## In the Matter Of:

## SOUTHWELL vs MCKEE

PC2021-05915

## JAMES MCDONALD M.D.

July 07, 2022



1	STATE OF RHODE ISLAND
2	PROVIDENCE, SC. SUPERIOR COURT
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4	RICHARD SOUTHWELL, et al., Plaintiffs,
5	vs. C.A. NO. PC2021-05915
6	DANIEL J. MCKEE, et al.,
7	Defendants.
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11	VIDEOTAPED WEB CONFERENCE DEPOSITION OF
12	JAMES MCDONALD, M.D.
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15	July 7, 2022
16	1:08 p.m.
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19	State of New York
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25	Nancy S. Caron, RPR



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1 VIDEOTAPED DEPOSITION OF JAMES MCDONALD, M.D. 2 July 7, 2022 3 4 THE VIDEOGRAPHER: Good afternoon, everyone. 5 are now on the record. The time is now 1:08 p.m., on 6 Thursday, July 7, 2022. This begins the videotaped 7 deposition of James McDonald, M.D., taken in the matter 8 of Richard Southwell, et al., v. Daniel J. McKee, et 9 al., filed in the State of Rhode Island, Superior Court 10 of Providence, Case Number of which is PC2021-05915. 11 The videographer today is Eden Rucker. The court 12 reporter today is Nancy Caron. We are both 13 representing Esquire Deposition Solutions. 14 Counsel, will you please announce your name and 15 whom you represent, after which the court reporter will 16 swear in the witness. 17 MR. PICCIRILLI: Thank you. Attorney Gregory 18 Piccirilli, for the Plaintiffs. 19 MS. WYRZYKOWSKI: Chrisanne Wyrzykowski, on 20 behalf of the named Defendants. 21 MS. SCHAUB: Etie-Lee Schaub, on behalf of the 22 named Defendants. 23 COURT REPORTER: I have a stipulation for remote 24 proceedings that I will read into the record. My name 25 is Nancy Caron; I am the stenographer today. For the



1 record, and to ensure a valid notary and certified 2 court reporter is present at this proceeding, I am a 3 Registered Professional Reporter, and a notary public 4 in Rhode Island, and my notary number is 18102. 5 going to read a stipulation for remote proceedings; and 6 if at the end, the parties could agree: 7 It is hereby stipulated and agreed by all counsel 8 present under the Rhode Island Supreme Court Executive 9 Order regarding (COVID-19), that this Web-based remote 10 proceeding is being conducted by parties in separate 11 locations; that the oath shall be administered upon the 12 witness providing a valid form of identification, 13 unless otherwise stipulated; that this remote 14 proceeding is being recorded by video and audio means 15 with prior consent of all parties; that exhibits may be 16 presented and marked by counsel and provided to all 17 parties prior to or at the time of questioning 18 regarding said exhibit. All parties shall bear their 19 own costs for this proceeding unless otherwise agreed 20 upon. 21 Do the parties agree? 22 MR. PICCIRILLI: Yes.

MS. WYRZYKOWSKI: Yes.

(Discussion off the record.)

MR. PICCIRILLI: I will stipulate that the



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1	witness need not produce an ID; we all know who he is.
2	Also, that you may swear him in, even though he is not
3	in the State of Rhode Island.
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5	JAMES MCDONALD, M.D.,
6	having been first duly sworn, testified as follows:
7	COURT REPORTER: If you could state your full
8	name and your present location for the record.
9	THE WITNESS: My name is Dr. James McDonald, and
10	I am located in the State of New York right now.
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12	EXAMINATION
13	BY MR. PICCIRILLI:
14	MR. PICCIRILLI: Thank you, Nancy. Good
15	afternoon, Dr. McDonald. Again, thank you for taking
16	the time to be with us today.
17	Q. Doctor, you were most recently the Interim
18	Director of the Rhode Island Department of Health; is
19	that correct?
20	A. Yes.
21	Q. You were appointed on January 27th of this year;
22	is that correct?
23	A. Yes.
24	Q. When was your last day of employment in that
25	position?



- 1 A. June 25th, 2022, at midnight.
  - Q. Okay. Do you still consult with or work for the Department of Health in Rhode Island in any capacity?
    - A. Yes.

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- Q. What do you do for the Department of Health now?
- A. I am the former Interim Director of the Rhode
  Island Department of Health.
  - Q. Right, but my question was: Do you still remain in some kind of employment capacity with the Department, and I thought you said yes.
    - A. Yes, I did say yes.
  - Q. So what do you do now; since you left as Interim Director on June 25th, what is your current role?
  - A. Well, I was on time off, paid time off; and my current role is being on paid time off, with the exception of addressing this deposition.
  - Q. Oh, I see. So your last day of work was

    June 25th, but you had some leave time, so you are

    still being paid by the Department; is that correct?
    - A. Yes.
    - Q. When does that end, approximately?
  - A. The end of this month.
  - Q. Okay. But between June 25th and the end of July, you have no duties with the Department, other than being available for this deposition; is that



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- A. That is correct.
- Q. Okay. So you are not advising the Department or acting as a consultant or anything like that; correct?
  - A. That is correct.
- Q. All right. Doctor, did you do anything to prepare for today's deposition?
  - A. I met with the attorneys, Chrisanne, Mike Field, and Etie Schaub.
    - Q. Did you review any documents in preparation for today's deposition?
- 12 A. No.
  - MR. PICCIRILLI: Okay. I am going to -- I have some Exhibits that I am going to be putting up on the screen that I am going to be referring to. I have sent those to the attorneys at the Attorney General's Office.
  - Q. Have you had an opportunity to review what I have sent them; have they forwarded them to you?
    - A. No.
- 21 Q. Okay.
  - MS. WYRZYKOWSKI: I just want the record to reflect that the Exhibits were received at 12:17. If you would like me to forward them to him, as opposed to do the shared screen, or a combo, let me know, and I



1 can --2 MR. PICCIRILLI: Let's try the shared screen 3 and, hopefully, that will be sufficient. 4 Q. Doctor, I don't know; have you done a video 5 deposition before where you have had to look at 6 documents on a shared screen? 7 A. Yes. 8 Q. So you are familiar with the process? A. Yes. 9 10 Q. Okay. Very good. So, Doctor, after you were 11 appointed Interim Director, were you aware that the 12 Defendants in this case, your Department, as well as 13 the Governor's Office, filed a motion to have the case 14 dismissed as moot; are you aware of that? 15 A. No. 16 Q. You weren't aware of that on, at any time as 17 Interim Director? 18 A. No. 19 Q. Okay. First document I would like to put up --20 okay, come on. 21 EXHIBIT 1 FOR THE PLAINTIFFS MARKED FOR 22 **IDENTIFICATION** 23 (SCREEN SHARING) 24 Q. Doctor, can you see this document on the screen? 25 A. I can see it now.



- Q. Okay. The document is the filing. If you look up on the top, left corner, it says, "May 11, 2022"; do you see that?
  - A. Yes.

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- Q. It's an -- I think my computer might be slowing down here; sorry. Let me know if you have any problems viewing this or hearing me; okay, Doctor?
  - A. Okay.
- Q. So it says, "Defendants' Notice of Supplemental Authority," do you see where it's captioned that?
- A. Yes.
  - Q. I am going to scroll down to the bottom of the first page. There is a statement made in this document, the very last sentence, going over from the first page to the second page, "Most notably, because a COVID-19 vaccine is now available for school children, it is at least unlikely if not impossible that a future state school mask requirement will be reimposed based upon the unavailability of a COVID-19 vaccine for school-age children." Do you see that statement?
    - A. Yes, I see the statement.
    - Q. Have you seen that statement before today?
  - A. No, I have not seen that statement before today.
- Q. Okay. Do you agree with that statement?
  - A. Yes, I agree with that statement.



- 1 Q. Now, this statement was made on May 11; correct, 2 as I have showed it to you? Do you understand that? 3 A. Yes, I understand that. 4 Q. We are, you know, almost two months past that; 5 are you still in agreement that, as of today, that 6 statement is correct? 7 A. Yes, as of today, I believe that statement is 8 still correct. 9 MR. PICCIRILLI: Okay. We are done with that 10 one, and let's go to the next Exhibit. 11 EXHIBIT 2 FOR THE PLAINTIFFS MARKED FOR 12 **IDENTIFICATION** 13 (SCREEN SHARING) 14 Doctor, I've put up on the screen another 15 Exhibit. It looks like it's on official Department of 16 Health letterhead, dated May 20, 2022; do you see that? 17 A. Yes, I see this. 18 Q. This letter or memo was sent -- again, I'm 19 sorry; the computer is going slow here. So I'll scroll 20 down to the bottom of the memo, and there is a 21 signature, and it says, "James V. McDonald, MD, MPH"; 22 is that your signature? 23
  - A. Yes, it is my signature.
    - Q. You sent this memo on May 20th?
      - A. I don't know who sent the memo.



- Q. Well, it's addressed to, "Dear, Rhode Island
  Pre-K to 12 Families"; did you draft this letter?

  A. No. I did not draft this letter.
  - A. No, I did not draft this letter.
  - Q. Who drafted it?
- 5 A. I don't know who drafted the letter.
- 6 Q. But you signed it?
- 7 A. Yes.

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- Q. Did you read it before you signed it?
- 9 | A. Yes.
- 10 Q. Okay. Did you agree with everything that's in the letter or memo before you signed it?
- 12 A. Yes.
- Q. Okay. Did you know who this letter was going to?
  - A. I don't know who it's going to, other than what it says. I don't know the names of all of the Rhode Island Pre K-12 families, so I don't know those people.
  - Q. Why did you draft this letter, or had it drafted on your behalf?
    - A. It's an educational letter. It's a memo.
- 21 Q. Why did you draft it?
- A. It was to remind people of the recommendations
  that we had during the pandemic, and how they have
  changed as we are in the endemic state. So it was
  reminding people about what the recommendations are.



- Q. Okay. Did you have an understanding of how this was going to get out to all of the families of Pre-K to 12 students in Rhode Island?
  - A. I don't know how things get distributed to families from the Department, no.
  - Q. Well, it was your intention to have this memo go to every family in the State of Rhode Island that has Pre-K to 12 students; right?
  - A. Yes.

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- Q. Okay. So it was your expectation that somehow this memo would be sent through to some people who would then, ultimately, be able to forward it to all families in Rhode Island; correct?
- 14 A. Yes.
  - Q. So, you know, not to be cute about it, quite frankly, the way I got it, a school administrator, a principal in a public school, forwarded this to all of the e-mail addresses of all of the families in her school. So, presumably, she got the e-mail somehow from the Department of Health, sent to the school administrator, who then sent it to the families; does that make sense to you?
  - MS. WYRZYKOWSKI: Objection, compound question.

    Go ahead. Please answer, Doctor. I'm sorry.
    - A. Yes, it's a public document. I just don't know



- 1 | how it gets distributed.
- Q. Well, are you aware that one way to get
- 3 | information to parents of school children is to use the
- 4 | local school's e-mail server?
- 5 A. It's a possibility. I don't really get involved
- 6 | with how documents get distributed from my Department
- 7 | to anyone. That's done through different people.
- Q. Okay. But you wanted this to get to every
- 9 | parent in Rhode Island of school-age children?
- 10 A. Yes.
- 11 Q. Okay. You drafted this on May 20th; correct,
- 12 | Doctor?
- MS. WYRZYKOWSKI: Objection.
- 14 A. Yes.
- MS. WYRZYKOWSKI: The Doctor testified that he
- 16 | did not draft it.
- 17 | Q. Now, Doctor, your testimony was that the intent
- 18 of this was to remind people of recommendations. Do
- 19 | you see the word recommendation in this memo at all?
- 20 A. Yes, I do.
- 21 Q. Where?
- 22 | A. If you look at the -- one, two, three, four --
- 23 | fifth bullet, it says, "The CDC recommends an isolation
- 24 | period of at least 10, up to 20 days, for people who
- 25 | were severely ill with COVID-19 and for people with



- 1 weakened immune systems." I can't see the rest of the 2 memo, so I don't know if it appears otherwise. 3 Q. Let's go back to the first sentence. It says, 4 "We are writing to remind you of the Centers For 5 Disease Control and Prevention's (CDC) isolation 6 protocol for those who test positive for COVID-19." 7 Now, by we, are you referring to the Rhode Island 8 Department of Health? 9 A. Yes. 10 Q. Okay. It says the word protocol, not 11 recommendation; correct? 12 A. Yes. 13 Q. Why did you use the word protocol? 14 A. Because this is a protocol. 15 Q. What is your definition of a protocol? 16 A. It's generally a path of how to do something. Q. Would it be fair to say that you wanted people 17 18 to think that was a requirement, not a recommendation? 19 A. No. 20 Q. So you intended parents to read the word 21
  - Q. No, you did not -- I'm sorry. Did you want the parents to interpret the word protocol to mean recommended?

protocol to mean this is recommended, but not required?



A. No.

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- 1 I wanted parents to understand the word 2 protocol to mean protocol. 3
  - Q. Did you expect them to read that to mean required?
- 5 MS. WYRZYKOWSKI: Objection, asked and answered. Go ahead, Doctor. 6
- 7 A. No, I did not expect people to read it to mean required.
  - Q. Well, is protocol something that is recommended or required?
    - A. Well, the answer to that is it depends on what the situation you are talking about is.
- 13 Q. Okay. Let's go down to the first bullet point. 14 "Anyone who tests positive for COVID-19, even if they 15 are vaccinated, must stay home and isolate for at least 16 five days"; correct? Is that what it says?
  - A. Yes, that's what it says.
    - Q. Do you see the word must there?
  - A. Yes, I see the word must.
  - Q. Must means required; right?
- 21 A. Yes.
- 22 Q. So your intent with this letter is to tell 23 parents that they are required to do something?
- 24 A. Our intent --
- 25 Q. Right; is that correct?



