it is like this guy is not a nice person to be with, I avoid him, he's gruff.

But does he verbally abuse them?

Q Well, that was the external expert's classification, not my own.

A Well, I don't -- well, I don't believe that's verbal abuse.

Ms. Husar. Well, no. It says Verbal Abuse and/Or Yelling and/or Other, so I don't think it is fair to say just because it's in column three it is necessarily verbal abuse.

Ms. Seiler. Okay. Yes, we can define it more broadly, sure.

Dr. Beato. But I also know that people like this, of this age, will not change; and I'm not willing to spend any energy on this. Just, thank you, I don't need this.

BY MS. SEILER:

Q Okay. And a last question on this: How did you come to the conclusion that Dr. Lawrence conducted himself in a manner consistent with the situation?

A Because the internal investigation told me that.

Q Okay. So you based it on that?

A On that.

And the employees -- LaVonnia was one -- that Dr. Lawrence is always a critical thinker. That's the only one here that referred -- that I remember reading, you know, about Dr. Lawrence.

Q Who else had access to the findings of the internal and external investigations?

A LaVonnia.

Q Did anyone else?

A Not to my knowledge. Because I had it and then I gave them to LaVonnia.

Josephine, Josephine would have. I shared that with Josephine too. And general counsel.

Q And what happened to Ms. Cabe after this? How much longer did she remain at the office?

A Until the end of her contract, which was the fall, as I recall.

Q Okay.

Ms. Seiler: The last exhibit we've got -- this is 16.

[Beato Exhibit No. 16

Was marked for identification.]

Dr. Beato. Who wrote this?

Ms. Seiler. We were told last week by Dr. Lawrence that he had written this, and he said he had written this at the request of Josephine Robinson.

Dr. Beato. Okay.

BY MS. SEILER:

Q And she was your --

A My chief of staff.

Q -- chief of staff?

A It is the first time I've seen this.

Q So she, on her own initiative, had requested this?

A Well, what was the reason this was requested? Is this to document everything? I mean, why are we doing this?

Q Well, that's our question.

We got it like this. Dr. Lawrence was the one who informed us who had written it. We didn't know. And so we're trying to get a sense of who initiated this.

A Well, I always want things documented, so -- just document, document, document, just like in your medical records.

Q So was this something you requested?

A I've always requested things documented.

Q Okay.

A But, I mean, this seems like -- it's like several things in one.

Q Right.

A Did he just make like a synopsis of this or what?

Ms. Husar. Do you understand what the document is?

Dr. Beato. It seems to be a compilation of all the issues that were dealt with, through time.

Ms. Husar. It seemed like the questions and the answers weren't matching, though.

Dr. Beato. I mean, I don't understand the questioning.

I mean, yes, I always want things documented, but I don't understand -- I mean, if he had them all together and made a big one, yes, I would ask for documentation.

BY MS. SEILER:

Q Did you at any point specifically request a compilation of problems that you or your office had had with the Surgeon General's actions?

A Did I at any point? I always asked for problems people were having with him. Always.

Q And who would have seen such a document?

A Josephine.

Q Okay. And what was the purpose ultimately when you --

A To document. People didn't believe me. People did not believe me that this man was a real problem.

Q Okay.

A That I was having a hell of a time keeping him in line. That he lied consistently. They did not believe me.

Q And were these or similar documentations, as you're describing it, shown to anyone, or were they just filed?

A No. I showed these to Regina Schofield.

I didn't; I had Josephine do it.

Q When was that?

A Oh, God, I don't remember. As we were getting them, they'd go.

That's what I mean. This is --

Q And what was her response?

A She'd keep a file. I mean, I didn't get a response. That's why I kept getting more and more.

Q Okay. Thank you.

Ms. Seiler. Do you want to ask a few questions?

Dr. Kellermann. Just a few.

EXAMINATION

BY DR. KELLERMANN:

Q Dr. Beato, thank you for your time today.

Early on, you said that oversight of the Office of the Surgeon General during your time was not any different than that of prior Surgeons General. That statement is at odds with what the former Surgeon General said at their hearing before us in July. And Dr. Lawrence, when we interviewed him, also said that in his role in Dr. Satcher's tenure in the office there had been a much different level, much less oversight than under Dr. Carmona.

