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IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
CASE NUMBER: 9:03-cv-81110-CIV-HURLEY/HOPKINS

MAUREEN STEVENS, as Personal
Representative of the Estate of
ROBERT STEVENS, Deceased, and
on behalf of MAUREEN STEVENS,
Individually, NICHOLAS STEVENS,
HEIDI HOGAN and CASEY STEVENS,
Survivors

Plaintiffs

vs.

UNITED STATES OF AMERICA
Defendant

_____ /

The Videotaped deposition of KRISTIE M.
FRIEND was held on Thursday, June 9, 2011, commencing
at 9:21 a.m., at USAMRIID, 1520 Freedman Drive, Second
Floor, MWR Conference Room, Fort Detrick, Maryland
21702, before George W. Tudor, Notary Public.

REPORTED BY: George W. Tudor

1 APPEARANCES:
 2
 3 ON BEHALF OF THE PLAINTIFFS:
 4 RICHARD D. SCHULER, ESQUIRE
 5 Schuler, Halvorson & Weisser, P.A.
 6 1615 Forum Place, Suite 4-D
 7 West Palm Beach, Florida 33401
 8 Telephone: b (6)
 9 Facsimile: 561.684.9683
 10 Email: b (6)
 11
 12 ON BEHALF OF THE DEFENDANT:
 13 JACQUELINE C. BROWN, ESQUIRE
 14 KIRSTEN L. WILKERSON, ESQUIRE
 15 United States Department of Justice
 16 Civil Division, Torts Branch
 17 1331 Pennsylvania Avenue
 18 Room 8004S
 19 Washington, D.C. 20044
 20 Telephone: b (6)
 21 Facsimile: 202.616.4473
 22 Email: b (6)
 23 Email: b (6)
 24
 25 (APPEARANCES CONTINUED on the Next Page)

1 APPEARANCES CONTINUED:
 2
 3 ALSO PRESENT:
 4
 5 JEFFREY B. MILLER, ESQUIRE
 6 U.S. Army Research and Materiel Command
 7 Office of the Staff Judge Advocate
 8 521 Fraim Street
 9 Fort Detrick, Maryland 21702
 10 Telephone: b (6)
 11 Facsimile: 301.619.7250
 12 Email: b (6)
 13
 14 SARAH A. JIROUSEK-WINT, ESQUIRE
 15 Office of General Counsel
 16 Federal Bureau of Investigation
 17 935 Pennsylvania Avenue, N.W., PA 400
 18 Washington, D.C. 20535
 19 Telephone: b (6)
 20 Facsimile: 202.220.9355
 21 Email: b (6)
 22
 23
 24
 25 (APPEARANCES CONTINUED on the Next Page)

1 APPEARANCES CONTINUED:
 2
 3 ALSO PRESENT:
 4
 5 MAJOR JOHN MALONEY, ESQUIRE (Via Telephone)
 6 U.S. Army Research and Materiel Command
 7 Office of the Staff Judge Advocate
 8 521 Fraim Street
 9 Fort Detrick, Maryland 21702
 10 Telephone: b (6)
 11 Facsimile: 301.619.7250
 12
 13
 14 JOHN SHERMAN, Videographer
 15
 16
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1 PROCEEDINGS
2 THE VIDEOGRAPHER: We are now on the record
3 in the matter of Maureen Stevens, as Personal
4 Representative of the Estate of Robert Stevens,
5 Deceased, and on behalf of Maureen Stevens,
6 Individually, Nicholas Stevens, Heidi Hogan and Casey
7 Stevens, versus United States of America, in the United
8 States District Court, Southern District of Florida,
9 Case Number 903-CV-81110-CIV-Hurley/Hopkins.
10 Today's date is June 9th, 2011. The time is
11 approximately 9:21 a.m. This is the video recorded
12 deposition of Kristie Friend, being taken at 1520
13 Freedman Drive, Fort Detrick, Maryland, 21702.
14 My name is John Sherman, here on behalf of
15 Gore Brothers Reporting and Videoconferencing, located
16 at 20 South Charlotte Street, Baltimore, Maryland,
17 21201. The court reporter is George Tudor, with Gore
18 Brothers.
19 Will all attorneys please identify
20 themselves and the parties they represent, beginning
21 with the party noticing this proceeding.
22 MR. SCHULER: Richard Schuler, on behalf of
23 Stevens family and the estate of Robert Stevens,
24 deceased.
25 MS. BROWN: Jacqueline Brown, from the U.S.

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1 Department of Justice, on behalf of the defendant,
2 United States.
3
4 MS. WILKERSON: Kirsten Wilkerson, also with
5 the Department of Justice, for defendant, United States.
6 MS. JIROUSEK-WINT: Sarah Jirousek-Wint,
7 FBI.
8 MR. MILLER: Jeffrey Miller, U.S. Army, Fort
9 Detrick Maryland, and on the telephone we have Major
10 John R. Maloney, United States Army Legal Services
11 Agency, Litigation Division.
12 THE VIDEOGRAPHER: Please administer the
13 oath.
14 Whereupon,
15 KRISTIE M. FRIEND,
16 called as a witness, having been first duly sworn to
17 tell the truth, the whole truth, and nothing but the
18 truth, was examined and testified as follows:
19 EXAMINATION BY MR. SCHULER:
20 Q. Would you state your name, please?
21 A. Kristie Michelle Friend.
22 Q. What is your address?
23 A. b (6),
24 b (6)
25 Q. What is your date of birth?

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1 A. b (6)
2 Q. Are you presently employed?
3 A. Yes.
4 Q. By whom are you employed?
5 A. USAMRIID. The Department of Army.
6 Q. Ms. Friend, let me -- you heard me introduce
7 myself. My name is Richard Schuler. I represent the
8 Stevens family in this case. Have you ever had your
9 deposition taken before?
10 A. No, this is the first time.
11 Q. Okay. I'm sure you probably talked with
12 maybe some of the other attorneys involved in this and
13 may have gone over some of these rules, but let me
14 reinforce them for the record, okay?
15 A. Um-hmm.
16 Q. Number one is, all responses need to be
17 verbal. So shaking of the head and grunting or going
18 "uh-uh" or "um-hmm," the way we do in normal
19 conversation, is taboo in this instance, okay? If you
20 slip on that, I'll remind you so you can articulate your
21 answers, okay?
22 A. Understood.
23 Q. But will you attempt to make a verbal
24 answer?
25 A. Yes.

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1 Q. Okay. Number two is that not everybody is
2 perfect, and I'm certainly far from it; some of my
3 questions may not be clear to you, and if they're not
4 clear, will you let me know so I can get a chance to
5 rephrase them for you?
6 A. Yes, sir.
7 Q. Okay, and thirdly, can we assume that if you
8 answer my question, that you understood it?
9 A. Yes.
10 Q. A rule that I don't mention very frequently,
11 but occasionally will mention, and that is, I don't know
12 how long this is going to go, but this is not an
13 endurance contest. If you need to take a break for any
14 reason, whether it's restroom, get up and walk around;
15 some people have physical, back problems or things like
16 that and need to get up once in a while, so just let me
17 know and we will take a break.
18 A. Okay.
19 Q. What is your present position with USAMRIID?
20 A. Biosafety Specialist.
21 Q. How long have you been working with
22 USAMRIID?
23 A. Since June of 1999.
24 Q. Now, if you would favor me with giving me a
25 little bit about your educational background and

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1 training, work experience, any special schools you may
2 have gone to, and I would like to take this in
3 chronological order, okay?
4 A. Okay.
5 Q. And starting with the year you graduated
6 from high school and give us the years, the name of the
7 schools and the certificates or diplomas you received,
8 okay?
9 A. Okay. So I graduated from high school in
10 June of 1995 from Berkeley Springs High School in
11 Berkeley Springs, West Virginia. I started my bachelor
12 degree program at Shepherd College, which is now known
13 as Shepherd University in Shepherdstown, West Virginia
14 in August of 1995, and graduated with a Bachelor's of
15 Science in Biology in June of 1999. Actually, May of
16 1999.
17 Q. Okay. And is that your highest formal
18 educational attainment?
19 A. I am working on my master's degree, all I
20 have to do is defend my thesis, at Hood College here in
21 Frederick, Maryland.
22 Q. How long have you been working on your
23 master's?
24 A. Since 2007.
25 Q. Are you going at night while you're working?

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1 A. Yes.
2 Q. How did it come about that you got the job
3 at USAMRIID?
4 A. Actually, one of the other employees in the
5 bacteriology division also graduated from Shepherd
6 College, and she had some connections. I saw a job
7 posted on a bulletin board and applied.
8 Q. And what was the job -- what type of job was
9 advertise that you applied for?
10 A. A laboratory technician, specifically doing
11 research on bacillus anthracis and the vaccine, the new
12 generation vaccine.
13 Q. And this would have been in the May or June,
14 '99 time period?
15 A. Actually, the first time I interviewed was
16 in November of 1998.
17 I lost my mother within a week of
18 interviewing for the job, and there were parts about the
19 job that I wasn't comfortable with, so I turned it down
20 originally.
21 I came down to the Spring Research Festival
22 in May of 1999 and put my resumé back in. Dr. Ivins
23 found it and contacted me, and at that time the position
24 had changed as far as salary and benefits, so I accepted
25 it at that time.

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1 Q. You were actually given the job at the end
2 of '98; didn't take it at that time, and then later
3 on --
4 A. Right.
5 Q. -- six months or so later, decided to take
6 it.
7 A. Correct. He had contacted me in the
8 beginning of June, so I had been graduated for about
9 three weeks when I heard back from them.
10 Q. Was it actually Dr. Ivins who contacted you?
11 A. Yes.
12 Q. And he said that he got your name from the
13 fact that you were given -- submitted a resumé and had
14 been cleared for the job before?
15 A. Yes. So the difference was, in '98,
16 contracting was still new as far as hiring contract
17 employees, and at that point in time I would have had to
18 have my own health insurance and I would have had to pay
19 taxes quarterly, and the salary was pretty low compared
20 to what I was going to be hired for, so I turned it
21 down.
22 At that point in time, my mother had just
23 passed and I wasn't sure exactly what I was going to do
24 postgraduation, I had several family things to consider,
25 and then when the job was re-advised to me, everything

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1 in contracting had changed, so it was better benefits,
2 better salary, and I felt more comfortable taking the
3 position at that time.
4 Q. Okay. Let me just caution you a little bit.
5 Your -- some people are slow talkers; we had a slow
6 talker yesterday --
7 A. I'm very fast.
8 Q. You're a fast talker.
9 A. Okay.
10 Q. If you could just slow it down a little bit.
11 A. I'll certainly try.
12 Q. It's not so much for me --
13 A. Right.
14 Q. -- but for our reporter.
15 A. I apologize.
16 Q. It's okay, it's okay, it's just that it's a
17 habit of some people. Some people, as I say, are fast,
18 some are slow, some are in between.
19 In any event, let me ask you a little about
20 the contract employee situation --
21 A. Okay.
22 Q. -- because I noted that through some of the
23 things that I was reading.
24 Are you -- when you were hired, were you
25 hired as a independent contractor?

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1 A. I contracted for the government, so at that
2 time there were three contract companies that were still
3 -- basically, the money still gets paid by the
4 government, but you're not a formal federal civilian.
5 So at any given time they can terminate your position.
6 So that's kind of the risk you take as being a
7 contractor.

8 Q. Okay. So you're not considered a federal
9 employee, right?

10 A. Right. Currently, right now I am, but at
11 that time I was not.

12 Q. I'm going to try and move through
13 chronologically.

14 A. Okay. So at that time, no. I was a
15 contract employee, and I was paid by for Clinical
16 Research Management.

17 Q. That's what I was going to ask. Who is the
18 contractor?

19 A. Clinical Research Management.

20 Q. And where are they at?

21 A. They're out of Hinckley, Ohio, but they also
22 have a local office here in Frederick.

23 Q. Are they the ones that put the ads in the
24 paper and so forth to advertise these positions? Is
25 that how you get connected up with the contractor?

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1 A. Yes. I think now it's pretty much
2 sent that was put on a bulletin board, so I just sent my
3 resumé to them and they funneled it to the people who
4 were interested in hiring at that time.

5 Q. Okay. So when you got your paycheck, was it
6 from Clinical Research Management?

7 A. Yes, sir.

8 Q. Okay. It wasn't from the U.S. Government.

9 A. No.

10 Q. You mentioned that the contracting situation
11 changed between November of '98 and June of '99, when
12 you actually started work.

13 A. Yes.

14 Q. Tell me how that changed.

15 A. Well, like I mentioned, at the time it was
16 offered to me, I would have had to purchase my own
17 health insurance. So there was no -- Clinical Research
18 Management in 1998 was not was not the contractor, so I
19 think it might have been an independent contract; I'm
20 not really sure how that worked, but I would have had to
21 purchase my own health insurance; they weren't going to
22 offer it to me, and I thought working with something
23 like bacillus anthracis, someone should be giving me
24 health insurance.

25 Q. Good idea.

Page 16

1 A. I would not have -- I would have had to pay
2 taxes on a quarterly basis that wouldn't have come out
3 of my check, and the salary was only like \$15,000, which
4 I thought was kind of low.

5 So between then and, I guess, in the
6 beginning of 1999 was when they established a contract
7 company that could provide benefits, education resources
8 and that kind of thing.

9 Q. So when you started, you got a base salary?

10 A. Um-hmm.

11 Q. Yes?

12 A. Yes.

13 Q. You got health insurance?

14 A. Yes.

15 Q. What other benefits, if any?

16 A. There was an education benefit, and also a
17 travel benefit, like if I wanted to go to a course, like
18 ASM, American Society for Microbiology meeting, they
19 would pay for that.

20 Q. Okay. So that was all part of your contract
21 with this Clinical Research Management, and obviously
22 the government had to cover the cost of that.

23 A. Yes, sir.

24 Q. So when you started, did you actually get
25 a -- you know, a government designation as far as level

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1 is concerned, you know, like some people get a GS --

2 A. No.

3 Q. Okay. What was your title?

4 A. Just laboratory technician.

5 Q. And you started in June of 1999. Where did
6 you commence work?

7 A. In the bacteriology division.

8 Q. Who was your boss?

9 A. Dr. Bruce Ivins.

10 Q. Prior to taking the job, did you speak with
11 Dr. Ivins?

12 A. Yes.

13 Q. Face-to-face interview?

14 A. Yes.

15 Q. Once, or more than once?

16 A. Twice.

17 Q. Did he kind of outline for you exactly what
18 you were going to be involved in?

19 A. Yes.

20 Q. And what is your recollection at this point
21 of what he said?

22 A. My primary job was to grow bacillus
23 anthracis spores from all strains that were available at
24 that time, to assist in animal challenges for the
25 current vaccine that's being used, which is American

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1 Vaccine, the AVA strain, and we were hoping at that
2 point in time to move forward into a new generation of
3 anthrax vaccine. So whatever that would have been, we
4 would have compared against the current one in animal
5 models to see the efficacy of both vaccines.
6 Q. Is this type of work something that was a
7 goal of yours, that you had wanted to do for a while,
8 or...
9 A. I was interested in Fort Detrick. My
10 original interest would have been the cancer side of the
11 base. When I was offered this position, I thought it
12 was interesting. Of course I had seen the movie
13 Outbreak, and thought that USAMRIID as an interesting
14 place to work, and I would joke that some day I would
15 work there. Was it a goal? No, but it was a good
16 opportunity at the time.
17 Q. So originally, you -- when you say the
18 cancer side, the National Cancer Institute that's also
19 located here?
20 A. Correct, yes.
21 Q. Okay. And after Dr. Ivins outlined the
22 various obligations of the job and you finally came to
23 work and started to execute your job, what were your
24 duties and responsibilities as you found them,
25 practically, when you got here?