- A. Our intent with this letter was to do what it says in the opening sentence, which was remind people of the Centers For Disease Control and Prevention's isolation protocol for those who test positive for COVID-19.
- Q. By the way, Doctor, the CDC's isolation protocol, they don't call it a protocol, they call it recommendations; correct?
  - A. I don't have the document in front of me.
- Q. Okay; we will get there. But getting back to the word must, so you agree with me that you are telling parents they must do something, it's required; correct?
- A. No, we are not saying that. What we are saying is, you have to look at the first sentence of the memo, and that these are the isolation protocol. It was standard public health practice across the United States of America that, since December of 2021, that people isolate for five days. You know, we have changed from that point. We are just reminding people about this requirement, recommendation, call it what you will, but we are trying to remind people what the Centers For Disease Control and Prevention had changed across the country.
  - Q. Doctor, the CDC doesn't issue mandates for



1 isolation; correct? 2 A. Yes; that is correct. 3 Q. The State of Rhode Island would be the entity, 4 either through the Department of Health, or the 5 Governor through an executive order, that could mandate 6 someone stay home and isolate; correct? 7 A. Yes. 8 Q. In fact, there was an Executive Order mandating 9 isolation under certain circumstances that was in 10 existence back earlier this year; correct? 11 A. That's too vague for me to answer. 12 MR. PICCIRILLI: Let me do this; I am going to 13 add another document here. Bear with me. 14 EXHIBIT 3 FOR THE PLAINTIFFS MARKED FOR 15 **IDENTIFICATION** 16 (SCREEN SHARING) 17 MS. WYRZYKOWSKI: Gregg, I am still in the room; 18 I am just going to get up for a second. 19 MR. PICCIRILLI: Yup. 20 MS. WYRZYKOWSKI: Gregg, don't talk. Hold on. 21 Something bad just happened. Did I just log out? think you are still there. Are you still here? Gregg, 22 23 can you hear us? 24 MR. PICCIRILLI: I can hear you. I don't know



if I can see you.

- 1 I don't know what happened. MS. WYRZYKOWSKI: 2 Hold on. Okay; we are back. Got it. It must have 3 been when you were uploading the document. We are good 4 now. 5 MR. PICCIRILLI: Okay. 6 MS. WYRZYKOWSKI: Sorry about that. 7 Q. I'm not sure, Doctor, everyone, can you see the 8 next Exhibit 3, CDC Quarantine and Isolation? 9 A. I can see this document. 10 So is this the document -- this is O. All right. 11 updated March 30, 2022 -- is this the document that you 12 relied upon for writing your May 20, 2022, memorandum? 13 A. I don't know if this is the document that was 14 relied upon. 15 Q. All right. Let me let you scroll through it a 16 little bit. Tell me if I am going too fast. Does this 17 look familiar to you? 18 A. Yes, this document does look familiar to me.
- Q. It talks about quarantining, when you should quarantine, what a quarantine is, why you should quarantine, what to do for quarantine, after quarantine; talks about isolation, how that's different from quarantine. Again, is this the document you relied upon in drafting your May 20 memo?
  - A. I mean, this looks like the same content that we



- would have used. I don't know if we, actually, looked at this particular document, but this is the content.
  - Q. All right. I will go back up to the beginning,
    I mean, it mirrors the recommendations, or the
    statements you make in your memo about staying home for
    at least five full days, wearing a well-fitting mask,
    things like that; right?
  - A. In late December, 2021, the Centers For Disease Control changed isolation from ten days to five days, and then day six through ten wearing a well-fitting mask. So that was the new standard, public health practice for the whole country. The content that is in the document you are showing us here, Exhibit 3, which is dated March 30, 2022, reflects the same content, I recall, from December, 2021.
  - Q. Okay. Again, this doesn't, nowhere in this document does it say this is mandated; correct?
  - MS. WYRZYKOWSKI: Objection. Doctor, please hold on so I can get my objection on the record. Objection, the Doctor stated he has not reviewed the Exhibit in its entirety. We did not receive it until 12:17 today. Doctor, if you can answer, please go ahead.
  - A. I can't see every word of the document, so I don't know if the word mandated is in it.



MR. PICCIRILLI: Okay. Fair enough. Let me go to the next document, Exhibit 4. Okay; come on. All right.

EXHIBIT 4 FOR THE PLAINTIFFS MARKED FOR IDENTIFICATION

## (SCREEN SHARING)

- Q. Exhibit 4, this is an Executive Order, 22-06, dated January 19, 2022. Can you see this document, Doctor?
  - A. Yes, I can see this document.
- Q. I am just going to scroll through it. Do you recognize this document?
- A. Yes.

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- Q. All right. If we scroll down to paragraph five, you see where it talks about a student or staff member in preschool who tests positive for COVID-19, or is in close contact with a person who tested positive, must comply with the isolation or quarantine requirements, as applicable, including any Monitor to Stay Quarantine Program, regarding the duration of the isolation or quarantine period, as well as the post-isolation or post-quarantine masking requirements, in accordance with RIDOH's Guidance for COVID-19 outbreak response for Pre K-12 schools, and it has a link?
  - A. Yes, I see that.



1 Q. Back in January of 2022, this was a mandate of 2 the Governor through an Executive Order; correct? 3 A. Yes. Q. Then, ultimately, this was renewed in February, 4 5 but it was allowed to expire in March of 2022; is that 6 correct? 7 A. Yes, my understanding is it was lifted March 4, 8 2022. Q. So there is no longer a Governor's executive 9 10 order mandating masking requirements under any RIDOH 11 quidance; correct? 12 MS. WYRZYKOWSKI: Objection, time frame, please, 13 Grega? 14 O. Doctor? 15 A. I am asking for the same question that Attorney 16 Wyrzykowski asked; what is the time frame you are 17 referring to? 18 Since this Executive Order expired, there O. Sure. 19 is no longer a masking requirement by a Governor's 20 executive order for post isolation or post quarantine 21 in accordance with RIDOH's guidance; correct? 22 A. Can you repeat that, please? I lost a little 23 bit of it.

This requirement in paragraph five



O. Sure.

expired in March of this year; correct?

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1 A. Yes.

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- Q. Since then, since March of this year, there is no further Governor's executive order that mandates this; correct, what is in paragraph five?
  - A. Yes; that is correct.
- Q. Okay. Is there any Rhode Island Department of Health mandate, either through regulation or some other document, that mandates masking under these guidelines?
- MS. WYRZYKOWSKI: I'm sorry. Somebody is not muted; I am hearing a lot of background noise.
- MR. PICCIRILLI: Anybody who is joining, you must mute and keep your video off.
- MS. WYRZYKOWSKI: Sorry to interrupt you, Gregg.

  Go ahead. I apologize.
  - MR. PICCIRILLI: No, thank you for bringing that up.
    - Q. Okay. Doctor, again, since March of 2022, when this Executive Order expired, there is no Department of Health regulation which mandates the wearing of masks post isolation or post quarantine; correct?
      - A. Yes; that is correct.
  - Q. In fact, there is no Department of Health regulation mandating masks at all since March of 2022; correct?
    - A. Yes; that is correct.



Q. Okay. Going back to your memo, Exhibit 2, when you wrote the words, "Anyone who tests positive for COVID-19 must stay home," under what legal authority did you assert that that is a requirement, that people stay home?

MS. WYRZYKOWSKI: Objection. Question calls for a legal opinion, which the Doctor is not an attorney. Doctor, if you are able to answer that question, please, go ahead.

A. Yeah, I don't agree that this is a requirement. What this reflects is the standard public health practice across the United States issued by the Centers For Disease Control and Prevention. It's very consistent with the Exhibit 3 that you showed. These are the same concepts that have been discussed since late December of 2021 about isolation; but there doesn't — there is no enforcement authority of this memo. It's simply a memo. There is no way to enforce it.

Q. Well, if I am an administrator in a school, and I get this memo, and I am told to send this to parents; and a parent says, well, I am not going to follow this, would you expect the administrator to tell the parent, well, then your child can't come to school?

MS. WYRZYKOWSKI: Objection, calls for



1 | hypothetical. Doctor, go ahead if you can.

- A. You know, I am not here to answer how school administrators would interpret. It's up to a school administrator to interpret how they interpret things.
- Q. So a school administrator reading the word must would -- you would expect them to interpret that to mean they have to do this; and if they don't, they can't come back to school?

MS. WYRZYKOWSKI: Objection, same as the last. Doctor, go ahead.

- A. Yeah, I have already said this is a memo. It's reflecting what was stated as a nationally accepted standard of public health practice from the Centers For Disease Control and Prevention. I think that most school administrators recognize that the Centers For Disease Control and Prevention is the nation's leading public health authority. I think they would give credible weight to what it says there; but how they actually implement this is really up to the school administrator.
- Q. Let's go down to the third bullet where it actually talks about wearing a mask. It says, "On days six to ten of their isolation period, they," I am assuming means students, "must wear a well-fitting mask"; is that correct?



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- 1 A. It's correct; that's what the statement says.
- Q. Okay. Again, you have used the word must there;

  3 correct?
  - A. Yes, the word must is there.
  - Q. Then in the next bullet it says, "If students or staff are unable to wear a mask at school, they must stay at home for the full ten days following the positive test"; do you see that?
    - A. Yes, I see that statement.
  - Q. So you are telling parents, through school administrators, that they either must wear a mask; and if they can't, they must stay home; correct?
  - A. No. What I said was we are reminding parents of the Centers For Disease Control and Prevention, the nation's leading public health authority, on the isolation protocol for people that test positive for COVID-19. It's not an enforceable document from the Department of Health.
  - Q. You were just trying to mislead parents when you used the word must?
- 21 MS. WYRZYKOWSKI: Objection, argumentative.
- 22 Doctor, go ahead if you can.
- A. No. The Rhode Island Department of Health was not trying to mislead parents.
  - Q. Were you trying to trick them into thinking they



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must do something, even though you had no legal authority to tell them they must do it?

MS. WYRZYKOWSKI: Objection, same, and compound. Go ahead, Doctor.

The intent of the memo is clearly stated in A. No. the first sentence. We are reminding people of the Centers For Disease Control and Prevention's isolation protocol for those that test positive for COVID-19. There is no attempt to trick or deceive or coerce It's simply just telling people what was the national standard. I think we would all agree over these last two-and-a-half years there is a lot of information for parents to process, a lot of information for parents to understand. One of the functions of the Rhode Island Department of Health is to educate the public, especially Rhode Islanders, about our national standards. That's all this memo is intending to do. It's not an enforceable document; it's simply a memo.

- Q. Well, Doctor, you would agree with me that giving clear, understandable advice to the public is an important function of public health officials during a pandemic or an epidemic such as COVID; correct?
  - A. Yes, I agree.
  - Q. It's important to be straightforward with



people, not to mislead them about public health issues;
correct?

A. Yes.

Q. Okay. So explain to me how it is straightforward and clear to a parent who is reading this memo that what they are being asked to do is a recommendation, it's not a mandate, because it seems to me any average parent reading this is going to read this to say, I must do this under some penalty if I don't?

MS. WYRZYKOWSKI: Objection, form, calls for hypothetical, compound. Doctor, go ahead if you can.

A. I think the intent of the memo is really clear, it's in the first sentence, rather than repeat that again. I think it's very straightforward. This is not new information. This is the same information people have been hearing for quite some time. What we simply tried to do is put it in one place, because, quite frankly, people were getting a lot of information, and make sure people knew what was the new recommendations from the Centers For Disease Control. I don't think it's confusing, I don't think it's coercive, and I don't think there's anything that's unusual about it. I think it's just reiterating the same content you showed in Exhibit 3 from the Centers For Disease



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- Q. I think you just said, to make sure people do what they must do; is that what you just said?
- A. Maybe the court reporter can read back what I just said.
  - Q. You don't recall what you just said?
- A. I simply asked if the court reporter would be willing to read it back.
  - Q. Doctor, this is my deposition, not yours.
  - A. I understand.
- Q. Let's move on, Doctor. So it is your testimony that a parent of average, you know, understanding and awareness, reading this memo, would understand that even though you say the word must, it really means recommended, you don't have to; is that your testimony?
- MS. WYRZYKOWSKI: Objection, same as the last. Go ahead, Doctor.
  - A. Yes, it's clearly recommendations. There is nothing enforceable about this. It's simply a memo. It's not a rule. It's not a regulation. It's not a law. It's not an executive order.
- Q. By the way, if you read -- on this page, I see the word must four times; do you see that?
  - A. I am looking at the memo right now to identify all of the times the word must is there. I see in the



- first bullet, and then I am looking to see where it is again. It looks like it's in the third bullet. Looks like it's in the fourth bullet, and it's in the sixth bullet.
  - Q. Right. So you use the word must four times in this memo; correct?
  - A. At least in the part I can see. I don't know if it's used below where the screen is.
  - Q. That's it. There is nothing further. There is nothing further after that. So you used the word must four times, and it is still your testimony that what you intended to convey to parents was that this was recommended, not mandated?
  - MS. WYRZYKOWSKI: Objection, same. Go ahead, Doctor.
  - A. Yeah, as I said before, if you read the top sentence, we are simply reiterating what has been advanced by the Centers For Disease Control and Prevention. It's not a rule; it's not a regulation; it's not a law; it's not an executive order. It's simply a memo. It's simply not enforceable. This is reflecting upon people what is the nationally accepted public health practice.
  - Q. Okay. I am going to move on here. I will put up Exhibit 5.



1 EXHIBIT 5 FOR THE PLAINTIFFS MARKED FOR 2 **IDENTIFICATION** 3 (SCREEN SHARING) 4 Q. Doctor, can you see this document? It says, 5 "Memo," and it's dated May 19, 2022? 6 A. Yes, I see this memo dated May 19, 2022. 7 Q. Okay. Again, I will scroll through for your 8 benefit. Let me know, have you seen this document 9 before? 10 A. Yes, I have seen this document. 11 Q. Okay. It's two pages. 12 MS. WYRZYKOWSKI: Gregg, while the Doctor takes 13 a look at that real quick, I have been advised that I 14 am to object to the questions with respect to the May 19 memo as outside the scope. Can I have a 15 16 standing objection with respect to this line of questioning, as opposed to doing it each time? 17 18 MR. PICCIRILLI: I prefer that. 19 MS. WYRZYKOWSKI: Okay. Just with respect to 20 this memo. Thank you. 21 MR. PICCIRILLI: Okay. I appreciate that you 22 don't do it every time. 23 Q. So, again, Doctor, this memo, as you see on the 24 top, there is no signature, no one that says who from 25 the Department of Health sent this memo; correct?



- 1 A. That is correct.
- Q. If you scroll down to the bottom, again, there
  is no signature; correct?
  - A. That is correct.

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- Q. In fact, it does, at the bottom, if you have a question, you have to contact this generic e-mail address, RIDOH.COVIDK12Questions@health.ri.gov.
  - A. That's exactly what it says, yes.
    - Q. Do you know who monitors that e-mail address?
- 10 A. I do not know the names of the individuals that
  11 monitor that e-mail address.
- 12 Q. Do you know what department they work in?
- 13 A. They work at the Rhode Island Department of Health.
- Q. Is there some special section of that Department that they work in, Communications, something?
  - A. Yes, there is a special section.
- 18 0. What is that section?
- 19 A. It's the COVID section.
- Q. The COVID section. Who is the head of the COVID section?
- 22 A. Right now, or at a different time?
- Q. On May 19 of this year.
- A. At that time, it would have been Kristine



Campagna.

- Q. Kristine Campagna. What is Kristine Campagna's
  position?
  - A. Right now, or then?
- 4 Q. On May 19.