Can you explain the discrepancy?

Ms. Callen. Wasn't that just with regard to the travel?

Dr. Kellermann. Well, we talked about general oversight and day-to-day supervision of the office.

Dr. Beato. I did not have day-to-day supervision of the office. That was a Surgeon General; that, to me, is the

oversight.

When it came to travel, I had a committee that reviewed all of his travel, if that's what you're coining. More oversight? Absolutely.

BY DR. KELLERMANN:

Q I guess what I'm referring to is travel, speeches, reports, the whole package of issues involving the Surgeon General's freedom of action or lack of freedom of action?

A I was told that the day-to-day was the same.

In terms of the call to action, I do know that I became more involved in the smoking one with Dr. Sammet and osteoporosis, because those are things that I'm interested in; and I thought we could improve on that.

But the rest, I'm not familiar, being any different, you know. I just don't see that.

The travel, absolutely, was watched like a hawk, as well as the driver, as well as the people that would go with him on these trips.

Q You made a statement a few times, early on, about, quote/unquote, "two- or three-people trips" that were made. And we've gone through, as most minority would agree, tons of documents, and there've been lots of e-mails about travel.

I only recall one time when there was an issue about two people on a trip, which was the one you mentioned about Ms. Cabe accompanying another person to Houston.

A Craig Stevens always went with him.

Q So when you refer to two or three, meaning the Surgeon General plus one or two?

A No. The Surgeon General, plus Craig Stevens, plus his camp-de-aide. Craig Stevens, and the camp-de-aide 90 percent went with him, the two of them. His camp-de-aide, 100 percent of the time, went with him.

Ms. Seiler. Was that Mr. Steiner?

Dr. Beato. It would have been Steiner or Patricio Garcia. Patricio was after Bob Steiner left.

Always 100 percent of the time, which it was not needed either, by the way; it was not needed. Always.

BY DR. KELLERMANN:

Q I'm just trying to reconcile the statement with the subject matter of these.

A No. Craig Stevens, there's no way. He went with him at least 90 percent of the time. There's just no way. Go back and look for him. He's there. Craig went with him.

Dr. Kellermann. That's fine.

Ms. Seiler. You're all set?

Dr. Kellermann. Yes.

Ms. Seiler. Okay. Do you all have more?

Ms. Husar. I'm just going to rely on the documents we've already looked at.

Again, I'm Christina Husar. I'm counsel with the

committee.

EXAMINATION

BY MS. HUSAR:

Q Going back to Exhibit 14, which was the independent investigation of the hostile workforce, in conjunction with -- I've got it right here. That's 14 and this is 15, and earlier there were questions regarding what did you draw on in order to state the conclusions in Document 15. I'm just recapping so far.

My question -- I'm actually a little confused; the conversation was fairly quick. Document 15, what was the purpose of writing this document? To whom was it sent?

A Mr. Turenne had been put on a name list of the Federal Protective Service. I did that because I wanted to give all parties the utmost; and I felt Jennifer -- because this young lady really expressed fear, I mean, she was very legitimate in her expression. It is a subjective thing. Whether I believe it was appropriate or not is irrelevant.

But she was expressing fear. As her supervisor, I had a responsibility to her. And the Federal Protective Service was a tool available to me to help her, when she wanted to come into the building, to feel more secure.

Now, once you put somebody on that list, it was my understanding that that name remained there. Mr. Turenne also had that understanding and had been talking to lawyers. I wanted to ensure from the department's perspective that the department had

done due diligence, also by Mr. Turenne, to let these people know that that name was no longer to be there so that then, in the future, Mr. Turenne could not put some sort of action against the department.

That's the reason for this letter.

Q And this letter was transmitted to whom?

A It was given to Mr. Turenne so that I had something.

And this is to request in writing the Federal Protective Service to remove his name, to him, so that Mr. Turenne could be assured that this existed and to protect the department from any kind of litigation from Mr. Turenne.

Q Now, going back to Exhibit 14, the hostile work environment analysis matrix, this was done at your request?

