

1 VIDEO DEPOSITION, held remotely, and taken
2 pursuant to Notice of Taking Deposition, before Myrina A.
3 Kleinschmidt, Registered Merit Reporter, Certified
4 Realtime Reporter, and Remote Notary Public.

5 WHEREUPON, the following proceedings were
6 duly had:

7 THE VIDEOGRAPHER: Okay. We are now on the
8 record. My name's Laura Munsil, and I am a videographer
9 with Twin West Reporting, LLC. Today's date is
10 March 30th, 2021, and the time is 9:29 a.m.

11 This deposition is being held remotely in the
12 matter of the State of Minnesota, by Jan Malcolm,
13 Commissioner of Health, in her official capacity, versus
14 the Southwest School of Dance LLC.

15 All parties to this deposition are appearing
16 remotely and have agreed to the witness being sworn in
17 remotely. The deponent today is Richard Danila.

18 Will counsel please identify themselves for
19 the record, after which our court reporter, Myrina
20 Kleinschmidt, will administer the oath.

21 MR. DIEHL: For defendant, this is Sam Diehl
22 with CrossCastle law firm. With me I have co-counsel Ryan
23 Wilson. And co-counsel is separately on video, Nathan
24 Hansen, as well, is another co-counsel in the case that is
25 on video. And we also have our client representative,

1 Q When was the last time you had your deposition taken?
2 A For my employment for the State of Minnesota. It's been
3 at least eight years or so.

4 Q And what case -- what type of case was that?
5 A An unexplained death with a -- involving a hospital.

6 Q Have you ever had your deposition taken in a case
7 involving an enforcement action by the Department of
8 Health or the commissioner of health?

9 A Enforcement action by the Department of Health? No.
10 Q And can you just state your full name for the record.

11 A Richard Norman Danila.
12 Q And we'll get to your education in a minute, but I'll try
13 to refer to you as Dr. Danila. If I slip and call you
14 Mr. Danila, that's what I say. Just understand I mean no
15 disrespect.

16 A Not a problem.
17 Q And since it's been a while since you had your deposition
18 taken, I'm going to go over a few ground rules that are
19 helpful, because we're in sort of a unique situation. In
20 many ways a deposition's like a conversation, but
21 obviously there's a few things that are different and
22 particularly given that we are on video.

23 And so it's particularly helpful to not speak
24 over each other. And I'll try to let you finish. And if
25 you can let me finish my questions, it would be helpful

1 Larvita McFarquhar, who is also joined by video as well.

2 MS. VOHS: And then Kaitrin Vohs on behalf of
3 the State of Minnesota, and I'm here with Dr. Danila. And
4 Megan McKenzie just joined as well.

5 (The oath was administered by the
6 court stenographer.)

7 WITNESS RESPONSE: I do.

8 RICHARD DANILA,
9 a witness in the above-entitled proceedings,
10 after having been first duly sworn,
11 testified under oath as follows:

12 EXAMINATION

13 BY MR. DIEHL:

14 Q All right. Dr. Danila, we introduced ourselves earlier.
15 As I mentioned, my name is Sam Diehl. I'm an attorney
16 representing the defendant in this lawsuit, which is
17 Southwest School of Dance, doing business as Havens
18 Garden. If I refer to that as "defendant" or "Havens
19 Garden" today, would you -- do you understand that I mean
20 the same thing, Dr. Danila?

21 A Okay. Sure. Yep.

22 Q And have you had your deposition taken before?

23 A Have I had a deposition taken before?

24 Q Yes.

25 A Yes.

1 for the record. Do you understand that?

2 A Yes.

3 Q And you're doing a good job so far, but do you understand
4 that you need to answer questions audibly? We're having a
5 court reporter take down the transcription of this and so
6 answer out loud. Say yes or no rather than uh-huh or
7 huh-uh or shaking your head. Do you understand that?

8 A Yes.

9 Q Great. And do you understand you're under oath and have
10 an obligation to answer questions truthfully today?

11 A Yes.

12 Q Do you understand that your testimony today may be used in
13 this lawsuit and could even be used in the trial in this
14 matter?

15 A Yes.

16 Q If you don't understand a question, will you let me know?

17 A Yes.

18 Q And if you answer the question, is it safe to assume that
19 you understood the question?

20 A Yes.

21 Q And if you want to clarify an answer or add to an answer
22 or I didn't let you finish, will you let me know?

23 A Yes.

24 Q And will you let me know if you need a break? We can take
25 some breaks today. And this is not an endurance contest,



Page 9

1 so will you let me know if you need a break?

2 A Sure. Yes.

3 Q And I may not be able to take a break right then, but

4 we'll try to take a break relatively soon after you let me

5 know.

6 A Okay.

7 Q Is there any reason that you would have any difficulty

8 answering truthfully today, such as medication or a

9 medical condition?

10 A No.

11 Q If I say "MDH" or "the department" or "plaintiff," do you

12 understand that by all of those I mean the Minnesota

13 Department of Health?

14 A Yes.

15 Q And if I'm referring to some other department--I don't

16 know what that would be--I will try to use the full name

17 of that department or another designation just to be clear

18 on that. And if you're not clear, just let me know.

19 A Okay.

20 Q Other than the deposition eight years ago in relation to

21 an unexplained death -- well, in that case, were you

22 testifying on behalf of the hospital, the Department of

23 Health or somebody else?

24 A Well, it was really just to provide factual background for

25 the Department of Health.

Page 10

1 Q Okay. So you weren't a witness on behalf of either party

2 or was the Department of Health --

3 A No, not really. No. It was really to provide factual

4 background.

5 Q Okay. And your personal address -- I don't need the full

6 address, but do you live in the city of St. Paul?

7 A Yes.

8 Q And tell me about your education after high school.

9 A I received a Bachelor of Science degree from the College

10 of William and Mary in 1977. I then later went on and got

11 a Master of Public Health in Epidemiology from the

12 University of Michigan in 1981. And then I received a

13 doctorate, a Ph.D., in epidemiology from the University of

14 Minnesota in 1988.

15 Q And did you do a dissertation or some other culmination of

16 your Ph.D. program?

17 A Yes, I did a dissertation for my Ph.D. Yes.

18 Q And what was the topic of that?

19 A Childhood leukemia.

20 Q After you finished -- well, I guess when did you start --

21 what was your first job after your undergrad education?

22 A I worked for two years in a hospital in Connecticut in the

23 laboratory and then came to Minnesota in January of 1982.

24 And I worked halftime at the St. Paul health department,

25 and then in 1985 I began work full time at the Minnesota

Page 11

1 Department of Health.

2 Q And have you worked at the Minnesota Department of Health

3 since that time?

4 A Yes. So it's about -- going on 36 years -- 37 years.

5 Q Have you had different roles or job titles at the

6 Department of Health?

7 A Yes, I have. So I started off as an epidemiologist, and

8 then I became an epidemiology manager, program manager. I

9 was acting state epidemiologist for a couple years, and

10 I'm currently the deputy state epidemiologist.

11 Q And I want to maybe go back through some of that, but I

12 understand you also were an adjunct professor or have been

13 an adjunct professor at the University of Minnesota?

14 A Yes. I'm an adjunct associate professor at the University

15 of Minnesota, have been since, I think, 1988.

16 Q And what classes have you taught over that time period?

17 A Well, as an adjunct professor, you know, I give lectures.

18 You know, it's not a paid position. So I lecture in

19 introductory epidemiology and in public health law, in

20 environmental health, and infectious disease epidemiology.

21 And then I also advise students, Master students and Ph.D.

22 students, and serve on their committees and examination

23 committees.

24 Q Have you ever been paid by the University of Minnesota for

25 that work?

Page 12

1 A No.

2 Q Is that seen by the Department of Health as part of your

3 Department of Health job or is that just a volunteer work

4 that you do?

5 A It's not part of my public -- Department of Health job.

6 But, you know, it's certainly, you know, allowed and

7 encouraged because it's a good connection with the

8 academic community. And, of course, it serves us well in

9 training future public health professionals.

10 Q Over the last three years, what classes have you taught or

11 what lectures have you done at the University of

12 Minnesota?

13 A Sure. I just lectured in the last several weeks. I give

14 an annual lecture in the public health law class. I give

15 an annual lecture in the infectious disease epidemiology

16 class. I gave a lecture back in the fall in the

17 pathophysiology class.

18 I should also mention, too, that -- it's

19 probably not -- I don't know if it's on my CV, but I

20 occasionally will give lectures for the public health

21 program at Hamline University, you know, again as a

22 volunteer, not paid in any way.

23 Q And you said you lectured on public health law. You're

24 not a lawyer, though, correct?

25 A Correct. I usually give the annual lecture in data

1 privacy, in governmental data privacy.

2 Q And particularly this year, your most -- well, I guess

3 over the last -- say since January 1st, 2020, what have

4 been the topics of any public health lectures that you've

5 given?

6 A COVID-19. So infectious disease epidemiology class I just

7 gave a week and a half ago was on COVID-19, and the

8 pathophysiology class I gave in the -- in the fall was the

9 epidemiology of COVID-19.

10 Q And then any lectures in the spring?

11 A Well, again, I gave the infectious disease COVID-19

12 lecture about a week and a half ago. And, you know, right

13 now I don't have any scheduled to give.

14 Q Is there a professor at the University of Minnesota Law

15 School that you work with on public health law or is that

16 in the public health school?

17 A It's in the School of Public Health, and it's our former

18 commissioner of health, Anne Barry. She's taught that

19 class for about, oh, 20 years. And I've lectured. She

20 always invites me. I think I've done that lecture at

21 least for the last 12, 15 years.

22 MR. DIEHL: Let's mark Exhibit 1. And that's

23 going be to D1, the pre-labeled D1, in our exhibits.

24 (Deposition Exhibit Number 1 marked for

25 identification by the court stenographer.)

1 The first portion of this, the first several

2 paragraphs on the front page, it lists some roles here in

3 paragraphs 1 and 2, and I want to talk to you about those

4 different roles. First of all, if you could, just read

5 over paragraphs 1 and 2. With respect to the Department

6 of Health, do you still fill the roles that are mentioned

7 in paragraphs 1 and 2?

8 A Yes.

9 Q And what does it mean to be epidemiology program manager?

10 A I still -- I manage some large grants or cooperative

11 agreements, which are called the emerging infections

12 program, from the U.S. Centers for Disease Control and

13 Prevention. That means I make sure we're making progress,

14 you know, doing the things that were outlined in the grant

15 application.

16 And then I -- on the day-to-day operations, I

17 specifically manage a portion of that related to bacterial

18 diseases and some viral diseases, but I also oversee

19 general things, like food-borne disease, tick-borne

20 disease, hospital-acquired infections, pertussis,

21 influenza. So it's a large -- Minnesota is one of ten

22 sites across the country that receives this funding for

23 emerging infections from the Centers for Disease Control

24 and Prevention.

25 Q And who do you report to in that role?

1 BY MR. DIEHL:

2 Q Dr. Danila -- actually, is it "Danila," like "vanilla"?

3 A Correct. Just like "vanilla."

4 Q All right. I'm going to -- we have premarked some

5 exhibits, some of which we'll use, some which we won't, so

6 you can just ignore the letters that -- the labels with

7 the letter. When we mark the exhibit, we'll refer to this

8 as Exhibit 1 throughout. So I just want to mention that

9 since we're doing this by video, you can ignore the

10 premarked labels because they'll end up with an exhibit

11 number and we'll just refer to that by the exhibit number.

12 Does that make sense?

13 A Okay.

14 Q And do you recognize Exhibit 1?

15 A Yes.

16 Q And this is a declaration that you provided -- or through

17 which you provided sworn testimony in this lawsuit, the

18 State of Minnesota versus Southwest School of Dance, doing

19 business as Havens Garden; is that correct?

20 A Yes.

21 Q And it looks like, if we go to page 6 of that, you

22 e-signed this document on December 11th; is that correct?

23 A Yes.

24 Q And I should say December 11, 2020, but I guess that is

25 probably similarly correct.

1 A Well, I report -- you know, my supervisor is the director

2 of the division, Infectious Disease Epidemiology,

3 Prevention and Control Division at the Department of

4 Health.

5 Q Who is that?

6 A Kris Ehresmann. Kristen Ehresmann.

7 Q And as deputy state epidemiologist, is that a different

8 role or just a part of the epidemiology program manager

9 role?

10 A That's part of the program manager role. So because I'm

11 sort of a senior scientist and have been there for, you

12 know, 35 years, that's sort of a -- more of a broader role

13 of, you know, advising other staff, helping them write

14 manuscripts, you know. I edit the annual summary of our

15 reportable communicable diseases. I help write other

16 grant applications and that sort of thing.

17 Q And did you fill those roles -- the two roles mentioned in

18 the first sentence of paragraph 1 of Exhibit 1, did you --

19 how long have you filled those two roles?

20 A Well, I was acting staff epidemiologist back in, I think,

21 1999/2000. I've been deputy staff epidemiologist since

22 then, so for about 20 years. The emerging infections

23 grant, which I mentioned, began 26 years ago, and I've

24 been either director or, you know, codirector of that.