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- 5 A. She was the head of the COVID unit.
- Q. Is it just called the COVID unit, or is there some other official name?
- A. There might be another official name. I am just used to calling it the COVID unit.
  - Q. Okay. So is she the director of the COVID unit?
- 11 A. She was the head of it. I don't know what her
  12 official title was.
- Q. Are there -- who else is in this COVID unit?
- A. When are you referring to, what time frame?
- 15 Q. I'm sorry. Again, May 19.
- A. At that time there was probably close to 3, 400 people in the COVID unit, so I don't know all their
- 18 names. I didn't meet everybody.
- Q. I've got you. All right. Do you know who drafted this memo?
  - A. No, I don't know who drafted the memo.
- Q. Were you aware that this memo went out on
- 23 | May 19, 2022?
- 24 A. Yes.
- Q. How did you become aware of that?



- 1 A. I don't remember.
  - Q. Did someone have to present it to you for your approval before it went out?
    - A. No.

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- Q. So this Kristine Campagna had the authority to send this memo, or have her department send this out without running it by you first?
  - A. I don't know who is the one who approved it.
- Q. Okay. Well, when did you become aware that this memo went out?
- A. I don't exactly remember.
- Q. Was it before or after May 19?
- 13 A. It was after May 19.
- 14 Q. How did you become aware of it?
- 15 A. It was part of this new line of litigation.
- Q. So the first time you heard about it was when
  litigation started, or some legal filing that I made on
  behalf of the Plaintiffs, that's the first time you
- 19 | heard of it?
- A. Yes. I mean, I was aware of the concept of the memo, and aware that we were communicating. You asked if I had, actually, seen the final memo; and the answer was, no, I had not.
- Q. Okay. Since you became aware of it, did you inquire as to who in the Department of Health authored



1 this memo? 2 A. No. 3 Q. Do you know now who authored it? 4 A. No. 5 Q. I was told by an attorney at the Attorney 6 General's Office that they communicated with Bruce 7 Tedesco about this memo; do you know who Bruce Tedesco 8 is? 9 A. Yes. 10 O. Who is he? 11 A. Right now? 12 Q. Back on May 19th. 13 A. May 19th, he was one of the attorneys that 14 worked with the Department of Health, that had many 15 responsibilities. 16 Q. I was told that Bruce Tedesco was looking into 17 who drafted this memo, and I was told that it was a 18 collaboration of four different people; did you know 19 t.hat.? 20 A. I didn't know that. 21 Q. So you don't know who these four people might 22 be? 23 A. No. 24 Q. I was also told that I was going to get this

information from the attorneys at the Attorney



- General's Office, but then they changed their mind, and refused to tell me who these four people are; are you aware of that?
  - A. No.

- Q. Do you think I have a right to know who wrote this memo?
- MS. WYRZYKOWSKI: Objection, argumentative. Go ahead, Doctor.
- A. You know, I really don't think you have a right to know who wrote the memo.
  - Q. Why not?
- A. Because, ultimately, I am responsible for what comes out of the Department of Health during this time, because I was the Director. So I am the one who is responsible for the content. I am the leader; I accept leadership responsibility. People who work for the Department are aligned with my leadership principle. Everything in this memo comports with the leadership concepts I have talked about. The content that's in the memo simply reflects what we knew, as far as the Centers For Disease Control and Prevention, because the Centers For Disease Control and Prevention changed their guidance in the end of March, 2022, and this memo just simply refreshes that with people. So I think it's a very helpful memo. It's just meant to remind

- 1 | people of how we are approaching, and that's what is in
- 2 | the subject. In other words, mitigation strategies for
- 3 | high COVID-19 community level, this is just an
- 4 | educational document meant to be helpful and to be
- 5 | informative, and I think it is. So I think who
- 6 | actually wrote it, really, quite frankly, isn't that
- 7 | critical for you to know.
- Q. As part of this, the new round of litigation,
- 9 | you are aware that the City of Providence reinstituted
- 10 | a mask mandate shortly after this memo came out;
- 11 | correct?
- 12 A. I learned about it through the media, that the
- 13 | City of Providence did this.
- Q. Okay. You are aware that that prompted a new
- 15 | round of litigation, we were going to have a hearing on
- 16 | a temporary restraining order, you were going to have
- 17 | to testify at that hearing, but then that hearing got
- 18 | canceled; you are aware of all of that?
- A. I am really not aware of all of that. It's the
- 20 attorneys who have handled much of this, so I, quite
- 21 | frankly, wasn't aware there was new litigation. I
- 22 | wasn't aware that I was going to have to testify.
- Q. Okay. As part of that new round of litigation,
- 24 | I was in communication with an attorney from the Rhode
- 25 | Island Department of Health, a gentleman by the name of



Anthony Cottone; do you know who Anthony Cottone is?

MS. WYRZYKOWSKI: Gregg, it's not Department of

Health. I think you mean RIDE.

MR. PICCIRILLI: I'm sorry. Department of Education, Rhode Island Department of Education.

- Q. He is a lawyer for the Rhode Island Department of Education; do you know who he is, Anthony Cottone?
- A. I do not know who Anthony Cottone is. I cannot verify that he is an attorney, and I cannot verify that he works for the Rhode Island Department of Education.
- Q. Fair enough. I was told by Attorney Cottone that there is a K to 12 working group, which includes the Rhode Island Department of Ed.'s Deputy Commissioner, Kelvin Roldan, and Associate Chief of Staff, Maureen Dizon, that meets at least once a week, and includes representatives of both RIDOH, as well as the Governor's Office. Are you aware of this K to 12 working group that meets between the Department of Ed., Department of Health, and the Governor's Office once a week?
- A. No, I am not aware of the frequency of their meetings. It's possible it's true. I have no reason to doubt it; but, no, I don't really know. I am not that granular at the department level. As Interim Director, I really wasn't that granular about who was



1 | meeting with who and how often.

- Q. Doctor, you testified that the buck stops with you; right?
- A. It does, but I don't micromanage. So if you are telling me that the people at the Department of Health met with the Governor's Office and Department of Education, I have no reason to doubt it; but I am not aware of these meetings, no.
- Q. Do you happen to know who the Deputy Commissioner is, Kelvin Roldan?
- A. No, I don't know who this person is, and I can't verify their title or their place of employment.
- Q. So you are not aware of anything having to do with the K to 12 working group that involves the Department of Health employees?
- A. You know, I don't really micromanage at the Department. If you are telling me people met, they may have met. I just don't know how frequently they did it, or what. It sounds like something legit, sounds like something that happened. I am not that granular; I don't micromanage. I don't know.
- Q. Doctor, I am trying to be very specific. Are you aware of a K to 12 working group?
- A. So I know inside the Rhode Island Department of Health there was a K through 12 working group. I just



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- 1 | don't know who they met with, or how often they met.
- Q. Who was in this K to 12 working group in the Department of Health?
  - A. I don't know.
- Q. Was Jamie Comella one of the people involved in this K to 12 working group?
  - A. Jamie Comella does work for the Rhode Island Department of Health; and she was involved with K-12, so she certainly could have been involved with the working group.
  - Q. Back on May 19, what was Jamie Comella's position with the Department of Health?
    - A. I don't know what Jamie Comella's position was.
  - Q. Do you know who she is; I mean, have you met with her?
  - A. I have known Jamie Comella very well. Met her numerous times. Just don't know the official title of her position.
  - Q. If I told you her title, as related to me, is Director of Epidemiological Operations at the RIDOH'S COVID-19 Unit, does that refresh your recollection as to what her title might be?
- A. It's possible that is her title. I just don't know what her title is.
  - Q. I was also told by Attorney Cottone that it was



- Jamie Comella who was most responsible for communicating to RIDE about this May 19 memo; were you
- 3 | aware of that?

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- A. No, I am not aware of that. It doesn't surprise me. It could very well be true.
  - Q. So today is the first time that you have heard that?
  - A. I really don't know who authored the memo, as I said previously.
    - Q. That's not the question I asked, Doctor. I said, I was told that Jamie Comella is the person most responsible for communicating to RIDE about this May 19 memo. I am asking you: Did you know that on May 19?
      - A. No, I did not know that on May 19.
    - Q. When is the first time you learned that since May 19?
- MS. WYRZYKOWSKI: Objection, form. Go ahead,

  Doctor.
  - A. You just said it a few minutes ago. As I said before, I really didn't know who wrote the memo.
  - Q. So before I just said it to you right now, you did not know whether or not Jamie Comella was the person most responsible for communicating to RIDE about this memo?
    - A. That is correct. I mean, I am assuming what you



- 1 | are telling me is true; but, no, I didn't know.
- Q. All right. Well, you don't have any reason to
- 3 | doubt that an attorney, the head attorney for the
- 4 Department of Education, would tell me something that's
- 5 | not true?
- A. I have no reason to believe that he wouldn't be
- 7 | saying something that is true.
- Q. He also wrote to me that this memo, this May
- 9 | 19th memo, should be interpreted as recommending that
- 10 | school districts located in high-tier communities
- 11 | mandate the wearing of face masks while in school.
- MS. WYRZYKOWSKI: Gregg, is there a way to
- 13 | identify when this was? Is this something that we were
- 14 | copied on? I am trying to get a time frame here, and
- 15 | if I knew about it.
- MR. PICCIRILLI: It's in my memo to the Court
- demanding this deposition that you objected to.
- MS. WYRZYKOWSKI: Okay. So it's that
- 19 attachment. Thank you. Just wanted to clarify.
- 20 | Didn't have it in front of me.
- 21 MR. PICCIRILLI: I quoted the e-mail verbatim in
- 22 | at least one of my legal filings in the last couple of
- 23 | weeks.
- MS. WYRZYKOWSKI: Thank you. Just didn't recall
- 25 | it. Thank you.



- 1 Q. Let's get back to it again. Doctor, I was told 2 by Mr. Cottone, Anthony Cottone, the attorney for RIDE, 3 that Ms. Comella stated to RIDE that this memo, this May 19 memo, should be interpreted as recommending that 4 5 school districts located in high-tier communities 6 mandate the wearing of face masks while in school. 7 Were you aware of that on May 19, that Ms. Comella was 8 telling RIDE that statement? 9 MS. WYRZYKOWSKI: Objection, form. Go ahead, 10 Doctor. 11 A. No, I have no way to verify the veracity of your 12 statement. 13 Q. Would it be within Ms. Comella's power to 14 communicate to RIDE that school districts should be 15 mandating masks? 16 A. No. 17 Q. So she would have to get the approval of someone 18 else in the Department of Health to make that statement 19 to someone at RIDE?
- 20 A. Yes.

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- Q. Would that person be you?
- A. This is -- it would have to be me. It would have to be more than me, quite frankly. If we are going to mandate something, it would have to be a regulation, so it would have to be done through the



- Director of Health and the Governor's Office. So I, alone, don't have that authority.
  - Q. Just to be clear, she is not saying that the Department of Health will be mandating masks. What I have been told is that she was telling school districts that they should mandate masks; do you understand the difference?
- 8 MS. WYRZYKOWSKI: Objection, form. Go ahead,
  9 Doctor.
  - A. I am -- I really don't understand the difference because, quite frankly, this is a memo. There is nothing in this memo that looks like it's a requirement. So, quite frankly, I'm not sure how to respond to what you are suggesting here.
  - Q. Well, let's look at this memo, and let's look at the first bullet point and, actually, the sentence right before it. It says, "In line with CDC recommendations, as outlined in the Pre-K to 12 Outbreak Response Playbook, RIDOH recommends that schools in counties in CDC's 'high' tier take the following mitigation steps," and the first one is, "Implement universal indoor masking policies." Do you see that?
    - A. Yes, I see the statement you just referred to.
    - Q. Again, a person of average intelligence reading



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- that -- I would read that to say implement a mask
  mandate, would you say -- would you agree with that?

  MS. WYRZYKOWSKI: Objection, form, calls for
  speculation. Go ahead, Doctor.

  A. No, I don't interpret it the same way you
  - A. No, I don't interpret it the same way you interpreted it. It's clear, very clear.
  - Q. What is clear about it? What is a universal indoor masking policy?
    - A. It's the sentence before it that's clear.
  - Q. Doctor, what is a universal indoor masking policy?
    - MS. WYRZYKOWSKI: Gregg, Gregg, you just cut out. Can you please restate that question, or have the steno read it back. You completely cut out on our end.
    - MR. PICCIRILLI: I will start again. I may have been talking over the Doctor. I apologize if I was. Let me start again.
    - Q. How do you define universal indoor masking policy?
    - A. So the sentence above it is clear, it says, "In line with CDC recommendations, as outlined in the Pre-K to 12 Outbreak Response Playbook, RIDOH recommends that schools in counties in CDC's 'high' tier take the following mitigation steps: Implement universal indoor masking policies," is what it says. This is simply



- reiterating what the Centers For Disease Control came out with at the end of March of 2022. The CDC came out with community levels, it's referenced in the hyperlink in the two paragraphs above. These are clearly recommendations. I don't see anything here that looks like the word mandate or anything that says the word requirement here. So it's simply recommendations.
- Q. So if the Providence School Department, and the Commissioner of Education who is running the Providence School Department, interpreted universal indoor masking policy to mean mask mandates, they would be wrong?
- MS. WYRZYKOWSKI: Objection, compound, calls for speculation. Doctor, go ahead.
- A. I don't know how -- you know, schools require a lot of things, and schools interpret our guidance through the lens of how they see the school district they have there. So a school superintendent can interpret our guidance and decide how to implement it as best they see fit. That's up to the school administrator. It's not up to us.
- Q. I will ask the question again, Doctor: The Superintendent of Schools in Providence, and the Commissioner of Education who runs the Providence School Department, if they interpreted universal indoor masking policies to mean mask mandate, would they be



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- 1 | right, or would they be wrong?
- 2 MS. WYRZYKOWSKI: Objection, form, calls for 3 speculation. Doctor, go ahead.
- A. Yeah, you know, as I just said, it's really up

  5 to --
  - Q. Doctor, don't. Just answer the question. Would they be right, or would they be wrong?
    - MS. WYRZYKOWSKI: Objection, same as last.
  - MR. PICCIRILLI: You know, we have two-and-a-half hours that we have agreed to here. I don't want to waste time going over and over this. It's going to cut into that two-and-a-half hours unfairly. I haven't brought that up yet, but I am going to bring it up now.
  - Q. I am going to ask you again, Doctor: Would the Superintendent and the Commissioner of Education be right or wrong in interpreting universal indoor masking policy to mean mask mandate?
  - MS. WYRZYKOWSKI: Objection, same. Doctor, if you can.
    - A. It's clearly not a mask mandate.
    - Q. Okay. They would be wrong; correct?
  - A. It's not a mask mandate. You are correct; it is not a mask mandate. Absolutely right; it is not a mask mandate.
    - Q. Thank you, Doctor. Thank you. Thank you. So



1 if Jamie Comella had told anyone at the Department of 2 Ed., or any school superintendent, that you should 3 interpret that statement, universal indoor masking 4 policy, to mean mask mandate, Jamie Comella would be 5 wrong? 6 MS. WYRZYKOWSKI: Objection, same as last. 7 Gregg, you cut out again. Doctor, if you can answer. 8 A. It's clearly not a mask mandate. 9 Q. By the way, is Jamie Comella still working at 10 the Department of Health? 11 A. Yes, as far as I know. 12 Q. Okay. Have you had any discussions with her 13 between May of this year and today? 14 A. Not that I recall. 15 MR. PICCIRILLI: Okay. All right. I am going 16 to switch now to Exhibit 6. I have to go through some 17 of the other Exhibits. I apologize; my computer is 18 going slow. I am trying to get Exhibit 6 up. Here it 19 is. 20 EXHIBIT 6 FOR THE PLAINTIFFS MARKED FOR 21 **IDENTIFICATION** 22 (SCREEN SHARING) 23 Q. Doctor, who is Dr. Philip Chan? 24 A. Dr. Philip Chan has many roles, one of them is a

consulting medical director to the Rhode Island



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- Q. So is he, technically, not an employee of the Department of Health?
- A. Dr. Chan is a contractor with a Rhode Island Department of Health.
  - Q. So, like, a 1099 contractor, not a W-9 employee?
- A. I don't, actually, know the difference well enough to say the difference between 1099 and employee. I just know he is referred to as a contractor. I don't know how much he gets paid, or how often he gets paid.
- Q. Okay; fair enough. Has his position changed at all since May 19th, as far as you know?
  - A. Not as far as I know.
- Q. Okay. Does Dr. Chan have the authority to make statements publicly on Department of Health policy?
- A. Sometimes he does represent the Department, sometimes he represents himself.
- Q. For example, Doctor, do you recall when the Governor made his announcement that the mask mandates were ending, that was around March 4th of this year; is that correct, to the best you recollect?
- A. Actually, if I recall, it was, actually, before then, because I was at a press conference with Governor McKee, and I believe it was, actually, at the Statehouse. I want to say it was a week before he made



1 | that announcement.