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1 A. I did -- spent many hours growing spores
2 from all various strains of bacillus anthracis. I
3 learned how to handle animals, from small rodents like
4 mice and hamsters to rabbits and non-human primates. We
5 also did vary storage studies on spores to see how long
6 they could stay in various type of media, to include
7 water, different buffers; pretty much a lot of different
8 stuff in the lab. I spent a lot of time in the lab.
9 Q. Did you -- when you say the lab, are you
10 talking about the hot suites?
11 A. Yes, sir.
12 Q. Okay. There is -- and just so we're clear
13 in the record, can you explain to me how, physically --
14 what, physically, the layout of the laboratory was? I
15 know you had an office. Tell us where your office was
16 relative to the different labs.
17 A. Okay, so my office, when I worked for
18 Dr. Ivins, was office number 19, which is in the back
19 part of USAMRIID, in the bacteriology office area, and
20 basically in order to get to suites B3 and B4, Bac T 3
21 and 4, you basically have to walk down the hallway from
22 the office through a set of double doors and about
23 halfway down another hallway to get to the suites.
24 For 1412, because we also did a lot of work
25 on the hot side of building 1412 --

Page 20

1 Q. And what you have just described was 1425,
2 the layout, correct?
3 A. Yes, correct.
4 Q. Go ahead. 1412?
5 A. You actually had to walk out the back door
6 of building 1425, across kind of like a field, into the
7 hot suite of 1412.
8 Q. When you got here in June of '99, did you
9 start working in the hot suites right away?
10 A. No.
11 Q. How long did it take?
12 A. About eight months.
13 Q. And why did it take eight months for you to
14 commence work on the hot suites?
15 A. At that time it was a requirement to obtain
16 vaccinations to enter the containment suites. So to
17 enter B3 and B4, which was in building 1425, I think it
18 took about six months for me to gain access to there,
19 and for 1412 it took eight.
20 1412 required more vaccinations than B3 and
21 B4, so I still was able to do some work in the hot
22 suites and then moved into 1412 once I got all those
23 vaccinations.
24 Q. When you say B3 and B4 in building 1425,
25 those are designations for the type of pathogens or the

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1 level of security, right, that those labs provide?
2 A. Those are actually the laboratory names. So
3 B stands for Bacteriology 3 and Bacteriology 4.
4 Q. Okay.
5 A. And primarily the work that's done in those
6 suites is work with bacteria at a level 3 and above
7 status.
8 Q. Okay. Thank you. I got confused there.
9 A. That's okay.
10 Q. So B3 and B4 are just designations for the
11 two laboratories.
12 A. Correct.
13 Q. But they were the BSL level 3.
14 A. Yes, sir. Yes. And so is the hot side of
15 1412 was all BSL level 3 labs.
16 Q. You never worked in BSL level 4, right?
17 A. No.
18 Q. Okay, so you had to wait for your
19 vaccinations to take effect, if you will, before you
20 could enter the hot suites, essentially?
21 A. Correct.
22 Q. So you had to be entered into the SIP,
23 Special Immunizations Program?
24 A. Yes, sir.
25 Q. And did you have to go through a physical

1 there, give a history and so forth?
 2 A. Yes.
 3 Q. What about security clearance, did you have
 4 to obtain any security clearance?
 5 A. b
 6 Q. b (6)
 7 A. b (6)
 8 b (6)
 9 Q. Hold on a second, because everybody uses
 10 acronyms around here.
 11 A. b (6)
 12 b (6)
 13 Q. NAC, I'm familiar with, National Agency
 14 Check.
 15 A. Yes.
 16 Q. Do you know what the LAC stands for?
 17 A. I don't, and I have never been told what it
 18 stands for, so...
 19 Q. b (6)
 20 b (6)
 21 b (6)
 22 A. b
 23 Q. b (6)
 24 A. b (6)

1 b (6)
 2 b (6)
 3 b (6)
 4 b (6)
 5 b (6)
 6 b (6)
 7 b (6)
 8 b (6) d. That, I can't
 9 tell you.
 10 Q. b (6)
 11 b (6)
 12 b (6)
 13 b (6)
 14 A. b (6)
 15 Q. Okay. All right. Now, you told us the type
 16 of work you did, but let me go back to the beginning,
 17 when you started, and you said it took eight months
 18 before you could get into the hot suites.
 19 A. Correct.
 20 Q. For that eight-month period, what did you
 21 do?
 22 A. I read a lot of standard operating
 23 procedures; I assisted in doing some inventory of the
 24 lab notebooks that were in the office, just to kind of
 25 quantify what was there. I would make table of contents

1 in the front of each notebook so that if people had to
 2 go through them, you would know what was on each page,
 3 could easily find something if you were looking for it.
 4 I was able to do basic lab research in the
 5 biosafety level 2 lab, which was in Bacteriology 5, so I
 6 would grow media that they would use in the hot suites,
 7 that they could take in and use. That's primarily what
 8 I did up until that point.
 9 Q. And who directed your work assignments?
 10 A. Dr. Ivins and Ms. Pat Fellows.
 11 Q. Was there a certain team of people that were
 12 working on the anthrax project in connection with the
 13 vaccines?
 14 A. Yes. So it would have been Dr. Ivins,
 15 Ms. Fellows, myself, Mr. Steven Little and -- I mean,
 16 Colonel Friedlander, Art Friedlander at the time, he was
 17 kind of the person over charge of that area of studies.
 18 Q. Anyone else?
 19 A. That's all I can think of primarily that did
 20 what we did.
 21 Q. Okay. And so then after this eight-month
 22 period, which would take us to roughly, I guess,
 23 February of two thousand -- of 2000?
 24 A. 2000, right.
 25 Q. How did your responsibilities change at the

1 that point?
 2 A. I basically did what I had said before,
 3 where I spent a lot of time in the suites growing varies
 4 amount of spore batches to be used for animal
 5 challenges. We did a lot of characterization between
 6 different strains to determine which strains were more
 7 virulent, meaning more pathogenic to animals, and
 8 potentially humans. That's pretty much it.
 9 Q. Now, during the time -- well, let me stop
 10 for a second, because I kind of want to get a overview
 11 of your work responsibility.
 12 So you started in February of 2000 doing the
 13 things that you just described, and how long did that
 14 part of your career last, where you were doing that type
 15 of work?
 16 A. Until October, beginning of October of 2001.
 17 Q. And why did it change?
 18 A. Well, at that time, of course, my 11 had
 19 happened. The whole institute as a whole, we were doing
 20 lots of sampling from all over the country. Diagnostic
 21 Systems Division, which is another division within
 22 USAMRIID, requested any division within the institute
 23 that can supply bodies to screen plates, meaning culture
 24 plates of anything that they were doing --
 25 Q. Was this was in connection with the anthrax

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1 attacks?
2 A. Well, I'm not there yet.
3 Q. Okay. All right.
4 A. So this was prior to that. They were
5 already receiving samples from air handling systems in
6 DC from various buildings. There were five buildings
7 that were being monitored.
8 They were getting swipe samples from those
9 twice a day. In the beginning, they were getting almost
10 3,000 samples a day, and they needed more bodies to help
11 do that. So it quickly went to an eight-hours-a-day
12 session, 24-hour operation, seven days a week.
13 And the people that were screening those
14 assays, they were dissolve assays; however, they did not
15 know what the organism looked like on a plate. So they
16 needed people like myself to tell them yes or no anthrax
17 is there, whatever, plague is there, so I got detailed
18 to that division to assist them with that.
19 So I think it was like October 1st, October
20 2nd, I got volunteered to go up there. So I stopped
21 working on -- Dr. Ivins was still my boss, but I didn't
22 report to him on a daily basis; I reported to someone in
23 that division.
24 Q. The DSD division.
25 A. That's correct.

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1 Q. Who do you report to there?
2 A. Dr. John Ezzell.
3 Q. Dr. Ezzell?
4 A. Yes.
5 Q. Yes?
6 A. Yes, Dr. Ezzell, yes.
7 Q. Then how long you stay attached to the DSD
8 division?
9 A. The beginning of March. The exact date, I
10 can't tell you. Until March of 2002.
11 Q. And from the October of 2001 to March, 2002
12 time period, then, you were involved in doing the things
13 that you just described in connection with the building
14 swipings?
15 A. Correct.
16 Q. Did you get involved at all in the anthrax
17 attack investigations during that time?
18 A. Yes.
19 Q. Did that -- I mean, the timing is very close
20 there, because you went over there in October of 2001.
21 When did you first get involved with the anthrax attack
22 investigation?
23 A. The day the letters arrived, which was
24 October 16th, at approximately, like, 12:15 p.m. There
25 are certain things I'll never forget about that time;

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1 there are other things that aren't so -- but...
2 Q. I understand. So -- and what were you
3 called upon to do in connection with that?
4 A. From the Diagnostic Systems Division
5 perspective, basically we had to ID that, yes, there was
6 actually anthrax in those letters. The first one we
7 received --
8 Q. Let me stop for you for a second. I don't
9 mean to interrupt, but before we get into that, who was
10 kind of directing your activities at that time?
11 A. Colonel Eric Henchal was the division chief
12 of Diagnostic Systems Division, and he delegated his
13 authority down to EPI, so Dr. Ezzell would have received
14 whatever needed to be done from Colonel Henchal.
15 Q. So Colonel Henchal, then Dr. Ezzell, and
16 Dr. Ezzell was directing your activities?
17 A. Correct.
18 Q. Go ahead.
19 A. So when the letter arrived that day, of
20 course the big question that everybody wanted to know
21 was, what was in it. The first letter that we actually
22 did receive was the Daschle letter, the Tom Daschle
23 letter that was received at the Senate Hart Office
24 Building.
25 Q. Did you actually receive the envelope and

Page 29

1 the letter itself?
2 A. Yes.
3 Q. Go ahead.
4 A. I was not the original person who opened the
5 letter. I was present in the laboratory when the
6 original letter was opened.
7 Q. What laboratory was it opened in?
8 A. AR 105.
9 Q. Where is AR 105?
10 A. In the middle of part of USAMRIID, AR, there
11 is no designation, unfortunately, for AR, it's just AR
12 105. That was the primary laboratory that the special
13 pathogen sample test lab used.
14 Q. Was that building 1425?
15 A. Yes, sir.
16 Q. Okay.
17 A. So the SPSTL, which is the Special Pathogens
18 Sample Test Lab at that time, they frequently received
19 samples to be tested from the FBI, Secret Service,
20 Department of Justice, to determine if there were any
21 biothreats out there. So they were -- that lab was
22 stood up for that purpose. That was their main mission.
23 And Dr. Ezzell was over top of that. And prior to the
24 letters arrived, there were only three other technicians
25 work as a part of team.

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1 Q. Who are they?

2 A. Ms. Cindy Allen, Ms. Stephanie Readus --

3 Q. R-E-A-D-U-S?

4 A. -- yes, sir -- and Ms. Terri Abshire. And

5 one soldier worked with them as well, and he would have

6 been Sergeant Lee Spinogle.

7 Q. Spinogle?

8 A. Um-hmm.

9 Q. And these were lab techs that were already

10 there.

11 A. Right. And their mission, they primarily

12 worked in the SPSTL. They didn't do any other type of

13 lab research. Their primary focus was to receive

14 samples and test them for any kind of biowarfare agents

15 that may have affected wherever. So they had received

16 many samples from all over the country and all over the

17 world, at times.

18 Q. I'm sure, though, that they had access to

19 the rest of USAMRIID to call in other people in case

20 they needed some expertise, like you said earlier.

21 A. Yes, absolutely.

22 Q. So you really had combined efforts in some

23 of these things, right?

24 A. Yes. Yes.

25 Q. Okay. Now, you told us about the letters

Page 31

1 arriving, where they were brought to, the fact that they

2 were opened and you were present for that.

3 A. Um-hmm.

4 Q. What was the rest of your involvement with

5 that?

6 A. Well, the letter at that point in time was

7 taken into several biosafety level three laboratories

8 for various tests. The one that I was primarily

9 involved with was with Dr. Ivins. The letter was taken

10 into bacterial Suite 3, so B3 in building 1425.

11 Q. Okay.

12 A. And our mission was to determine how many

13 spores were present in that powder so we could determine

14 to see how many colony-forming units were present. So

15 to determine the exact volume of what was present in

16 that letter.

17 Q. And who was charged with that, Dr. Ivins and

18 you?

19 A. Dr. Ivins was charged with that, and I

20 assisted him, for two reasons; A, I was the one that was

21 detailed to DSD. It was really their evidence, so to

22 speak.

23 Q. So it was kind of an overlap there?

24 A. Right. But Dr. Ivins was directed to do

25 this work by Dr. Peter Jarling, who at that point in

Page 32

1 time was a senior scientist at USAMRIID, and he was

2 given that order by the commander, who at that time I

3 believe was Colonel Eidson, I believe.

4 Q. Good memory.

5 A. Yes, most of it is. Some of it.

6 Q. So the letter has to be taken from this

7 AR --

8 A. 105.

9 Q. -- 105 to -- within building 1425, so it's

10 transferred within the building to B3. And B3 is a BSL

11 3-level laboratory.

12 A. Correct.

13 Q. Is there some type of procedure or was there

14 some type of procedure for doing that?

15 A. For transferring the sample?

16 Q. Yes.

17 A. Yes. So we --

18 Q. Because the AR -- I have got to look back at

19 the numbers -- the AR 105 is not a BSL level 3 lab,

20 right?

21 A. That's correct. It was a Biosafety Level 2

22 lab.

23 Q. So tell me what the procedures were for

24 making the transfer.

25 A. Well, basically, the mission of SPSTL, the

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1 reason why they were set up --

2 Q. SPSTO?

3 A. L. SPSTL, Special Pathogens Sample Test

4 Laboratory. When they receive samples, they're

5 considered diagnostic specimens until they're confirmed

6 positive for any agent that we work with at USAMRIID.

7 So basically there was no harm in bringing it to that

8 area, or so we thought at that point in time, because a

9 diagnostic specimen is nothing other than diagnostic

10 until you confirm it. So it was sent out to our lab, to

11 Dr. Ivins' lab, and to where Dr. Ezzell works in his

12 Biosafety Level 3 lab to determine that.

13 We did sign a chain of custody before we

14 removed it from that area; however, there were no

15 specific procedures in place as far as moving samples

16 from suite to suite or lab to lab. So the only thing we

17 had was a chain of custody document at the time we took

18 the letter, how long it was out of the evidence

19 repository and when it was returned.