25 Q And now if you report to Kris Ehresmann, do you have any

Page 17

1 relationship, reporting relationship, to Ruth Lynfield,
 2 the state epidemiologist?
 3 A No, I don't. I don't report to her. She has only, I
 4 think, one or two staff direct reports to her. I don't
 5 report to her. We're basically colleagues or, you know,
 6 coprofessionals.
 7 Q But you share her duties in some way as deputy state
 8 epidemiologist?
 9 A Yeah. Sometimes, you know, we share duties. She's also
 10 involved in this emerging infections program grant, and
 11 then with COVID, of course, you know, we share duties as
 12 well.
 13 Q In those two roles that are mentioned in paragraph 1, do
 14 you supervise anyone?
 15 A Yeah. I supervise -- I directly supervise a staff of
 16 about 12 emerging infections, and then for -- yeah. So
 17 that -- if we're just talking about paragraph 1.
 18 Q And in paragraph 2, it mentions that you're deputy
 19 incident commander for COVID-19 operations. Are you still
 20 deputy incident commander?
 21 A Yes.
 22 Q And I want to talk about that in a minute, but is that a
 23 role that you just filled beginning when COVID-19 came to
 24 Minnesota?
 25 A Yeah. I think we instituted incident command, I think, in

Page 18

1 either late February or early March of 2020 and have been
 2 in incident command system since then. And I have filled
 3 that since the beginning, since then.
 4 Q And so I want to come back to that. But back to your
 5 roles as epidemiologist program manager and deputy state
 6 epidemiologist. What are the duties of those 12 or so
 7 individuals you supervise in those roles?
 8 A Well, you know, you kind of have to separate out COVID
 9 from before COVID. So before COVID we were -- the group
 10 that I directly supervise on a day-to-day basis is
 11 involved in bacterial infections, like meningitis,
 12 methicillin-resistant staph aureus, Group A streptococcus,
 13 Group B streptococcus, pneumococcal disease.
 14 So collecting data; doing surveillance for
 15 those diseases; doing some special studies, like vaccine
 16 efficacy studies for pneumococcal disease, for example;
 17 investigating outbreaks. Legionnaires' disease is another
 18 component. So investigating Legionnaires' disease,
 19 investigating outbreaks.
 20 Of course, you know, with COVID, many people,
 21 you know, have been reassigned, and we're doing very
 22 minimal in those areas, and they're doing other things.
 23 Q Yeah. I want to come back to COVID. Tell me how outbreak
 24 investigations worked before COVID.
 25 A Well, let's see. So Legionnaires' would be a good example.

Page 19

1 So Legionnaires' disease gets diagnosed by a physician with
 2 a lab test. It gets reported to the Department of Health,
 3 you know. We are collecting those cases. Generally we
 4 then interview the patient, if the patient can be
 5 interviewed, to try to determine where they might have
 6 acquired their infection. You know, enter the data into a
 7 database.
 8 And then, you know -- then we might -- we're
 9 looking at our data all the time. We might discover we
 10 have commonalities in time and in place where the
 11 Legionnaires' patients had been, and so we've now uncovered
 12 a cluster or an outbreak. Maybe it's two cases. Maybe
 13 it's, you know, twenty cases. And then we, you know,
 14 begin a more in-depth investigation of that outbreak,
 15 trying to determine and narrow down specifically what
 16 might be the source.
 17 So Legionnaires' disease, which is spread in
 18 contaminated water, it might be they all used the same hot
 19 tub at a hotel or it might be that they all were exposed
 20 to the same, you know, water source, cooling tower. For
 21 example, we had a large outbreak in Hopkins several years
 22 ago with a cooling tower that was, you know, disseminating
 23 droplets throughout the community. Or it might be much
 24 smaller. We had a cluster of two cases, for example, in a
 25 restaurant associated with their contaminated water.

Page 20

1 Q Have you -- you mentioned cluster and outbreak. What's a
 2 cluster?
 3 A Well, I mean, a cluster might be like just two cases, for
 4 example, or three cases. You know, it's just a term that,
 5 you know, we've determined we have a cluster. We might
 6 not necessarily say it's an outbreak until we actually
 7 determine it's a true cluster rather than just a
 8 coincidence in terms of, you know, having maybe two people
 9 that lived in the same neighborhood, for example, for
 10 Legionnaires' disease, but they really didn't have anything
 11 else in common. We really couldn't identify them as being
 12 an outbreak.
 13 Q Is it there's -- they're sort of near each other or
 14 related to the same place but not necessarily a link
 15 between the cases epidemiologically?
 16 A Correct.
 17 Q So -- yeah. So just to be clear, a cluster is a group of
 18 cases that may or may not be linked; is that correct?
 19 A Yeah. In general parlance, that would be correct.
 20 Q And in the parlance that the Department of Health uses and
 21 as you've used it?
 22 A Yes. And an outbreak -- as opposed to an outbreak, which
 23 means we've determined there is an actual association in
 24 person, place, and time.
 25 Q There's a common -- there's actually a common source as



Page 21

1 opposed to maybe a common source of the infection?
 2 A Correct. Correct.
 3 Q And I'm not saying this to be rude, but this is -- it's
 4 helpful to let me finish, and I'll do the same. And
 5 I'm --
 6 A I'm sorry.
 7 Q And I'm reminding myself as much as you, so -- and
 8 sometimes, you know, I pause, so I apologize if it was me.
 9 But just -- that's helpful too.
 10 Are you -- in your role, do you supervise
 11 influenza outbreaks?
 12 A No.
 13 Q Is there a separate influenza team or manager?
 14 A Yes.
 15 Q And who is that?
 16 A Well, directly it's -- her name is Karen Martin, and then
 17 she is supervised by Cynthia Kenyon. And they sit right
 18 around the corner from me. I might get involved and, you
 19 know, offer assistance and advice, but I don't investigate
 20 the outbreaks. They would.
 21 Q And what is her role? What's the title or group that
 22 that's --
 23 A Well, Karen Martin is the influenza unit supervisor, and
 24 Cynthia Kenyon is the vaccine preventable disease
 25 supervisor.

Page 22

1 Q And so there would be a group of people that work with
 2 those two individuals with respect to influenza outbreaks?
 3 A Correct.
 4 Q And does your team supervise salmonella outbreaks?
 5 A No. I'm only involved again because it's one of the
 6 diseases or pathogens that's part of the emerging
 7 infections program that I mentioned that's funded by the
 8 CDC. There's a separate food-borne area that investigates
 9 salmonella outbreaks.
 10 Q Is that because salmonella is not really an emerging
 11 infection? It's been around for a while; is that
 12 accurate?
 13 A That's somewhat accurate.
 14 MS. VOHS: Objection. Form.
 15 BY MR. DIEHL:
 16 Q And I should have said this at the beginning, but your
 17 lawyer, the Department of Health's lawyer, may need -- or
 18 believe that an objection is necessary, but unless she
 19 instructs you not to answer the question, if you
 20 understand the question, you can answer the question.
 21 Does that make sense?
 22 A Sure. I'll just make a general statement about
 23 salmonella. And again, it's a pathogen of concern for the
 24 United States, and that's why it's part of the emerging
 25 infections program, because salmonella typically comes

Page 23

1 from the food we eat. And it has been increasing. It has
 2 been considered to be emerging as our food supply has
 3 become more industrialized and widespread.
 4 And so you, from reading the newspaper, of
 5 multistate national salmonella outbreaks, for example, and
 6 that's why we do -- you know, investigate it more in
 7 depth. So it's emerging -- it's emerging in that, you
 8 know, about 20 years ago, it was recognized that our food
 9 supply is changing so much that even though salmonella has
 10 been around for many, many years, that it is emerging.
 11 Q Is it fair to say that emerging could be a new infection
 12 or it could be a growing infection? Is that an accurate
 13 statement?
 14 A Emerging might be a new infection or it might be an old
 15 infection, you know, that's changing for some reason, such
 16 as salmonella, as related to the food supply.
 17 Q And, you know, outside of COVID, how do you determine
 18 whether a cluster is just a cluster but not an outbreak
 19 and how do you determine when an outbreak exists?
 20 A Well, for the disease that we collect data on, you know,
 21 we're always looking at our data, so we're always
 22 analyzing data, looking at them by person, by place, and
 23 by time. So, you know, a cluster might be a geographic
 24 cluster of cases in time. It might be related to, say, a
 25 group of people, you know, all regarding the same thing.

Page 24

1 It might be a school, for example, or a day care center
 2 or, you know, travelers all in the same group. So
 3 that's -- we're always looking for connections in
 4 clusters.
 5 Q Did your group handle H1N1?
 6 A Yes. I was directly involved in H1N1, yes.
 7 Q And so did you find clusters and outbreaks in H1N1?
 8 A Well, only very early on, because, you know, then we
 9 recognized H1N1 was now the predominant influenza strain,
 10 and it was, you know, widespread everywhere. The first
 11 week or two weeks we did investigate clusters or outbreaks
 12 in a couple of school settings, for example.
 13 Q How did you do that?
 14 A Well, we -- you know, we were called by, I think, the
 15 school nurse that indicated that they had children that,
 16 you know, were out -- they had an increase in absences of
 17 children. And I think we were able to get some specimens
 18 from -- it was in the St. Cloud area. And then -- you
 19 know, to our lab and confirm them as being H1N1.
 20 Q And did you confirm that the students that were absent
 21 were together at some point?
 22 A Well, they were in school together, and so there was an
 23 outbreak of influenza at that school.
 24 Q Did you determine the source of that outbreak?
 25 A Well, by that time, we learned very quickly that H1N1 was,

Page 25

1 you know, widespread throughout the United States, you
 2 know. It was the new flu strain at that point in time.
 3 **Q Did you determine that these -- that the absent children**
 4 **were from -- in the same classroom at some point together?**
 5 A You know, I can't recall, because that was, you know, more
 6 than ten years ago. But I don't believe they all were in
 7 the same classroom, but it was a -- you know, it was an
 8 outbreak at that school. And I can't recall what the
 9 absentee rate was, but they clearly had a flu outbreak
 10 going on at that time.
 11 **Q So was that -- well, I guess, just in general, the**
 12 **additional investigation is necessary to determine whether**
 13 **a cluster is just a cluster from separate sources or an**
 14 **outbreak from similar sources related by -- or from the**
 15 **same source or sources related by time and place; is that**
 16 **fair?**
 17 MS. VOHS: Objection. Form.
 18 BY MR. DIEHL:
 19 **Q I'm going to ask you again. Sometimes objections are**
 20 **helpful, because I ask a compound question or a question**
 21 **that kind of asks too many questions at once.**
 22 **So just to make that clearer, to determine**
 23 **whether a cluster is an outbreak you need to do an**
 24 **investigation; is that fair?**
 25 A Well, not necessarily. For example, for influenza --

Page 26

1 again, putting aside COVID, but your basis on influenza,
 2 you know, we do have school nurses, for example, that will
 3 report to us that they have, you know, increased absences
 4 with kids with flu-like illness. So we can say, well,
 5 that's an influenza outbreak at that school. You know,
 6 they've got 20 percent of their kids out with flu-like
 7 illness. We would count that as a flu outbreak at that
 8 school, not doing further investigation.
 9 **Q But if you had 20 percent of the kids -- or, excuse me,**
 10 **like 19 percent kids out at one school and then one kid**
 11 **out at another school, you wouldn't necessary connect the**
 12 **other school's case to the school with 19 percent out**
 13 **unless some investigation showed that they interacted,**
 14 **correct?**
 15 MS. VOHS: I'm going to object that this is
 16 outside of the scope of this witness as a fact witness.
 17 BY MR. DIEHL:
 18 **Q You can go ahead.**
 19 A Well, you know, influenza is -- on a year-to-year basis,
 20 seasonal influenza in some years are worse than other
 21 years, and so one way we monitor the severity of the flu
 22 season is to look for outbreaks in schools, look for
 23 outbreaks in nursing homes. We get those reported to us.
 24 We don't investigate every case, obviously.
 25 You could have up to 40, 50, 60 percent of

Page 27

1 the population infected with flu depending on how bad the
 2 season is. So we look at more broad strokes, the number
 3 of outbreaks in schools, the number of outbreaks in
 4 nursing homes, and we say this year was worse than last
 5 year, and we had twice as many outbreaks at schools this
 6 year or we had twice as many outbreaks in nursing homes.
 7 We don't investigate every outbreak for influenza. It's a
 8 ubiquitous, widespread respiratory disease, and some years
 9 are worse than others, as we all have experienced.
 10 **Q You rely on nurses to report multiple cases at a school.**
 11 **You wouldn't call an outbreak -- one nurse calling about**
 12 **one case from one school and another nurse calling from**
 13 **another school. That wouldn't be outbreak, correct?**
 14 MS. VOHS: Objection. Outside the scope.
 15 A Not for influenza. It might -- but if it were a different
 16 disease, it might very well be an outbreak.
 17 BY MR. DIEHL:
 18 **Q Again, before COVID, how would that be an outbreak for**
 19 **another disease?**
 20 A Well, for example, we might have -- we might have -- for
 21 example, we might have recognized skin infections in
 22 athletes, staph aureus infections. We might have, you
 23 know, one kid or a couple kids on a sports team that had
 24 that infection. And we might get a report from a school
 25 nurse, and then we come to find out they had played a

Page 28

1 different team in a different school. And we get a report
 2 from that team and they also have this -- you know, the
 3 same infection, skin infection. Maybe it was a wrestling
 4 team, for example. Or it might have been a viral
 5 infection; herpes gladiatorum, for example.
 6 So that would be, you know, on outbreak. We
 7 connected the dots by these two different calls from two
 8 different schools or two different school nurses or two
 9 different athletic directors because they had both, you
 10 know, played each other.
 11 **Q So there's a connection because they were in the same meet**
 12 **or tournament, and they wrestled each other, and then you**
 13 **know there's a connection between the two cases; is that a**
 14 **fair statement?**
 15 A That is correct. That has happened in my career. You
 16 know, it really has happened that way, yes.
 17 **Q So look at paragraph 10 of Exhibit 1. So you see at the**
 18 **beginning there, the first sentence gives a general**
 19 **definition of outbreak. Is that basically what we've been**
 20 **talking about?**
 21 A Yes.
 22 **Q And so the outbreak rather than a cluster is the relation**
 23 **by time and place that suggests person-to-person**
 24 **transmission or contamination; is that fair?**
 25 A Yes.