A That is correct.

Q And there was also an additional internal investigation conducted?

A That is correct.

Q And am I correct, I believe you mentioned earlier, that this investigation, Exhibit 14, is probably more critical in its conclusions of Mr. Turenne than the internal document?

We don't have the internal document, correct?

A I do not have the internal document. And this is a long time ago, okay? This is at least 2-1/2 years old.

What I remember is that this one was more detailed and, in my opinion, had more critical statements than the other one. That's

what I remember.

But it is 2-1/2 years ago. I need them both side by side to give you a more complete answer.

Q But you drew on this report and the other report, which we do not have --

A Yes.

Q -- in making your determinations --

A Yes.

Q -- in this April 25th letter?

I want to point out one thing that wasn't -- draw your attention to one conclusion?

A I'm sorry, what page are you on?

Q I'm sorry. Findings on page 16.

A Okay.

Q It is bullet point one. I'm actually going to the paragraph to put it in context. I'm not even sure how to say that word -- "data analysis" --

A Data.

Q -- "has also yielded a number of perceptual incongruencies among Ms. Cabe, Mr. Turenne and Dr. Lawrence. The likelihood of three primary incongruencies may be addressed based on information collected.

"1) Ms. Cabe" -- and I believe they are listing these as being the incongruencies.

"Ms. Cabe believes she issued a complaint to Dr. Lawrence and

he failed to act upon it."

And then the findings by the investigators is that "Information provided regarding the conversation which occurred on April 20th in Dr. Lawrence's office between Ms. Cabe, Mr. Turenne and Dr. Lawrence himself leads to the conclusion that a formalized complaint was not provided directly to Dr. Lawrence." I'm going to pause right there.

Did that help you make your determination in Document 15 that, "based on the record, I've come to the conclusion that Dr. Lawrence conducted himself in a manner consistent with the situation"?

Does the statement I just read back up --

A Yes. Dr. Lawrence consistently, since the beginning, felt that he acted appropriately, that he was never requested anything and that he did not perceive the behavior to be threatening. Since the beginning, he said that.

But that's why I asked for an investigation, because I wasn't there, and a lot of these things are very subjective. So that's why you need to go out and ask a lot of people.

But my statements are based on what the reports are.

Q And going further, I believe, again, in Document 15, in your memo to Mr. Turenne, you say the investigation -- where is it -- there's "a low potential for physical violence by you," making that one of your conclusions.

And then going back to Document 14 -- sorry to keep going

back and forth, but looking at the same paragraph; I'm reading the same paragraph -- the independent investigator says, "It is apparent that Ms. Cabe was hopeful that Dr. Lawrence would intercede, but did not make a statement requesting him to do so. Furthermore, there is no data to conclude that Mr. Turenne behaved in a physically threatening manner."

Does that conclusion of the independent investigator, did that also play into your determination, or was that part of your determination, the data you're looking at, the conclusions you're looking at --

A Yes.

Q -- to draw your conclusions in Exhibit 14?

A Yes.

Q Okay.

And if we had the other --

A They were very similar, but this one was richer in terms of specifics.

Q I just wanted to -- it was kind of a quick conversation. I wanted to clear all that up.

A But this is all a management issue. This has nothing to do with the Office of the Surgeon General, though. I mean, I had lots of management problems with these.

Q Well, I think part of this investigation -- and correct me if I'm wrong, Naomi -- but, I mean, there is, following on the hearing, the oversight hearing we had, there has been some

discussion about legislation about how to make the Office of the Surgeon General independent or perhaps better functioning. And so, in a way, this is a case study of the way the Surgeon General's Office has operated.

In that context, your interaction with Dr. Carmona obviously, as you described it, was troubled. If these personalities -- and I think I'm speaking directly to the Ms. Cabe/Richard Carmona/Mr. Turenne incident with her not being able to board the plane, I think -- I don't know how to -- during our break there was a reference that if this was not within the ASH's department that things would have been different; you know, would have been handled differently.