20 Q. All right, there are no specific procedures,

21 but tell me as a practical matter how it was done. How

22 did you physically take the envelope and letter from AR

23 105 to the B3 laboratory.

24 A. It was bagged, and it what a ziplock bag.

25 The outer part of the ziplock bag was decontaminated

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1 with a one-to-ten solution of bleach.
2 Q. One to ten?
3 A. One to ten solution, or ten percent, however
4 you like it. It was removed from that area and it was
5 hand-carried to B3. The letter was placed into the path
6 box, the ultraviolet light path box. I actually stayed
7 on the outside of the path box to make sure no one else
8 opened it before Dr. Ivins was able to enter the suite
9 and retrieve it from the hot side, or containment side.
10 Q. Okay. So the ultraviolet light is applied
11 basically to the exterior of the baggie?
12 A. Yes. Correct.
13 Q. And the letter and the envelope itself,
14 though, are inside the baggie.
15 A. Correct.
16 Q. Was there any loose powder inside the
17 baggie?
18 A. I don't recall.
19 Q. And when -- how much time did that take from
20 the time it arrived on October 16th of 2001 until
21 Dr. Ivins started working on it in the hot suite?
22 A. I don't think we did our procedure with that
23 until the next evening. So it arrived midday on the
24 16th, and I believe it was the night of the 17th that we
25 took it in to do our testing. It was either the 17th or

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1 the 18th, and those are the details I get clouded. It
2 wasn't the day that it arrived, I do know that.
3 Q. Was there confirmed anthrax before it was
4 brought to the BS -- or B3 laboratory?
5 A. It was confirmed before it was brought to
6 USAMRIID, using start ticket assays, which are -- they
7 have a lot of false positives, meaning you will get a
8 positive and it may not be true, so we did not believe
9 those results until we did it ourselves.
10 There are three standards to confirm a
11 positive. One is microbiological culturing, a PCR and
12 an ELISA assay. So if you get --
13 Q. Hold on a second. A PCR being what?
14 A. Polymerase Chain Reaction. I knew it was
15 going to be bad on these.
16 Q. Polymerase --
17 A. Polymerase Chain Reaction. And then ELISA
18 is an electrochemiluminescence (sic) assay. It's an
19 antibody assay. So basically, if you get two positives
20 from any three of those assays, you can basically
21 confirm that sample as positive for whatever agent
22 you're testing for.
23 Q. So those things are set up to test for
24 specific agents.
25 A. Yes.

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1 Q. But before the envelope and the letter were
2 brought to USAMRIID, it was -- there was some
3 confirmation that it was anthrax --
4 A. Yes, so they thought, yes.
5 Q. -- through this test that you mentioned that
6 you didn't think was accurate enough.
7 A. Right.
8 Q. So it was in this AR 105, the BSL level 2
9 lab, without confirmation here that it was anthrax.
10 A. Um-hmm.
11 Q. Was anything done in the AR 105 lab?
12 A. Wet mount slide of a part of the powder was
13 made. So basically you have a glass slide that's
14 probably, what, about this long (indicating), and you
15 can put a sample on it. So what they did is, they put,
16 probably, two drops of sterile water on the slide, took
17 a loop of the actual powder, submerged it in the water,
18 let it dry, and it was actually hand-carried out of 105,
19 106 to another Biosafety Level 2 laboratory to look
20 under a microscope.
21 Q. That was Dr. Jarling who did the original
22 slide prep, correct?
23 A. No.
24 Q. Who was that?
25 A. Terri Abshire actually did the slide prep

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1 and read the slide prep.
2 Q. Okay.
3 A. Dr. Jarling did the electromicroscopy. So
4 it's different. He did the SEM, which is the semi
5 electron microscopy (sic) assay.
6 Q. Did you have to prepare another slide for
7 that?
8 A. I don't know, because I was not part of
9 that. So he did that way after -- the first three days,
10 he didn't touch that table that -- that was probably
11 done a week later, and I do not know how that procedure
12 goes.
13 Q. Then, in any event, it was attempted to be
14 weighed in the AR 105?
15 A. No.
16 Q. I'm sorry, I misunderstood you. What was
17 done in the AR 105, then? The lab --
18 A. The slide.
19 Q. The slide prep?
20 A. Um-hmm, correct.
21 Q. And was that the only thing that was done,
22 as far as you know?
23 A. As far as I know.
24 Q. And then it was brought over to the B3, BSL
25 level 3 laboratory?

1 A. Yes, sir.

2 Q. And then what did Dr. Ivins do at that point

3 to confirm the existence and the concentration of the

4 anthrax spores?

5 A. He weighed out approximately one gram of the

6 powder material and we prepared serial dilutions to

7 determine the quantity of the spores that would be in

8 there. So basically, we were in full respiratory

9 protection at that point.

10 Q. You were with him in there?

11 A. Yes.

12 Q. So you were both wearing respirators.

13 A. Yes. Myself, Dr. Ivins, Dr. Joel Bozue was

14 present in the suite, in the actual lab that they were

15 doing this, and Mr. Anthony Basset were also present

16 within the suite.

17 Q. Did you know at that point how much the

18 overall -- how much the overall powder weighed?

19 A. No.

20 Q. You just took a one -- what did you say it

21 was?

22 A. One gram.

23 Q. One gram. Were you able to weigh it?

24 A. Yes. Dr. Ivins did weigh it before we took

25 the one gram out. I mean, you kind of had to figure out

1 what the starting concentration were to be of the entire

2 amount of powder that was in the letter.

3 Q. I'm not sure I understood you.

4 A. The entire amount that was actually in the

5 letter, if you didn't know that, you wouldn't know how

6 to then back-calculate how much was present.

7 Q. Okay.

8 A. So there is a back-calculation once you --

9 so he weighed it out, he weighed the one gram. We

10 serodiluted it ten times to get to a quantity that we

11 could plate out and actually count. And there were some

12 plates that you couldn't read; they were too numerous to

13 read, so you couldn't count them. That's how you get

14 down to the right concentration.

15 Q. Okay.

16 A. So that's basically what we did. We read

17 the plates the next day, and we were able to

18 back-calculate how much we thought was present.

19 Q. Okay. And when you say how much, are you

20 talking about the numbers of spores, or the weight?

21 A. How many spores.

22 Q. Okay: Correct.

23 Q. And what was the ultimate -- do you remember

24 the calculation?

25 A. I do not remember that.

1 Q. Did Dr. Ivins do all that?

2 A. As far as the calculation?

3 Q. Yeah.

4 A. We both worked on it together. So at that

5 time, I mean, realize I'm still also learning as well,

6 so we both worked on the calculation together.

7 Q. Okay. Were you a little concerned about

8 your safety working with this stuff?

9 A. I was a little hesitant. But at that point

10 in time I was pretty naive about that kind of thing, and

11 I didn't really expect us to ever have to live through

12 something like that, so my thought process then was

13 hopefully, whatever the work that we were going to do,

14 we were going to help people not be sick. So I wasn't

15 really worried about myself, I was really worried about

16 the American people who had been already been exposed.

17 Certainly, at least, I had been vaccinated.

18 Q. Right.

19 A. And I knew --

20 Q. You had been vaccinated with anthrax

21 vaccine.

22 A. Correct.

23 Q. So after the concentration was determined,

24 what was the next step?

25 A. The results were forwarded up the chain of

1 command all the way to the commander.

2 As far as the letter goes, after we did the

3 manipulation that night, it was returned back to the DSD

4 folks to put under the chain of evidence. So we only

5 had it for the amount of time that we needed to do the

6 procedure.

7 Q. Just a brief amount of time.

8 A. Correct.

9 Q. When the original letter was opened, you

10 said you were present for that.

11 A. Yes.

12 Q. In other words, the letter was taken out of

13 the envelope?

14 A. Yes.

15 Q. Did you see that there had been some reports

16 that there was sort of a puff of smoke, like --

17 A. I never saw that, no.

18 Q. I never saw that. Okay. Did you ever see

19 any suspended anthrax in the air from the letter?

20 A. No.

21 Q. Can you describe what you saw in terms of

22 the powder, what it looked like?

23 A. It was pretty grainy. It was definitely

24 white. That's about it. I mean, white and grainy. It

25 looked more --

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1 Q. Fine?

2 A. Finer than sand probably would be.

3 Q. Okay. And can you generally describe how

4 much there was? I mean --

5 A. No.

6 Q. Was it more than a thimbleful, or --

7 A. I don't really recall exactly how much was

8 in the letter.

9 Q. Was it just spread in the crease of the

10 letter, sort of?

11 A. Yes. Yes.

12 Q. All right. So then you sent that back. Did

13 you have any more involvement with the science end of

14 the investigation?

15 A. With the letter, specifically?

16 Q. Let's start with that, with the letter.

17 A. Yes. So by that point in time we had

18 received the New York Post letter and the Tom Brokaw

19 letter.

20 Q. So you get the Daschle letter first --

21 A. Yep.

22 Q. -- the Post letter second --

23 A. Yeah. I think the Post and the Brokaw

24 letter came together.

25 Q. Brokaw. Were there any other letters that

Page 43

1 you received?

2 A. Not at that time.

3 Q. Okay. So how soon after October 16th did

4 you receive the other two letters?

5 A. I think within a few days. It might have

6 been the end of that week or early the next week. It

7 was soon.

8 Q. Did you go through the same steps,

9 basically?

10 A. No. Those letters were treated differently,

11 and I never processed anything on those letters except

12 the actual -- they were handled differently, and

13 Dr. Ivins didn't do any testing on those. I think

14 plated out one of the dilution samples for that letter,

15 but I never actually handled those letters.

16 Q. Okay. And so was it -- was the same process

17 done to determine the concentration?

18 A. I do not know that information.

19 Q. Okay. Do you know who was involved with

20 those letters?

21 A. It would have been Colonel Eric Henchal,

22 Dr. John Zell, Terri Abshire.

23 Q. And Dr. Ivins was not involved?

24 A. He was not involved with those letters.

25 Q. Do you know why there was a change?

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1 A. I don't think there was a specific change.

2 Realize that there is a lot of competition between

3 divisions and PI's. Bruce and John had worked together

4 for years.

5 Q. When you say John --

6 A. Dr --

7 Q. John Zell?

8 A. Yes, John Zell. They had different ways of

9 approaching problems, being that they both were

10 microbiologist Ph.D.'s and John would sometimes feel

11 threatened by Bruce, vice versa, so I think at that

12 point in time, since Bruce had taken the lead on the

13 first letter, John felt that it was time for his lab to

14 step up. I mean, that's my reasoning.

15 Q. A little inter-division competition of a

16 kind?

17 A. Yes.

18 Q. Okay. And I assume it was pretty big news

19 at that point as well.

20 A. Right.

21 Q. So you don't know exactly what they did, but

22 that was the team that worked on that group of letters.

23 A. Um-hmm.

24 Q. Yes?

25 A. Yes.

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1 Q. Okay. Now, what else were you involved in?

2 What was the next step that you were involved in?

3 A. At that time we were still receiving sets of

4 samples daily. So we would receive a set of samples at

5 eleven a.m. and eleven p.m. And I worked the day shift

6 team, so I worked from seven a.m. to seven p.m. at that

7 time.

8 Q. These are samples from the buildings, now?

9 A. Yes. And anything else that came out. At

10 that point in time, once the letters came out, people

11 were sending us Kool-Aid that they had received and

12 other mail samples.

13 We also did test all the luggage that was

14 found in the car that the -- I can't remember his name,

15 the lead bomber from Boston, his car was found in the

16 parking lot, and we actually sampled the evidence that

17 was in his car. So there was luggage, there was

18 clothes, there was beer bottles.

19 So anything that was suspicious at that

20 point in time came to USAMRIID for testing. So in my

21 spare time, you know, if I got called to help with

22 letters or whatever else, I was doing the sampling for

23 that to make sure we didn't have any other biological

24 warfare agents out there.

25 Q. And how long did this last, over what period

Page 46

1 of time?

2 A. Until the beginning of March. So I think we
3 received the last set of samples, it was like the last
4 week of February or first week of March. That's when
5 kind of everything went back to normal operations.

6 And when I say everybody, the whole
7 institute was involved in various capacities that pretty
8 much from -- October 1 until this time in March, it was
9 a 24-7 operation at USAMRIID.

10 Q. Okay. And during that time period, did you
11 work on any of the other letters? The Leahy letter, I
12 guess, is the other one that was out there.

13 A. It didn't come -- it was not found until
14 November or December, and it was not touched for many,
15 many months. The FBI directed us just to hold onto it,
16 because at that point in time they felt like the
17 previous three letters were not handled in the most
18 appropriate way, and they thought that that would be on
19 the most pristine sample to go forward in the
20 investigation.

21 Q. So that one was kind of held back?

22 A. It was held back for a while. I want to say
23 it wasn't even manipulated until maybe February.

24 Q. Did you have any part in that?

25 A. No. I was not present the day they opened

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1 that letter.

2 Q. Okay.

3 A. But when they opened that letter, they
4 actually opened it in a Biosafety Level 3 lab, in a
5 class 3 biosafety cabinet, so it was fully enclosed in a
6 gastight, sealed area, and you worked in a glove box to
7 manipulate that.

8 Q. Who was involved in analyzing the Leahy
9 letter?

10 A. Dr. John Ezzell, Ms. Stephanie Readus and
11 Ms. Candy Jones.

12 Q. Again, with Dr. Ezzell being the -- the kind
13 of the boss, the lead on that?

14 A. Yes, sir.

15 Q. And he was, at the time, with DSD?

16 A. Yes, sir.

17 Q. Did you have any further responsibilities
18 with respect to the anthrax investigation?

19 A. I was asked to prepare spores for the FBI as
20 reference material to compare to the various powder
21 samples that were found in each letter.

22 Q. Okay.

23 A. So as a side, I was -- I had two lie
24 detector tests, one so that I could process samples for
25 the FBI and one so that I could --

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1 Q. You had to take a lie detector test, too?

2 A. Yes. So I did that. They asked me to grow
3 spores on various types of culture media to use as
4 reference stocks to compare to what was used in the
5 attacks.

6 Q. Anything else you did in furtherance of the
7 investigation?

8 A. Terri Abshire and myself, once the anthrax
9 repository was generated -- I mean, every lab in the
10 United States or all over the world had to submit any
11 anthrax, specifically Ames, to the repository. I would
12 assist Terri in receiving the samples. We plated out
13 every one of those samples to compare the morphological
14 differences between those strains and the ones that were
15 used in the powders, or in the attacks.

16 Q. And when you say to compare, who actually
17 did the comparison?

18 A. Myself and Terri Abshire.

19 Q. And obviously not being a microbiologist,
20 I'm not clear on a lot of the real technicalities of
21 what you do, but you are -- and I ask this in a totally
22 innocent way, okay --

23 A. Okay.

24 Q. You and Mr. Abshire --

25 A. Ms. Abshire.

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1 Q. Ms. Abshire. Was she a microbiologist?