Page 29

1 Q And is this the definition of outbreak that you use in
 2 relation to COVID-19?
 3 A Yes.
 4 Q I want to go back to paragraph 2. And now I want to --
 5 you know, I said I was going to come back to the COVID --
 6 your roles in COVID. So the incident commander role for
 7 MDH, that's something that you did not fill until COVID
 8 was designated in some fashion. What was the designation
 9 that caused you to fill that role?
 10 A So back in February of 2020 or early March, you know, when
 11 the COVID-19 pandemic began to occur in the United States,
 12 the Department of Health instituted, you know, an
 13 emergency situation with an incident command system. And
 14 with incident command, you have different organizations.
 15 One organization is the operations piece.
 16 So operations includes -- encompasses the
 17 epidemiology and the laboratory and, you know, other
 18 parts. Within that, you know, we have multiple areas and
 19 multiple teams.
 20 Q And your role as -- who is the incident commander?
 21 A Well, the overall incident commander was the commissioner
 22 of health. And then there's a deputy -- there are deputy
 23 incident commanders. But within operations, which is one
 24 part of the overall structure, Kris Ehresmann is the
 25 operations manager, and I am her deputy incident

Page 30

1 commander.
 2 Q So what's Kris Ehresmann's role in the incident command
 3 structure?
 4 A She's the operations incident commander.
 5 Q Okay. And so what other incident commanders are there?
 6 A Well, there's one for finance, there's one for logistics,
 7 there's sort of one for planning, there's, you know, a
 8 separate one for communications. And that's
 9 communications for the broader communications, you know,
 10 with the media and so forth. There are other -- there's
 11 one for health care -- the health care system, hospitals
 12 and clinics and so forth.
 13 Q Who is it that oversees the communications incident
 14 commander role?
 15 A Well, the broader communications for the media and so
 16 forth is Mike Schommer. He's our, you know -- prior to
 17 COVID, he was head of our communications section for the
 18 department, and he's also the communications incident
 19 commander.
 20 Q Does that include communications to the public related to,
 21 you know, what they should do or not do?
 22 A Yes. So he would be the, you know -- and his team would
 23 be the broad strokes for the public through the media,
 24 through press releases, through, you know, talking points,
 25 talking to the media, you know, assisting with our

Page 31

1 commissioner and others when they're being interviewed.
 2 You know, then -- you know, within smaller --
 3 when you drill down, for example, you know, we have
 4 smaller teams that might be working on a specific, you
 5 know, brochure for a nursing home or something like that.
 6 That would be, you know, embedded within the nursing home
 7 team, for example.
 8 Q Is there an incident commander for a nursing home team or
 9 is that under the health system?
 10 A It's under the health systems. And there's sort of
 11 different parts of the nursing home. So there's the
 12 broader nursing home, which is dealing with some of the
 13 regulatory issues with the U.S. centers for Medicaid and
 14 Medicare services, but within my area, within the
 15 operations area, there's also the epidemiology team
 16 involved with nursing homes. So those two groups work
 17 together.
 18 Q Is that under you in regard to case investigations and
 19 contact tracing activities?
 20 A Only in that it's under me in terms of being part of the
 21 operations incident command. The epidemiology part of
 22 that, yes.
 23 Q Is there another deputy incident commander for operations
 24 that oversees nursing home issues related to COVID?
 25 A Not a deputy incident commander. So within the

Page 32

1 operations, there is a nursing home -- I could list them
 2 all, if you'd like. There's a nursing home team. You
 3 know, there's a --
 4 Q I'm just asking about nursing homes.
 5 A Okay.
 6 Q So under your role there's a team for nursing homes?
 7 A Yes, there is. Yes.
 8 Q And is there anyone else that's in charge of case
 9 investigation and contact tracing activities at the
 10 Department of Health other than you?
 11 A Yes. So under me, there's a -- you know, we have a case
 12 investigation contact tracing team --
 13 Q And let me -- hold on. Sorry. I didn't mean to -- but
 14 upward or lateral, any other managers that oversee that --
 15 and I'll talk about how you do it or those you supervise.
 16 But other than anyone you supervise, is there anyone at
 17 the Department of Health in charge of COVID-19 case
 18 investigation and contact tracing?
 19 A Only underneath me, not -- no, not in their role.
 20 Q How is those that report to you -- in this role as
 21 COVID-19 deputy incident commander for operations, how
 22 were those people under you organized?
 23 A Well, in the incident command system, there are like, you
 24 know, set structure of basically teams, each team covering
 25 a different component.



1 Q And what teams are there?

2 A Okay. So we have a nursing home or long-term care team,
3 for example. We have one for schools. We have one for
4 higher ed. We have one for dealing with local public
5 health. We have another one dealing for tribal health.
6 We have one for jails and correctional facilities. We
7 have one for homeless shelters and other congregant
8 settings.

9 We have one for -- just for case
10 investigation/contact tracing as we interview patients and
11 then get their contacts and notify their contacts. We
12 have one for investigation of outbreaks in restaurants and
13 social settings. We have one -- we have a sports team,
14 that, you know, deals with -- obviously with sports.

15 Let's see, what am I forgetting? We have one
16 that deals -- I think I already mentioned local public
17 health. I think I've -- I can't remember if I've skipped
18 any, but I think I've got everybody there.

19 Q Does the sports team include gyms and fitness?

20 A Yes.

21 Q And --

22 A I'm sorry. No, it does not. Sports team -- gyms and
23 fitness is -- I'm trying to think. Gyms and fitness was
24 more -- is part of the rule of restaurant and social
25 settings. It has been -- and sports has been more

1 focusing on either college sports or, you know, high
2 school sports. And, of course, the sports team would work
3 with the schools team as well.

4 Q So there's a separate gym and fitness center team?

5 A Yeah. They're part of basically the -- because they're
6 more outbreak investigation, they're part of the
7 restaurant and social settings team in terms of the
8 investigation.

9 Q Other than restaurants, what types of places or activities
10 are covered by the restaurant and social settings group?

11 A Oh, well, you know, they'd be investigating clusters or
12 outbreaks associated with like weddings or funerals or
13 other large social gatherings or venues. We also -- I'm
14 sorry. I remember we have another one. Another team we
15 have deals with workplaces, you know, advising workplaces
16 and investigating clusters and outbreaks in workplaces.

17 Q Are workplaces also called employer outbreaks, if they're
18 an outbreak, or called a workplace outbreak?

19 A Yes. Yes. Yes.

20 Q Either one?

21 A Yes.

22 Q And you mentioned that there was the different teams and
23 there was subject area teams, but then you also mentioned
24 there was a case investigation and a contact tracing team?

25 A Yes.

1 Q Does the case investigation and contact tracing team cover
2 all of the areas that you mentioned that the other teams
3 cover as far as subject matter activity?

4 A Well, the case investigation/contact tracing team. So
5 when we get a case reported to us, you know, we have an
6 investigator call that person up and interview them about
7 their illness, collecting some other information, but will
8 also interview them about places where they might have
9 acquired their infection or been infected, inform them
10 about their need to isolate, and then also interview them
11 about people that they may have come in contact with and
12 may have, you know, further transmitted the virus. And
13 then with those names, those contacts, then those people
14 would also be called and be interviewed.

15 And also, you know, we just -- it's also a
16 way to provide information back to the person. They might
17 need services, for example. They might be looking for,
18 you know, testing for their family members or they might
19 need help in obtaining a place to isolate.

20 So it's sort of a conversation back and forth
21 in providing services. And that's a very, very large
22 team, and that includes people that have been contracted
23 by the State of Minnesota to do this.

24 Q How many people are in -- are on that case investigation
25 and contact tracing team?

1 A I can't recall currently. But it's probably at least
2 400 -- 350 to 400 people, including the contractor. And
3 depends how you count them, because some are full time,
4 some are part-time, so forth.

5 Q And what's the difference between the subject area teams
6 and the case investigation/contact tracing team or how do
7 they overlap or interact?

8 A Well, the case investigation team would be doing the
9 initial interview. So they might interview, you know, a
10 person and find out that they're -- you know, that one
11 thing they did prior to their becoming infected might have
12 been -- say they went to a -- you know, a local gym, and
13 then that gets put into our database.

14 And then again, you know, other cases may get
15 investigated and also reveal or -- say that they also went
16 to that same gym during that same time period, and then so
17 that -- so our separate team that's, you know, doing the
18 investigations for gyms would be looking at the database
19 and making those connections and then beginning a more
20 in-depth investigation of that cluster or possible
21 outbreak.

22 Q So is it fair to say that --

23 A The case investigation team is sort of the initial
24 interview.

25 Q So they're collecting data, and then the other teams are

1 **interpreting the data; is that fair?**
 2 A Well, both interpreting or may be doing a more in-depth
 3 investigation. For example, they might, you know, call up
 4 that case, that patient, and do, you know, more of an
 5 in-depth interview to get more information.
 6 **Q So you used that gym example. Kind of walk me through how**
 7 **the -- what the contact investigation and contact tracing**
 8 **group would do and then how that would go over and what**
 9 **would happen at the other team.**
 10 A Okay. So, you know, a case gets reported to us. They get
 11 called up by one of these trained investigators, you know,
 12 and they share information back and forth and provide
 13 us -- the State of Minnesota provides a service to them.
 14 And then again, they're queried about, you know, where
 15 that person had been or might have been exposed to
 16 SARS-CoV-2.
 17 And let's say the person says, "Well, I
 18 hadn't done anything, really, although I do go to my gym,
 19 you know, three days a week and had been there, you know,
 20 five times prior to testing positive or getting sick."
 21 That gets recorded into the database.
 22 And then as I said, we have these various
 23 teams. One team would be looking at that and saying, "Oh,
 24 here we have a case that three weeks ago, you know, had
 25 been at gym A in, you know, town X and" -- "oh, and I see

1 for needles in a haystack to identify an outbreak say at
 2 the gym, for example, because maybe the person had been in
 3 so many -- even though they're very cooperative, they've
 4 been so many places they can't identify them all or we
 5 don't record them all.
 6 We don't have a database of, you know, every
 7 gym in Minnesota. We record that in a text, t-e-x-t,
 8 field, and so -- you know, it gets real difficult. And so
 9 when -- these outbreaks that we report are really the tip
 10 of the iceberg, because it's a cascade. The person has to
 11 answer the phone. The person has to agree to talk to us.
 12 The person has to be cooperative and volunteer where they
 13 had been, remember where they had been, give us that
 14 information.
 15 It has to get recorded. It has to get
 16 pulled out of -- we have over 500,000 cases now. So it
 17 has to get pulled out of a database to find that in order
 18 to do more of the in-depth investigation. So those are
 19 sort of the steps we would take for this, you know,
 20 hypothetical example of looking for an outbreak associated
 21 with a gym, you know, at a specific place and time.
 22 **Q And how do you determine there's actual causation in**
 23 **spread versus a correlation or coincidence?**
 24 A Well, you know, you have to look at person, place, and
 25 time. So, you know, if -- in our hypothetical example,

1 we have another case that also visited that same gym
 2 during that same period of time."
 3 And then they would, you know, comb through
 4 the data and maybe they find another case. And so then
 5 they might go back and reinterview that first person to
 6 get -- you know, really get down to "Well, what specific
 7 days were you there? What times were you there? You
 8 know, what did you do," you know, and that sort of thing,
 9 you know, and so doing a little more in-depth interviewing
 10 to get more details.
 11 **Q So if someone reports that "I, you know, went to the gym**
 12 **three days," to use your example, "and then I ate out with**
 13 **my friends another day, and I shopped at Walmart on all**
 14 **those days as well" and maybe something else. I don't**
 15 **know. But how do you differentiate between those**
 16 **activities?**
 17 A Right. So if people have multiple exposures, it gets real
 18 difficult. So, first of all, the person -- first of all,
 19 the person may not -- choose not even to answer the phone
 20 or talk to us. If they do talk to us, they may not
 21 provide any of that information.
 22 But if they do want to provide information,
 23 maybe they have so many places they've been to it's hard
 24 to record them all or they can't recall, you know, exactly
 25 where they had been. So, you know, we're really looking