A I totally -- look, I don't agree with that. I'm not an expert here in Washington. I just came here from New Mexico back in '01. I worked with Dr. Satcher. I didn't have any kinds of problems with Dr. Satcher. And it was the same department, same everything; and he was not -- he had been the ASH and the Surgeon General.

There was a lot -- he couldn't do both really very good. I believe that you need to have congruency. In a management system, there has to be congruency when you're talking -- especially issues about health.

This Department already has NIH, CEC, CMS. You know, they all think they're different departments. And you're trying to create, from a policy perspective, trying to bring people

together.

I think it is a mistake to do that. I think there has to be congruency. I believe the Secretary needs to be the person that sets the tone. I think you need to have the integrity of the science with good scientists.

I never heard Julie Gerberding complaining that anybody was twisting her arm. I never heard Elias Zerhouni complain anybody was twisting his arm. I never heard Mark McClellan complain anybody was twisting his arm. Nobody ever twisted my arm.

Dr. Carmona in his letter to the COA said that integrity was always kept and nobody ever gave him any trouble. On his speech before he left he said the same thing. He turns around less than a year later and says something totally different.

So I am really distressed by all this. I do not think it is fair to the Surgeon General's Office; I don't think it's fair to the ASH; and most of all, it's not fair to the Commissioned Corps officers. It is just not fair.

Q Is it a fair statement to say that the -- if I can call it the "dysfunction," that is part of, you know, the travel issues, the personality issues, is it an issue of very strong personalities?

A No, it is not strong personalities. Zerhouni has a strong personality, McClellan has an incredibly strong personality, Julie has a strong personality. But people are professional and ethical. Carmona has a strong personality that's

totally dysfunctional and not professional and certainly not ethical.

Q So the problem here is the individual, not the office?

A No.

Ms. Callen. To that point, could I introduce Exhibit -- what are we up to -- 17. This is an e-mail that Admiral Lawrence sent to Mr. -- or is Admiral Moritsugu?

Dr. Beato. Admiral Moritsugu. He was a deputy surgeon general. He retired.

BY MS. CALLEN:

Q And then it looks like Admiral Lawrence forwarded it to you, Mr. Turenne and Regina Schofield.

And Admiral Lawrence says, I addressed this issue with -- quote, "I addressed this issue with Rich when he and I spoke on Friday. I also addressed it with Ken when he and I spoke on Friday. Then, this shows up. When I get back from leave I think the time is overdue to have a discussion and to get serious about OSG staffing and work. This is nuts, just nuts. If Rich can't get it under control, I think we need to help.

"See you on the 9th."

Do you recall this e-mail at all?

A Look, I don't recall this particular e-mail. I do recall the issue consistently coming up.

What I do know is, when I took over -- this is right before I took over as the ASH -- I requested, I believe it was on

Wednesday, because it was really supposed to be in by Friday because of the computers. I don't know how the administrative, Lauren and Michelle and people, did their things, but I requested everything in by Wednesday, that everybody had to -- the committee had to review it.

They were supposed to meet monthly. They were supposed to get out all of the kinks. There was supposed to be a bona fide invitation. Because I also found out he was going to places without an invitation being into the system. And then people get to go, okay; and then the money is allotted; and then we know what money we're going to be using, what money is left and what was expected.

What was typical is, the Friday evening -- that's why I've used -- if you notice, later on in my life, I had a little tickler in my computer, at 4:45 on Friday, coming up: Did you have SG's travel in? And if it wasn't in, I would write Moritsugu right away: Ken, Art -- you know, who's in charge -- where's my stuff? Because I didn't want to impede the Surgeon General's travel, but at the same time I didn't want to be played with.

And so we had created this system where there was a committee who reviewed the travel, then there were dates so the travel people could do their stuff.

That's another thing; he always complained about being the bank. Oh, God, this is like command and control. I'm not the bank for the government. All of us experienced the same travel,

all of us went through the same systems; none of us ever complained.

You know, so it didn't come in in a week or two, but when you sit here, you don't accuse people of being the bank.

So what I asked for -- and I remember this was a flow analysis. And everybody that hit that, whatever the travel thingie was, you did a flow analysis, and you tried to find out where the kink is in the system to make sure that people -- you know, that he got his money sooner, so that we could improve on our systems.