2 A. Yes.

3 Q. Ph.D.?

4 A. No.

5 Q. Was she a lab tech?

6 A. Yes.

7 Q. So -- but they had two lab techs, yourself
8 and Ms. Abshire --

9 A. Um-hmm.

10 Q. -- who are making the comparison from
11 what -- your basic stock that you grew of the anthrax
12 with what's coming in in the various investigations,
13 right?

14 A. Correct.

15 Q. Did anybody have oversight there, Dr. Ivins
16 or Dr. Ezzell?

17 A. We would actually submit those results. The
18 FBI pretty much reviewed them, because at that point in
19 time the reason why we went through the lie detector
20 test was because we were supposed to be kind of separate
21 from both entities, so at that point in time, we were
22 doing work specifically with the FBI, so we weren't
23 allowed to discuss that with Dr. Ivins or Dr. Ezzell. I
24 did not have discussions -- discussions with either one
25 of them on that work. Because at that point in time,

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1 you were kind of -- you weren't subpoenaed, but you were
2 doing work on behalf of the FBI, and it was considered
3 classified.
4 So what we did is, we created a spread
5 sheet. Ms. Abshire has -- well, now she has nearly 40
6 years of experience; at that point in time, she probably
7 had 30, so she had a good eye for what she was looking
8 for. She has also grown spores for many, many years.
9 That's pretty much all I did in the
10 beginning, so I had a pretty good eye of what I was
11 looking for.
12 With anthrax, it's very homogeneous, so it
13 doesn't change a lot. It's hard to introduce mutants
14 into the bacteria, so we really had to look very, very
15 hard at the differences of the colonies, how they formed
16 on the plates, the color of them, if they were shiny or,
17 you know, kind of cut glass, which is what anthrax looks
18 like; it kind of looks very -- very gray, very rough.
19 Q. Now, this is what a microbiologist or a
20 pathologist calls a gross examination? You're not
21 looking under the microscope?
22 A. No.
23 Q. So this is just a gross examination,
24 eyeball.
25 A. Correct.

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1 Q. No microscope?
2 A. Not for this. So we would just make general
3 -- we had divided a few different categories of what we
4 were looking for and the different colony types, and we
5 would just annotate that. We kept that. And all of
6 that data has been supplied to the FBI numerous times.
7 Q. And we all know by now they had a big bank
8 of samples.
9 A. Yes. Yes.
10 Q. All right. So beyond that -- and I assume
11 that took place over a significant period of time?
12 A. Yes.
13 Q. About how much time?
14 A. Oh, from December of 2001 is when we began
15 receiving the first repository samples, and that lasted
16 well until -- and we were still getting some different
17 repository samples all the way through to like 2006 and
18 2007. They were few and far between, but at some point
19 in time the FBI would say "We need to have this
20 reexamined," so we would have to go back to whatever
21 laboratory assays and resubmit those samples.
22 So pretty much the end of the repository
23 work ended in 2007, maybe late 2006.
24 Q. So after you submitted your -- the results
25 that you came to, then beyond that, you had no knowledge

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1 of what was done, right?
2 A. Correct. Correct.
3 Q. So was that the end, then, of your
4 participation in that part of the investigation?
5 A. Well, I kind of switched positions. In
6 March of 2003, I officially stopped working for
7 Dr. Ivins and started working for Dr. Ezzell.
8 Q. And let me --
9 A. I don't know if you want to -- I mean --
10 Q. I want to go back, then, yeah. So you
11 mentioned that you started in June of '99.
12 A. Um-hmm.
13 Q. Yes?
14 A. Yes. Sorry.
15 Q. And you worked -- you worked through,
16 basically, for Dr. Ivins until October of 2001.
17 A. Yes.
18 Q. Right? And then in 2001 you started working
19 with DSD, and you said that carried through until about
20 March, 2002.
21 A. Correct. No. Yeah, March, 2002, that's
22 correct.
23 Q. Then you said you went back to work with
24 Dr. Ivins.
25 A. I was Bruce's technician solely from June,

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1 1999 until March of 2002. And then March of 2002, I
2 would have stopped being Bruce's contract employee and I
3 would have moved to Dr. Ezzell contract employee.
4 Q. But you just mentioned March of 2003.
5 A. That was wrong. It was 2002.
6 Q. All right. Threw me off there.
7 All right. So you worked with Dr. Ivins,
8 really -- you were still technically his lab tech
9 through March of 2002.
10 A. That's correct.
11 Q. But from October, 2001, you were doing a lot
12 of work with DSD.
13 A. That's correct.
14 Q. Was there an overlap, doing work for
15 Dr. Ivins and DSD during that time period?
16 A. I didn't do -- from October 1 until March,
17 2002, I didn't do anything for Bruce other than help him
18 process the first letter.
19 Q. Okay.
20 A. So I wouldn't have been going in to do his
21 research, because I was detailed -- I mean, I was put
22 and official government Army orders to work at DSD. But
23 he was still paying my salary.
24 So, you know, the different contractors get
25 paid by different PI's for whatever their

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1 mission-related research is. So Bruce was still paying
2 my salary, but I really wasn't doing his work. I don't
3 know if that's clear.
4 Q. That's clear. Was there a problem, any
5 issues there?
6 A. No. Bruce had actually lost some funding at
7 that time. Funding for anthrax actually plague -- for
8 anthrax, plague and tularemia was actually going down at
9 that time. So he didn't have any more contract dollars
10 to fund my salary.
11 Q. Why was it going down; do you know?
12 A. I have no idea.
13 Q. How do you know that it was going down?
14 A. Because at that point in time the work that
15 I was hired to do was actually done. I had been able to
16 grow all the spores that they were going to need to do
17 their animal challenges, and we were just waiting at
18 that point in time to push forth the new anthrax
19 vaccine. So pretty much everything they needed
20 statistically and data-wise was complete.
21 Q. Okay. So the work that Dr. Ivins was
22 involved in in developing or attempting to develop this
23 new vaccine -- to replace it AVA vaccine, right --
24 A. Correct.
25 Q. -- all the technical work had been

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1 accomplished and it was just an issue then of seeing how
2 it worked and what the results were --
3 A. Correct.
4 Q. And whether -- and there was a company --
5 oh, I always forget the name. Starts with a B. I
6 always want to say --
7 A. In Michigan?
8 Q. Yes.
9 A. I can't think of it right now. It will come
10 to me.
11 Q. It will come to me, too. But in any event,
12 Dr. Ivins was working with that company --
13 A. Yes.
14 Q. -- because they were going to be the
15 producers of the vaccine, ultimately.
16 A. That's correct, um-hmm.
17 Q. Okay.
18 (Discussion off the record.)
19 Q. All right. So you said -- we left off at
20 the point where the funding, to your knowledge, was
21 going down as far as for the vaccine research project.
22 A. Um-hmm, that's correct.
23 Q. And all the work had been done and your
24 responsibilities, even though you were technically
25 assigned to Dr. Ivins, you were doing most of your work

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1 for DSD from, really, October of 2001 on.
2 MS. BROWN: Objection to form.
3 A. That's correct.
4 Q. Right?
5 A. That's correct.
6 Q. And then in March of 2002, you actually went
7 over to work with Dr. Ezzell --
8 A. That's correct.
9 Q. -- at that point in time. All right. And
10 what did you do with Dr. Ezzell, then?
11 A. Basically, the same types of tests. We were
12 still receiving samples. Not on as a frequent basis as
13 we once were. So my role kind of switched to assisting
14 in developing diagnostic assays to detect biological
15 threat agents in various types of things, such as soil.
16 During the time that the letters, we not
17 only processed swabs, like I mentioned, we processed
18 luggage; there were vacuum cleaner filters and -- there
19 weren't procedures to test those types of samples, so it
20 was our job to try and figure out the best ways to do
21 that and how you could get agent off of them. And there
22 were still assays there weren't antibodies specific for
23 different agents to do. So that's kind of what I did at
24 that point in time.
25 Q. And how did you do that for?

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1 A. Until May of 2003.
2 Q. So this is a little over a year, right?
3 A. Yes. And the reason why that is, because of
4 the mass amount of work that USAMRIID put in during the
5 anthrax attacks, and we referred to that as Operation
6 Noble Eagle, we actually named it, because the whole
7 institute was involved.
8 USAMRIID is a research institute, it's not a
9 sample analysis institute, so the mission of Dr. Ezzell
10 lab was transferred to Department of Homeland Security,
11 which is now, as we know, NBACC, and pretty much myself
12 and Mr. Readus had two decisions to make, go to work at
13 NBACC or be unemployed.
14 Q. NBACC is...
15 A. National Bioforensics Analysis and
16 Countermeasures Center.
17 Q. NBACC.
18 A. Yes.
19 Q. And that's the new name for Department of
20 Homeland Security?
21 A. Yes. Well, NBACC is under Department of
22 Homeland Security.
23 Q. I see.
24 A. So it's a lab under DHS, just like we're a
25 lab under the U.S. Army.

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1 Q. So you're saying in May of '03, Dr. Ezzell's
2 division got kind of transferred over to the control of
3 NBACC?
4 A. That's correct. And for a small amount of
5 time, and I don't remember exactly how long, Dr. Ezzell
6 worked alongside of Captain James Burans, who --
7 Q. How do you spell that?
8 A. James Burans, B-U-R-A-N-S.
9 Q. B-U-R-A-N-S. Okay.
10 A. He and Dr. Ezzell kind of worked hand in
11 hand for a small amount of the time in the beginning of
12 NBACC to get it started, and then I want to say
13 probably, I don't think it was six months that they
14 actually worked side by side, and then Captain Burans
15 pretty much ran that program at that point in time.
16 Q. What happened to Dr. Ezzell?
17 A. I went back to USAMRIID, and he was actually
18 given a different position as a senior scientist. I'm
19 not really sure what John did at that point.
20 Q. Okay. And what about you, in May of '03?
21 A. Well, at that point in time I was asked to
22 grow the reference stocks for the FBI as an employee,
23 because the whole sample processing testing went to
24 NBACC, so the FBI had made the request to them for me to
25 do that.

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1 So at that point in time NBACC was stood up,
2 because they were a pristine laboratory; you wouldn't
3 have to worry about potential contamination of samples
4 that were coming in the door, and pretty much the FBI
5 was the primary customer, so pretty much you did what
6 they asked you to do.
7 Q. Well, was NBACC within USAMRIID?
8 A. Yes.
9 Q. Okay. So it was like a separate, for lack
10 of a better words, organization being set up within
11 USAMRIID.
12 A. Yes. Because of the lack of space, it was
13 such a big deal after the attacks, of course, the
14 American people wanted to see progress, so the Army and
15 DHS kind of made a pact that they could -- they could
16 borrow our space until their building got up and squared
17 away. And they are still in our building, sharing space
18 with us.
19 Q. Still in the building.
20 A. Yes.
21 Q. Is there going to be eventually a building?
22 A. There is a building; it's just not
23 commissioned.
24 Q. Not ready yet?
25 A. Correct.

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1 Q. Okay. So May of '03 forward, then, you were
2 really working not for USAMRIID anymore, but for this
3 separate organization, NBACC.
4 A. That's correct.
5 Q. And you were more involved in the
6 bioterrorism examinations of different things, right?
7 A. Yes. Correct, correct.
8 Q. How long did that last?
9 A. Until November of 2004, and pretty much
10 during that time, you know, the FBI was ramped up, they
11 were taking samples from everywhere, outside the United
12 States, and we would process those samples for the
13 investigation.
14 Q. So you were really sort of like -- almost
15 like a CID type person, taking samples from around the
16 world and analyzing --
17 A. Yes, sir.
18 Q. -- and reporting back.
19 A. Yes, sir.
20 Q. And Dr. Ezzell and Dr. Burans were also
21 involved at that time.
22 A. Right. Dr. Burans ran everything.
23 Q. After -- well, let me go back. Did you
24 still have contact with Dr. Ivins during this time
25 period after you -- starting from March of '02, when you

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1 went over to work for Dr. Ezzell?
2 A. Yes. The whole time.
3 Q. You were in the same building, right?
4 A. Yes.
5 Q. Did you have the same desk?
6 A. No. No.
7 Q. Different desk?
8 A. Once -- March, 2002, I actually moved up to
9 where Diagnostic Systems is, I had my own desk, so I
10 moved out of room 19 into a different area.
11 Q. Room 19 is where your desk was originally?
12 A. Correct.
13 Q. Is that where Dr. Ivins' desk was as well?
14 A. Yes.
15 Q. Who else as in there?
16 A. Pat Fellows. That was it.
17 Q. All right. So you still saw Dr. Ivins,
18 what, on a daily basis?
19 A. Not every day. It might have been once a
20 week, once every other week. He would still take me out
21 for my birthday every year, even though I didn't work
22 for him anymore. We would do lunch on occasion.
23 Q. Okay. And then in May of '03, when this
24 NBACC formed and you were really doing the type of work
25 that you just described through November of '04, did you

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1 still see him on about the same basis, Dr. Ivins?
2 A. Yes. Because my office area was still in
3 Diagnostic Systems Division. So my office didn't change
4 again until I moved into the safety office, so I would
5 have been in DSD from March of 2002 until September of
6 2008, my desk was the same.
7 Q. What room were you in?
8 A. It would have been RL 214, which is -- it's
9 upstairs at USAMRIID. It's actually -- how do you
10 describe it? It's not a hard, fast part of the
11 building; it's sort of an attachment, so the attachable
12 unit that's been there forever.
13 Q. Okay. Then in November of '04, what
14 happened at that point?
15 A. I actually went back to work for Diagnostic
16 Systems Division, just developing field diagnostic
17 assays. So I got to go out in the field and actually
18 see if the assays that we were developing would actually
19 work for our soldiers. So I got to go on one field
20 mission to Canada to test that, and outdoors. I did
21 that from that time in 2004 until I moved into the
22 safety division in September of 2008.
23 Q. When you say you went into the field, can
24 you just give me an example of what you might do?
25 A. We ran diagnostic assays, so we did the

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1 three tests that I mentioned before, microbiological
2 culture, polymerase chain reaction and ELISA. We set up
3 tents; we worked in tents. It was in Canada. It was
4 five degrees below the Arctic Circle, so it was pretty
5 cold, and we actually were using diagnostic assays on
6 tularemia at that time, so...
7 Q. All right. And you -- was the Canadian trip
8 the only trip you took or did you go other places?
9 A. That was only field mission that I actually
10 got to go on, yes.
11 Q. The rest of the things were sent -- what,
12 sent to you?
13 A. Yes. Or other team members would go out
14 into the field more often. Primary, the field missions,
15 the soldiers would do. It was hard for civilians or
16 contract civilians to get to go, so I was pretty lucky
17 to get picked for that trip.
18 Q. So November of '04, though, to September of
19 '08, that's almost four years. Were you doing --
20 testing those field samples in the laboratory, doing
21 what you just described for us?
22 A. Yes, sir.
23 Q. That was basically your job during that
24 four-year time period.
25 A. Yes, sir.