- Q. Okay. Do you recall that there was another press conference around March 4th that Dr. Chan stood in for you, because you couldn't make it, talking about cases and hospitalizations and the new tiered, the new tiered levels, and what they meant?
- A. That may have been the case. I don't recall specifically, but it sounds like something that could have happened. Sure.
- Q. Okay. By the way, Doctor, what happened around that time, February, March, of this year, in terms of the CDC guidance regarding masking? There was a change; correct?
  - A. Yes, there was a change.
- Q. Correct me if I am wrong, but as I understand it, the change was instead of just looking at cases, the new metric was to look at hospitalizations; is that right?
  - A. That's, actually, not right.
    - Q. Correct me. I'm sorry.
- A. It was not until the end of March, 2022, that the Centers For Disease Control and Prevention came out with the community levels of transmission. So we were in this situation before, where they had substantial —you know, low, substantial, moderate, and high, and



- then that changed officially, if I recall correctly,
  March 24, 2022, where they went to a low, medium, and
  high community levels of transmission, and that refers
  to what you are talking about where it was a certain
  case count per hundred thousand per population, but
  also, number of people being admitted, and then how
  many people in your household due to COVID.
  - Q. All right. So the low and medium and high tier, what information goes into determining whether you are in the low, medium, or high?
  - A. One of the metrics is number of cases per hundred thousand per week. If you were more that 200 cases per hundred thousand a week, that's one of the metrics. A second metric is what percentage of, you know, number of people being admitted based on the population, and the third metric is the percentage of your hospital beds that are occupied by people with COVID.
  - Q. Okay. Now, on May, around May 23, 2022, Exhibit 6, there was a story on WPRI, I believe it's not on this Exhibit; I couldn't get it to print from the Internet but I believe it's an article written by a Melanie Dasilva, from WPRI, and in this article, she quotes Dr. Chan. This article is about Central Falls reinstituting a mask mandate for their schools.



1 Excuse me, Gregg, before you MS. WYRZYKOWSKI: 2 proceed, do you have the title of this Exhibit and/or the date? 3 4 Yeah, so it's May 23, 2022. MR. PICCIRILLI: 5 MS. WYRZYKOWSKI: Thank you. 6 Article on WPRI's website. MR. PICCIRILLI: The 7 author of the article, again, doesn't appear on here, 8 but her name is Melanie Dasilva. 9 MS. WYRZYKOWSKI: Yes. Is there a title? 10 MR. PICCIRILLI: I'm sorry? 11 MS. WYRZYKOWSKI: Is there a title? 12 MR. PICCIRILLI: Title of the article? 13 MS. WYRZYKOWSKI: Yeah, it's not on here. 14 MR. PICCIRILLI: I'm sorry. Central Falls -- I 15 thought it was on there. It's Central Falls 16 Reinstitutes Mask Mandate, I think, something like 17 t.hat. 18 MS. WYRZYKOWSKI: Go ahead, Gregg. I'm sorry. 19 MR. PICCIRILLI: Again, I cite this in my brief, 20 my legal brief. 21 MS. WYRZYKOWSKI: Thank you. 22 Q. So about, you know, partway down this article, 23 there is an interview with Dr. Chan, or a statement 24 from Dr. Chan, and I have scrolled down. Do you see

where it says, "Dr. Philip Chan, the consulting medical



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- director of the Rhode Island Department of Health, told
  News last week that at this time RIDOH is aligned
  with CDC guidance"; do you see that?
  - A. Yes, I see that.
  - Q. Then he goes on to say, and this is quoted, I haven't taken Dr. Chan's deposition yet to confirm whether he agrees that he said this, but for now let's assume that he did. Okay? He says, "We certainly agree with it, that when our community levels are high like they are now, that people should mask when they're indoors, but we are not going to be mandating it. We strongly recommend it, but at this point in the pandemic, certainly as we learn to live with the virus, it's really up to people to make their own personal decisions." Do you see that statement?
    - A. Yes, I see that statement.
    - Q. Do you agree with that statement?
  - A. Yes, I agree with that statement.
- 19 Q. Did you agree with it back on May 23?
- 20 A. Yes.
  - Q. Okay. Do you agree with it today?
- 22 A. Yes.
- Q. All right. Doctor, let's see now -- how do I

  get this back to normal? There we go. So, Doctor,

  since you became the Interim Director of Health toward



- the end of January of this year, have you had any
  discussions with anyone at either the Department of
  Health or in the Governor's Office regarding reimposing
  mask mandates once they expired in March?
  - A. No.

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- Q. Okay. Can you think of any circumstances under which you would recommend that the Department of Health or the Governor reimpose a mask mandate in the state?
- MS. WYRZYKOWSKI: Objection, calls for speculation. Doctor, go ahead.
- A. Yes.
  - Q. What would those circumstance be?
  - A. If there is a new disease that was spread primarily through respiratory droplets, and it was highly contagious, and caused significant morbidity and mortality, then I would recommend to the Governor that he consider that.
  - Q. I think, Doctor, you recall at the very beginning of this case you testified at a preliminary injunction hearing back in October of last year; do you recall that?
    - A. Yes, I do recall that.
- Q. I recall your testimony at the time that the reason COVID-19 was a pandemic was, basically, three things: One, that it was novel, nobody had ever had



- the disease before; two, that there were no treatments, 1 2 known treatments at the time; and three, that there was 3 a fear that hospitals would be overrun with sick people, and that could have a very bad health impact on 4 5 the population. Do you recall that? 6 A. Yes, I do. 7 Q. Do you agree that those were the three factors 8 that made COVID-19 a unique pandemic or a novel 9 pandemic? 10 A. Yes. 11 Q. Okay. Would you agree with me that COVID-19 is 12 no longer a novel pandemic? 13 A. Yes. 14 Q. And because, A, many people have now gotten the 15 disease, probably over three-quarters of the 16 population; correct? A. Yes. 17 18 Q. Two, we have some very effective treatments, be 19 it the vaccine or other therapeutics; correct? 20 A. Yes. 21 Q. And, in fact, as of just recently, at least in 22 the United States, anyone can take the vaccine, a child
- 24 A. Yes.

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Q. And third, there has never been an overwhelming

as young as six months old can take it; correct?



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- 1 | of hospitals in Rhode Island; correct?
  - A. That's false.
  - Q. When was there an overwhelming of hospitals to the point where people were not being treated and dying?
    - A. Martin Luther King Day weekend 2022.
  - Q. So there were people who were not being treated in hospitals and dying because of COVID-19 back in January of this year?
  - A. You asked if the hospitals were overwhelmed. I answered they were overwhelmed Martin Luther King Day weekend 2022. I don't know how many people may have suffered adverse health consequences or may have passed away because of that, I don't know. What I do know is the hospitals were overwhelmed Martin Luther King Day weekend 2022.
  - Q. Were they overwhelmed because of COVID patients, or for some other reason?
    - A. Yes.
  - Q. What percentage of patients were COVID patients on Martin Luther King weekend?
  - A. I don't know, but that Martin Luther King Day weekend was by far the highest number of cases we've had in the state during the entire pandemic.
    - Q. Well, just because there are cases -- what about



1 hospitalizations, was it highest number of 2 hospitalizations? 3 A. Yes. 4 Q. All right. But since then, hospitalizations for 5 COVID have gone way down; right? 6 A. Yes. 7 O. In fact --8 MR. PICCIRILLI: This is going to be a new 9 Exhibit I did not send out earlier; we are going to 10 mark it as 11. It's an e-mail from Annemarie 11 Beardsworth, dated June 10, 2022, to Dr. Andy Bostom. 12 Hold on; let me see if I can share it. 13 EXHIBIT 11 FOR THE PLAINTIFFS MARKED FOR 14 **IDENTIFICATION** 15 (SCREEN SHARING) 16 Q. Okay. Does everybody see it? 17 MS. WYRZYKOWSKI: Not yet, Gregg, give it a 18 second. Got it up. 19 Q. Doctor, can you see it? 20 A. Yes, I can see it. 21 O. So Annemarie Beardsworth, is she someone who 22 works in the Communications for RIDOH? 23 A. Yes. 24 Q. She works with Joseph Wendelken? 25 A. Yes.



- 1 Q. So she had the authority to send this e-mail out 2 on behalf of the Department to someone from the public 3 who was asking for information; correct? 4 A. Yes. 5 Q. In this e-mail, the request was by Dr. Bostom to 6 get information regarding hospitalizations from 7 February 13 to June 4 of this year, a 16-week period; 8 do you see that? 9 A. I see that. 10 O. And he asks that it be broken down -- I am not 11 going to get into how he wanted it more granular than 12 this -- but, ultimately, what he was provided was a 13 breakdown under 18 and over 18; do you see that? 14 A. Yes. 15 Q. For this 16-week period, do you see where the under-18 group, 0 to 17, there were 43 COVID 16 17 hospitalizations over a 16-week period; do you see 18 t.hat.? 19 A. Yes.
  - Q. Hospitalizations where it was, COVID was primary and contributing was 21; do you see that?
    - A. Yes.

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Q. So that would mean that in the 16-week period, under two hospitalizations per week in Rhode Island for pediatric COVID infections; right?



- 1 A. Yes.
- Q. Okay. Over 18, the primary and contributing
- 3 | hospitalizations were 592 over that 16-week period;
- 4 | correct?
- 5 A. Yes.
- Q. That's about 37 a week. I did the math. Do you
- 7 | trust me?
- 8 A. Sure.
- 9 Q. Okay. So 37 -- do you know how many hospital
- 10 | beds there are in Rhode Island during that period of
- 11 | time?
- 12 A. I don't know off the top of my head, no.
- Q. Do you remember when you were testifying back in
- 14 October, you had a whole bunch of dashboards and
- documents that showed overcrowding of hospitals; do you
- 16 | remember all of that?
- 17 A. Yes.
- 18 Q. I recall that there were about 2,000 hospital
- 19 beds in Rhode Island back then; does that sound about
- 20 | right?
- 21 A. It does sound about right.
- 22 Q. Okay. So 37 in a week, that's less than 2
- 23 | percent of hospital beds being occupied by COVID
- 24 | patients during this 16-week period; would you agree
- 25 | with that?



1 A. Yes.

- Q. Okay.
- MR. PICCIRILLI: We will get that -- I will get that document to you, Chrisanne.
  - MS. WYRZYKOWSKI: Thank you.
  - Q. So let's get back to when you might think there would be a mask mandate reimposed. Would you agree then that there is no circumstance under which you would be recommending a mask mandate for COVID-19 going forward from today?
  - A. Oh, yes, I would agree, regarding COVID-19, I would agree. I mean, unless we get a variant of high consequence, then that would be something we would have to evaluate if that happened.
  - Q. As I understand it, again, I am just a layperson here, but reading what I see on the Internet, which is always risky, there is some variants of Omicron, B2, B3, B4; is that right?
  - A. There are subvariants of Omicron. The predominant one in the United States right now is B5.
  - Q. We are already to B5; okay. Do you envision a circumstance where one of these variants of Omicron could be serious enough that you would be recommending mask mandates going forward?
- MS. WYRZYKOWSKI: Objection, form, calls for



1 | speculation. Doctor, go ahead.

- A. If we are limiting the question to known variants of Omicron, then I don't foresee a situation where we recommend a mask mandate to the Governor.
- Q. Well, are there variants that may occur that you will -- that you would recommend mask mandates be reimposed if a new variant came along?
- MS. WYRZYKOWSKI: Objection, form, calls for speculation. Doctor, go ahead.
- A. Yeah, so what I alluded to earlier, if there is a new disease that happens, related to COVID or not, or a variant of high consequence, then it would be something we would have to think about.
- Q. Okay. So, again, there could be an Omega variant of COVID, which could lead to a situation where you would be recommending the reimposition of a mask mandate?
- A. Not to put too fine a point, but when I talk about a variant of high consequence, it has a specific meaning according to the Centers For Disease Control and Prevention. It means it's a variant of high consequence that the vaccine doesn't work and treatment doesn't work, and you're really back to starting with a brand-new system. So that's what a variant of high consequence means. So I am trying to explain that I

think this is extremely unlikely. I don't think it's going to happen; but if we are in a situation like we were in in the beginning, then that would be when I would say we would have to recommend something to the Governor to consider.

Q. Now, would you -- have you thought about what the process would be to reimposing a mask mandate?

MS. WYRZYKOWSKI: Objection, form. I mean, Gregg, you are asking these all in hypotheticals, since the Doctor is not working for the State anymore?

MR. PICCIRILLI: Sure.

MS. WYRZYKOWSKI: So if we can have a running objection with respect to that?

MR. PICCIRILLI: Certainly.

MS. WYRZYKOWSKI: Great. Thank you. Go ahead.