1 you know, say three people are going to the same gym at
 2 the same time and they're all getting infected, you know,
 3 in a correspondingly period of time, you know,
 4 during their -- that exposure had occurred during their
 5 incubation period for COVID, you know.
 6 That's different than sort -- if we got three
 7 people that all said they, you know, drove on I-94 at the
 8 same time. That -- we're not collecting that information.
 9 So we're looking for person, place, and time of exposures
 10 that, you know, lead to infection.
 11 **Q And that is -- that time piece is going to be informed by**
 12 **how you understand COVID spreads, correct?**
 13 MS. VOHS: Objection. Outside the scope.
 14 BY MR. DIEHL:
 15 **Q You can go ahead.**
 16 A Well, right. We're not asking people about their sexual
 17 partners, because COVID is not spread sexually. So,
 18 correct, it's -- we're looking at how people might have
 19 acquired the infection.
 20 **Q But it might spread by saliva; is that fair?**
 21 MS. VOHS: Objection. Outside the scope.
 22 A I will answer that, no, it's not spread by saliva.
 23 BY MR. DIEHL:
 24 **Q Okay.**
 25 A I mean, it's spread by droplets. It's spread by -- if

Page 41

1 people say that's -- but, you know, I mean, yeah, if
 2 someone were kissing someone who was infected, we would
 3 say, "Well, you're at risk." But it's a respiratory
 4 disease. It's not spread through saliva, except that you
 5 might breathe it in.
 6 BY MR. DIEHL:
 7 Q But I guess just to clarify your answer, is -- can kissing
 8 spread COVID-19?
 9 MS. VOHS: Objection. Outside the scope.
 10 A We would only consider kissing to be a risk because you're
 11 obviously in very close proximity to somebody. But
 12 otherwise it's not spread by saliva.
 13 BY MR. DIEHL:
 14 Q Okay. So it would be the sort of breathing near each
 15 other as opposed to the sharing of saliva? Not to get --
 16 you know, not to get off track, but just to understand
 17 that. Is that correct?
 18 A Correct.
 19 Q So in paragraph 3 of your declaration, Exhibit 1, you talk
 20 about how -- actually, let me just clarify. If I say
 21 "COVID" or "the virus" or "COVID-19," do you understand
 22 that I mean SARS-CoV-2 virus? Is that fair?
 23 A Yes.
 24 Q And if --
 25 A Yes.

Page 42

1 Q And if it's unclear if I'm talking about some other virus,
 2 just let me know. Okay?
 3 A Okay.
 4 Q Thanks.
 5 So as to COVID, we're talking about
 6 "respiratory droplets carried through the air and released
 7 when we talk" -- "when people talk." Do you see that in
 8 paragraph 3?
 9 A Yes.
 10 Q Excuse me. I should finish this. It says, "talk, breathe
 11 or exhale, cough, or sneeze." What are the droplets that
 12 we're talking about? Droplets of what?
 13 A Yeah. "Respiratory droplets" is a very common term used
 14 by physicians and epidemiologists, you know, for a hundred
 15 years, talking about how diseases are spread. So
 16 respiratory droplets are small particles that are exhaled
 17 again when breathe, when we talk, when we sing, when we
 18 exhale. Droplets, you know, the common parlance is
 19 droplets spread for about three feet. And then because
 20 they're droplets, you know, they'll drop to the ground.
 21 SARS-CoV-2 can also be spread through the
 22 airborne route, which means more than three feet. A much
 23 smaller particle than a respiratory droplet can spread
 24 further out beyond three feet. And so we've seen that,
 25 and we know that's true for COVID-19.

Page 43

1 Q Do the droplets come from your lungs? Like say if you're
 2 infected and you're capable of spreading the virus, the
 3 droplets would come from your lungs?
 4 A They either come from your --
 5 MS. VOHS: Objection. Outside the scope.
 6 A Well, droplets come from either your lower respiratory
 7 tract, which is your lungs, or your upper respiratory
 8 tract, you know, your throat.
 9 BY MR. DIEHL:
 10 Q Let me ask you this: Your knowledge and testimony
 11 described in this declaration, Exhibit 1, it comes from
 12 your work for the Department of Health, correct?
 13 A It comes from my work as an epidemiologist and infectious
 14 disease epidemiologist specialist, you know, my experience
 15 in 35 years and my education and everything I've read
 16 about COVID-19.
 17 Q And you have been working on COVID-19 for the Department
 18 of Health since the beginning of -- near the beginning of
 19 2020, correct?
 20 A I can remember December 30th, 2019, the very first report
 21 came out of China, reading that that day, yes.
 22 Q And so that work was done as part of your role as an
 23 epidemiologist at the Department of Health, correct?
 24 A Yes.
 25 (Stenographer off-record clarification.)

Page 44

1 MS. VOHS: I'm muting myself. Hopefully,
 2 that fixes it.
 3 MR. DIEHL: Thank you.
 4 BY MR. DIEHL:
 5 Q So you mentioned three feet. Is the -- is that the area
 6 that is understood by the Department of Health to be the
 7 area of spread for droplets before they drop to the
 8 ground?
 9 MS. VOHS: I'm going to object that that's
 10 outside the scope for a fact witness, and additionally
 11 would say that we'd like to take a break soon. So I don't
 12 know when a good time would be, but putting that on the
 13 radar.
 14 MR. DIEHL: We can take a break soon,
 15 Counsel. Actually, now is a fine time for a break.
 16 MS. VOHS: Okay. Thank you.
 17 THE VIDEOGRAPHER: Off the video record at
 18 10:28 a.m.
 19 (A recess was taken from 10:28 a.m.
 20 until 10:34 a.m.)
 21 THE VIDEOGRAPHER: We are back on the video
 22 record at 10:34 a.m.
 23 BY MR. DIEHL:
 24 Q Dr. Danila, do you understand you're still under oath?
 25 A Yes.

1 Q So I want to understand this risk and the respiratory
2 droplets. So using a restaurant example, if I'm at a
3 restaurant and I'm paying my bill and I used a credit card
4 machine that someone, you know, that was contagious with
5 COVID used at 5:00 o'clock yesterday and I'm eating lunch
6 the next day, does using the checkout machine create a
7 risk for me to contract COVID?

8 MS. VOHS: Objection. This is outside of the
9 scope of a fact witness. And we need to stay within that
10 bounds and, if we don't, I'm going to direct the witness
11 not to answer.

12 MR. DIEHL: Counsel, you've been repeating
13 that objection. We can treat that as a standing objection
14 if you'd like. I'm asking questions about paragraph 3 of
15 his declaration, which is well within the scope that he's
16 testified, which is within the role of his duties at the
17 Department of Health. That is entirely in his role as a
18 fact witness, and so we need to not have interruptions,
19 Counsel.

20 MS. VOHS: The affidavit is an expert
21 affidavit.

22 BY MR. DIEHL:

23 Q Dr. Danila, let me -- let me clear this up a bit. When
24 I'm asking you questions today, I'm asking about
25 information that you know as a part of your job at the

1 Q In paragraph 3 when you're talking about droplets carried
2 through the air, are those droplets -- do they -- are they
3 in the air tomorrow, as you understand it from your role
4 at the Department of Health?

5 MS. VOHS: Objection. Asking for expert
6 testimony.

7 BY MR. DIEHL:

8 Q Let me clear that up as well. Dr. Danila, does the
9 Department of Health look into how COVID spreads and
10 review literature as to how COVID spreads to determine the
11 public health response to COVID-19?

12 A Yes.

13 Q Okay. So with respect to the air, based on that work at
14 the Department of Health, does the air from yesterday
15 create a risk for me today in a restaurant?

16 A Probably not.

17 Q And so it would be the air from someone that is present
18 with me today?

19 A The risk is probably more immediate that someone is in the
20 area who is infected and breathing, coughing, singing,
21 talking, sneezing. Then the virus is being spread through
22 the air.

23 Q Has the Department of Health reviewed or have information
24 regarding how long the air is infectious?

25 A No one, to my knowledge, has -- in the world has really

1 Department of Health. Do you understand that?

2 A Yes.

3 Q So back to the restaurant, just to make the record clear.
4 So paragraph 3 of your declaration talks about the spread
5 of COVID by respiratory droplets. Is there a risk -- if I
6 use a credit card machine today and yesterday someone that
7 was contagious with COVID-19, they also paid their bill
8 using the same credit card machine, is that a risk?

9 MS. VOHS: Objection. Outside of the scope.
10 It's a hypothetical expert question.

11 BY MR. DIEHL:

12 Q Go ahead, Dr. Danila.

13 A There's a risk, theoretical risk, low risk, yes. If the
14 person who used the machine was infected and, say, coughed
15 or sneezed on the pad, on the keypad, and then someone --
16 and the virus can survive for -- maybe on plastic probably
17 can survive maybe 48 hours or so. And if then someone
18 came by and touched that exact same spot where that person
19 had coughed or sneezed and then rubbed their fingers on
20 that and got some material, including virus, on their
21 finger and then immediately touched their eye or maybe
22 picked their nose, there would be a risk. It's obviously
23 a much smaller risk than that would be spread than through
24 the air, through someone breathing or talking or singing
25 or sneezing.

1 looked at that directly. There have been experiments done
2 that have showed that, you know, the virus does spread in
3 the air at some distance. There have been outbreaks that
4 have been investigated that shows the virus does spread in
5 the air at a distance.

6 No one's really looked at, well, what would
7 happen if someone, an infected person, you know, was
8 sitting there and coughing and sneezing and then you --
9 and then that person left and then you, you know, try to
10 test, say an hour later, two hours later, four hours
11 later, whether or not you actually could recover the
12 virus. You can recover the virus, though, on surfaces in,
13 say, a patient's hospital room after they've left.

14 Q Did you say, "recover the virus"?

15 A Recover the virus.

16 Q Okay.

17 A So let's say you had a -- you had a patient, a COVID
18 patient, in a hospital room and then they've been
19 discharged. There have been experiments that have shown
20 that the virus can be recovered from the surface, you
21 know, from tables, from beds, you know, other surfaces,
22 again up to 48, maybe up to 72 hours later. The virus can
23 survive, particularly on plastic and stainless steel
24 surfaces.

25 Q And how about if someone -- you know, if I'm sitting at a

1 table at a restaurant and someone walks by me with or
2 without a mask on and coughs near me and it is infectious,
3 does that create a risk for me sitting at my restaurant
4 table?

5 MS. VOHS: Objection. Counsel, this is a
6 hypothetical expert question. Please stick to the bounds
7 of the testimony.

8 BY MR. DIEHL:

9 Q You can go ahead, Dr. Danila.

10 A Well, obviously, because that's the whole point of this
11 pandemic, is people coughing or talking. If they're not
12 wearing masks, then they're projecting the virus if
13 they're infected and then you breathing it in. So that is
14 how this pandemic is being perpetuated, by people
15 spreading the virus through talking, coughing, breathing,
16 sneezing, singing in proximity to other people.

17 A mask will help lower that risk. It's like
18 a catcher's mitt, if you will. If the infected person is
19 wearing a mask and then if the other person also is
20 wearing a mask, it will protect them as well.

21 Q You know, we've heard about 15 minutes and you talk about
22 5 minutes in your declaration, of proximity. Is there an
23 exact amount of time that's the material issue or is it a
24 matter of a scale between, you know, someone coughing in
25 your face for a moment and a long period of time more --

1 in a more distanced way? Is that a fair way to
2 characterize it?

3 MS. VOHS: Objection. Form. And outside the
4 scope.

5 A And I don't understand your question. You'll have to
6 clarify.

7 BY MR. DIEHL:

8 Q Yeah. Yeah. I will do that sometimes. And I appreciate
9 you asking for that.

10 So in your declaration--let me find the
11 paragraph number--there's a discussion about COVID
12 spreading based on being in proximity for five minutes.
13 Let me find the paragraph number for that. It's in
14 paragraph 12, near the end of paragraph 12, so -- and this
15 is referring to Exhibit A of paragraph 12.

16 But just looking at paragraph 12, it mentions
17 that there's three cases occurred at a restaurant,
18 including one case who sat 21 feet away from the infector
19 for only 5 minutes. Do you see that?

20 A Yes.

21 Q And then you're aware of guidance or discussion regarding
22 15 minutes at one time or 15 minutes over a 24-hour period
23 with respect to guidance. Are you aware of that -- those
24 general numbers in the context of that 15-minute number?

25 A Yes.

1 Q So, you know, you talk about 5 minutes here rather than
2 15. Is the amount of time sort of the magic issue or are
3 there -- what are the factors that are important in regard
4 to the spread of COVID?

5 MS. VOHS: Objection. Outside the scope.

6 A So this specific paragraph, 12, is specifically
7 referencing a specific article in the medical literature
8 about even though we have this sort of rule of thumb of 15
9 minutes, here you have a case where a person sat for only
10 5 minutes at 21 feet away from the infectious person, yet
11 nevertheless became infected.

12 So, you know, 15 minutes is not a hard and
13 fast rule. It's an art, if you will. We have other
14 instances in the medical literature where only brief
15 encounters have led to people becoming infected.

16 BY MR. DIEHL:

17 Q So what's the difference, I guess, between, you know,
18 sitting in a restaurant for 5 minutes near someone or
19 21 feet away from someone? I guess, does the Department
20 of Health have an understanding of why the numbers --
21 excuse me, the amount of time matters?