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1 Q. Who was your boss?
2 A. Dr. Mark Wolcott.
3 Q. How do you spell that.
4 A. W-O-L-C-O-T-T.
5 Q. And he was head of DSD at that time?
6 A. Yeah, he was head of the field operations
7 and training unit.
8 Q. All right. In September of '08, that brings
9 us up to that point. What happened then?
10 A. I moved into the USAMRIID safety office as a
11 biosafety specialist, and that's where I have been ever
12 since.
13 Q. Okay. Why did you make that change at that
14 point in time?
15 A. Doing the diagnostic assays, it was pretty
16 much repetitive every day, the same type of thing. You
17 might be looking for a different agent, but you
18 basically just ran the same tests, and I was kind of
19 bored.
20 One of the people in the safety office
21 presented me with this idea that because of my vast
22 laboratory knowledge, because I had worked in so many
23 different areas and seen various things, that I would
24 probably be a good safety officer, and so my main
25 mission was to set up a hands-on training program to

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1 teach people how to work safely in our labs.
2 Q. Now, when you say safety, you're talking
3 about to train people so when they carry out procedures
4 in the laboratory, they do it in a safe way?
5 A. That's correct.
6 Q. So just give me an example of the type of
7 things you deal with.
8 A. Well, for example, our biosafety cabinets,
9 I'm not sure if you're familiar with what that is.
10 That's pretty much your primary barrier when you work
11 with any kind of biological agent or contaminant. I was
12 never sat down and told how a biosafety cabinet works
13 when I first started, so I actually got to go to various
14 labs and see how they function.
15 Q. Is this the cabinet where you put your hands
16 through the gloves and --
17 A. No, that's a class three cabinet. There are
18 various kinds of biosafety cabinets. That's a higher
19 level cabinet.
20 Q. Tell me the kind we're talking about here.
21 A. The one I'm talking about, there is no --
22 there is no gloves, it's just a glass sash that comes
23 down, and you put your hands through to work, and there
24 are different types of those, and each one of them
25 provides a different type of air flow, which ultimately

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1 provides different types of protection to you and to the
 2 process you're working with and to those working in the
 3 laboratory around you.

4 So I have a biosafety cabinet with a glass
 5 side that you can see the air flow moving through, so
 6 you can see how safe it is to work in that procedure.

7 I never got trained on that. Also, how you
 8 can -- you know, how you clean up spills, how you're
 9 supposed to work slow, and not fast.

10 Also, the placement of your biosafety
 11 cabinet in your laboratory is very important. If you
 12 place it right in front of a doorway and you continue to
 13 open the door very fast, you're going to disrupt the air
 14 flow in that cabinet, which may or may not protect you.

15 So various things like that. Right now, I
 16 still serve as the respiratory protection manager of
 17 USAMRIID, so I make sure that folks who are doing
 18 anything that would create an aerosol, they have the
 19 right amount of respiratory protection, things like
 20 that.

21 Q. Okay. And do you train the new workers
 22 coming in?

23 A. Yes.

24 Q. What about people that have been here for a
 25 while, do you -- are you involved with them?

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1 A. Yes. And sometimes these people will come
 2 to our trainings. Just like, for instance, a few weeks
 3 ago we had our annual safe campaign, which is a
 4 mandatory training requirement. We pretty much, for an
 5 entire week, we have institute-wide safety training
 6 which you have to go through, and then each division has
 7 to create their own specific training. And it's
 8 required for those people to come.

9 If you are unable to attend those trainings,
 10 you have to either do it on -- they're all videoed. You
 11 still have to do the training if you're not present that
 12 day.

13 So we had an outside speaker come in and
 14 talk about fighter jet pilots and how that correlates to
 15 what we do at USAMRIID.

16 I actually presented safety lessons learned
 17 from some mishaps that we have had over the last year to
 18 kind of let everyone know that you know what's going on.
 19 Because sometimes not everybody is told about the
 20 mishaps that have occurred, and it's good to go over the
 21 lessons learned so that people know how to move forward
 22 safely.

23 We also had our new emergency management
 24 coordinator speak to go over some changes that we're
 25 doing in that policy. So pretty much everyone gets

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1 captured one way or another, even if they have been in
 2 the institute thirty years.

3 Q. So this is a change from the way things were
 4 before.

5 A. Yes.

6 Q. It's a new type situation.

7 A. Yes. But even when I first started, there
 8 were still four minimum trainings you had to go through
 9 before you could have access to labs. But now we have
 10 just kind of -- we have layered it a little more since
 11 that time.

12 Q. Okay. All right, let's go back to the time
 13 when you worked with Dr. Ivins.

14 MS. BROWN: Mr. Schuler, we have been going
 15 for more than an hour. Do you think it's time to take a
 16 break?

17 MR. SCHULER: Absolutely.

18 THE VIDEOGRAPHER: Going off the record at
 19 10:28.

20 (Brief recess.)

21 THE VIDEOGRAPHER: We're back on the record
 22 at 10:38.

23 MR. SCHULER:

24 Q. Ms. Friend, I think we had gone through most
 25 of your employment positions so far at USAMRIID, but I

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1 want to go back to the time that you worked with
 2 Dr. Ivins, and you told us basically that was from June
 3 of '99, and you were technically, I guess, under his
 4 direction until March of 2002, correct?

5 A. That was correct.

6 Q. But you continued to see him after that on a
 7 pretty regular basis because of the close quarters of
 8 where your offices were, right?

9 A. That's correct.

10 Q. And also you say occasionally he would take
 11 you out to lunch for your birthday and that kind of
 12 thing.

13 A. That's correct.

14 Q. Outside of those events, did you have any
 15 kind of social relationship with Dr. Ivins?

16 A. Outside of work? No. I went to his 60th
 17 birthday party, but pretty much other than that, I
 18 didn't see him on the weekends. Our families didn't get
 19 together or anything like that.

20 Q. And I don't know whether you have read the
 21 FBI report that's been published in the general domain.
 22 Have you done that at all?

23 A. Yes.

24 Q. And so you're aware of the fact that the FBI
 25 had concluded that there was a flask of what's termed

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1 RMR 1029 anthrax that is the source material for the
2 anthrax in the attack letters.
3 A. Yes.
4 Q. Let me ask you about that RMR 1029 flask.
5 Were you aware that that existed when you were working
6 with Dr. Ivins?
7 A. No.
8 Q. Did you -- and when I say you were aware of
9 its existence, did you know where Dr. Ivins kept his
10 anthrax stocks?
11 A. Yes.
12 Q. Where did he keep them?
13 A. In the B3 walk-in refrigerator, so
14 bacteriology suite 3 in building 1425.
15 Q. All right. And who would have had access to
16 the RMR 1029 flask, assuming it was in that location?
17 A. Anyone who had access to suite B3.
18 Q. All right. That would have been you?
19 A. Yes, sir.
20 Q. Sue Welkos?
21 A. Yes, sir.
22 Q. Pat Worsham?
23 A. Yes.
24 Q. Melissa Hunter?
25 A. Yes.

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1 Q. Who is Melissa Hunter?
2 A. She was a sergeant. She was Dr. Pat
3 Worsham's tech.
4 Q. What about others that worked in that
5 laboratory, such as post-doc fellows that may have
6 happened to have been there?
7 A. Yes, they would have. If they would have
8 had access to B3, they would have had access to that
9 walk-in fridge.
10 Q. What about foreign nationals that were also
11 studying here at USAMRIID?
12 A. At that time, I don't remember anybody of
13 that nature going into suite B3. I'm not saying they
14 didn't, but no one that worked specifically with me or
15 with Dr. Welkos or anybody else.
16 Q. Did you -- and I know -- when you worked
17 there, did you work, like, normal working hours, eight
18 to four or nine to five?
19 A. I worked 7:45 to 4:30.
20 Q. And did you have occasion to have to come at
21 night to do anything in the evening?
22 A. Very, very rarely.
23 Q. What about the other members on the team,
24 Kristie Friend -- that's you. What about Dr. Ivins, did
25 he ever have to come in in the evening?

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1 A. I think he sometimes would come in to
2 prepare, like if we were going to have a large
3 challenge, aerosol challenge. Normally we would start
4 this very early in the morning. He would come in the
5 night before to prepare the spores, and then we would
6 come in very early to heat-shock them to get them ready
7 to go, but that was on a very infrequent basis.
8 Q. Can you give any idea of an interval?
9 A. How often? Or for how long he would be
10 there?
11 Q. No, the intervals when these types of things
12 happened.
13 A. We had aerosol challenges maybe two or three
14 times a year, big aerosol challenges with either rabbits
15 or non-human primates.
16 Q. Okay.
17 A. So maybe twice a year, if that.
18 Q. And that might necessitate him coming in one
19 night the night before?
20 A. Yes.
21 Q. Not to spend several night or the weekend
22 before.
23 A. No.
24 Q. So you weren't aware specifically of this
25 RMR 1029 flask.

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1 A. No, I never recall actually seeing it there.
2 The first time I saw it when was the FBI showed it to me
3 as a piece of evidence. So I never handled it and I
4 never remember seeing it.
5 Q. How long -- from the fall of 2001,
6 obviously, you're telling us you didn't know it was
7 there at that time. When is the first time you did see
8 it that it was presented to you, how far down the road?
9 A. Probably -- it was during one of the FBI
10 interviews, and I can't tell you which one it was. It
11 was way long after that. It might have been in 2004 or
12 five when they showed it to me. I never actually
13 visualized it in the laboratory, is what I'm trying to
14 say.
15 Q. I mean, it might have -- are you saying,
16 "Oh, it might have been there; I just -- I can't say it
17 was there because I didn't visualize or make a note of
18 it mentally." Is that what you're saying?
19 A. I'm saying I never actually visually saw it
20 in the walk-in. I think I would have seen it, because I
21 was in there a lot getting other stocks, and I never
22 actually visually laid hands -- laid eyes on that flask
23 inside the lab.
24 Q. Okay. And so you're -- because I want to
25 real clear about this. So you're saying that you were

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1 in there pretty frequently, right?

2 A. Um-hmm. Yes.

3 Q. And you -- once it was shown to you, had you

4 see it earlier, you probably would have recognized it;

5 is that what you're saying?

6 A. That's correct.

7 Q. Okay. So what you're telling us now that is

8 that I was in there many times in the walk-in -- cool

9 room, they call it, right?

10 A. Correct.

11 Q. And I don't remember seeing it in there.

12 A. That's correct.

13 Q. All right. Let me just ask you the

14 open-ended question. When you would be asked to get

15 samples of anthrax to perform the type of work that you

16 were doing, where would you go?

17 MS. BROWN: Can you specify by whom she

18 might have been asked?

19 Q. By Dr. Ivins. I'm trying to stay back in

20 the time period now. All my questions are with regard

21 to the time period when you worked with Dr. Ivins.

22 A. Let me make sure I have the question right

23 in my head. Where would I have gone to get starter

24 stock to do my work; is that what you're saying?

25 Q. Yes.

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1 A. It would have been the cold room of B3 or it

2 would have been in -- we had a small refrigerator inside

3 of Bruce's actual lab within the suite. Sometimes we

4 would put -- at that time we were working with, like, a

5 hundred different strains that we had been given, and

6 sometimes they were small enough to keep in small tubes

7 in the fridge, and rather than, for safety reasons,

8 taking the chance of spilling them going down the

9 hallway, we would just keep those in the fridge.

10 But those were very small volumes. They

11 were, like, one- to two-day starter stocks, and you

12 wouldn't use them after that.

13 Q. So these go in the cool room refrigerator --

14 in the cool room or into the small refrigerator.

15 A. Within his laboratory, that's correct.

16 Q. Within -- Dr. Ivins had a certain area.

17 A. That's correct.

18 Q. So it was within his laboratory.

19 A. That's correct.

20 Q. Within the BS 3 --

21 A. BSL 3 lab, that's correct.

22 Q. Was the refrigerator large enough to have

23 had this type of flask that you were shown?

24 A. Yes.

25 Q. So he could have had it in the refrigerator.

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1 A. But I never saw it there.

2 Q. What was going to be my next question. Did

3 you ever see it in --

4 A. No.

5 Q. So you never saw it in the refrigerator,

6 never saw it in the cool room.

7 A. That's correct.

8 Q. Was there any other place that it could have

9 been kept, assuming that it was, you know, kept cool, or

10 it was supposed to be kept cool like the other things.

11 A. Not to my knowledge.

12 Q. What temperature was anthrax supposed to be

13 kept at; do you know?

14 A. Definitely not room temperature. It could

15 be kept in a normal refrigerator, so five degrees, seven

16 degrees.

17 Q. Five to seven degrees centigrade?

18 A. Fahrenheit. I guess whatever a refrigerator

19 would be.

20 Q. Fahrenheit? That would be below freezing.

21 A. No, not below freezing. So centigrade.

22 Q. Centigrade. So five to seven degrees

23 centigrade.

24 A. That's correct.

25 Q. Otherwise, five to seven degrees --

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1 A. No, just like your normal refrigerator would

2 be at home. I mean, the walk-in is not an -- it's

3 actually probably warmer than the typical refrigerator

4 at home.

5 Q. Yeah. Five to seven degrees centigrade.

6 A. That's right. That's right.

7 Q. It's not that cold.

8 So -- all right. But you never saw the RMR

9 1029 flask either in the walk-in or in the little

10 refrigerator.

11 A. That's correct.

12 Q. And there is no other place that you're

13 aware of that you think it could have been kept at that

14 temperature level.

15 A. Correct.

16 Q. Now, let me talk a little bit about your

17 relationship with Dr. Ivins. What was he like from your

18 point of view?

19 A. He was a very nice person. I mean, I

20 considered him my mentor. I found it -- what do I want

21 to say -- I found it very odd that I was offered the

22 same job twice, so I felt that -- I mean, I guess I was

23 supposed to be at USAMRIID to do whatever I was meant to

24 do.

25 He was always very nice to me. I mean,

1 Bruce did have some odd characteristics, but he was
2 always good to me.

3 Q. When you say odd characteristics, what are
4 you referring to there?

5 A. Just different. Like he used to drink prune
6 juice out of a plastic PBS bottle he had that was
7 emptied in the lab. I mean, just different things; he
8 had little quirks about him.

9 If he was having a bad day, you definitely
10 would know that he was having a bad day. He would be
11 very standoffish, kind of reserved to himself. He liked
12 to play practical jokes on people. So when he was in a
13 good mood, he would play practical jokes and be very
14 funny, very upbeat, outgoing.

15 However, if he was not having the best of
16 days and was kind of down, you basically couldn't have a
17 conversation with him. He was kind of hard to engage.

18 Q. How frequent would these bad days occur?

19 A. Oh, you know, just like a normal person. I
20 mean, definitely not once a week. A couple of times a
21 month, maybe, he had, you know, maybe not-so-good days.
22 But it wasn't all the time.

23 Q. Did you ever see him where he was having
24 such a bad day he was leaning against the wall, just
25 kind of not doing anything, lost in thought, that kind

1 of thing?

2 A. No.

3 Q. Did you ever see him sitting in his -- he
4 had a chair at his desk, right?

5 A. That's correct.

6 Q. Did you ever see him sitting in his chair at
7 his desk, just kind of staring at something, not doing
8 anything?

9 A. Yeah. Yeah.

10 Q. Did he ever get angry at you?

11 A. At me, specifically?

12 Q. Yeah.

13 A. I can think of only one time that he got
14 really angry with me, and that's because I had done
15 something with a couple of his pens on his desk, and
16 even though he could do that to other people, he didn't
17 like people being around his desk. So he counseled me
18 on that, and, yeah, he was pretty mad that day.