Well, the flow analysis showed that most of the time it was the Secretaries on the OSG side that were not doing their paper work properly. There were temps coming in, they weren't communicating -- again, no encouragement to people to work on a team -- communicating with a lot of the travel people and the money people. So then we did that with the flow; and that was later on, after this, because this is before I even came on.

But the component of this issue is that it was not unusual for the Friday evening -- that's why I said the schedules. It was not unusual to be away on a trip and get a phone call on a week in the middle, Oh, I have to go here, it needs to be approved; I need more money.

And so that's why -- and it was usually in the Southwest when this would happen. I guarantee you, it was in the Southwest.

Q So this committee you set up and the review process, it

was all a result of his abuse of travel?

A Absolutely. There was never, to my knowledge, any other committee set up like that before.

Q Because it wasn't necessary under Dr. Satcher, to your knowledge?

A Dr. Satcher -- I never saw or heard Dr. Satcher have issues, either with his payment -- and I sat right next to him, like I did in Carmona's office. I never heard Dr. Satcher say that, you know, he had to go back and change a travel. Never. I never heard that from Dr. Satcher.

Ms. Husar. I don't think we have any more questions.

Dr. Kellermann. Actually, forgive me, I skipped over a couple things.

BY DR. KELLERMANN:

Q Just going back just for a moment to Exhibit 15, which was the final administrative determination --

A Yes.

Q -- near the end, the paragraph before the final sentence, you state that "a copy of this memorandum and correcting the official files maintained in both his office and that of FPS concerning those individuals named in this incident to reflect," quote, "a no-finding with respect to Ms. Cabe's allegation of a hostile work environment."

Is it fair to interpret this as basically saying that your determination communicated to Mr. Turenne was that there was no

merit to the complaint about a hostile work environment by this employee?

A No. What it says here is, no finding -- the way that FPS does it, it is -- it's either finding or no finding. Is there truth to the allegation that he was threatening to her? The answer is "no" because you cannot -- oh, excuse me. Let me see if it's my son. No.

This is a very serious issue when you put somebody on that list. This is extremely serious to this individual for anything that could be employment, gun-owning, clearances, you name it. This is very serious.

I did this. I had a duty and a responsibility to clarify the record to the best of my ability, based on the allegation of him being a physically threatening human being, which was her allegation. She physically feared him; that's what she told me. So I had to get -- that's why I put police protective services. I had to ensure that the record was fair to the alleged perpetrator too.

Q I understand. I'm just reading the statement, allegation of a hostile work environment, and -- just the words in the document.

You said early in our interview that Mr. Turenne was not in line for anything, or words to that effect.

A No, he's not. He had no organogram vested authority. He did not have an official position.

Q I understand. The reason I'm just seeking clarification is that we've obviously been working together through multiple interviews. Mr. Turenne's name has shown up on multiple e-mails regarding Surgeon General travel, Surgeon General speeches, multiple e-mails between him and Mr. Lawrence, between him and Ms. Schofield, et cetera. So, clearly, he was very substantially involved in interacting with the office and with numerous individuals in the office, several of whom made statements regarding loud, abusive, verbal and physical behavior in the course of these investigations.

Was he ever given any kind of written reprimand other than this document of no-finding --

A No.

Q -- regarding his behavior?

A Not to my knowledge.

Q Or was Mr. Lawrence given any kind of reprimand or administrative feedback regarding his failure to rein in Mr. Turenne in his conduct in the workplace?

A Mr. Lawrence --

Q Admiral Lawrence. Excuse me.

A Admiral Lawrence, no, he was never given that either.

And I guess we need to talk about what you mean by "hostile work environment" and "physically threatened." I mean, in the content of calling the Federal Protective Service, that's what I wrote this about. I did not feel that having Mr. Turenne there

after I received this was appropriate anymore. That's why I chose not to pursue having him there.

Q Right. I understand.

The reason why we spent so much time with these e-mails and documents is, it is relevant to the characterization of a hostile workplace directed towards an individual who is assisting in speech writing for the Surgeon General and much of the speeches involving issues of public health science and communication with the public -- as you said, a central duty of the Surgeon General.