22 MS. VOHS: Objection. Form. And outside the
23 scope.

24 BY MR. DIEHL:

25 Q Let me ask you this. Let me ask a better question. Does

1 the -- and we'll assume that Counsel's going to object,
2 outside the scope, so we kind -- we're kind of
3 interrupting our train thought here, I think. So if we --
4 you know, you talk about 5 minutes here. Why do you talk
5 about 5 minutes as opposed to 15?

6 A This is a quote from the article itself. If you look at
7 the article, that's what it says.

8 Q Sure. But I guess it doesn't matter -- so it doesn't
9 matter as to your testimony in this case?

10 A Well, again, if you read this paragraph, it's talking
11 about a specific study, which I think was attached, and
12 this is what happened in that instance.

13 Q And so why does that matter as to your testimony on behalf
14 of the Department of Health in this lawsuit?

15 MS. VOHS: Objection. This is outside the
16 scope. Dr. Danila is not testifying on behalf of MDH as
17 an organization.

18 BY MR. DIEHL:

19 Q Why did you give testimony in your role as an employee of
20 the Department of Health that discussed a case anecdote
21 that mentioned a 5-minute time frame? Why does that --
22 why did you include that?

23 MS. VOHS: Objection. Outside the scope.

24 A Well, if I understand that this -- this -- my testimony
25 was regarding restaurants and spread in restaurants. This

Page 53

1 is an example of spread in a restaurant.
 2 BY MR. DIEHL:
 3 Q Okay. So at a restaurant, I should be worried about
 4 5 minutes, 21 feet away. Is that the only time period
 5 that matters in a restaurant with respect to the spread of
 6 COVID?
 7 MS. VOHS: Objection. Outside the scope.
 8 A I wouldn't characterize it that way. You need to reframe
 9 your question. I don't really understand what your
 10 question is.
 11 BY MR. DIEHL:
 12 Q Well, I guess, if we talked about someone walking by and
 13 coughing on me at the restaurant and then spending
 14 15 minutes or more at the restaurant, at some point
 15 there's a risk. And how is the time a relevant factor in
 16 that risk at a restaurant?
 17 A Well --
 18 MS. VOHS: Objection. Form. And outside the
 19 scope.
 20 A I will say if you were the general public and you called
 21 up the Minnesota Department of Health and asked for advice
 22 and you said you went into a restaurant, but you were only
 23 there for two minutes, but there were other people that
 24 were not wearing masks, were you at risk? We'd say yes,
 25 you're at risk.

Page 54

1 There's nothing magical about 15 minutes.
 2 That's sort of a rule of thumb. Here's an example, for
 3 example, where someone was in a restaurant for only 5
 4 minutes, yet became infected. So again, nothing magical
 5 about 5 minutes or 15 minutes. There are lots of
 6 different circumstances at play here.
 7 BY MR. DIEHL:
 8 Q And there are a number of factors that increase or lower
 9 the risk depending on the circumstance?
 10 A Yes.
 11 Q Are there situations -- well, let me ask you this: At a
 12 restaurant, often customers sit together. Are there
 13 situations where a customer that has COVID and is in a
 14 infectious period and they have sat at a restaurant and
 15 ate a meal with -- and the others at the table have not
 16 contracted COVID, are you aware of such examples?
 17 MS. VOHS: Objection. Outside the scope.
 18 A I'm sure there's situations where people have eaten meals
 19 in restaurants and not become infected.
 20 BY MR. DIEHL:
 21 Q I guess more -- my question was more narrow, that if
 22 someone at your table is infectious and you eat a meal
 23 with them, does the data -- Department of Health's data
 24 show that there are individuals who have eaten meals with
 25 infectious persons but have not contracted COVID as a

Page 55

1 result of that meal?
 2 MS. VOHS: Objection. Outside the scope.
 3 A Our data are not granular enough to answer that question.
 4 BY MR. DIEHL:
 5 Q When the Department of Health does contact tracing -- the
 6 individuals you supervise do contact tracing in regard to
 7 a restaurant, do you determine who was at the table and
 8 ate a meal with the individual that was during their
 9 infectious period?
 10 A Yes.
 11 MS. VOHS: Objection. Outside the scope.
 12 A Yes.
 13 BY MR. DIEHL:
 14 Q And does the Department of Health then contact the other
 15 individuals at the table to determine whether they have
 16 symptoms of COVID or have been tested for COVID?
 17 A Well, you know, generally, when you're interviewing a
 18 case and let's say they -- you know, they told us that
 19 they had a meal together with, you know, three people
 20 during their infectious period, you know. We might --
 21 that person might say, "Well, you know, they're all my" --
 22 "they're my immediate family members," and so, you know,
 23 we -- that person will say, "I" -- you know, "I will" --
 24 you know, "I already let them know that I was infectious
 25 and" -- or they might say, "Well, you know, they were

Page 56

1 three different work mates. I have their names, but I
 2 don't feel" -- you know, "I don't know them well enough to
 3 let them know," then in which case, you know, then the
 4 Department of Health contacts them.
 5 Q And so does the Department of Health -- if they say -- if
 6 the person that is speaking with your contact tracer says,
 7 "Oh, I know them. They're my friends from work. I'll
 8 call them and let them know," is that sufficient for the
 9 Department of Health?
 10 MS. VOHS: Objection. Outside the scope.
 11 A Yeah. I mean, we need cooperation from people. If they
 12 say, "No. I don't want to give you the names. I would
 13 rather call them myself," then we say, "Okay. You know,
 14 let's talk about that and how you would do that" and give
 15 them some advice.
 16 BY MR. DIEHL:
 17 Q And do you mandate a quarantine for the others at the
 18 table?
 19 A Quarantines --
 20 MS. VOHS: Objection. Outside the scope.
 21 I'm going to direct the witness not to answer.
 22 BY MR. DIEHL:
 23 Q So are you going to follow your attorney's instruction not
 24 to answer that question?
 25 A I'll just give a general answer, which is isolation and



1 quarantine are voluntary in Minnesota and basically in
2 every state in the United States. We rely on the
3 cooperation of people to get the pandemic under control.

4 Q Do you know, is there a mandate for the employer or the
5 restaurant as an employer to quarantine its employees if a
6 person at the restaurant ate at the restaurant during the
7 infectious period?

8 MS. VOHS: Objection. Outside the scope.

9 BY MR. DIEHL:

10 Q Dr. Danila?

11 A Well, if we had a known exposure, you know, in the time --
12 let's say we had a known exposure to employees in a time
13 where it would still fit, we would want them to quarantine
14 those employees. And let's not -- if I don't limit the
15 restaurant, but I think about other work settings, yes.

16 Q There would be a requirement or would there be a
17 suggestion? I guess that's what I'm trying to understand.

18 A A suggestion.

19 Q And does the Department of Health monitor whether
20 restaurants or other employers follow that suggestion?

21 MS. VOHS: Objection. Outside the scope.

22 A We simply obviously wouldn't have the resources. We have
23 500,000 cases and, you know, every -- not every case, but
24 many cases work somewhere or -- we just certainly would
25 not have the resources then to follow up on that.

1 about outbreaks, and then at the end it talks about
2 "documented outbreaks represent just the tip of the
3 iceberg of transmission." Do you see that?

4 A Yes.

5 Q So the tip of the iceberg. The rest of the iceberg is 25
6 percent of the cases, potentially; is that fair?

7 A Is your question are 25 percent of our cases restaurant
8 associated? Is that your question?

9 Q No. I'm trying to understand how -- so looking at
10 paragraph 10, you talk about the definition of an
11 outbreak, and then -- you can review the paragraph if you
12 need to, but the -- you talk about the spread of the
13 virus.

14 And then the last full sentence on page 4 --
15 the last full sentence of paragraph 10 on page 4 says, you
16 know, "Because of these challenges, the total impact of
17 bar and restaurant outbreaks in Minnesota will never be
18 fully known. Instead, documented outbreaks represent just
19 the tip of the iceberg of transmission." Do you see where
20 I was reading?

21 A Yes.

22 Q What does that mean, if you could explain that to me?

23 A Sure. So again, symptomatic cases -- you know,
24 asymptomatic cases make up probably 40 percent of all
25 infections. So a person is infected and infectious and

1 BY MR. DIEHL:

2 Q Now, in your declaration, you talk about 370,968 confirmed
3 cases. That number is from December; is that correct?

4 A Yes.

5 Q Do you know what the current COVID case count is in
6 Minnesota?

7 A About 504,000 cases.

8 Q And --

9 A You can find that right on our website every day.

10 Q As far as the -- sorry.

11 A Every day you can see our updated numbers on our website.

12 Q Thank you.

13 So of those cases, do you know how many the
14 department has done contact tracing to determine whether
15 they ate at a restaurant or engaged in any other actions
16 that could have spread COVID during their infectious
17 period?

18 A The last I knew, in general about -- we reach about 75 to
19 80 percent of the cases by phone and talk to them.

20 Q So of the 504,000, at a minimum 75 percent of those cases
21 the Department of Health has spoken with?

22 A Yes.

23 Q So if there's a discussion about restaurant cases and, you
24 know, currently the cases are the tip of the iceberg --
25 let me find that quote in here in paragraph 10. It talks

1 spreads to other people but never is symptomatic, so
2 therefore they may never get tested. So people, they get
3 tested, tend to be either because they're sick, they have
4 symptoms or they know they -- they know they've been
5 exposed and they've been told they've been exposed. So
6 that's one part of the iceberg.

7 And then once they are tested and test
8 positive, they report it to the Department of Health. We
9 might not have a phone number. They might not answer the
10 phone, so we don't interview everybody. And as I said
11 previously, if they do answer the phone, they might not
12 want to talk to us or share any information with us.

13 If they do share information with us, they
14 might have been -- and we query them about where they
15 might have become infected, where they were during the
16 incubation period for infection, you know. They may have
17 visited multiple places and they can't -- they don't give
18 them all to us. They can't remember the names of the
19 restaurant they were at or the other place they were at.

20 And if they do, then we have to have, of
21 course, the correct information that has to be put into a
22 database. And in that database, then we have to basically
23 look at text, t-e-x-t, fields see that, oh, this person
24 was at this restaurant or this gym. And, you know, we
25 have to put all those little pieces together. So we

1 really are looking at needles in a haystack to actually
2 identify an outbreak at a restaurant or in a gym or
3 another setting, another social setting. So clearly the
4 ones that we have identified are clearly just the bare tip
5 of the iceberg.

6 And there are many other people that -- or
7 more people that were infected at that specific setting
8 than we know about. And then, of course, the people that
9 are cases that we've identified go on to transmit it to
10 other people, to their family members, to other close
11 contacts. And by the time we get a hold of them, those
12 people might have already gone on to transmit to even
13 other people.

14 So it's very -- you know, it's very labor
15 intensive what we do to investigate outbreaks and clusters
16 and then to interview these people to tell them they need
17 to isolate and then find their contacts, to identify them
18 so they need to quarantine. So that's what's meant by
19 that paragraph about being the tip of the iceberg.

20 Q Thank you.

21 The 25 percent, that number you mentioned,
22 that's the number that the Department of Health has not
23 been able to reach, for whatever reason, for contact
24 tracing?

25 A Yeah. Again, I haven't looked at it lately, but we reach

1 transcription error or it's a wrong number or, again, the
2 person just might choose not to answer their phone. Or
3 when we call them, they just, you know, might not be
4 available at that time.

5 Q And so is -- let's just -- I'm just going to use 75
6 percent, whether it's 75 or 80 percent, you know, whatever
7 the number is. So if you reach 75 percent of the people
8 that have -- that COVID -- people that have positive cases
9 of COVID, is that 75 percent representative of the
10 whole -- the other 25 percent as well?

11 A Yeah. I haven't looked at it lately, but we did some
12 comparisons to see, well, are there differences. We
13 didn't really find any differences, I don't believe,
14 either by location in the state or by age or by race or
15 ethnicity. The nonreachables were no different than the
16 reachables, basically. That's if you exclude -- that's if
17 you exclude, you know, the persons who are in long-term
18 care, you know, nursing home residents.

19 Q Okay. And why are they different?

20 A Well, I mean, you know, they're sort of a captive
21 population. They live in the nursing home, so...

22 Q They're always in -- unless they're in the hospital,
23 they're in the nursing home; is that fair?

24 A Right. Right. Right.

25 Q How long do -- well, never mind.

1 about maybe 75 to 80 percent of people by phone and talk
2 to them, you know. At least they answer the phone, you
3 know. Whether or not they actually provide information
4 or, you know, talk to us, that's a different issue. But
5 about 25 percent of the people we never reach because we
6 don't have a phone number. We don't have a way to reach
7 them. They don't have a phone or they never answer their
8 phone.

9 Q So is that 20 percent that you don't reach or they don't
10 answer or call back, is that unique to restaurants?

11 A No. That's for all of our 504,000 cases.

12 Q And is that unique to a certain type of person, do you
13 know?

14 A No.

15 Q Or a certain place in Minnesota?

16 A No. I don't think we've looked at -- we haven't really
17 seen any differences by place or by person.

18 Q Basically is the difference on the -- in individuals, that
19 some individuals want to share information with the
20 Department of Health and some individuals don't; is that
21 fair?

22 A Well, we may -- we receive a report of the case from a
23 doctor's office, for example, or a hospital and they just
24 might not have the phone number of the person. Or again,
25 if we do have a phone number, you know, there may be a

1 You mentioned, you know, someone eats in a
2 restaurant and then they speak with the contact tracer and
3 then they are going to let people at home know or people
4 they live with. Is that important because they're
5 together the most? Is that why the people at home would
6 be important?