19 The only other time I saw him mad was when
20 Ms. Fellows used a Sharpie marker to color his glasses
21 in, his extra pair of glasses on his desk, and he wasn't
22 very happy that day, either.

23 Q. Okay. Let me ask you about those events.

24 I'm not exactly sure. Were you trying to play a
25 practical joke on him with the pens on his desk?

1 A. Yes.

2 Q. What did that involve?

3 A. As far as what he said back to me, or --

4 Q. No, just what you did.

5 A. What I did? I was just, you know, like a
6 pen you can unscrew it and take the gel out of it, so
7 when someone went to write, it wouldn't have a pen in
8 it. And then we hid them in different places so he
9 wouldn't have a pen so he would have to go ask someone
10 for a pen, and that wasn't very good.

11 And the practical joke with the glasses was
12 kind of bad, and --

13 Q. The glasses, she colored in the clear part
14 with a dark marker?

15 A. Um-hmm. Um-hmm. A green Sharpie marker.
16 So the only way to get that off was to use alcohol, and
17 the glasses happened to be pretty old, and he didn't get
18 all the green Sharpie out. So it wasn't a good day.

19 Q. So that was Pat Fellows who did that?

20 A. Um-hmm.

21 Q. Were you there when Mara Lindscott was
22 there?

23 A. Yes. Her and I overlapped by a few days.
24 And she actually was a part of the original -- with them
25 that interviewed me. So I met Mara several times.

1 Q. When you say with them that interviewed you,
2 at first I thought it was Dr. Ivins alone, but it was
3 Dr. Ivins and some other people that interviewed you?

4 A. Yes, Dr. Ivins, Pat Fellows and Mara.
5 Because Pat originally graduated from Shepherd. So when
6 they interviewed me, they thought it would be fun to
7 come and see what the campus looked like. She hadn't
8 been there in several years. So they all just took a
9 road trip and came and interviewed me at the college.

10 Q. Dr. Ivins, Pat Fellows and Mara Lindscott?

11 A. That's correct.

12 Q. And Shepherd is where?

13 A. Shepherdstown, West Virginia. So it's about
14 a 45-minute drive from here.

15 Q. Okay. All right. So those incidents that
16 you mentioned were two incidents that you -- where you
17 saw him really mad?

18 A. Um-hmm.

19 Q. Because somebody tried to play a practical
20 joke on him?

21 A. That's correct.

22 Q. Any other incidents that you recall?

23 A. I wouldn't call it mad, but he would get --
24 he did not like the New York Yankees baseball team, and
25 there were several people in the division at that time

1 who were Yankees fans, and so there was a broom that
2 would go around between when they lost or won, and Bruce
3 would place it when the Yankees lost, and when the
4 Yankees won, the same broom would come back to Bruce's
5 office. And I wouldn't call him mad, but you could see
6 he was agitated by it. He didn't like it. So it was
7 okay for him to do, but it wasn't okay for other people
8 to do back to him.

9 Q. So he could play practical jokes, but he
10 didn't like practical jokes being played on him,
11 basically.

12 A. Yeah, I would say that's a fair statement.

13 Q. Did you ever notice or did he ever mention
14 to you that he had -- did not have a good relationship
15 with a particular individual, didn't like a particular
16 individual?

17 A. No.

18 Q. You ever notice that maybe a certain
19 individual that was there, that worked in the vicinity,
20 he did not have a good relationship with, just from your
21 own observation?

22 A. I mean, him and Dr. Welkos, it's not that
23 they didn't have a good relationship. They were both
24 very competitive and one was hired before the other, but
25 did they make it known that -- they worked well

1 together. When they had to do stuff that was
2 mission-related, they did it. So I wouldn't say they
3 didn't like each other, there was just not a -- always a
4 cohesive nature about the two of them.

5 Q. Okay. What about Pat Fellows and Mara
6 Lindscott? Did Dr. Ivins ever tell you or did you ever
7 notice that he had any type of special relationship with
8 them?

9 A. Yes.

10 Q. All right. And what was your observation
11 about that?

12 A. Well, Bruce was very protective of Pat. If
13 things didn't work out, like if people were trying to
14 make -- like if Pat did something wrong or she said
15 something wrong to someone and someone would come to
16 report that back to Bruce, he would definitely defend
17 Pat. I mean, Pat and Mara couldn't do anything wrong.

18 Mara is a very bright individual. When I
19 first met her, I was very impressed. She could do the
20 dilution math calculations in her head; she didn't have
21 to draw the pictures like the rest of us did. Her mind
22 and Bruce's mind scientifically and mathematically
23 worked very well together.

24 So in the beginning I did find it very
25 difficult to fill Mara's shoes, because I don't have

1 that math capacity in my brain; I'm more of a hands-on
2 learner. So it was hard. And Bruce made it difficult
3 in the very beginning, because I knew that he and Mara
4 had a personal relationship. Aside from their work
5 relationship, their families interacted outside of work.
6 So it was hard for probably the first six or seven
7 months.

8 Q. Okay. Did he ever try and intimidate you
9 intellectually?

10 A. No. No, he always tried to help me advance.
11 I mean, he would let me go to classes and he would sit
12 me down and try to teach me. So it wasn't anything like
13 that.

14 Q. Okay. And maybe my wording of the question
15 was not very good. Did he ever try and impress you with
16 his intellectual capacity?

17 A. Yes.

18 Q. And in what ways would he do that?

19 A. Just the way that Bruce was able to
20 communicate the work that we were doing, how he wanted
21 to further the advancement of the vaccine. I mean, he
22 was -- I mean, for a long time he was the only person
23 who was able to manipulate anthrax in the way that we
24 could at our lab. So, I mean, you would know that from
25 him, from him telling you that.

1 Q. Did he ever discuss with -- you, obviously,
2 at least briefly, worked with him in terms of the
3 anthrax investigation. Did he ever discuss with you
4 whether he had the capacity or knowledge to -- let me
5 start with knowledge -- whether he ever had the
6 knowledge to actually dry anthrax and get it in the
7 state that it was found in the letters?

8 A. No.

9 Q. Did he ever -- and you must have had some
10 discussion about the anthrax attacks in general.

11 A. Yes.

12 Q. Did he -- what would he say to you about the
13 capacity to be able to perform this type of operation?

14 A. He would only say very minimally things. He
15 never said that he had the ability to do what was in the
16 anthrax attacks. The only comment that Bruce would
17 commonly say is that once it was determined that it was
18 the Ames strain, that he felt very guilty, because all
19 of his animal studies prior to that were performed with
20 the Ames strain, and he, of course, had published our
21 data on that, and he felt that it was his fault that
22 whoever used the -- they were going off of his research
23 to do it. So he felt very guilty about using Ames in
24 all those studies, because if he hadn't done those
25 studies, the perpetrator would have never known to use

1 that strain of anthrax.
 2 That was really the only thing I remember
 3 him saying about the actual attacks and his ability. I
 4 never remember him saying, "I could do it better," or,
 5 "Yes, I have the capacity to do this." I never remember
 6 him saying anything to that nature.
 7 Q. Did you ever make any comments to you about
 8 being impressed by whoever did this, based on the
 9 concentrations you found?
 10 A. No.
 11 Q. And I know that you are a lab technician,
 12 but to your knowledge -- and if you don't have the
 13 knowledge to answer a question like this, just tell me
 14 so -- do you think that there was -- you know, the FBI,
 15 their conclusions in the published report was that there
 16 was a lypholizer used and a speed vac to dry the anthrax
 17 at USAMRIID. Do you have enough knowledge to know
 18 whether that's something that could have been done with
 19 that equipment there?
 20 MS. BROWN: Objection to the form.
 21 MR. SCHULER: Go ahead.
 22 THE WITNESS: Do I have to answer?
 23 Q. Yes. It's just an objection, a legal
 24 objection. We both make them.
 25 A. So ask the question, what you just said

1 again. Does USAMRIID have the ability to do what was
 2 done?
 3 Q. What I was asking was, based on your
 4 knowledge and from having read the FBI report, where
 5 they assert that the equipment used was at USAMRIID,
 6 there was a lypholizer and a speed vac that was used to
 7 dry the liquid anthrax and turn it into powder, do you
 8 think that was possible to do with the equipment that
 9 you were aware of that was there?
 10 A. No.
 11 MS. BROWN: Same objection.
 12 THE WITNESS: No.
 13 Q. And why not?
 14 A. Because I think the type of equipment that
 15 would have been necessary -- yes, a lyophilizer could
 16 have been used, but the only one that I am aware of
 17 that's actually at USAMRIID could not have been used to
 18 produce this quality of the powder.
 19 Q. And why not, in your opinion?
 20 A. The lyophilizer that could have been used is
 21 not in a containment suite, A, so I'm pretty certain --
 22 Q. Is it outside the containment suite?
 23 A. That's correct, it's in the Biosafety Level
 24 2 laboratory. So for something of that high grade to
 25 have been made, it would have been very obvious that

1 someone was doing that, and I think someone would have
 2 said, "Hey, why is someone using this piece of equipment
 3 in this area," and I think that -- I mean, many people
 4 work in the area where that equipment was found, and I
 5 find it very hard to believe that they could have pulled
 6 it off that way. That's my personal opinion, not my
 7 scientific opinion.
 8 Q. Right. I'm asking your opinion.
 9 A. I mean, a lyophilizer can be used to do
 10 that, but my personal opinion is that I find it very
 11 hard to believe that it could have been done at
 12 USAMRIID, period. Whether it was by Bruce or anybody
 13 else.
 14 Q. Any other opinions on that subject?
 15 A. No.
 16 Q. Let me talk a little bit about the -- what
 17 took place, I guess, the contamination, I'll call it the
 18 first contamination event that took place somewhere
 19 around December of 2001. Are you familiar with that?
 20 A. Yes.
 21 Q. And that involved your desk, correct?
 22 A. That's correct.
 23 Q. And I'm trying to save some time without
 24 going through all the gory details, but basically,
 25 Dr. Ivins swabbed your desk and then cleaned it off,

1 right?
 2 A. I'm not aware that he cleaned it off. I
 3 know he swabbed it.
 4 Q. And when did you first get knowledge that he
 5 had done this?
 6 A. April 16th, 2002.
 7 Q. And why is that day so burned in your
 8 memory?
 9 A. Because we had a town hall meeting, and I
 10 was unaware that anything like that had happened. I
 11 went to the meeting just like any normal USAMRIID person
 12 and was informed that my desk was contaminated with
 13 anthrax.
 14 So that was a little unnerving to me, and I
 15 had no idea that Bruce was the one behind doing the
 16 swabbing. So it upset me and I looked -- pretty dumb in
 17 front of my co-workers. At that point in time, I didn't
 18 take that very well.
 19 Q. When you say you went to a town hall
 20 meeting, was that a meeting that was called by someone
 21 of the --
 22 A. The commander.
 23 Q. The commander?
 24 A. Yes.
 25 Q. And how many people attend?

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1 A. Well, there were different sessions, because
2 we can't all fit in one room at one time, so there were
3 three different sessions. And I think our session was
4 like at ten a.m. There was probably a hundred people in
5 it, maybe.
6 Q. So you showed up, and was the commander
7 speaking?
8 A. Yes.
9 Q. Dr. Eidson.
10 A. Yes.
11 Q. So you found out at that meeting that yours
12 was the desk that had been contaminated.
13 A. Yes. And actually, Dr. Edison didn't give
14 the data, Dr. Ezzell did, because the samples got turned
15 other to his laboratory and they confirmed what it was.
16 Q. And it was confirmed anthrax?
17 A. That's correct. But it was not Ames.
18 Q. What was it, if you remember?
19 A. Sterne.
20 Q. And what was the -- did you have any
21 discussion with Dr. Ivins after that?
22 A. Yes.
23 Q. And what did you say to him and what did he
24 say to you?
25 A. Well, I actually walked into the office -- I

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1 didn't know who he was with at the time. He was
2 actually being interviewed by an FBI agent, and I cannot
3 remember that person's name, and I actually swept
4 everything off my desk and immediately started cleaning
5 it, and Bruce actually played dumb for a little while
6 until he finally realized what I knew, and he tried to
7 explain, and I said I didn't want to talk to him at that
8 point in time, because if I did, I might say something I
9 would regret, because I was really upset. I was upset
10 for many reasons, because, A, he blindsided me. He was
11 my boss, I think he should have told me what he was
12 doing, and thirdly, to find out in front of all your
13 peers is very embarrassing.
14 Q. Now, and Dr. Ivins said that the reason that
15 he went ahead and did that was because you had voiced
16 concern about contamination to him --
17 A. That is correct.
18 Q. -- based on the powder that was brought into
19 that AR --
20 A. 105-106.
21 Q. -- 105 room and that his position was that
22 you told him that you didn't think they were using safe
23 practices and you were concerned about contamination.
24 A. That's correct.
25 Q. And so he went ahead and he saw dust on your

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1 desk and decided that he ought to go ahead and sample it
2 and see -- is that your understanding?
3 A. That's my understanding, yes. But I never
4 asked him to swab my desk, I guess was the whole premise
5 behind my being upset with him for that.
6 Q. Did you ever consider swabbing the desk
7 yourself?
8 A. No.
9 Q. Why not?
10 A. Because the practices, the safety practices
11 that he's referring to was the day the letter was opened
12 in area 105 when Ms. Abshire took that slide out. She
13 didn't have any gloves on -- well she had one glove on
14 one hand and one glove on -- not on the other hand. So
15 the glove she used to carry that slide out of that lab
16 was gloved; this hand, she didn't, and she walked
17 halfway through the institute with that slide, and to
18 me, that was not a safe procedure, considering at that
19 time it was unknown exactly what the agent was.
20 We had no idea the concentration of it, and
21 from all I had been trained by Dr. Ivins and Ms. Fellows
22 at that point in time, I did not feel that was safe.
23 So -- and I didn't even express that to him
24 at that time, I didn't express to him those thoughts of
25 mine until probably the end of November.