A. No, I haven't thought about it, because I think it's highly unlikely that we are going to have a mask mandate again, so I haven't given it any thought.

Q. Well, Doctor, I mean, you don't think there is going to be a mask mandate for COVID-19, but you admitted that there could be a variant immune to the vaccine, or there could be another, COVID-22 could come along, or some other disease could come along that would require the imposition of a mask mandate; right?

A. Yeah, what I said was if there is a new disease



- that, quite frankly, masking would be an effective public health strategy, then that would be something we would have to consider, a mask mandate. Like I said before, I think it's highly unlikely; so, no, we haven't given any thought to how we would implement a new mask mandate.
- Q. So what would be the process by which the Department of Health should go about implementing a mask mandate if one was needed in the future?
- A. You are speaking about hypothetical situations that haven't occurred, and presumably, it would be something novel and new, and if it required a state of emergency, then so be it. It would go through the same process as the pandemic did. But you are asking me to speculate on something that, one, isn't foreseen, and certainly isn't expected. So this was sometimes referred to as a once-in-a-hundred-year pandemic, so quite frankly, it's hard to speculate about what this would look like.
- Q. Well, Doctor, I mean, it's hard to speculate, but do you recall during the hearing back in October, I asked you why the Department of Health didn't go through its normal regulatory process in mandating masks; do you recall that?
  - A. Yes.



- Q. Okay. Because at the time you were operating under an emergency regulation that the Department of Health had issued; correct?
  - A. Yes.

- Q. By the way, that Department -- that emergency regulation was separate and apart, independent of the Governor's Executive Order; correct?
- A. I don't know the exact nuances. I am not one of the attorneys, and I wasn't the director at the time.
- Q. Okay. But as I recall, you said at the time the reason the Department of Health didn't go through the normal regulatory process was because there just wasn't enough time; do you recall that?
- A. Yes, I do.
- Q. You said it could take 120 days to go through the process; right?
- A. At least. At least 120 days. Far more likely it would take much longer.
  - Q. Right. So if now in the future, however unlikely it may be, but there might be another respiratory virus that comes along, wouldn't it be prudent for public health officials in this state to convene the regulatory process now, so that you have plenty of time to address the issues, and issue a regulation?



MS. WYRZYKOWSKI: Objection, form, and then the ongoing one of speculation. Go ahead, Doctor.

- A. You're in the realm of hypothetical, and quite frankly, it's really hard to answer this. In my humble opinion, right now it's hard for me to see a scenario where this could happen; but if it were to happen, I would think I would need to know the specifics about this previously unimagined, new pathogen that you are describing here. So I really don't think there is a lot of good use of resources in trying to plan for something that may not ever occur. We already know what we have learned. We certainly would draw on that knowledge; but I don't know what value there would be in going through the regular public health process, which could take a year easily, about some imagined catastrophe that may never occur.
- Q. Well, Doctor, you are aware that there are public health officials and political figures in this country who want to have a mask mandate for schools starting in the fall; are you aware of that?
  - A. No, I am not aware of that.
- Q. Are you aware that the teachers' union, the NEA, as part of their platform they are voting on this week in Chicago, are asking that mandatory masking be in place in schools, in communities of medium— and



1 | high-tier spread; were you aware of that?

- A. No, I am not aware of that.
- Q. Okay. Well, if that's true, if politicians and teachers' unions and public health officials are thinking that it would be a good idea to have a mask mandate in the fall in schools in communities with medium— and high—tier spread, do you think it would be important to go through a regulatory process beforehand, before those mandates were put in place?
- A. Yes. If you're planning on doing a mask mandate in the fall of '22, then that clearly is not an emergency; and if that was the case, then you would go through the regular process to establish a regulation. I agree.
- Q. Okay. Now, Doctor, as part of our, my clients' case against the State was their concern of the potential harm to their children by mandating masks you are aware that's the motivating factor in this lawsuit; right?
  - A. Yes.
- Q. You are aware that Judge Lanphear issued a decision back in November of last year in which he considered the harm to students and their parents; correct?
- A. Yes.



	MR. PICCIRILLI: Okay. I am going to share with
	you a page, Exhibit 7, just two pages of that Decision.
	It's a long Decision. I didn't want to put the whole
	thing in the record. It starts on page 15 and 16 of
	that Decision.
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EXHIBIT 7 FOR THE PLAINTIFFS MARKED FOR IDENTIFICATION

## (SCREEN SHARING)

- Q. Can you see this document?
- A. Yes, I can see the document.
- Q. As part of his analysis, the Judge addressed what he calls irreparable harm, what the law calls irreparable harm; do you see that?
  - A. T do.
- Q. You became very familiar with what the concept of irreparable harm is sitting through those hearings; right?
- A. Yes.
  - Q. So the Judge wrote, you know, after pointing out what the legal standard is, he says, the Court, "This Court heard credible testimony from multiple Plaintiffs that their children were suffering adverse effects from the requirement that they wear masks throughout the school day. These adverse effects include physical and emotional discomfort and interference with the



- 1 | children's ability to interact with teachers and peers.
- 2 | Plaintiffs themselves experienced the distress of
- 3 | witnessing their children's discomfort, and some
- 4 | Plaintiffs made the difficult decision to homeschool
- 5 | their children rather than to send them to school with
- 6 | masks." Did you read that statement that the Judge
- 7 | wrote back in November of last year?
- 8 A. No, I did not read the statement back in
- 9 November of last year.
- 10 Q. You didn't read the Decision at all?
- 11 A. No, I didn't read the Decision. The attorneys
- 12 represent the Department; the attorneys read the
- 13 Decision. The attorneys informed me what the Decision
- 14 said.
- Q. Well, did you become aware in November of last
- 16 | year that the Judge had ruled or had stated that he did
- 17 | find parents were suffering harm, parents and students?
- 18 A. Yes, the attorneys informed me of this.
- 19 MS. WYRZYKOWSKI: Just --
- 20 MR. PICCIRILLI: Again, Doctor, I don't want to
- 21 | get into any discussions that you had with the
- 22 | attorneys. You understand that; right? You are not
- 23 | going to tell me, the attorneys told me this is a good
- 24 | ruling or a bad ruling, or anything like that. I don't
- 25 | want you to get into that.



1 Q. I am just trying to get to the point where, at 2 some point you became aware of what the Judge wrote; 3 correct? 4 MS. WYRZYKOWSKI: Thank you, Gregg. 5 Q. However you became aware of that. 6 A. Yes. 7 Q. Okay. Now the Judge went on to say, "While not 8 disputing Plaintiffs' testimony on those facts, 9 Defendants point to a lack of medical evidence on the 10 health risks of wearing masks and state that the 11 Plaintiffs were attempting to shift their burden of 12 proof on the issue." Then on the next page it says, 13 "Regardless of the uncertainty surrounding the 14 potential of long-term medical problems resulting from 15 mask wearing, this Court finds that Plaintiffs' 16 testimony regarding the ongoing impact of the mask 17 mandate on their children suffices to establish a 18 finding of irreparable harm." Now I am going to ask 19 you this question, Doctor: After you became aware of 20 the Judge's ruling on this issue, what steps did you or 21 the Department of Health take to investigate this 22 finding of irreparable harm because of wearing, 23 mandating masks on these children?

A. We did what we said we would do. We looked for

scientific literature that supported this finding.



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1 Q. Who is we?

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- A. Myself and the medical staff.
- Q. Okay. So after you found this ruling from the Judge, you met with the medical staff?
  - A. As I said in this preliminary injunction hearing, we had been looking all along. We didn't stop looking, and I am still open to it to this day.
  - Q. So since November of last year, you continued to look at medical journals to see if there is anything about harm from masking; is that your testimony?
- 11 A. Yes.
- Q. Did you do anything other than look for medical journals?
- 14 A. No.
- Q. Do you recall the medical journals that you looked at?
- A. We have an open mind; we looked at all medical journals. I was open to anything I could find.
- 19 Q. All right. How recently did you look at medical journals?
  - A. I constantly review the literature. It's part of my usual functions as a public health physician, so I am constantly looking for new articles.
- Q. Do you know who a Tracy Beth Hoeg is, Dr. Hoeg?

  I don't know if I am pronouncing that right, H-O-E-G.



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- 1 A. No, I do not know this person.
  - Q. You are not aware that she did a study using CDC data about masking of children in schools?
    - A. I am not aware of this study.
  - Q. How about a study by -- hold on a second.

Forgive me. How about a study from this year about
face masks disrupting the holistic processing and face
perception of school-age children; did you read that
study?

- A. No, I am not familiar with it.
- Q. Did you read a study about fungal mask contamination in the COVID-19 era, Doctor?
- A. No, I am not familiar with this study.
  - Q. Okay. Are you aware of any studies that talk about the ineffectiveness of cloth masks compared to, say, N95 masks?
    - A. Yes.
  - Q. What have you learned about effectiveness of cloth masks to stop the spread of COVID?
  - A. They are not as effective as surgical masks or procedure masks or N95 masks or KN95 masks.
    - Q. In fact, practically useless; correct?
  - A. No, I don't agree with that.
- Q. Do you have any idea what the percentage of effectiveness is of cloth masks?



- A. We discussed this in the trial, you know, that cloth masks have been studied. Some of those articles are referenced in the science from the Centers For Disease Control and Prevention. It was last updated this year. So I don't know the exact number of effectiveness, but they are not as effective, as I said, of procedure masks or surgical masks or N95 or KN95 masks.
  - Q. I am looking at a study on the physics of fluids that was published in January of this year, so after our trial, after our hearing, and it talks about modeling the filtration efficiency of a woven fabric mask, and it seems to conclude the efficiency rate is between 2-and-a-half and 10 percent; were you aware of this study?
  - A. No. As I said, I'm not aware of this study.

    These are studies you are talking about that seem to be in really poorly-known journals. I guess I am not familiar with these poorly-known journals.
  - Q. All right. Well, can you give me one study that you have looked at that has studied the efficacy of masks in schools?
    - A. Since --
- Q. -- November of last year.
  - A. So as I said during the preliminary injunction



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- 1 hearing, I find great credibility in the Centers For 2 Disease Control Science Brief. It's been updated. 3 It's got over 80 difference articles referenced in 4 there, and, you know, it does talk about the value of 5 cloth masks and other masks; and that's a guidance 6 document that I find persuasive, and that's something I 7 have found to be useful. So that's the basis for my 8 opinion.
  - Q. So the only basis you looked at is what CDC says?
  - A. I have looked for other articles. I haven't seen credible articles in other reputable journals, like, I haven't seen any in the New England Journal or any of the journals of the American Medical Association, or in the combined medicine journals, or in the American Journal of Public Health, or in other nationally-known credible journals, I haven't seen articles address this. There certainly are hundreds of articles published weekly on the pandemic.
  - Q. Doctor, I am going to now ask you about your personal views of wearing masks. Do you recall during our hearing back in October of last year, the Judge asked you a question about whether wearing masks by Americans was a substantial change from past practice?
  - A. Yes.



1 Q. I am going to pull up -- this is Exhibit 8 -- if 2 I can figure out how to share this thing. 3 EXHIBIT 8 FOR THE PLAINTIFFS MARKED FOR 4 **IDENTIFICATION** 5 (SCREEN SHARING) 6 MS. WYRZYKOWSKI: You have it up, Gregg. 7 MR. PICCIRILLI: I do. All of these things have 8 been popping up, and I didn't even know. Sorry about 9 that. 10 Q. I am going to go to line 6, it says, "The Court, " that's Judge Lanphear, he is asking you --11 12 you're the witness; correct? I mean, well, let me put 13 the question and answer, then you tell me if you agree 14 you were the witness who was answering this. Okay? 15 A. Okay. Q. So the Court says, "Well, so you do agree then 16 17 that masks are a substantial change from past practice 18 for many people in American society today?" And the 19 witness says, "Of course it is, yeah. It's not part of 20 our culture. It's part of other cultures but not part 21 of ours." Were you the witness that said that? A. Yes. 22 23 Q. Now, is that still your opinion? 24 A. Yes.

Q. But you think that wearing masks should be part



- 1 | of our culture; right?
- A. I think there is a role for masks in our future, yes.
  - O. What is that role?
  - A. It's a public health intervention. There are going to be times when it would be helpful for people to wear masks to not spread disease to other people.
    - Q. I am going to show you, this is Exhibit 9. It looks like -- you can't see it, but it's way up in the left, it says, "March 6, 2022," I think it was a Sunday Providence Journal article by Wayne Miller. Do you know who Wayne Miller is?
- 13 A. I do.

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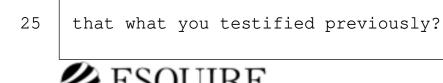
- Q. Okay. Did you give him an interview around the beginning of March of this year?
- 16 A. I don't recall. I might have.
- 17 EXHIBIT 9 FOR THE PLAINTIFFS MARKED FOR
- 18 | IDENTIFICATION
- 19 (SCREEN SHARING)
  - Q. It looks like he wrote an article about The Road Ahead, "Entering year three of life with COVID, six Rhode Islanders speculate about what normal might look like." In this, he writes something which he attributes to you. He says, "Masking may also be recommended in certain situations at certain times if



1 COVID, like the flu, experiences upticks, McDonald 2 said." Do you see that? 3 A. Yes. 4 Q. Now, you didn't say if it's -- I forget the 5 exact wording -- a new strain of COVID that the 6 vaccines don't work on; you just said if there is an 7 uptick in COVID; right? 8 A. Right. 9 Q. So that's different from saying you're only 10 going to be recommending masks in the very, very 11 unlikely event that there is some novel COVID-19 12 That's what you testified just previously; variant? 13 right? 14 A. No, you're misrepresenting what I said. 15 Q. Let me be clear, Doctor --16 I'm sorry. You want to make an MR. PICCIRILLI: 17 objection, Chrisanne? 18 MS. WYRZYKOWSKI: Yes, objection to form. 19 ahead. O. Doctor, as I recall, you testified just 20 21 previously that it seemed highly unlikely that you 22 would be recommending a mask mandate unless there was

some novel respiratory virus that there was no

treatment for, that the vaccines didn't work for; isn't



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- A. Yeah, you're either intentionally misrepresenting me, or you're misrepresenting the current article you have in front of you. I really can't tell which right now.
  - Q. Tell me how I am misrepresenting --
- A. Please, stop. Please stop interrupting me; I am trying to answer your question. What you talked about earlier was would I recommend to the Governor mask mandates, and I answered that question. You were asking me about whether I would recommend to the Governor, specifically, mask mandates. This article, which is a newspaper article, said, "Masking may also be recommended in certain situations." It just talks about the general public; there is no use of the word mandate there. It's a media article. It. doesn't. mention the Governor. It simply talks about recommending. These are clearly, and I mean, clearly, different situations here. This is about a recommendation to the general public. Yes, absolutely, I would recommend to the general public in certain situations that they do wear masks to protect their health and the health of others.