7 A Yes.

8 Q Is spread at home the most common type place where spread
9 happens, do you know?

10 A You'd have to be more specific. Obviously, we have, as I
11 just mentioned, nursing homes. So if you say that's a
12 home, yes, that would be part of it.

13 Q So with respect to people that live in apartments or
14 private residences, is -- if their spouse or roommate or
15 partner has COVID and lives with them, is that the most
16 significant area of risk for the spread of COVID as
17 compared to, say, a restaurant?

18 A Well, the most significant risk is close contact, you
19 know, close contact, extended period of time. So
20 obviously if you are living with someone, generally you're
21 in much closer contact than you would be to others.
22 That's not always the case. We've had people where
23 they're roommates, but, you know, they're like -- they're
24 not related and say, "Well, I never even see my roommate.
25 We work different shifts, don't even see them."

1 Q So if an individual lives with their family and then they
2 go to work because their job involves work that requires
3 in-person presence, they would most likely spend the most
4 time with their family and their work colleagues; is that
5 a fair assumption?

6 A In general.

7 Q You mentioned asymptomatic cases. What percentage of
8 spread is from asymptomatic cases?

9 A Yeah. There's two different categories. So there's
10 asymptomatic cases, people that never have any symptoms at
11 all. And then there's what we call presymptomatic. So
12 they're not sick now, but maybe their symptoms develop
13 tomorrow. So asymptomatic and presymptomatic probably
14 accounts for 45 to 55 percent of all transmission with
15 asymptomatic being maybe about 35 to 45, you know, percent
16 of overall transmission.

17 Q You mention the salmonella -- in paragraph 10 of
18 Exhibit 1, you mention salmonella outbreaks. Do you --
19 and you mention the MDH does not yet know what the
20 multiplier is for COVID. So if the multiplier were 29 for
21 COVID cases, obviously that -- it wouldn't be 29 for
22 COVID, would it?

23 A Oh, no. We don't know.

24 Q So 29 times 500,000 is far more than the population of
25 Minnesota, fair?

1 A Right.

2 Q So it's got to be way lower than 29, fair?

3 A Yeah. It's going to depend on, you know, when during in
4 the pandemic you're taking your measurements. But yes.

5 Q Well, how confident is the Department of Health in data
6 related to case counts?

7 A We're very confident we're getting very complete reporting
8 of case counts.

9 Q And how does that reporting work? How do you know about
10 cases?

11 A So COVID-19, you know, is diagnosed by a lab test -- or
12 different types of lab tests. So laboratories report all
13 their positives to us. So we've got multiple laboratories
14 reporting to us every single day, 7 days a week, 24 hours
15 a day, all of their positive lab tests.

16 And then in addition, of course, we get other
17 reports, you know, direct reports from -- they might be
18 duplicate reports but direct reports from nursing homes,
19 you know, from schools, from some colleges, you know. We
20 might get reports from sports teams. You know, there
21 would be duplicate reports. We also have the
22 corresponding lab report as well. Hospitals.

23 Q So that information is reported. How quickly does the
24 information get to the Department of Health?

25 A Well, depending on the laboratory, it might be continuous

1 throughout the day. They might have, you know, data dumps
2 multiple times a day. But basically we're receiving
3 reports 24 hours a day, you know, 365 days a week.

4 Q Do you know what the average time is from the Department
5 of Health's -- the time when a test result is determined
6 than when that report is submitted to the Department of
7 Health?

8 A Well, once the laboratory, you know, has a positive lab
9 finding that gets entered into their system, again that
10 might be reported to us immediately, instantaneously or it
11 might -- it might -- it depends on the lab. They might
12 report, you know, multiple times a day or however it's set
13 up electronically.

14 MR. DIEHL: Let's mark another exhibit.
15 Let's pull up D12 and mark it as Exhibit 2.

16 (Deposition Exhibit Number 2 marked for
17 identification by the court stenographer.)

18 BY MR. DIEHL:

19 Q Do you recognize Exhibit 2 as the most recent weekly
20 Department of Health COVID-19 report?

21 A Yes.

22 Q And so let's go -- and you're familiar with these reports
23 and their format, generally?

24 A Yes.

25 MR. DIEHL: So if we go to page 11, which is

1 labeled "Positive COVID-19 Cases."

2 BY MR. DIEHL:

3 Q So at any given date, when -- when does the -- when do the
4 tests occur for, say, information that was reported on
5 October 11th, 2020?

6 A So if you read at the top there it says, "Cases are
7 represented by the initial date of positive specimen
8 collection," and then positive tests are considered
9 confirmed cases. So again, a person that tested
10 positive -- let's say if the specimen was collected today
11 and let's say it didn't get tested positive until, let's
12 say, tomorrow, the date would be today's date.

13 Q But let's say -- so it says at the bottom this is updated
14 3/25. So let's say that a test occurred on 3/24. Is that
15 information likely captured in this chart?

16 A Let's see, today is -- what is today? So, you know --
17 let's see, someone that tested positive, let's say,
18 yesterday would probably be in today's report -- would be
19 updated in today's report.

20 Q What is lag? Have you heard about lag?

21 A Well, there might be a -- so, you know, there might be --
22 so today is Tuesday, you know. We might -- you might
23 want -- you know, have a little bit of caution looking at
24 the results from, say, yesterday, Monday or Sunday,
25 because, you know, there might be a delay in reporting or

1 getting the data into our system.
2 But, of course, that's continuously updated,
3 so you'd want to be careful, you know. We, you know, put
4 a little gray bar in there for lag. And you want to be
5 careful about interpreting any trends, because, you know,
6 new reports are always coming in.

7 Q Is there a weekly lag?

8 A I don't -- you know, I don't know how to answer that. In
9 general, you know, when a week has passed, you know,
10 there's -- generally we've gotten most reports in. We
11 have occasionally found, you know, labs that were not
12 reporting on time, in a timely fashion. And, in fact, we
13 recently found a couple labs that had failed to report at
14 all. There weren't a lot of -- they weren't big numbers,
15 but, you know, we're always improving our system.

16 Q So I've seen a number of reports that show, in this gray
17 period, which is the most recent week, that the numbers --
18 the down -- the line slopes downward, and then in later
19 weeks it's slipping upward. Do you know what causes that?

20 A Well, again, that's the lag. So if you look at this right
21 in front of us here, that gray area, you know, if you
22 looked at -- I can't read it carefully. But look at like
23 March 20th. You see there's a little blip there. This is
24 dated as of March 25th, you know. By the -- you know,
25 again, you just got to be careful and caution because, you

1 know, more reports may come in that would then fill up
2 those bars. There's just a lag in reporting and receiving
3 the data, cleaning the data, getting it into our system.

4 Q By "cleaning the data," is that taking information that's
5 put into a text field and making the information uniform?
6 Is that what you're referring to?

7 A No. Electronic lab reporting is not in a text field.
8 It's based on other codes that are used for the lab test.
9 We have so many different labs. The way each lab is
10 sending us data, you know, is going to vary. Each one is
11 going to be a little different. There has to be some
12 computer programming to, you know, get it into our data
13 system.

14 MR. DIEHL: If we could pull up D23 and mark
15 that as Exhibit 3.

16 (Deposition Exhibit Number 3 marked for
17 identification by the court stenographer.)

18 BY MR. DIEHL:

19 Q And you see Commissioner Malcolm is -- the top email is
20 from Commissioner Malcolm. Do you see that?

21 A Yes.

22 Q And who is Daniel Huff?

23 A Dan Huff is an assistant commissioner.

24 Q Is Dan Huff an epidemiologist?

25 A No.

1 Q Does he have epidemiological training?

2 A Yes, he does, actually.

3 Q Do you know what that is?

4 A Not offhand, no.

5 Q I mean, I guess, do you know if that's a continuing
6 education course or a degree?

7 A No. I know Dan -- I know Dan Huff has a Master's in
8 public health. I know he was an environmental health
9 specialist, so I know he has general epidemiology training
10 in his background.

11 Q Do you know if his environmental health work involved
12 infectious diseases?

13 A Well, it involved restaurants and other areas, such as
14 that.

15 Q In relation to --

16 A Sanitation.

17 Q Go ahead.

18 A Sanitation.

19 Q So if we go down to the bottom of this chain, there's an
20 email from Jan Malcolm from October 16th, 2020, at
21 10:59 a.m. Do you see that?

22 A Yes.

23 MR. DIEHL: Then if we go to the next page.

24 Sorry, Laura.

25 BY MR. DIEHL:

1 Q Do you see the -- and I'll just let you know that the
2 highlighting is how we received this. This is not --
3 that's not my highlighting, although the Bates numbers --
4 do you see the MDH number there that we added? So that's
5 not on the original document, but the highlighting was.

6 What does Commissioner Malcolm mean by -- or
7 excuse me. This is a different email that is like
8 partially cut off. Who is -- down below, who is Zaynab
9 Rezania? Sorry if I'm mispronouncing that.

10 A She's an epidemiologist that helps us put together that
11 weekly report.

12 Q Okay. And so if we go up to the second bullet there under
13 "Highlights & Additions," do you see the lag period
14 reference there?

15 A Yes.

16 Q Do you know what that means?

17 A "Cases in the lag period (Week 41) are reaching a new
18 peak: there are currently 9,170 cases in Week 41. This
19 new peak is already 25.7 percent above the previous peak
20 in Week 39," which was 7,295 cases. So what that's saying
21 is, in the lag period there are already -- we are already
22 seeing a 26 percent increase. And, of course, since this
23 is a lag period, that increase is only going to get
24 greater as we fill in that -- you know, the blanks in that
25 lag.

Page 73

1 Q Yeah. But what does the lag period -- what does that
 2 phrase mean?
 3 A Well --
 4 MS. VOHS: Objection. Calls for speculation.
 5 A Yeah. I haven't seen this email. I --
 6 BY MR. DIEHL:
 7 Q Sorry. Let me ask a better question. I'm intentionally
 8 interrupting you, not to be rude but just to ask a
 9 different question. Do you know what the lag period
 10 means?
 11 A Well, I'd have to look at this email. I'm not sure what
 12 Zaynab is referring to. But presumably it's what we just
 13 covered in that previous slide you showed me of, you know,
 14 the gray area of a lag period, where we gray out the last
 15 week, saying, "This is a lag period. Be careful in your
 16 interpretation of it."
 17 Q And if we go to the date of this message, do you know what
 18 week -- if you could go up to Commissioner Malcolm's
 19 message, do you know what week October 16th was as far as
 20 COVID weeks?
 21 A No.
 22 Q Would it surprise you if it was week 40?
 23 A I don't know. Probably somewhere in there. I don't know.
 24 So if there's 52 weeks in a year, probably somewhere in
 25 there, but I don't know.

Page 74

1 MR. DIEHL: If we could go to Page 29 of
 2 Exhibit 2.
 3 BY MR. DIEHL:
 4 Q So this page discusses likely exposure. What does that
 5 mean?
 6 A So again, as we interview cases and we determine where
 7 there is that they were likely -- you know, where they
 8 were likely infected based on their incubation period for
 9 COVID and when they were tested, and we collect
 10 information. So, for example, early on -- very early on
 11 in February 2020, March 2020, you know, our cases were
 12 associated with international travel, travel to China, for
 13 example, travel elsewhere. So that's that first column
 14 there.
 15 "Congregate Care," that would be nursing
 16 home -- nursing homes where we've had, you know, many,
 17 many cases. "Corrections," obviously someone who is in
 18 jail or prison. That's where they -- you know, their
 19 exposure was, because we know they were there. Maybe they
 20 were homeless. So that's the next column over and so on.
 21 Q So with respect to restaurants, where would they fall in
 22 this spectrum, if anywhere?
 23 A I don't recall. But I think they would be in the
 24 community outbreak setting. Yeah, I think they would be
 25 in that community outbreak setting.

Page 75

1 Q So if we go to the first -- where is the -- excuse me. If
 2 we go to the third page of Exhibit 2, it looks like at
 3 this time there were 510,398 positive cases. Is that your
 4 understanding?
 5 A Yes.
 6 Q In the state of Minnesota?
 7 A Yes.
 8 Q So if we go to page 29, if we look at community outbreaks,
 9 the 19,972 number, that is the total cases that the
 10 Department of Health has associated with community
 11 outbreaks?
 12 A Yes.
 13 Q And so is it fair to divide that number by the total cases
 14 to determine the percentage of cases that the Department
 15 of Health has associated with community outbreaks?
 16 A Yes.
 17 Q So it looks like, according to this, the community
 18 outbreak cases are 3.9 percent. Does that sound about
 19 right? If -- does my calculator sound right?
 20 A Yes.
 21 Q So with respect to congregant care and corrections, other
 22 than congregant care and corrections, do you know the
 23 degree of certainty that the department has associated
 24 with any category other than congregant care or
 25 corrections that there was not just exposure but there was

Page 76

1 spread in those categories?
 2 MS. VOHS: Objection. Form.
 3 BY MR. DIEHL:
 4 Q Well, let's break that down. So is the department certain
 5 that the community outbreaks identified or aggregated in
 6 this column -- is the Department of Health certain that
 7 spread of COVID-19 occurred with whatever the associated
 8 outbreak was?
 9 A We're confident enough to place them in that category.
 10 Q Has the department determined a degree of confidence?
 11 A You know, again, I'll use my example, you know. If we
 12 identified multiple people who went to the same gym at the
 13 same time and then became infected and they had no other
 14 apparent exposures and no other exposures in common, then
 15 we could say that, you know, we have identified an
 16 outbreak at that gym in -- say it was in late February,
 17 the last week in February. So, you know, we have enough
 18 information to identify that.
 19 Now, is it possible that they didn't tell us
 20 and they all -- by some unknown reason, all went to a
 21 different place? They went to a restaurant and they
 22 didn't -- all three of them didn't tell us that but
 23 instead they told us about the gym? It's possible. But
 24 it's enough for us to say that we've identified a
 25 community setting, an outbreak, for us to put it in that

Page 77

1 category.