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1 So at that point in time, I was young, this
2 was a whole new world to me, and I was scared, and you
3 didn't really -- it was hard to tell on people, so to
4 speak. So I thought if I told Bruce, you know, that
5 would be my best option.
6 Q. Okay. And so you told him back in December?
7 A. I think it was like November-ish.
8 Q. November.
9 A. Yes.
10 Q. Okay. And then he didn't swab your desk
11 until December?
12 A. That's what I have been told.
13 Q. I mean, besides being embarrassed because
14 you didn't know all of this had gone on, retroactively,
15 were you concerned about a health issue?
16 A. No, because at that point in time I had been
17 with the powders for a while; there were few other
18 mishaps that had happened in processing the letters, and
19 I thought if I had not been exposed at that point, there
20 was no way I could be exposed to something on my desk.
21 Q. In Dr. Ivins' statement, he said that he
22 believed that telling people there may have been a
23 breach of containment and then B anthracis spores may
24 have been inadvertently taken into noncontainment areas
25 would serve no beneficial purpose. He didn't want to

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1 alarm people, basically. Was that what he expressed to
2 you?
3 A. Yes.
4 Q. And how -- on what basis do you make the
5 statement that they were the Sterne strain?
6 A. I have seen -- I have seen the data to show
7 what's -- what areas came up what as far as in the
8 office. My desk, my computer keyboard, to be specific,
9 was found to be positive. I believe Dr. Ivins'
10 communicate monitor was found to be positive, and a part
11 of a bookcase in the office.
12 Terri Abshire did those tests, and later on
13 I was able to actually see what was what and where it
14 was found after he did the other set of swabbing, which
15 I'm sure you're getting to soon.
16 Q. Well, here's the question I have for you.
17 You know, we have had a bunch of documents produced, in
18 -- in the case, and basically they say that he did the
19 swabbing in December, now?
20 A. Okay, go ahead.
21 Q. And he didn't report it to anybody and
22 didn't follow up to do any testing. So there is no
23 formal report that I have seen, unless -- unless I'm
24 missing something here, that showed what type of
25 bacillus anthracis this was. For the December swabbing.

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1 I'm not talking about the one that happened after.
2 A. Okay. Well, I think the one I'm referring
3 to is the one that happened after, then.
4 Q. That's what I want to make clear.
5 A. Okay.
6 Q. So he did the swabbing in November or
7 December of your desk.
8 A. Okay.
9 Q. Didn't report it to anybody. You didn't
10 find out until after the second --
11 A. That's correct.
12 Q. -- contamination in April, right?
13 A. That is correct, yes.
14 Q. So you didn't know about the contamination
15 in November or December, right?
16 A. That is correct.
17 Q. And you didn't know about the contamination
18 in April, either.
19 A. That's correct. That's correct.
20 Q. Okay. So I want to be clear about that.
21 So, yes, in April there was a report.
22 A. Right. That is the one that I have seen.
23 Q. But have you seen any reports for the
24 swabbing he did in December?
25 A. No, sir.

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1 Q. Okay.
2 A. I guess in my mind I didn't really realize
3 there was two separate swabbings.
4 Q. And so to this day, you can't tell us
5 whether or not there was bacillus anthracis, whether it
6 was Sterne or whether it was Ames or --
7 A. From November and December?
8 Q. From November and December.
9 A. No, I can't tell you that.
10 Q. So all you have is -- basically is
11 Dr. Ivins' word at the time as to what he found.
12 A. That's correct.
13 Q. All right. Now, let's move up to the April
14 time period. Tell me what -- obviously you have already
15 told us you had found out about that at the meeting as
16 well.
17 A. Yes, sir.
18 Q. So you found out about both things?
19 A. Yes, sir.
20 Q. Then tell us what you know about the April
21 contamination.
22 A. Well, I know it was not just confined to our
23 office, it was also contamination found in the men's
24 change locker room, cold side change room, so where you
25 would go in and take off your street clothes and put

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1 scrubs on, and I believe the pass box that was, like, to
2 suite B3 was also found to be positive.
3 You're talking about the swabbing that Bruce
4 did, not when everybody came in and swabbed the whole
5 institute, I'm assuming, correct?
6 Q. Yes. I'm talking about the swabbing that he
7 did originally and then reported it and then there was a
8 follow-up, I think, by Fellows.
9 A. Those are the places that I think I'm aware
10 of that I know there was positive contamination found.
11 Q. And I think Pat Worsham -- let me give
12 you -- this appears to be the report from the April
13 contamination, and this is actually a statement that was
14 given by Pat Fellows -- Pat Worsham. I'm sorry, I
15 always get the two names mixed up. This is Bates number
16 ASAM-00261 to 00264.
17 Did you want to take a look at it?
18 MS. BROWN: Yes. Thank you.
19 MR. SCHULER: (Proffers document to
20 Ms. Brown.)
21 Q. I'm showing you that, Ms. Friend, to refresh
22 your recollection, so if you will just look at that
23 briefly, not so much even for the statement, although
24 you can look at that, but attached to it was the results
25 of the swabbing.

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1 A. Bioport is the name of the lab.
2 MS. BROWN: Wait for the question.
3 Q. Bioport, right, that's -- okay. My question
4 to you is, there's a statement there, I believe, by Pat
5 Worsham, correct?
6 A. Yes.
7 Q. And there's a -- where she discusses the
8 April event, right?
9 A. Yes.
10 Q. And then there is the report that's attached
11 to that of the analysis of the April contamination,
12 correct?
13 A. Correct.
14 Q. And that partly included your desk, as well
15 as some other areas, correct?
16 A. Well, I don't see my desk on here, but -- I
17 don't know, she is considering areas of significant
18 contamination, lab areas. I don't see our office on
19 here. I mean, I see office, but this, I'm assuming, is
20 the offices inside the suite. I don't see where room 19
21 is specifically on here.
22 Q. All right.
23 A. So that's where my confusion kind of is.
24 Q. Well, was it your understanding that there
25 was a contamination in your desk area twice, in

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1 November-December and in April?
2 A. I only thought there was one, which was in
3 April. I was never told that my desk was contaminated
4 twice, so this is the first I'm hearing of that.
5 Q. Well, no, I'm asking you.
6 A. Yeah. I mean, in my opinion, I was only
7 told that my desk was found to be contaminated once, and
8 that was during the April swabbing.
9 MR. SCHULER: All right. Let's go ahead
10 that have that statement and report marked as
11 Plaintiffs' next numbered exhibit.
12 (Plaintiff's Exhibit 370 was marked for
13 purposes of identification.)
14 MS. BROWN: Mr. Schuler, while you're
15 looking at that, I note that that document has personal
16 information on it, so it's not stamped Subject to
17 Protective Order Number One, but it should be.
18 MR. SCHULER: I'll stipulate that we can do
19 that.
20 MS. BROWN: Thank you.
21 MR. SCHULER: I don't think these are
22 stamped, either.
23 Q. Let me show you this statement, Ms. Friend,
24 and this is a -- USAM-00265 to 00269, and it's a
25 statement from Dr. Ivins pertaining to contamination.

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1 A. Okay.
2 Q. And he specifically refers to your desk
3 area --
4 A. Okay.
5 Q. -- in building 19. But let me show it to
6 you just to review and then I want to ask you some
7 questions about it, okay?
8 A. Okay.
9 Q. Okay. Let me just take a look at that for a
10 second. Now, basically, there is a discussion here
11 about the -- his swabbing of your desk area, correct?
12 A. Um-hmm, yes.
13 Q. And in his statement, he mentions that you
14 had complained about the safety practices in terms of
15 when the original letter was brought in in the fall
16 of -- I think you said it was October 16th of 2001,
17 correct?
18 A. That's correct.
19 Q. And he said that you did this on a number of
20 occasions, and he noticed that your desk had a thick
21 coat of dust on it, and so that's when he went ahead and
22 -- this is after the fact, he is disclosing this, okay?
23 A. Yes. Yes.
24 Q. He didn't disclose this to you at the time.
25 A. No, not at all.

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1 Q. From looking at this, you now realize that
2 there were -- there was a swabbing or decontamination,
3 if you will, in November and December of 2001, as well
4 as a later one in April of 2002, correct?
5 A. Yes.
6 Q. From looking at this, is there anything that
7 you see in here that Dr. Ivins is saying that you think
8 is inaccurate?
9 A. Well, he says December, 2002. I think he
10 really means December, 2001.
11 Q. I think there is a mistake in that --
12 A. The only other thing that I find interesting
13 was that my desk was dirtier than he and Pat's. Bruce's
14 was the filthiest desk anywhere in the institute, so I
15 found that kind of odd. Other than that, no.
16 MR. SCHULER: Let's go ahead and have this
17 marked as the Plaintiff's next numbered Exhibit.
18 (Plaintiff's Exhibit 371 was marked for
19 purposes of identification.)
20 THE WITNESS: I mean, and I don't know if
21 this matters, but during that time I was actually --
22 that desk was not just mine; I actually shared that
23 space with Anthony Basset when I was detailed to DSD.
24 Bruce hired him in October of 2001, and he was actually
25 doing animal injections in some of the cold animal area

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1 where he would have been working with different strains
2 as well, so...

3 Q. Was he a lab tech as well?

4 A. Yes. He was an animal laboratory
5 technician.

6 Q. Was he a contractor as well?

7 A. Yes.

8 Q. Who did he work for; do you know the
9 company?

10 A. At that time, I guess he would have
11 worked -- I don't know if I actually know who he worked
12 for. I don't think I can recall that.

13 Q. So he would have started --

14 A. I believe he started the beginning of
15 October of 2001 with Bruce.

16 Q. Okay.

17 A. He had just gotten out of the military and
18 got hired on.

19 Q. In terms of Dr. Ivins' after-the-fact
20 explanation, we have marked plaintiff's 371 there about
21 not wanting to cry wolf and to -- you know, his -- I
22 guess excuse for not going through the proper procedures
23 and reporting these things. Do you think that was a
24 credible explanation?

25 MS. BROWN: Objection to form.

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1 A. At the time, I would assume that that would
2 have been a good enough explanation.

3 Q. Having now what's -- gosh, almost ten years
4 of time passing and the events and the results of the
5 FBI investigation that you read that's been published,
6 do you think there is any relationship between the
7 contamination in December -- or April, for that
8 matter -- and the anthrax attack events?

9 A. It's very possible. It's possible.

10 Q. I don't want you to speculate.

11 A. It's possible. I can't a hundred percent
12 tell you that it is.

13 Q. Okay. All right. So it's nothing more than
14 a possibility at this point; you don't have any -- there
15 is no connection that's in your mind between the two?

16 A. No.

17 Q. Okay. I know that Dr. Ivins probably sent
18 emails to you in the course and scope of work, right?

19 A. Um-hmm.

20 Q. Through the -- using the work computer, yes?

21 A. Yes.

22 Q. Did he ever -- and you have read the FBI
23 report that he divulged certain emails that he was
24 sending to co-workers, more of a personal nature. Did
25 he ever send any personal type of email to you?

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1 A. No.

2 Q. Were you aware prior to reading the FBI
3 report that he was using his work computer to send
4 personal emails to Mara Lindscott and Pat Fellows?

5 A. Yes.

6 Q. How did you become aware of that over time?

7 A. He would tell us. After Mara left, he would
8 show us emails that he would send to Mara.

9 As far as Pat went, I mean, when she was
10 still working there in our office, they would go back
11 and forth kind of joking around via email, so it was
12 pretty obvious that he was emailing them personally.

13 Q. There have been some emails that have been
14 produced and reference in the FBI report that were
15 fairly lengthy, and in your observation while you were
16 working with him in fairly close quarters, did you see
17 him spending a lot of time sending emails?

18 A. Yes.

19 Q. And how much time, if you can quantify it,
20 would you estimate that he would spend on this type of
21 activity?

22 A. Well, specifically e-mailing Mara?

23 Q. Yes.

24 A. Several times a day.

25 Q. Okay.

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1 A. If he would think of something or if
2 someone -- not just in our office, but within the
3 division -- would mention something that would spark
4 something in him, he would want to get in the computer
5 and email her right away.

6 They used to play Scrabble every day at
7 lunch, and we continued to play Scrabble at lunch kind
8 of frequently until it kind of died off, so things like
9 that, Bruce would miss, so I know he used to send her
10 encrypted emails like you would have to fill in what the
11 word is, like she was playing Scrabble from far away.
12 So sometimes that would take some time to come up with
13 that.

14 Q. Oh, sure. Did you ever in your own mind
15 think that this is a little bit unusual here that he's
16 spending so much personal time during the workday
17 sending these personal messages?

18 A. Yeah, I thought it was odd.

19 Q. And did it ever rise to the level where you
20 mentioned it to anybody?

21 A. No.

22 Q. Now, you have -- and I'm being repetitious
23 by reinforcing this, but having read the results of the
24 FBI report, was there anything in there that you saw --
25 after the fact, I understand -- that kind of was

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1 surprising to you or shocking to you about Dr. Ivins?
2 A. I would say, like the emails that he
3 apparently -- the accounts he set up from home, that
4 what he was doing that way was kind of shocking to me.
5 There was a lot that I didn't know that was
6 going on. But I really -- and I'm still like this
7 now -- I don't really get into other people's personal
8 business a whole lot. I'm there to do a job; I'm not
9 there to be everybody's friend, so I never really got
10 divulged into that with him.
11 Q. Right. Okay. And do you have any opinion
12 as to whether you think Dr. Ivins was the anthrax
13 mailer?
14 THE WITNESS: Is there some kind of
15 objection?
16 Q. We have been asking this question to
17 everybody. It's either yes, no, or I don't.
18 A. I don't believe he's guilty.
19 Q. Okay. And why not? You're entitled to your
20 opinion.
21 A. I don't believe he's guilty because I
22 think -- I mean, specifically with RMR 1029, what I know
23 now, USAMRIID was not the only Army institute that has
24 that strain. So I think that there is few other
25 facilities who were much, much more equipped to make

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1 that type of powder, and USAMRIID is not that.
2 I mean, there are two other organizations I
3 know of that definitely could, and the one who actually
4 prepared the original stock is half across the country
5 away, and I don't think that --
6 Q. Dugway, you're talking about.
7 A. That's correct. I don't believe that we had
8 the means to do it and I don't think that Bruce had it
9 in him to do this. I really don't.
10 Q. Okay. So you're giving me two bases there,
11 really.
12 A. Yeah.
13 Q. One is that --
14 A. Scientifically.
15 Q. Well, it's really a nonscientific, I guess,
16 opinion, but --
17 A. Yes.
18 Q. -- that Dugway might have been an option
19 because they had, what, more equipment?
20 A. Yes. I mean, they can do it all right
21 there.
22 Q. Right.
23 A. And no one would know, because that's what
24 their mission is out there. Their mission out there to
25 create biowarfare agents -- I'm missing a word -- like

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1 that was done back in the offensive days, where USAMRIID
2 is not that. I mean, Dugway, their mission is to do
3 that. USAMRIID's is not. USAMRIID is to do mission-
4 critical research for the soldier, now and moving
5 forward.
6 Q. Now -- and the second opinion was more of a
7 personal one and that was that based on your
8 relationship with Dr. Ivins --
9 A. That's correct.
10 Q. -- you just don't think that --
11 A. Right.
12 Q. -- he was the person that would have done
13 it.
14 A. That's correct.
15 Q. Those are the two tenets of your -- bases of
16 your opinions.
17 A. Yes. I mean, I believe that he cared about
18 the science that he was doing. I don't think that he
19 did the science that he did at USAMRIID to hurt people;
20 I believe he did that science to help the soldiers.
21 That's what he was hired to do. In my mind, I don't
22 believe that he would have done this and carried out
23 this threat and hurt the people that he hurt. That's my
24 personal feeling.
25 Q. I understand, I understand, and I'm not

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1 trying to -- you're entitled to your opinion, and we
2 have been asking different people who worked with
3 Dr. Ivins how they felt about it, whether they had
4 scientific reasons or personal reasons. And some have
5 had scientific reasons and others have personal reasons,
6 so --
7 A. Right.
8 Q. But my question to you is, Dr. Ivins also,
9 in the FBI report you saw a number of references to
10 statements he had made to psychiatrists and things of
11 that nature indicating that he had some homicidal
12 thoughts toward people.
13 A. Yes, I did.
14 MS. BROWN: Object to form, if that was a
15 question.
16 Q. And you're taking that into account in
17 arriving at your opinion.
18 MS. BROWN: Objection to form.
19 A. Yes, I am.
20 Q. Okay.
21 THE VIDEOGRAPHER: We're off the record at
22 11:32.
23 (Brief recess.)
24 THE VIDEOGRAPHER: We're back on the record
25 at 11:36. This begins tape two.