I am sort of surprised that you draw that conclusion from this. I will just ask you, can you please remember what you are asking of me, because



- 1 | you're clearly misrepresenting me in the past there.
- 2 | You did that a lot during the preliminary injunction
- 3 | hearing, and I believe we did stipulate to that.
- 4 Please stick with the truth. This is a deposition; I
- 5 | am going to be honest, and I ask the same of you.
- Q. Okay. Well, again, just being a person of
- 7 | average intelligence in the medical field, if I read a
- 8 | statement, masking may also be recommended in certain
- 9 | situations, and this being said by the Director of
- 10 | Health, I would interpret that to mean you are going to
- 11 be recommending mask mandates, not recommending the
- 12 | wearing of masks. Do you understand the difference
- 13 | between those two?
- MS. WYRZYKOWSKI: Objection, form, speculation.
- 15 Doctor, go ahead, answer.
- 16 A. You are clearly misrepresenting what I am
- 17 | saying. You are clearly --
- 18 Q. Doctor, I am not talking about what you are -- I
- 19 am not. You may have meant something different. What
- 20 | I am saying is: Do you understand how someone could
- 21 | interpret that to mean you are going to be recommending
- 22 | mask mandates in the future?
- MS. WYRZYKOWSKI: Objection, form, calls for
- 24 | speculation. Doctor, go ahead.
- 25 A. I disagree with you. I think you're just being



- argumentative at this point. Clearly, we are not talking about mandates. Clearly, mandates are not mentioned in this article; and, clearly, this is different from what you are talking about. I just think you are being argumentative and difficult.
- 6 Please move on.

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- Q. Okay. You don't get to tell me to move on, but I will. You also said that you envision a possible change in culture when people who are coughing or sneezing routinely mask up when leaving their homes; do you see that?
  - A. Yes, I did.
- Q. Then you referenced your experience of living in Japan. Did you live in Japan for a period of time?
  - A. Yes, I lived there for two years when I was with the United States Navy. I was in Okinawa, Japan, serving as an active-duty naval officer, specifically, a pediatrician at Camp Lester, U.S. Naval Hospital Lester.
  - Q. All right. Apparently, while you were in Japan, you would notice that people would wear masks if they had a cold, and they went outside; is that what you witnessed?
  - A. It's very common in the Orient.
    - Q. Okay. Well, are you saying all of the Orient,



1 | or just Japan?

- A. It was very common in Japan, very common in China, and very common in other parts of the Orient. Very common in cultures that value others more than individuals.
- Q. That's interesting. So people who don't want to wear a mask don't value others; they only value themselves?
  - MS. WYRZYKOWSKI: Objection, form, speculation.
- A. Mr. Piccirilli, you did this a lot during the preliminary injunction hearing. You are clearly mischaracterizing what I am saying here. You are clearly just trying to be argumentative and antagonistic. Quite frankly, it's not appropriate, and it's unbecoming of your profession. It's not what I said.
- Q. So now you are going to tell me how to do my profession; okay.
- A. I am just simply asking to adhere to some ethical standards here.
- Q. You know what would be ethical, would be for a medical director in the State of Rhode Island to be forthright and honest with his public statements.
  - MS. WYRZYKOWSKI: Objection.
  - Q. What would be ethical would be the head of



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- 1 COVID, Director in Rhode Island, not lying to the 2 public about three pediatric deaths due to COVID. Do 3 you recall lying about that on the stand, Doctor? And 4 you are talking to me about ethics. 5 MS. WYRZYKOWSKI: Objection, form. 6 Q. You want to talk to me about ethics, Doctor. 7 MS. WYRZYKOWSKI: Again, the same. 8
  - MR. PICCIRILLI: I apologize. That was inappropriate, and I will ask it be stricken from the record. I'm sorry. I shouldn't have said that. I am going to move on, Doctor, unless you want to make a response. I shouldn't have said that. Go ahead.
  - MS. WYRZYKOWSKI: Gentlemen, why don't we take a few minutes, please. Everyone, hold on. It would not cut into the two-and-a-half-hour time frame. Is that agreeable to all parties?
  - MR. PICCIRILLI: That sounds very good. Thank you.
  - MS. WYRZYKOWSKI: What do you recommend? I would like to use the rest room. Does ten minutes sound okay?
  - MR. PICCIRILLI: Ten minutes is agreeable. Now I will ask the reporter, can we just stay on and just mute ourselves; is that what we should do?
- 25 THE VIDEOGRAPHER: You want to stay on the



1 record? 2 MR. PICCIRILLI: No, we are off the record now. 3 THE VIDEOGRAPHER: If there is no objection, we 4 can go off the record. Give me one moment. We are 5 going off the record at 2:52 p.m. 6 (A break was taken from 2:52 to 3:03 p.m.) 7 THE VIDEOGRAPHER: We are now back on the video 8 record. The time is 3:03 p.m. 9 MR. PICCIRILLI: Thank you. 10 Q. (By Mr. Piccirilli) Doctor, I want to get back 11 to this article from March 6 of this year. At the end 12 of this brief paragraph, paragraphs, you make this 13 statement, and I just want to ask if this is an 14 accurate statement that you made: "I think recognizing that if people have a cold they should -- really should 15 16 be wearing" -- yeah, start again. "I think recognizing 17 that if people have a cold they really should be 18 wearing a mask is something that will become part of 19 our culture." Did you say that to this reporter? 20 A. Yes. 21 Q. All right. You believe that; right? 22 A. Yes. 23 Q. Now, as the Director of Health at the time you 24 made this statement, would it be fair to say that you

wanted to use your position as the Director of Health



1 to change the culture of Rhode Island, in essence, to 2 accept masking as normal, like it is in Japan? 3 MS. WYRZYKOWSKI: Objection, speculative, form. Go ahead, Doctor. 4 A. No, that's not a fair assessment. 5 6 Q. So you were saying this as a private citizen, 7 not as the Director of Health? 8 A. No, I didn't say that, either. 9 Q. Well, again, you were being interviewed 10 presumably because you're -- you were the Interim 11 Director of Health. You weren't just Joe Smith off the 12 street, I mean, there was a reason why they interviewed 13 you; right? 14 A. Yes. 15 Q. They wanted your take on what the new normal 16 will be going forward; right? 17 A. Yes. 18 O. What normal would look like? 19 A. Yes. 20 Q. That's what you were being asked to comment on? 21 A. Yes. 22 Q. What you want normal to be in the future is that 23 people wear a mask if they have a cold, in the future? 24 Objection, form. Go ahead, MS. WYRZYKOWSKI:



Doctor.

- A. What I am referring to is I think masks are going to be part of our culture and be more liked in our culture. I think they are part of our culture now, and they will say that way for a long time.
- Q. So you are happy that it's become part of our culture?
- A. It's not a matter of being happy or sad. It's a matter of this is a public health intervention that people avail themselves to. It is common in health care now. There is no requirement in health care, but it's common in health care. You see in other settings, too. Everywhere you go, you see people wearing masks. It is now part of our culture. I was out hiking this weekend, and saw people wearing masks even outside. It's just part of the culture.
  - Q. You consider that a positive thing?
- A. It's a public health intervention that's effective for people. So in health care, it's definitely got some benefits. When it comes to other settings, it has benefit, as well. Quite frankly, if someone is wearing a mask outside hiking in the woods, I wonder why they are doing that. Maybe it's because they have allergies and don't want to have a problem with the pollen; I don't know. People will wear masks in our future; it's just part of our culture now.



1	Q. Now, are you drawing a distinction between
2	people who are doing it voluntarily versus being
3	mandated to do it?
4	A. There is nothing in this interview that talks
5	about a mandate.
6	Q. Okay. So you are making these statements that
7	this should become part of our culture, something we
8	do, but without being coerced into doing it?
9	A. Yes
10	MS. WYRZYKOWSKI: Objection, form. Go ahead,
11	Doctor. Sorry.
12	A. Yes, this is something that has occurred, and
13	it's something that will be part of our future. I am
14	not suggesting there be a mandate.
15	Q. Doctor, you are aware that there was a vaccine
16	mandate, obviously, for health care workers, back last
17	October; correct?
18	A. Yes.
19	Q. While that vaccine mandate was in place well,
20	it was put in place under an emergency regulation;
21	correct?
22	A. Yes.
23	Q. So you had 180 days to come up with a new

regulation before that emergency regulation expired;



correct?

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1 MS. WYRZYKOWSKI: Objection, relevance. 2 ahead, Doctor.

A. Yes.

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- Q. During that period of time while that emergency regulation was in place, the Department of Health did a cost/benefit analysis regarding the vaccine mandate for health care workers; correct?
- MS. WYRZYKOWSKI: Objection, same. Gregg, can I have a running objection to this line of questioning? MR. PICCIRILLI:

Sure.

- 11 MS. WYRZYKOWSKI: Thank you.
  - A. I don't know when the cost/benefit analysis was done.
    - Q. But you are aware that one was done; correct?
    - A. Yes.
  - Q. Okay. You are aware that as a result of that cost/benefit analysis, the vaccine mandate for health care workers was eliminated; correct?
  - A. No, that's incorrect. There is still a requirement for people to either vaccinate or wear a mask in health care settings. There is a regular regulation that addresses that.
  - Q. Right. Well, you can either be vaccinated or wear a mask, but you are not going to be fired if you are refusing to get vaccinated; correct?



- A. I can't speak to human resource decisions from any employer.
  - Q. Again, Doctor, we want to be clear; right? You want people to hear you clearly, so let's be clear.

    Before the new regulation that came out regarding vaccines for health care workers, it was mandated you must be vaccinated to work in the health care field; correct?
  - A. No, it depended on what you did. If you did not have patient contact, you were not required to have a vaccine. So that's not true, what you said.
  - Q. If you did have patient contact, you had to be vaccinated, or you were prohibited from doing that; correct?
  - A. The language in the regulation is specific. It was patient contact with a high likely -- it was some kind of likelihood of transmission.
  - Q. Okay. Doctor, let me do it this way. I don't want to get too far afield. Why did the Rhode Island Department of Health not conduct a cost/benefit analysis regarding masking in schools?
  - A. Because there was no plan to make it a permanent regulation.
    - Q. But you did testify that it's possible it could become a mandate in the future; right?



- A. No, and I think I have covered this several times. You asked hypothetical situations. I answered your question of hypothetical situations. I also said numerous times there is no plans in Rhode Island to mandate masks in Rhode Island for schools.
- Q. Well, Doctor, are you aware that some school districts may, on their own, try to implement a mask mandate separate and apart from the Department of Health or the Governor?
  - A. No, I am not aware of that.
- Q. You are not aware that Providence instituted a mask mandate at the end of May of this year for schools?
- A. I am aware of that. That's not what you asked me. You asked if I was aware of future mask mandates, and I have said I am not aware of that.
- Q. Well, if a school district wanted to implement a mask mandate coming in September, would you advise against that?
- MS. WYRZYKOWSKI: Objection, form, no longer with DOH, speculation. Go ahead, Doctor.
- A. Right now I see no reason for a mask mandate in schools.
- Q. So you would advise school districts who are thinking about implementing a mask mandate next



1 | September not to do it?

MS. WYRZYKOWSKI: Objection, same. Go ahead.

- A. I am not being asked by schools to advise them of anything. So, I mean, I don't have a voice when it comes to what schools require. Schools require lots of things.
- Q. But if you were asked, Doctor, if you were asked, what would you advise them?
- MS. WYRZYKOWSKI: Objection, same speculation. Go ahead, Doctor.
- A. I think I have answered this numerous times. I don't see any reason right now in Rhode Island for a mask mandate this fall.
- Q. What about if the -- again, I forget exactly the wording -- the high tier, you have low, medium, and high-tier spread, or is that -- what is that; what is the phrasing of that?
- A. I think you are referring to the Centers For Disease Control and Prevention's community levels of transmission, which came out in March of 2022. I am just trying to reflect what I think you are trying to refer to. Is that what you are trying to refer to?
- Q. Well, again, I think the reason Providence reinstituted its mask mandate was because they were in a high-tier community. That's the reason they gave;



right?

- A. I don't know the reason Providence gave, because I didn't talk to them about this, and they didn't ask my opinion on this. What I know is that this community level of transmission, which is what the Centers For Disease Control and Prevention has, is what Rhode Island adopted as our way forward. Yes, there is low, medium, and high rates of transmission. We have already talked about what the criteria are for that; but I don't know if schools are going to use that to decide whether or not they are going to require masks, or not.
- Q. Again, would you advise them not to mandate masks even if they are in a high-tier community?

  MS. WYRZYKOWSKI: Objection, form, speculation, no longer employed. Go ahead, Doctor.
- A. I am advising everybody to follow the recommendations from the Centers For Disease Control and Prevention. When you look at the Centers For Disease Control and Prevention, what it says is when you're in high transmission, indoor masking is recommended. That's recommended. You know, if schools want to do that, that's up to schools. They can decide what they want to do.
  - Q. Well, Doctor, you are aware that schools in this



- state do not have their own public health directors,

  but they rely upon the Department of Health for advice

  on things like masking; correct?
  - A. I don't know that that's correct. Schools do have their own physicians, and they have their own nurses, and they have their own people. If they ask the Department of Health for advice, we will give it.
  - Q. Okay. The advice would be even if you are in a high-tier community, you should be recommending masks, but you should not be mandating; correct?
  - MS. WYRZYKOWSKI: Objection, same. Go ahead, Doctor.
  - A. Yeah, I don't support any mask mandate, you know, for schools this fall based on what I know right now.
    - Q. But if -- you are trying to wriggle out of this, Doctor. You said you were going to try to be honest here. If a community is a high-tier community, next September, if Providence County is a high-tier community September 1 of this year, will you recommend that school districts implement a mandatory mask policy, yes or no?
    - MS. WYRZYKOWSKI: Objection, form, hypothetical, calls for speculation. Go ahead, Doctor.
      - A. Just to be clear, I am not working for the



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Department of Health after this month. So to be clear, I am not recommending mask mandates, but what I will be recommending people do is follow the guidance from the Centers For Disease Control and Prevention and Prevention. Now, to put a fine point, because I am not wriggling out of anything, what the Centers For Disease Control and Prevention guidance says is if we get into high transmission -- and it's high transmission, not high-tier, but high transmission -- that means our cases are high, hospitals have a lot of patients, and there is more people being admitted, then universal indoor masking is recommended. Since school occurs indoors, then universal masking indoors is recommended; but if you are asking me if we should ask the schools to mandate it, the answer is no. I am not interested in mandating anybody to do anything. Quite frankly, I didn't even know the schools in Providence and Central Falls did this. I don't know if the other schools did this, and the State didn't; that's up to them. schools made their own decisions.