2 Q **Back to Exhibit 1. Where in this declaration do you**

3 **describe the definition of outbreak applied to**

4 **restaurants?**

5 A I'd have to review my whole entire testimony.

6 Q **Go ahead.**

7 A Well, if you look at page 4, number 10, it says, "An

8 outbreak is generally defined as multiple cases of illness

9 related by time and place in which an epidemiologic

10 investigation suggests person-to-person transmission or

11 contamination occurred."

12 (Stenographer off-record clarification.)

13 THE WITNESS: Yes.

14 A If you look at page 4, number 10 right there on the

15 screen, beginning with "An outbreak," ending with

16 "occurred."

17 BY MR. DIEHL:

18 Q **And that is the definition that the Department of Health**

19 **applied to determine outbreaks at restaurants?**

20 A Well, in any of the community settings, whether it be a

21 workplace, a gym, a wedding, a funeral, a restaurant, a

22 day care center, all of those, you know, would -- was how

23 we define an outbreak.

24 Q **And you -- just a minute ago you said, with respect to**

25 **gyms, that would require a determination that multiple**

Page 78

1 **people were at the same place at the same time at the gym**

2 **on the same day; is that correct?**

3 A Correct. That would be true for the other settings as

4 well. And besides those are homeless shelters,

5 correctional facilities, you know, other social events,

6 you know, parties, graduation parties, that sort of thing,

7 health care facility, sport -- a sporting team or some

8 sort of a special event.

9 Q **So for restaurants, gyms, all the list you just mentioned,**

10 **the requirement is the same, same time and place, same**

11 **day?**

12 A Yes. That's what's in common.

13 Q **And it's that determination -- if we go to paragraph 14 of**

14 **your declaration, Exhibit 1, it is that determination that**

15 **was the foundation for executive order 20-99's closure of**

16 **restaurants and certain other activities?**

17 MS. VOHS: Objection. Misstates testimony.

18 A I wasn't involved in making the executive order. It was

19 the governor that made that order. I only provided the

20 data and information.

21 BY MR. DIEHL:

22 Q **Who is involved in making that determination as to whether**

23 **or not to issue an executive order like 20-99?**

24 A The governor's office. I'm not involved in that. I don't

25 know. You'll have -- you know, that's outside my area.

Page 79

1 Q **And does the Department of Health consult with you or your**

2 **team that has the data?**

3 A Yeah. We provide the data for, you know, all parts of the

4 COVID outbreak provided to our office. There's also sort

5 of an interagency safety team where we provide the data,

6 and then I believe our executive office shares that data

7 with the governor.

8 Q **And does you -- do you and your team provide a**

9 **recommendation to the governor or senior leaders?**

10 A Well, in general, I think our executive office makes

11 recommendations to the governor. And there is a -- like a

12 said, an interagency safety team that, in general, makes

13 recommendations as well.

14 Q **Who is in the executive office?**

15 A Other than the governor--that's not my area--I don't know.

16 Q **At the Department of Health.**

17 A Oh, the executive office, Department of Health?

18 Q **Yes.**

19 A Oh. Well, we have our commissioner of health. We have a

20 deputy commissioner. We have assistant commissioners.

21 Q **So all of the assistant commissioners or does it depend on**

22 **the issue?**

23 A I don't know. It depends on the issue, I would guess, but

24 I'm not sure.

25 Q **So with respect to paragraph 13 of Exhibit 1, your**

Page 80

1 **declaration, just to clarify, the 444 -- excuse me. I'll**

2 **start that one over.**

3 **"Over 448 total outbreaks have been connected**

4 **to patrons and employees of bars and restaurants." That**

5 **comes from the definition of outbreak that you were just**

6 **testifying about a couple questions ago?**

7 A Yes.

8 Q **And if a number of outbreaks is in the order, do you know**

9 **how the number of outbreaks gets into the order?**

10 A (No response.)

11 Q **So in the executive order. Let's just talk about 20-99.**

12 MR. DIEHL: Actually, let's mark that as an

13 exhibit. It is document --

14 MS. VOHS: Mr. Diehl, can we take a break

15 soon? I think it's been about an hour.

16 MR. DIEHL: Sure.

17 MS. VOHS: Is this a good time?

18 MR. DIEHL: Sure.

19 TRIAL TECHNICIAN: Did you say you wanted to

20 go off the record?

21 MR. DIEHL: Yes, please.

22 THE VIDEOGRAPHER: One moment. Off the

23 record at 11:29 a.m.

24 (A recess was taken from 11:30 a.m.

25 until 11:34 a.m.)

Page 81

1 THE VIDEOGRAPHER: All right. Back on the
 2 video record at 11:34 a.m.
 3 MR. DIEHL: Let's mark Exhibit -- pull up
 4 D47. That will be Exhibit 4, I believe.
 5 (Deposition Exhibit Number 4 marked for
 6 identification by the court stenographer.)
 7 BY MR. DIEHL:
 8 Q Dr. Danila, you've seen Exhibit 4, which is executive
 9 order 20-99, correct?
 10 A I'm not sure I've actually seen it. Maybe I have.
 11 Q So if we -- I don't necessarily want to talk about the
 12 whole thing. And it's a bit long, but if you start down
 13 at the bottom of page 1, the paragraph that says,
 14 "Minnesota's rate of 'community spread,'" do you see that?
 15 A Yes.
 16 Q So it talks about the rate of community spread, and then
 17 it goes on to talk about -- on the second page, if you see
 18 the paragraph that talks about "Without question, these
 19 restrictions are significant and difficult," do you see
 20 that paragraph?
 21 A Yes.
 22 Q Do you see the -- in the middle, it says, "But the 192
 23 outbreaks connected to sports." Do you see that?
 24 A Yes.
 25 Q So I'm just using that as an example of outbreaks that are

Page 82

1 referenced in the order. Do you know of anywhere else
 2 than your team -- that the outbreaks referenced in this
 3 executive order would come from?
 4 A It would come from the Department of Health.
 5 Q But is there another portion or part of the Department of
 6 Health that collects information about sports outbreaks
 7 than your team?
 8 A No.
 9 Q And are you aware of anywhere else in the -- in Governor
 10 Walz's administration that collects information about
 11 sports outbreaks that might have been the source for this
 12 number of 129 -- 92 -- 192 outbreaks than your team?
 13 A No. It would come from the Department of Health.
 14 Q But your team specifically at the Department of Health?
 15 A Well, yeah. The sports team, which is part of the
 16 operations, yes.
 17 Q Which is part of the --
 18 A Again -- and again, the sports team -- the sports team
 19 works closely with the schools team, because many of the
 20 sports outbreaks are, you know, in either -- you know, in
 21 high schools --
 22 Q And --
 23 A -- to be associated with schools.
 24 Q And you supervise the outbreak investigations for sports,
 25 restaurants, other locations, correct?

Page 83

1 A Yes.
 2 Q And so it says, "Gyms, fitness centers, and exercise
 3 studios." That would be -- if we're talking about
 4 outbreaks or cases associated with that, that would come
 5 from your team, correct?
 6 A Yes.
 7 Q And on page 3, the information related to -- at the top of
 8 the page, in the top paragraph, do you see where it says,
 9 "MDH case numbers show that extending the dial back to
 10 certain settings and businesses is not necessary at this
 11 time. For example, we see relatively fewer outbreaks in
 12 retail settings"? Do you see that?
 13 A Yes.
 14 Q So the number of outbreaks in retail settings, would that
 15 come from your team?
 16 A Yes. Although we're generally not investigating outbreaks
 17 in retail settings because of the nature of, you know, the
 18 interactions that take place in retail settings. You
 19 know, people are -- people are masked. They're in -- you
 20 know, they stay socially distanced, and they're out, and
 21 so we don't -- necessarily are not collecting retail
 22 settings.
 23 Q So are you collecting information regarding customer
 24 outbreaks in retail settings?
 25 A No. Generally not, no, because, again, you know, retail

Page 84

1 settings are -- the nature is that, you know, when I go to
 2 the grocery store, I'm masked, everyone's masked, stay
 3 distanced. You don't pull your mask down. You're not
 4 talking. You're not sneezing. You're not coughing.
 5 You're not singing. You do your business. You stay
 6 distanced when you're out. So a much, much, much lower
 7 risk than other settings, so, you know, we couldn't -- we
 8 don't look for those.
 9 Q So you said we don't generally look for those. You don't
 10 look for those at all, correct?
 11 A Well, we might record, you know -- in our case
 12 investigation, the team might record places where people
 13 have been, particularly -- if that's the only place
 14 they've been that seems sort of relevant, we would record
 15 it and look at it.
 16 But, obviously, people, you know, going to
 17 multiple places, grocery stores, and, you know, other
 18 hardware stores, things that they are doing, I can't
 19 recall we've had, necessarily, an outbreak in a retail
 20 setting.
 21 Q Do you know who at the Department of Health determines
 22 what questions to ask during case -- initial case
 23 interviews?
 24 A Yes. There are several people, but yes.
 25 Q Who are -- who are those several people?

Page 85

1 A Well, there's -- Kathy Como-Sabetti is the head of our
 2 case investigation/contact tracing group. But if we're
 3 going to make changes to our questions, you know, it would
 4 be -- you know, it would be reviewed by multiple people.
 5 Q **And I'm going to mention -- I forgot her last name. I**
 6 **didn't hear her whole last name. But Kathy -- does Kathy**
 7 **report to you that you just mentioned?**
 8 A Yes. Yes.
 9 Q **And so are you involved in any material changes to the**
 10 **questions asked during contact tracing?**
 11 A I would be one of multiple people that would look at it
 12 and, you know, comment on it or changes proposed.
 13 Q **Who would be the primary person deciding which questions**
 14 **are asked during contact tracing?**
 15 A I think Kathy primarily would be the one.
 16 Q **And then do you review those questions and make changes if**
 17 **you believe those changes are necessary?**
 18 A Yeah. Again, I'd be one of several people that would look
 19 at it and say, "There's a proposed change" that would look
 20 at it and agree or not agree or, you know, make
 21 suggestions.
 22 Q **So again, using, you know, Kathy, referencing the woman**
 23 **you mentioned, does -- do you -- you supervise Kathy,**
 24 **correct?**
 25 A Yes.

Page 86

1 Q **And does any other --**
 2 A Supervised through the incident command system, yes.
 3 Q **And does anyone else supervise Kathy in regard to case**
 4 **investigation questions?**
 5 A Well, again, through the incident command system would
 6 be -- Kris Ehresmann is the operations incident commander.
 7 Q **So would you be involved in approving any proposals that**
 8 **Kathy would make to the contact tracing form?**
 9 A I would be one of several people that would look at it and
 10 make suggestions or agree or disagree or...
 11 Q **Assuming you try to determine a consensus, but there's**
 12 **still a disagreement, who would be the decider?**
 13 A Oh, I guess ultimately it would be Kris Ehresmann, our
 14 operations incident commander.
 15 Q **Do you know if your contact tracing questions have changed**
 16 **over the last, say -- well since October 1st of 2020?**
 17 A I don't think they've changed since then, no.
 18 Q **Have they changed since June 1st of 2020?**
 19 A Yeah. I think we did have a change in the summer at some
 20 point, some slight changes.
 21 Q **Do you recall about when that change was?**
 22 A No, I can't recall.
 23 Q **Was it the beginning of summer or the end of the summer?**
 24 A I can't recall.
 25 Q **Do you know who decided to make a change?**

Page 87

1 A Well, you know, as the pandemic has progressed, you know,
 2 we -- there are added questions or, you know, modified
 3 questions, trying to balance, you know, how much time it
 4 takes to interview somebody. You know, for example, as I
 5 gave the example early on, travel was very important.
 6 Particularly international travel became less important
 7 after a couple months into the pandemic. So, you know, we
 8 did make changes. It's probably been four or five --
 9 maybe four iterations of the interview since March of
 10 2020.
 11 Q **And do you know when the last -- any significant change**
 12 **was in regard to those questions?**
 13 A I can't recall. I think it's sometime in -- maybe in
 14 September or -- I can't recall.
 15 Q **So late summer, early fall?**
 16 A Yeah. I think so.
 17 Q **Do you know if either before or after that the form ever**
 18 **asked questions about retail settings, gas stations,**
 19 **grocery stores, those types of things?**
 20 A Well, there's just a general question about where people
 21 might have been. Not -- we don't specifically ask "Have
 22 you been to a gas station? Which gas station have you
 23 been to?" "Which grocery store?" "Have you been to a
 24 hardware" -- you know. There's a general question about
 25 where people were.