So we've simply been trying to understand to what degree were allegations of efforts to censor or edit the Surgeon General's speeches or to intimidate against individuals working for the Surgeon General a relevant concern in the office?

A I understand.

Q That's why we've taken this task.

A Okay. I understand, and I think it's very valid.

But the issue here was not speeches. The issue here was travel. See, this had nothing to do with speeches whatsoever. She happened to be the speech writer that I asked to be detailed. I chose that.

The issue here had nothing to do with speeches or anything else. The issue here had to do with travel and, again, the number of people going. And the fact -- and I believe they overreacted because she had family in Houston, and all of a sudden she ends up going to Houston. But she appropriately got this cleared with

Kevin Keane.

Q Right.

A But the issue here had nothing to do with speeches. It was travel.

Q And the fact that 18 individuals in an external review, many of whom worked in or with the Office of the Surgeon General, also identified problematic behavior was not a relevant consideration?

A It is relevant. That's why I did not review it. But then 22 said it wasn't. I mean --

Q But those 22 are largely, from what we understood from the interview, were largely Office of Public Health Science personnel, not OSG personnel?

A No, no, no. There are very few OSG personnel here --

Q Right. I realize that.

A -- that got interviewed.

So, I mean -- no, there are very few OSG personnel, so I don't think that's accurate. Because most of OSG personnel is not even sitting in this building where Mr. Turenne was. Most of OSG personnel sits in Rockville; they don't sit in the Humphrey Building. So that's not accurate.

Now, when I have dysfunctional people, do I want somebody that's already -- that I'm getting a clear warning, 18 individuals.

And it is true, to me, coming from Latin America, hey, that's

perfectly normal behavior. So maybe my filters weren't so good, retrospectively. But that's perfectly normal behavior where I come from. People are animated. People like to talk with their hands. People, you know, move around.

I've been accused of that too. It is my culture. You know, I'm trying to be mellow, but it's my culture.

So, now, did I ever believe that he was a threat? Absolutely not. Could I say 100 percent? Heck, no. What's the best thing I can do as a supervisor? Pull everybody back, let the process happen and try to bring in more eyes, both whatever the process is in this Department, plus independent. Because I can tell you, I felt very uncomfortable because of the players I have.

Now, do you know, who I felt threatened by was Dr. Carmona. That's who I felt threatened by. And I never complained about this. But twice in the middle of the night Carmona would trek down from his house, banging on my door talking about something I'd said "no" to him the day before.

Okay? Totally inappropriate.

And I said, Rich, go back, I'm not opening the door.

Q This is on the NIH campus?

A Yes. I lived on the NIH campus down in a town home. He lived in a house up on the hill. And he trekked down the hill in the middle of the night, okay, knocking at my door. Why did you say "no"? I want to go. You know, sorry.

And the guy had already killed somebody. If you don't think

that scares anybody when you have two kids at home, let me tell you. But was I ever going to show him that I was afraid? No.

What did I do? Keep on going. But let me tell you -- and when I had discussions with him -- that's why I'm telling you.

He's a very angry man and he has problems with women. And one day I said something -- oh, God, I should have never mentioned it -- something about his mother, for Mother's Day or something. He went berserk. He went berserk. Apparently his mother was an alcoholic, never took care of him. I mean, there's some real issues there.

And I -- I feel sorry for him, because he really -- there were parts of him that he really tried hard and he really wanted to do things well, but there's something there that's not right.

And he lies. You never know when he's telling you the truth. I finally at the end didn't believe anything he told me, but at the beginning I didn't know. I didn't know what was truthful and what wasn't.

I had no idea because he's so convincing. He is so convincing when he talks to you.

Ms. Seiler. Do you guys have any more questions?

Ms. Safavian. No, thanks.

Ms. Seiler. Well, thank you very much for your time that you're taking here to talk to us today. We can go off record.

[Whereupon, at 4:35 p.m., the interview was concluded.]

Certificate of Deponent/Interviewee

I have read the foregoing ____ pages, which contain the correct transcript of the answers made by me to the questions therein recorded.

Witness Name