Q. It's going to be very interesting when I take the depositions of people at the Department of Education, when they tell me that they looked to the Department of Health for guidance on this, and what they were told in May was, you should implement a mask



1 That's going to be very interesting when they mandate. 2 testify to that, don't you think? 3 MS. WYRZYKOWSKI: Objection, form. Go ahead, 4 Doctor. A. Mr. Piccirilli, I didn't tell anyone in the 5 6 Department of Education to have a mask mandate, you 7 know --8 Q. Respectfully, apparently, Jamie Comella did 9 without your authority; that's what your testimony is. 10 MS. WYRZYKOWSKI: Objection, form, speculation. 11 A. Yeah, as I said earlier, I don't know what 12 conversations Jamie Comella had with the Department of 13 Education. 14 MR. PICCIRILLI: I am going to put up Exhibit 15 Where is Exhibit 10? 10. 16 MS. WYRZYKOWSKI: Sorry, Gregg, did you say 10? 17 MR. PICCIRILLI: Yes. 18 MS. WYRZYKOWSKI: Got it. Thanks. EXHIBIT 10 FOR THE PLAINTIFFS MARKED FOR 19 20 IDENTIFICATION 21 (SCREEN SHARING) 22 Q. So, Doctor, this is an Executive Order that was 23 issued by the Governor on June 7 extending the 24 declaration of emergency due to COVID that was

originally instituted on March 9 of 2020; correct?



- A. I see what you have in front of me, yes; that's what it says.
- Q. All right. Now, this was done on June 7, and you were still the Interim Director; correct?
  - A. Yes.

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- Q. Did you advise anyone in the Governor's Office on whether or not to extend that emergency declaration?
- 8 A. No.
  - Q. Do you know; was anybody in the Department of
    Health advising the Governor's Office on whether or not
    to extend this emergency regulation?
- 12 A. I don't know.
- Q. Do you know why he extended it?
- 14 A. No, I don't. I wasn't consulted on this.
- Q. Do you think -- did you agree that he should have extended it?
- MS. WYRZYKOWSKI: Objection, form, speculation.

  18 Go ahead, Doctor.
- 19 A. I can't speak for the Governor on this.
- Q. Do you have any idea why he would have done this?
- MS. WYRZYKOWSKI: Objection, form. Go ahead,
  Doctor.
- 24 A. I would be speculating.
  - Q. Well, speculate. You get to do that in



1 depositions, Doctor.

- A. There might be some federal funding requirement to have some state of emergency. I just simply don't know; I wasn't consulted.
- Q. Do you think we are still in a state of emergency for COVID?
- MS. WYRZYKOWSKI: Objection, form. Go ahead, Doctor.
- A. If there is an executive order that says we are, then that's up to the Governor to decide.
- Q. No. I am asking you, in your position as the Interim Director of the Department of Health on June 7 of this year, did you think we were still in a state of emergency?
- A. You know, as far as the effect on our health care system and the cases, no, I don't; but I don't know the rationale for this, and I don't know why it was ordered. There are other reasons why people do things. I wasn't consulted on it.
- Q. Are you aware that other states have dropped their declaration of emergencies months, if not years, ago? For example, Massachusetts dropped it over a year ago; correct?
- A. I don't know when Massachusetts dropped their state of emergency.



- Q. You don't care what other states are doing about declarations of emergency?
  - MS. WYRZYKOWSKI: Objection, form, argumentative. Go ahead, Doctor.
    - A. So the statement you made was you asked me if I was aware that Massachusetts dropped their state of emergency a year ago. What I responded was: I don't know when Massachusetts dropped their state of emergency. Then you said, I don't care when other states dropped --
    - Q. I'm sorry. I guess I misunderstood or misheard your answer. So you are aware that Massachusetts dropped their state of emergency; you just don't know when that happened?
    - A. I am aware that they dropped their state of emergency; I agree with you. I don't know when it happened, and I don't know about other states, when they dropped theirs. Certainly other states have done other things; I understand that.
  - Q. Doctor, do you know who the new Director of the Department of Health is? Is it Utpala Bandy?
    - A. Yes, I do know Dr. Utpala Bandy.
    - Q. Have you known her long?
      - A. I have known Dr. Bandy for over ten years.
      - Q. Did she work in the Department of Health before



- 1 | she was made Director?
- 2 A. Yes.

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- Q. Where did she work in the Department?
- A. She works in the Division of Epidemiology.
- Q. Okay. Are you aware of an interview that she gave on July 5 of this year at the Thundermist Health Center in West Warwick?
- 8 A. No.
- 9 MR. PICCIRILLI: Okay. Let me pull up Exhibit 10 12, which I will send out, Chrisanne.
- EXHIBIT 12 FOR THE PLAINTIFFS MARKED FOR 12 IDENTIFICATION

## 13 (SCREEN SHARING)

Q. This is, again, another WPRI article. I believe this was — I will get the author of it. It indicates that on July 5, Governor McKee and Dr. Bandy were at the Thundermist Health Center talking about the importance of getting children under five immunized. Dr. Bandy made a statement, which I found kind of remarkable, and I want you to comment on. She is quoted as saying, "Preschool—age children are vectors of many respiratory viral infections, so if you can corral them and get them vaccinated and lower the burden of any kind of respiratory virus in that population, you are going to save the grandparents, the



- parents, and extended family from catching the disease,

  as well." Did you know -- before I just read that to

  you, had you heard that statement before?

  A. No.
  - Q. I think it's quite a remarkable statement. Do you agree with the statement?
    - A. Yes, I agree with the statement.
  - Q. So you agree in calling preschool-age children vectors? It seems pretty dehumanizing, doesn't it?

    MS. WYRZYKOWSKI: Objection, form. Go ahead.
  - A. Preschool-age children do spread disease. A term that is used sometimes is vectors; in other words, it is common knowledge that preschool children do spread disease from themselves to their grandparents. What Dr. Bandy said is accurate. There are other viral infections and other respiratory infections, which can have serious morbidity and mortality effects on grandparents.
  - Q. Doctor, I want to focus on the word vector. Do you think that's an appropriate word to use to describe human beings, particularly young children?
  - MS. WYRZYKOWSKI: Objection, form, and argumentative. Go ahead, Doctor.
  - A. It's simply a public health term. I haven't used this term to describe children, but what it means



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- 1 is children do spread disease to other people. That's
  2 a true statement.
  - Q. So you are saying that the term vector is a public health term to refer to human beings?
- 5 MS. WYRZYKOWSKI: Objection, form. Go ahead, 6 Doctor.
  - A. A vector is any individual or any organism or any, you know, living creature that spreads disease.

    Mosquitoes are vectors, you know, other --
- Q. So children are like mosquitoes?

  MS. WYRZYKOWSKI: Objection, form,
  argumentative.
  - Q. I mean, are they like rats? I mean, do you understand -- I mean, Doctor, do you know who Dr. Andy Bostom is?
    - A. Mr. Piccirilli, I am just trying to process that you just referred to children as rats, and I am, quite frankly, offended by that, to be quite honest with you.
    - Q. I am, too. Doctor, I am not referring to them as rats. What I am suggesting is the word vector -- you talked to them about -- you called them mosquitoes.
- 22 A. No.
- MS. WYRZYKOWSKI: Objection, argumentative.

  That's not what he said.
  - Q. You said they are like mosquitoes. You said



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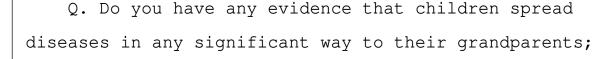
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- mosquitoes are vectors, children are vectors. You
  equated children with mosquitoes.
  - A. No, Mr. Piccirilli. Again, this gets to the issue which I find troubling with you, which is that --
  - Q. I am limited on time, so I am not going to let you go off --
    - A. I'm not --
  - Q. You're going to answer my questions, Doctor, and stick to answering my questions.
- A. I would love to answer your question if you'd stop interrupting.
- 12 Q. Do you know who Dr. Andy Bostom is?
  - A. Yes, he was at the temporary injunction hearing.
  - Q. Do you know that Dr. Andy Bostom is of Jewish extraction; did you know that?
  - A. No, I do not know that at all.
  - Q. Do you understand that someone of Jewish, you know -- of the Jewish faith, might be offended by referring to young children as vectors of a disease?
- MS. WYRZYKOWSKI: Objection, form,
  argumentative, speculative, compound. Go ahead,
  Doctor.
- A. No, I don't understand why anybody would be offended by this.
  - Q. Do you know that Nazis referred to Jews as



1 vectors of disease back in the '30s? 2 MS. WYRZYKOWSKI: Objection, form. Go ahead, 3 Doctor. 4 A. No. 5 Q. You didn't know that? A. No. 6 7 Q. How about corralling them, that seems, again, 8 dehumanizing. You corral animals. You don't corral 9 humans; right? 10 MS. WYRZYKOWSKI: Same objection. Go ahead, 11 Doctor. 12 A. Yes, that is true; you do not corral human 13 beings. Q. So Dr. Bandy using the term corral, that was not 14 15 an appropriate term for a health official to use, 16 particularly the head of the Health Department in Rhode 17 Tsland? 18 A. It's not a term I have used in the past, nor is 19 it a term I would use. It's a matter of opinion 20 whether it's appropriate or not. The larger point she 21 is trying to get across in this quote is that children 22 spread disease to other people, some of them are their 23 grandparents. That's her point.





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is there any medical literature on that?

- A. It's common knowledge that children spread disease. I can testify as an expert in pediatrics that children spread disease to their parents, to their grandparents. In other words, because children --
  - Q. I am saying at any greater --
- A. If you would please let me finish. Most viral infections are spread by respiratory droplets or spread by contact. Since children are often in proximity to their parents or grandparents, children do spread disease. This is commonly reported with influenza. It was the main rationale for why children were recommended to be vaccinated against influenza. Children do spread disease; that's my expert opinion on that.
- Q. Do children spread the disease any more so than other people in the population?
- A. Yes. My expert opinion is children spread the disease more so because children need to be cared for. In other words, infants, in particular, are not able to care for themselves; therefore, their parents need to be in proximity to them, or their grandparents or other caretakers, to do activities of daily living, like feeding the child, hygiene for the child, and other matters of safety for the child. So because other



- adults are in close proximity to children, they are more likely to spread the disease than other people.
- So yes, children, infants, in particular, do spread disease at a higher rate than adults.
  - Q. Doctor, you know that this deposition is being video recorded; correct?
    - A. I do.

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- Q. All right. Are you concerned that this will become public, this deposition?
- 10 A. I don't know how to answer that. I mean, a lot of things I do have become public.
  - Q. Doctor, there is nothing you've said here today in this deposition that you would be concerned would become public; correct?
  - A. No, there is nothing I have said today I am concerned with becoming public.
  - Q. Okay. You know that the State has filed a motion, just today, to try to prevent my clients from making this deposition public?
  - MS. WYRZYKOWSKI: Objection, form,
    misrepresentation. Go ahead, Dr. -- my gosh; I'm
    sorry -- Dr. McDonald. I apologize.
  - A. Yes, I was aware an objection was being filed.

    My understanding is a concern of how things can be
    taken out of context to mislead the public. That's my



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- understanding for why there was a motion for protective order.
  - Q. Are you concerned that your statements here today could be taken out of context in some way?
    - MS. WYRZYKOWSKI: Objection, form, calls for speculation. Go ahead, Doctor.
      - A. Yes.
      - Q. How would they be taken out of context?
    - A. I don't know how they would be taken out of context, but things are taken out of context.
    - Q. Okay. Are you concerned about any personal embarrassment because of this deposition?
- 13 A. No.

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- Q. In this memo, it's referenced that Dr. Bostom -you say you know him, obviously -- has made a number of
  postings about this litigation; correct?
- MS. WYRZYKOWSKI: Objection. Gregg, this memo was not shared with the Doctor before today.
- 19 MR. PICCIRILLI: Oh, I'm sorry.
- Q. Are you aware that Dr. Bostom has made postings about the case on his personal blog?
- 22 A. I, actually, don't follow Dr. Bostom at all.
- Q. I am just asking if you knew about it.
- A. I don't know what he is posting. I, quite frankly, don't follow him.



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- Q. So somebody else must have told the Attorney
  General about this. Somebody else is following
  Dr. Bostom, not you?
- 4 MS. WYRZYKOWSKI: Objection, argumentative. Go ahead.
  - Q. That's good to know. Well, apparently, someone told the Attorney General that Dr. Bostom posted your home address and cell phone number. Did you -- are you aware that Dr. Bostom has done that?
    - A. No, I am not aware he has done that.
  - Q. You don't know whether or not Dr. Bostom released your home address where, until a few weeks age, you resided with your family, and released your personal cell phone number?

MS. WYRZYKOWSKI: Objection.

- Q. I'm sorry. The cell phone number was of another -- so you are not aware as to whether or not Dr. Bostom released your home address, your prior home address?
- MS. WYRZYKOWSKI: Gregg, I am going to object just based upon form, that this was a legal filing, but go ahead.
- A. I am not aware of it. Like I said before, I really don't follow Dr. Bostom at all. I don't know what he does.
  - Q. By the way, your home address that you lived in



in Rhode Island, that wasn't secret, was it? Anybody, 1 2 theoretically, could find out what that is, just like 3 any of us. People's home address is often public 4 records; right? 5 MS. WYRZYKOWSKI: Objection, form. Go ahead, 6 Doctor. 7 A. Yes, my home address is a public record. 8 However, I have to admit I am quite curious why someone 9 like Dr. Bostom would feel the need to release my home 10 address. 11 MR. PICCIRILLI: He denies, by the way, 12 Dr. McDonald, he denies that he did that. 13 THE WITNESS: I certainly hope so. 14 Q. I am just reading what the State's attorneys, your attorneys -- by the way, these are your attorneys, 15 16 Dr. McDonald. You understand that; right? 17 MS. WYRZYKOWSKI: Objection, argumentative. 18 ahead. 19 Q. When these attorneys file things, making 20 assertions, they are making them oftentimes on your 21 behalf; right, Dr. McDonald? 22 MS. WYRZYKOWSKI: Objection, form, legal 23 conclusion. Go ahead, Doctor.

MR. PICCIRILLI: So maybe in the future, it



A. Yes.

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- would be a good idea to review anything that the State

  Attorney General files on your behalf before they do it

  to make sure it's accurate.
  - MS. WYRZYKOWSKI: Objection, form.
- 5 MR. PICCIRILLI: Just a bit of advice there.
- 6 MS. WYRZYKOWSKI: Objection, form,
- 7 argumentative.