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1 BY MR. SCHULER:
2 Q. Ms. Friend, we were kind of on the track of
3 -- I had asked your personal opinion as to whether you
4 thought Dr. Ivins was the anthrax perpetrator, and you
5 answered that -- I'm just kind of summarizing to lay the
6 predicate here -- and you gave us some reasons why.
7 A. I thought of another reason.
8 Q. Go ahead.
9 A. I mean, the times that the FBI and the
10 report states that he was in the lab, after hours and on
11 the weekends or whatever really doesn't give enough time
12 to have made that kind of preparation. I think that a
13 lot of the times that they -- they count the time that
14 it takes you to actually get into the lab and shower
15 out, and when you look at those times really closely,
16 there is only a small window of time that he was
17 actually in the laboratory.
18 So I have heartache over that when I look at
19 that. It would require a lot more time within the lab
20 to do something of that nature, from the knowledge that
21 I do know. So that's my other reason for that.
22 Q. So you're saying that the third basis, I'll
23 call it, for your opinion is that the hours listed in
24 the FBI report that he spent in the evenings, allegedly
25 without explanation, recording to the report, sufficient

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1 explanation, when you deduct out the time to process in
2 and out of the lab and pare the time down to the actual
3 time he would have spent in lab, in your opinion would
4 have been insufficient to accomplish the drying
5 process --
6 A. That is correct.
7 Q. -- for the quantities that were in the
8 letters.
9 A. That's correct.
10 Q. Okay. Now, from having read the report,
11 though, you're also aware of what the FBI did in their
12 investigation to eliminate other sources of RMR 1029,
13 correct?
14 A. Yes.
15 Q. Now, the Inspector General came and did an
16 inspection at USAMRIID sometime in November of 2001.
17 Were you aware of that?
18 A. No.
19 Q. Did you talk with any of the Inspector
20 General team?
21 A. No.
22 Q. Now, about six months later, in the
23 beginning of May, 2002, a team from Sandia National
24 Laboratories came into USAMRIID and did a similar
25 inspection and rendered their own report. Did you talk

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1 with any members of the Sandia National Laboratory team?
2 A. No.
3 Q. Have you noticed any changes after 2001 as
4 far as physical security at USAMRIID is concerned?
5 A. As far as when we have to come in in the
6 mornings, all of our bags go through a screener just
7 like you would go through in an airport, and now we
8 actually walk through a body scanner as well to gain
9 access.
10 USAMRIID is fenced off from evening else at
11 Fort Detrick. You can't park next to the building
12 anymore like you used to, so everybody has to park away
13 in the parking lot. Every third person gets searched
14 coming out of the building every day, so they pick the
15 third person and they make sure there is nothing in your
16 pockets; you have to show them.
17 We are allowed to take our cell phones into
18 the building. The guards at any time can ask you to see
19 your phone to make sure you haven't taken any pictures
20 that shouldn't be on your phone from the work areas.
21 As far as mental capability (sic), the
22 whole BPRP program has been initiated since that time.
23 Q. Let me stop you.
24 A. Okay.
25 Q. I'm going to get into that in a second.

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1 Right now I want to focus on the physical. And you have
2 given us a number of things. Is there anything else
3 that you noticed about changes in the physical security?
4 A. No.
5 Q. What about CCTV?
6 A. Oh, the cameras, the biometric fingerprint
7 before you actually get into the labs. So you don't
8 only have your pin number anymore, you also have your
9 fingerprint to get in, so there are three levels of
10 security to actually enter a containment lab. So that's
11 are BSL 3 and BSL 4 only. Or any lab that has BSAT. So
12 there are a few BSL level 2 labs that have, like, Sterne
13 and Pasteur strains of anthrax. One is considered
14 (inaudible) and one is not, so if you're working with
15 those, even though they're missing a plasmin, that's
16 considered a security area, so there has to be a badge
17 reader to get into that area and you have to have access
18 to that lab, like you would any other containment suite
19 that had BSAT. BSAT is Biological Strike Agent and/or
20 Toxin.
21 Q. So tell me now, let's say you're coming in
22 to work and you're going to ultimately go right into the
23 BSL level 3 lab.
24 A. Um-hmm.
25 Q. Tell me from the time you get here with your

1 car exactly what the steps are.
 2 A. I park my car, I get out, I carry my badge,
 3 my USAMRIID badge, with me.
 4 Q. Does it have a bar code on it?
 5 A. Um-hmm.
 6 Q. Your picture?
 7 A. Yes. I don't know if it's actually a bar
 8 code. There is some kind of chip inside of it. If you
 9 lose it, it's very expensive to replace.
 10 You badge in through the Alamo, as we called
 11 it. It's building 1416.
 12 Q. You badge in through what?
 13 A. The Alamo building.
 14 Q. Alamo building?
 15 A. That's what we have named it. It's building
 16 1416. So you badge through there, the doors open, and
 17 that's where the scanners would be for whatever you're
 18 bringing into the institute and the full body scanners.
 19 You put your bags and whatever through the machine, you
 20 walk through the scanner. If you beep, they wand you.
 21 You get your bags out. You badge through
 22 the second down doors to exit that building. You can
 23 either walk up the side of USAMRIID and go in the front
 24 entrance or you can walk this way and go in the back
 25 entrance, so there is two entrances to building 1425 and

1 there are two entrances to building 1412, so depending
 2 on what building you worked in is which way you go once
 3 you get through the Alamo area to the fenced-in part of
 4 USAMRIID.
 5 Q. Okay.
 6 A. To gain access to the building, you of
 7 course swipe your badge again to enter the building.
 8 You swipe your badge through all the common areas to get
 9 you wherever your office area is.
 10 When you want to go into a containment lab,
 11 it's the same procedure; you will badge through to get
 12 into the change room, you will take off your street
 13 clothes, don your scrubs and then put in your pin
 14 number, the green light says you're good to go; you put
 15 your finger, whichever finger you used for the
 16 fingerprint for the biometrics. It will give you the
 17 green light, the door will open, the magnet will open
 18 and you can enter the suite at that point in time.
 19 Q. Okay. And -- well, I guess maybe I should
 20 ask you this question. In what ways is that different
 21 than the way things were before 2001?
 22 A. Well, the main difference is we didn't have
 23 an entry control point, being the Alamo building, 1416.
 24 That wasn't there. You basically -- there was no fence,
 25 so you could park in the front of USAMRIID. I mean,

1 have you been to the front of USAMRIID? So you kind of
 2 know what I'm talking about, the building right across
 3 the street.
 4 Q. I have only seen it from a distance.
 5 A. There is a parking area that was there;
 6 there was probably about 16 spaces. You used to be able
 7 to park there and walk right in. You can't do that
 8 anymore, because it's fenced off. Now you have to park
 9 in the main parking lot to the left of the building
 10 area.
 11 You could just walk right up the walkway,
 12 and you still have to use your badge to gain access to
 13 the building. The security folks didn't screen you
 14 coming out or coming in at that point in time.
 15 The biometric readers were not used to gain
 16 access to the labs. You still just had to put in your
 17 four-digit pin, so that's something new. And we did not
 18 have the cameras in the laboratories.
 19 Q. All right, fine. Now, you were going to --
 20 you were going to touch on the personnel reliability.
 21 How has changed since 2001?
 22 A. Well, it didn't even exist in 2001, so --
 23 Q. Let me stop you there. I mean -- and I
 24 understand there wasn't a program per se, but --
 25 A. Correct.

1 Q. But there were rules and regulations.
 2 A. Yes, but it's a lot more stringent now than
 3 -- the standing up of that program is probably more
 4 stringent now than what it was at that point in time.
 5 Q. Okay. And tell me what is required now.
 6 A. In order to enroll in the Biological
 7 Personnel Reliability Program, which is known as the
 8 BPRP, you --
 9 Q. You're getting better.
 10 A. Yes, I am getting better as we go along.
 11 You have to have your security clearance,
 12 which you would have already probably -- you would have
 13 had at that point in time.
 14 The other thing that's been added since that
 15 point in time is, if you're going to handle any kind of
 16 select agent or toxin, you have to have a Department of
 17 Justice number, which is submitted through the CDC, so a
 18 part of your background clearance goes to that they deem
 19 you qualified to have a select agent number. So that's
 20 kind of a part of your security clearance. You have to
 21 have both to get enrolled into the BPRP. So if one of
 22 those things fails, you wouldn't be able to be enrolled
 23 into that program.
 24 Q. Okay.
 25 A. Once you're enrolled into the BPRP, you have

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1 to go through some documents and you have to sign that
 2 you have never sued drugs, you have never seen a
 3 psychiatrist; you have never had thoughts of suicide.
 4 They go through your financial records, so
 5 if you have filed for bankruptcy or if you have had a
 6 foreclosure or something, that will come up. And it
 7 will be up to the certifying official. So when you're
 8 in the BPRP, the certifying official deems whether
 9 you're reliable enough to enter the program and have
 10 unescorted access to the containment suites on your own.
 11 If that person does not deem that you're
 12 suitable, then you will not have access to labs or BSAT,
 13 and depending on what your job is, you may or may not
 14 have a job after that.
 15 And pretty much the culture, if you're
 16 enrolled in BPRP, people know the people who are
 17 enrolled, and if you're taking a medication that you
 18 haven't reported or if you go to a doctor's appointment
 19 that you haven't reported, someone is going to know,
 20 because people are very -- the culture is much different
 21 now than it was then. So I would firmly believe that
 22 people report potentially disqualifying information much
 23 more readily now than what they would have ten years
 24 ago.
 25 Q. And is that the product of education, do you

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1 think, what -- you know, the different seminars they
 2 have had for you?
 3 A. Yes. Yes.
 4 Q. So it made it seem like less ratting on
 5 somebody and more the patriotic thing to do.
 6 A. Correct. Correct. And it's also safer,
 7 because we're insuring that our employees are acting in
 8 a manner that -- they're taking responsibility for the
 9 type of work they're doing. So the culture is more
 10 safe.
 11 MR. SCHULER: Okay. I think that's all the
 12 questions I have. Thank you.
 13 THE WITNESS: Oh. Awesome.
 14 MR. SCHULER: You may have some questions
 15 from over here.
 16 MS. BROWN: Yes, a few, but can we actually
 17 take a break for a few moments?
 18 THE VIDEOGRAPHER: Off the record at 11:48.
 19 (Brief recess.)
 20 THE VIDEOGRAPHER: We're back on the record
 21 at 12:02.
 22 EXAMINATION BY MS. BROWN:
 23 Q. Thank you, Ms. Friend. I just have a couple
 24 more questions.
 25 A. Okay.

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1 Q. You mentioned before that the material in
 2 flask RMR 1029 was in facilities outside of Fort
 3 Detrick; is that correct?
 4 A. The actual flask?
 5 Q. I'm sorry, the material.
 6 A. The material, correct.
 7 Q. Do you know if it was in other
 8 nongovernmental facilities?
 9 A. I would probably say yes to that.
 10 Q. Were you, in the time period before
 11 September of 2001, were you familiar with the shipping
 12 practices -- I should say were you familiar with
 13 Dr. Ivins' practices with respect to shipping anthrax
 14 material outside of the lab?
 15 A. Yes.
 16 Q. Do you know if he made any studies of
 17 bacillus anthracis material outside the lab in that time
 18 period before September of 2001?
 19 A. Yes.
 20 Q. Do you know if any of those shipments are
 21 Ames material?
 22 A. I cannot a hundred percent tell you that
 23 they were all Ames. They could have been Ames, they
 24 would have been any strain that we with working with at
 25 the time.

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1 Q. Do you know of any instances when he did
 2 ship Ames outside of Fort Detrick?
 3 A. Yes.
 4 Q. Do you know if any of those shipments were
 5 to nongovernmental facilities?
 6 A. There would have been one that he would have
 7 shipped outside the United States. So it would have
 8 been a Canadian government facility. So it would have
 9 been the Canadian equivalent of USAMRIID. It has a
 10 different name now than what it did then. I can't tell
 11 you what the name of it is now; defense something or
 12 another. It's in -- it's in Canada. I'm trying to say
 13 the province; I can't even recall that right now. But
 14 it is the Canadian equivalent to what we do, and then
 15 there is Porton Down in England as well.
 16 Q. Other than those facilities, do you know of
 17 any other non-U.S. governmental facilities to which
 18 Dr. Ivins shipped bacillus anthracis material?
 19 A. I believe so. But whether it was Ames, I
 20 can't a hundred percent tell you that.
 21 MS. BROWN: I don't have any other
 22 questions.
 23 MR. SCHULER: Okay. I don't have any other
 24 questions. And I have to ask you at the end of this
 25 deposition, you have the right to read and sign the

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1 deposition, or you can waive the reading and signing.
 2 Everyone in this case -- we're battling a thousand, as I
 3 have said before -- wants to read and sign it. You're a
 4 government employee; I can't advise you, but you
 5 probably ought to read and sign it.
 6 THE WITNESS: Yeah, I would like to read and
 7 sign it.
 8 MR. MILLER: As the attorney for the
 9 organization, we have been recommending that you do
 10 that.
 11 THE WITNESS: Absolutely. I would want to
 12 do that.
 13 MR. SCHULER: Okay. Thank you.
 14 THE VIDEOGRAPHER: We're off the record at
 15 12:05.
 16 (Deposition concluded at 12:05 p.m.)
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1 State of Maryland
 2 County of Howard, to wit:
 3 I, GEORGE W. TUDOR, a Notary Public of the
 4 State of Maryland, County of Howard, do hereby certify
 5 that the within-named witness personally appeared
 6 before me at the time and place herein set out, and
 7 after having been duly sworn by me, according to law,
 8 was examined by counsel.
 9 I further certify that the examination was
 10 recorded stenographically by me and this transcript is
 11 a true record of the proceedings.
 12 I further certify that I am not of counsel
 13 to any of the parties, nor in any way interested in the
 14 outcome of this action.
 15 As witness my hand and notarial seal this
 16 22nd day of June, 2011.
 17
 18
 19
 20 _____
 21 George W. Tudor
 22 Notary Public
 23
 24 My Commission Expires:
 25 March 1, 2015

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1 CERTIFICATE OF DEPONENT
 2
 3 I hereby certify that I have read and
 4 examined the foregoing transcript, and the same is a
 5 true and accurate record of the testimony given by me.
 6
 7 Any additions or corrections that I feel
 8 are necessary, I will attach on a separate sheet of
 9 paper to the original transcript.
 10
 11
 12
 13 _____
 14 Kristie M. Friend
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