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- Q. So does the Department of Health monitor the social media accounts of people?
  - A. Not that I am aware of.
- Q. The Department of Health does have a social media account; right?
  - A. The Department of Health has a Facebook account and a Twitter account, as far as I am aware of. If they have others, I am just not aware of them.
    - Q. Right; and that Twitter account, do you know who runs it?
    - A. Are you talking about the Rhode Island
      Department of Health Twitter account?
    - Q. Correct.
      - A. No, I don't know who runs it.
- 22 Q. Is it @rihealth, is that the Twitter account?
- A. I don't know what our Twitter account is.
- Q. Does anybody who runs this Twitter account have to report to you, or when you were the Director, about



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1 | what they post on that Twitter account?

- A. There are people who are in the Communications

  Department who reply to messages, and they do not need

  my approval to reply.
- Q. So who in that Communications Department has the authority to make these replies publicly?
- A. I don't know. I don't know all of the Communication staff.
- Q. So it could be some 20-year-old intern that is just writing things on this Twitter account, and you would have no idea what they are writing?
- MS. WYRZYKOWSKI: Objection, form. Go ahead, Doctor.
  - A. I am not aware of any 20-year-old interns that work for the Rhode Island Department of Health, and it would be highly unlikely that anybody who would be replying on behalf of the Department of Health wouldn't have to run it by their supervisor. My assumption is that it is the Communications lead that approves the content that goes out.
    - Q. Is that Joseph Wendelken?
- A. No, that would be Andrea Bagnall-Degos.
- 23 Q. I'm sorry, Andrea --
- 24 A. -- Bagnall-Degos.
  - Q. Could you spell that, please?



1  $A \cdot A - N - D - R - E - A$ 2 Q. Yes. A. B-A-G-N-A-L-L, hyphen, D-E-G-O-S. 3 4 O. She is the head of the social media 5 communications? 6 A. She is the head of our communications area. 7 Q. Oh, does Mr. Wendelken work in that same area --8 A. Yes --9 Q. -- or is that a different area? So she is his superior? 10 A. Yes. 11 12 Q. Okay. So she would be the person to ask who 13 runs your Twitter account? 14 A. Yes. 15 Q. All right. So do you know whether or not -- now 16 I am going to show you -- do you see this document? 17 This is going to be Exhibits 14A, B, and C. 18 EXHIBITS 13, 14A, 14B, 14C FOR THE 19 PLAINTIFFS MARKED FOR IDENTIFICATION 20 Q. Can you see this? This is a picture, there is a 21 name, "Maddalena, 6/15/22," a very nice picture of one of my clients, Maddalena Cirignotta -- I hope I 22 23 pronounced it right. I should; I am Italian, too.

are aware she is one of the Plaintiffs in this case;



correct?

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- 1 A. I am not familiar with all of the Plaintiffs.
- Q. All right. Well, do you recall her testifying at one of the preliminary injunction hearings?
  - A. I do not recall her testimony.
  - Q. Okay. All right. Well, on 6/15 of this year, she, apparently, was tweeting a reply to your Department's official Twitter account. You were still the Director at the time, and she was talking about the issue of the vaccine for young children, and says something about, you know, "A product that doesn't prevent illness, doesn't stop transmission, doesn't have any long-term safety data." By the way, you agree with all of that; right?
  - A. No, I don't agree with this statement.
    - MS. WYRZYKOWSKI: Excuse me, Gregg, can you reduce the size so we can see the tweet. My screen is only showing a couple of lines. The plus and minus arrows next to the 1:15.
  - MR. PICCIRILLI: Is that better?
- MS. WYRZYKOWSKI: Yes. Now we can see the whole thing. Thank you.
- Q. So it then goes on to talk about, "Over a million reports of injuries to VAERS." You know what VAERS is?
  - A. Yes, I do.



- 1 Q. What is VAERS?
  - A. Vaccine Adverse Event Reporting System.
  - Q. What does that mean? What do they do? What is VAERS?
  - A. Anybody can report any potential side effect to a vaccine. Anybody can make a report.
    - Q. It's been around for a long time; right?
  - A. Yes.

- Q. Are you aware that prior to COVID, the reports of injuries from vaccines were pretty consistent, but that since the COVID vaccine, those reports have gone up exponentially; are you aware of that?
- A. Yeah, these are reports, doesn't mean there is any credibility to them. Simply anybody can report to VAERS. The number, itself, can refer to a lot of different things.
- Q. So, apparently, someone at the Rhode Island

  Department of Health Twitter account was monitoring

  Maddalena, because two days later they send this text

  -- or tweet. I'm sorry.
  - MS. WYRZYKOWSKI: Make it smaller. Thank you.
- Q. "Hi," exclamation point. You see why I am thinking it's a 20-year-old intern that's writing this. Who writes hi, exclamation point? Nobody of our generation, Doctor, would write that; you would agree?



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- A. I don't agree. I am sure you have a point here;

  I would love it if you would get to it, though.
  - Q. So someone from your Department of Health
    Twitter account felt the need to respond to Maddalena
    and challenge her on this VAERS, just the way you just
    did; right?
  - A. Yes, the response from the Rhode Island
    Department of Health is accurate.
  - Q. You think that's appropriate, that they are responding to somebody like Maddalena, who is a Plaintiff in this case?
- 12 A. I don't know that the person --
- MS. WYRZYKOWSKI: Objection, form. Go ahead,

  Doctor. Thank you.
- 15 A. I don't know the beginning part of this. Is 16 there something about this --
- 17 Q. This is a response.
- 18 A. What. --
- Q. Response to this. Maddalena wrote this -Maddalena was writing a tweet back at the Rhode Island
  Department of Health.
- A. What is she replying to? What is Maddalena replying to?
- Q. I think it was a tweet promoting the vaccine for under five-year-olds.



- A. You think? Couldn't you have clarity on that?

  You were the one that brought this Exhibit in; I would

  like a little certainty here. What is she replying to?

  O. The point of this, Doctor, isn't what she wrote.
  - Q. The point of this, Doctor, isn't what she wrote. The point is that someone from the Department of Health is monitoring her Twitter account. Do you think that's appropriate?
  - MS. WYRZYKOWSKI: Objection, form, calls for speculation.
- 10 A. Yes.

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- Q. So you do, you admit that the Department of
  Health has been monitoring the Twitter accounts of my
  clients in this case?
- MS. WYRZYKOWSKI: Objection,
  mischaracterization, form, speculation. Go ahead,
  Doctor.
  - A. No, no, I mean -- you are many things,

    Mr. Piccirilli, but you are consistent. I asked for

    what was the original posting. You admitted you don't

    know what it is. Miss Maddalena replied to the Rhode

    Island Department of Health. Someone from the

    Department of the Health replied to her. This is

    simply a courtesy. It's a very courteous response.

    It's accurate. It looks like a response that we

    probably replied many times before. As far as who



- wrote it, I don't know. It's probably something they replied hundreds of times before to anybody. It looks like, you know, kind of canned language, is my guess I don't think there is anything untoward about this one bit. I think they are just trying to engage in conversation, which is what social media is about. Again, if you had the original posting, which you don't, I could give you more context.
  - Q. You think it's appropriate for the Department of Health to be responding -- or monitoring the Plaintiffs in this case?
  - MS. WYRZYKOWSKI: Objection, form,
    mischaracterization -- sorry. Objection, form,
    mischaracterization of evidence, compound. Go ahead,
    Doctor.
  - A. So, Mr. Piccirilli, one, you don't have the original post; two, there is nowhere that identifies in this post that this woman is a Plaintiff in this case. What you see is a response; in other words, yes, the Rhode Island Department of Health has a Twitter account. Yes, there are people who respond to people; that's called courtesy. Part of using social media is to have conversation. Yes, Maddalena asked a question of the Department of Health. She asked a question; my team responded to her. Yes, it's appropriate; but you



are mischaracterizing that somehow a Plaintiff was targeted. That's not the case at all. This is what social media is.

Q. Doctor, you know, you seem so confident that this just happens to be a response to one of the Plaintiffs in this case. You know, you are trying to deny without denying that the Department of Health is monitoring the social media accounts of my clients; but in this memo that was just filed today by your lawyers, they admit that they have been following Dr. Bostom's social media account. So you're monitoring, your Department, or the attorneys in the Attorney General's Office, on behalf of your Department, have been monitoring the social media accounts of my clients and my expert in this case; and I am asking you if you think that's appropriate?

MS. WYRZYKOWSKI: Objection, form, mischaracterization of evidence, speculation, compound. Go ahead, Doctor.

A. Mr. Piccirilli, I don't agree with your conclusion. Quite frankly, it looks like here is what happened: The Department of Health put a posting on Twitter, probably some kind of health promotion thing. Maddalena, out of her free will and her own choice, chose on her own to engage in conversation. There was



- no one soliciting her as far as I know to respond to 1 2 She chose to do that. Quite frankly, if your 3 client doesn't want the Department of Health to respond to her, I would say why is she reposting on our Twitter 4 5 She chose to -- because she chose to. I doubt 6 anyone at the Department of Health, myself included, 7 know who the Plaintiffs are in this case. frankly, the Department of Health has a lot going on. 8 9 I don't know that anyone is paying attention to this 10 case, other than those who are directly involved in it. 11 The Department of Health simply responded to a Twitter 12 This is just called being courteous. So, yes, feed. 13 it's very appropriate that the employees of the 14 Department of Health would be courteous and respond to 15 people and are just trying to do their jobs.
  - Q. The fact that somebody in the Attorney General's Office wrote a memo where they cite three instances of postings by Dr. Bostom, your testimony is that you know of no one at the Department of Health that has been involved in this?
  - MS. WYRZYKOWSKI: Objection, form, compound. Go ahead, Doctor.
  - A. Mr. Piccirilli, I have answered this as many times as I can think. I don't know of anyone that is following Dr. Bostom. I certainly am not following



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1 I don't pay attention to him at all. Quite 2 frankly, I don't know why this is even coming up. 3 don't know what to tell you. I don't pay attention to 4 Dr. Bostom. 5 MR. PICCIRILLI: Okay. I am going to take a 6 brief break now, Chrisanne. I might be done. 7 MS. WYRZYKOWSKI: Thank you very much. I am 8 going to turn off audio and video until you tell me to 9 turn it back on. 10 MR. PICCIRILLI: I will. Okav. 11 THE VIDEOGRAPHER: Are we going off the record? 12 We are going off the video record at 3:44 p.m. 13 (A break was taken from 3:44 to 3:51 p.m.) 14 MR. PICCIRILLI: Chrisanne, if you are ready. 15 The time is now 3:51 p.m. we THE VIDEOGRAPHER: 16 are now back on the video record. 17 MS. WYRZYKOWSKI: Thank you. 18 MR. PICCIRILLI: Doctor, just one last area of 19 questions. 20 Q. (By Mr. Piccirilli) This gets back to children 21 being a driver of the pandemic. I just want to be 22 clear, maybe the use of the language previously was a 23 little poor on my part, so let me be clear. Do you 24 have any evidence that in the last two years of this

pandemic that children are key drivers of the pandemic?



1 A. Yes.

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- Q. Are you aware of the Pediatric Infectious

  Disease Journal?
  - A. Yes.
  - Q. Are you aware that in April of 2022, they published a study, The Role of Children and Young People in the Transmission of SARS-CoV-2?
    - A. I am not aware of this study.
    - Q. Are you aware that in that study they concluded, quote, "There is no convincing evidence to date," two years into the pandemic, "that children are key drivers of the pandemic"? That would seem to directly contradict what you just said, Doctor.
      - A. I don't agree with that assessment.
    - Q. You don't; okay. But you do know this journal, and it's a reputable journal?
      - A. It's a peer-reviewed journal, and I know it.
  - MR. PICCIRILLI: Maybe you should go back and take a look at it before you start accusing children of being vectors and need to be corralled. I have no further questions.
- 22 THE WITNESS: I am --
- MS. WYRZYKOWSKI: Gentlemen, stop. Objection, form, argumentative. I need to get it on the record. Objection, form, argumentative. Gregg, thank you for



1 your time today. Are we done with the questions? 2 MR. PICCIRILLI: Yes. Let's go off the record, but -- excuse me -- can you just stay on for a minute, 3 4 off the record? The Doctor can go. Everybody else can 5 qo. 6 THE VIDEOGRAPHER: The Doctor is free to leave, 7 but I do need to get the video order. 8 (Discussion off the record.) 9 THE VIDEOGRAPHER: This concludes today's 10 deposition of James McDonald, M.D. We are going off 11 the record on Thursday, July 7, 2022, at 3:55 p.m. 12 COURT REPORTER: If you can hold on one more 13 second for me to get the transcript orders. 14 MS. WYRZYKOWSKI: I know I can do a transcript, 15 so, yes, please, electronic. 16 MR. PICCIRILLI: Same, original and electronic. 17 (The Deposition concluded at 3:55 p.m.) 18 19 20 21 22 23 24 25



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## CERTIFICATE

I, Nancy S. Caron, R.P.R., a Notary Public, do hereby certify that I am expressly approved as a person qualified and authorized to take depositions pursuant to the Rules of Civil Procedure of the Superior Court, especially but without restrictions thereto, under Rule 28 of said Rules; that the witness was first sworn by me; that the transcript contains a true record of proceeding to the best of my ability. This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

Reading and signing of the transcript was not requested by the parties involved upon completion of the deposition.

IN WITNESS WHEREOF, I have hereunto set my hand this\_18th day of July, 2022.

Marcy S. Caron

Namey & Caron NOTARY PURLACE STATE OF RHODE ISLAND

NANCY S. CARON, R.P.R., NOTARY PUBLIC, NUMBER 18102

MY COMMISSION EXPIRES: 07/30/2025

July 7, 2022 DATE:

2.0 Southwell, et al. V. McKee, et al. IN RE:

WITNESS NAME: James McDonald, M.D.

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1	Reference No.: 8400581
2	
3	Case: SOUTHWELL vs MCKEE
4	DECLARATION UNDER PENALTY OF PERJURY
5	
6	I declare under penalty of perjury that I have read the entire transcript of my Depo- sition taken in the captioned matter or the
7	same has been read to me, and the same is true and accurate, save and except for
8	changes and/or corrections, if any, as indi- cated by me on the DEPOSITION ERRATA SHEET
9	hereof, with the understanding that I offer these changes as if still under oath.
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L1	
L2	James McDonald M.D.
L3	
L 4	NOTARIZATION OF CHANGES
L5	(If Required)
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L7	Subscribed and sworn to on the day of
L8	
L9	, 20 before me,
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21	(Notary Sign)
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23	(Print Name) Notary Public,
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25	in and for the State of



## JAMES MCDONALD M.D. SOUTHWELL vs MCKEE

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## JAMES MCDONALD M.D. SOUTHWELL vs MCKEE

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XHIBIT2	EXHIBIT7	EXHIBIT13	12	19
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24:14	M.D	3:21	8:23	49:12
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XHIBIT4	McDonald,	3:22	109:17,18	
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