Page 88

1 Q **Does the department collect information regarding where**
 2 **people have been in regard to retail shopping?**
 3 A There's, again, a general question about where people have
 4 been. I would include that but not specifically.
 5 Q **But the department doesn't aggregate that information?**
 6 A Aggregate, was that what you said?
 7 Q **Yes. Does the department aggregate the information in**
 8 **this -- the question that you're referring to?**
 9 A Again, it would get recorded if the person volunteered it.
 10 We're not specifically probing for it because of the
 11 nature of the interactions that occur say at a gas station
 12 where you may not be exposed to anybody or a grocery store
 13 where everybody's masked. You're socially distanced.
 14 It's a brief in and out -- in and out. We don't probe
 15 into that.
 16 Q **So it's the masking that makes the difference at retail?**
 17 A Multiple factors make the difference at retail. I go to
 18 the grocery store myself. I go in. I'm wearing a mask.
 19 Everybody's wearing a mask. I pass people in the aisle,
 20 maybe, but it's very brief. I don't -- I'm not there for
 21 a long period of time. I'm socially distanced while I'm
 22 waiting in line. You know, there are barriers between me
 23 and the worker at the cashier. And then I leave.
 24 That's much different than other
 25 environments. So it's masking, social distancing, brief



1 encounters, you know, walking by someone basically with
 2 both people masked. So very, very different nature than
 3 other venues.
 4 Q Do you know if there's been a significant number of
 5 outbreaks among retail employees?
 6 A We have had outbreaks among employees, retail employees.
 7 Typically when we investigate further, it's usually
 8 employees that are gathering, you know, in a break room or
 9 in a back room. They're eating their lunches together,
 10 taking their masks -- taking their masks down or off
 11 rather than, you know, them being out, say, on a work
 12 floor. So we have had outbreaks in retail settings among
 13 employees.
 14 Q Have you looked at retail or any other setting in regard
 15 to cashiers' interactions with, you know, hundreds of
 16 people in a shift?
 17 A Well, you know, we -- when we interview cases, we, of
 18 course, ask them about their job and so forth, and I can't
 19 say -- you know, I'm sure we've had cases among cashiers,
 20 for example, but I can't say that it's ever come to an
 21 attention -- our attention that that was their -- say
 22 their only exposure. Typically, they might have had other
 23 exposures that are more likely to have been where they --
 24 you know, where they became infected.
 25 Q Do you know how many -- going back to Exhibit 4 -- or

1 Q Community outbreaks. So that 19,000 cases number would
 2 include employer outbreaks or workplace outbreaks?
 3 A Work sites, yeah, work sites, yeah.
 4 Q So your understanding is that there's been less than
 5 19,000 workplace outbreaks in Minnesota -- or, excuse me,
 6 less than 19,000 workplace cases in Minnesota?
 7 A Where we clearly have identified the work site as a
 8 source -- likely source of infection.
 9 Q Well, there's a definition of outbreak with respect to
 10 employer outbreaks, isn't there?
 11 A Yes. I think so, yes.
 12 Q And the employer team at the Department of Health is
 13 supervised by you in your role as a deputy incident
 14 commander, correct?
 15 A Yeah.
 16 Q Who at the Department of Health would know more about all
 17 of the different types of outbreaks or exposures listed
 18 here than you?
 19 A Boy, I'm trying to think. There are multiple people that
 20 work for -- Kathy Como, as I mentioned, would have more
 21 intimate, direct knowledge of how these get classified.
 22 Kathy Como might be the person that would know initially,
 23 and then she might have to consult with some of the people
 24 that work for her.
 25 Q The outbreaks are determined by the subject matter team,

1 excuse me.
 2 MR. DIEHL: What exhibit is the March 25th,
 3 2021, D12?
 4 TRIAL TECHNICIAN: That is Exhibit 2.
 5 BY MR. DIEHL:
 6 Q So we go back to Exhibit 2 and page 29. There's this
 7 likely exposure information, and we have these exposure
 8 potentials listed. Where are workplace exposures listed
 9 on here -- or in this document, Exhibit 2?
 10 A (No response.)
 11 Q Do you know if they are?
 12 A I think they are. I'm trying to look for it.
 13 (Reviewing.) I think the...
 14 Q There's discussion on pages 32 and 33 about health care
 15 workers. Other than health care workers, do you see a
 16 discussion in this document regarding the number of either
 17 exposures, outbreaks or cases among workplaces?
 18 A Oh, so you look at -- if you look at what we're looking
 19 right now, you look under, "Community (outbreak): Cases
 20 are exposed to a known outbreak setting in Minnesota that
 21 is not a long-term care setting (i.e., long-term care,
 22 corrections, shelter) or health care setting. This
 23 includes restaurants/bars, sports, worksites that are not
 24 living settings." So there. They would be under the
 25 community outbreak.

1 correct?
 2 A Yeah. Each subject matter team would investigate an
 3 outbreak, and each setting has different thresholds for
 4 what constitute an -- constitute an outbreak.
 5 Q So each of those teams --
 6 A It might be five cases. It might be seven cases. Might
 7 be three cases. Each one would have a different
 8 threshold.
 9 Q So the -- let me talk about that. So I thought they were
 10 all subject to the same definition in your declaration.
 11 A No. Each settings would have a different -- each -- you
 12 know, my declaration was a general overview of outbreaks,
 13 but each setting would have a different threshold what
 14 constitutes an outbreak.
 15 Q So that's different than what you said before, Mr. Danila,
 16 correct?
 17 A Well, I was reading from my -- you know, again, the --
 18 page 4, number 10, an outbreak is generally defined as
 19 multiple cases. So I didn't get into details, but each
 20 setting would have a different threshold.
 21 Q So you --
 22 MS. VOHS: I did object to that.
 23 BY MR. DIEHL:
 24 Q Dr. Danila, you talked about this issue on the break,
 25 didn't you?

Page 93

1 A Talk about which issue on the break?
 2 MS. VOHS: Objection.
 3 BY MR. DIEHL:
 4 Q About the definition of outbreak.
 5 A No, sir.
 6 Q You did not talk during the break with anyone about the
 7 definition of outbreak?
 8 A No. Not about definition of an outbreak, no.
 9 Q You didn't talk about the difference between the
 10 definition in paragraph 10 of your declaration, Exhibit 1,
 11 and what you just mentioned now with respect to 7 or 5 or
 12 3?
 13 A We did talk about thresholds. We were actually wondering
 14 why you didn't ask me about thresholds.
 15 Q And what did you talk about with respect to those
 16 thresholds?
 17 A Just wondering what your -- what your inquiry was and why
 18 you didn't ask me about thresholds.
 19 Q So I didn't ask you about -- I asked you what an outbreak
 20 was. Your declaration doesn't talk about thresholds, does
 21 it?
 22 A No. Again, I can read it to you one more time. It
 23 says --
 24 Q You don't need to read it to me.
 25 A -- generally defined --

Page 94

1 Q That's not my question.
 2 A -- as multiple cases.
 3 Q Dr. Danila, you need to answer the questions that I ask.
 4 Does your declaration --
 5 A Okay. Ask your question.
 6 Q I ask the questions, and I need you to answer the
 7 questions. Do you understand that?
 8 A Yes, sir.
 9 Q Okay. So with respect to Exhibit 1, your declaration,
 10 your declaration does not mention outbreak thresholds,
 11 does it?
 12 A It does not.
 13 Q And your declaration only includes one definition of
 14 outbreak, correct?
 15 A It's a general definition, correct.
 16 Q Well, is there a specific definition anywhere in your
 17 declaration?
 18 A No. It does not talk about thresholds.
 19 Q So the -- so the only -- I wasn't asking about thresholds.
 20 I'm asking, is there another definition of outbreak in
 21 this declaration, yes or no?
 22 A No. No.
 23 Q And it doesn't mention outbreak thresholds or thresholds,
 24 for that matter, correct?
 25 A Correct.

Page 95

1 Q And then on the break you spoke with your counsel and --
 2 about thresholds, and now we're talking about that now; is
 3 that fair?
 4 A Okay.
 5 Q That's yes?
 6 A Yes.
 7 Q Dr. Danila, I want your testimony today, not your
 8 counsel's testimony. Do you understand that?
 9 A Not whose testimony?
 10 Q Not your counsel's testimony. Do you understand that?
 11 A Yes.
 12 MS. VOHS: Objection.
 13 BY MR. DIEHL:
 14 Q So with respect to paragraph 13 of your declaration,
 15 there's no discussion of outbreak threshold with respect
 16 to the 448 total outbreaks referenced in paragraph 13,
 17 correct?
 18 A Correct.
 19 Q And you knew any applicable outbreak thresholds at the
 20 time you signed -- electronically signed Exhibit 1,
 21 correct?
 22 A Yes.
 23 Q So with respect to Exhibit 2, page 29, we talked about
 24 different teams that have responsibilities related to
 25 outbreaks or exposures in different settings. Do you

Page 96

1 recall that testimony?
 2 A Yes.
 3 Q And so you have different teams that would know more about
 4 each individual likely exposure category listed on
 5 page 29, correct?
 6 A Yes.
 7 Q But as far as the total about each one of these, is there
 8 anyone that would know more about the total likely
 9 exposures or outbreaks from these categories than you at
 10 the Department of Health?
 11 A Yeah. I think maybe Kathy Como would be a good person
 12 that might know more about it.
 13 Q Does Kathy supervise the various subject matter teams that
 14 you referenced?
 15 A Doesn't supervise them, no.
 16 Q She provides information of those teams from contact
 17 tracing investigation, correct?
 18 A Right.
 19 Q And then those teams --
 20 A Correct.
 21 Q Those teams then take that information and do additional
 22 work and determine -- make outbreak determinations,
 23 correct?
 24 A Correct.
 25 Q And then that information is reported to others at the



Page 97

1 Department of Health, correct?
 2 A Correct.
 3 Q And that information would go to you or through you,
 4 correct?
 5 A Well, this report that you see in front of you here
 6 doesn't go through me or to me, no.
 7 Q So where do the different teams report cases and outbreaks
 8 associated with various categories listed here or
 9 otherwise?
 10 A Well -- so some of this -- some of these categories here
 11 are from our database so they can be -- the data can be
 12 easily pulled. So, for example, you know, travel, the
 13 first column there, you know, that would be -- there would
 14 be a field or a database that would, you know, attribute
 15 that person's likely exposure from travel, 35,427 cases
 16 from travel. So that would be a field in the database.
 17 Q And would that information be reported to you?
 18 A Not to me, no. I mean, again, we have independent teams
 19 that are, you know, putting the data into our database.
 20 Q And then if they made a report about the number of
 21 outbreaks in restaurants, for example, would that go to
 22 you?
 23 A Not me. I mean, you know, again, we have all these
 24 independent teams that are producing reports that would be
 25 shared across the incident command system.

Page 98

1 Q But you receive those reports, correct, as deputy incident
 2 commander?
 3 A Sure. Yeah, I would receive them and see them, sure.
 4 Q And you would review those reports?
 5 A Well, I would see them or read them, yeah. Not review in
 6 terms of oversight, but yes.
 7 Q If you saw something that was wrong or incorrect in those
 8 reports, you would point that out to the team that you
 9 supervise, correct?
 10 A Yes.
 11 Q And Exhibit 1 is one copy of a declaration. You've
 12 submitted declarations or affidavits in numerous court
 13 cases, correct?
 14 A Yes.
 15 Q And you've submitted them in cases -- a case or cases
 16 related to a gym or fitness center, correct?
 17 A Yes.
 18 Q And restaurants?
 19 A Yes.
 20 Q And an event center?
 21 A Yes.
 22 Q And sports?
 23 A Yes.
 24 Q And so you're familiar with the information that you
 25 provided in those declarations or affidavits, correct?

Page 99

1 A Yes.
 2 Q And you provided the Court with all the information the
 3 Court would need, as you understood it, in those
 4 declarations or affidavits, correct?
 5 MS. VOHS: Object.
 6 A I provided the information. I don't know -- that I
 7 thought was important, yes.
 8 BY MR. DIEHL:
 9 Q And if you didn't provide it, you didn't believe it was
 10 important?
 11 MS. VOHS: Objection. Form.
 12 BY MR. DIEHL:
 13 Q If there was information that you omitted from a
 14 declaration or affidavit that was submitted to a court
 15 that was important, you would have added in information
 16 that was important, correct?
 17 A If I thought of it or knew of it, yes.
 18 Q So if there was information that you knew was important
 19 related to testimony you were providing in court, you
 20 would make sure that that testimony was complete, correct?
 21 A Yes.
 22 Q And accurate?
 23 A Yes.
 24 Q Do you know how many restaurants have gone out of business
 25 as a result of the closure of restaurants in November and

Page 100

1 December?
 2 A No.
 3 Q As part of your work at the Department of Health, did you
 4 review or consider that a restaurant might go out of
 5 business if the governor ordered restaurants to be closed?
 6 A No.
 7 Q Who -- did anyone, to your knowledge?
 8 A I think that's a purview of the governor's office.
 9 Q But the Department of Health does not consider downsides
 10 related to closure of certain categories of activity, like
 11 a restaurant or sports or gyms, correct?
 12 MS. VOHS: Objection. Misstates testimony.
 13 A To my knowledge, our job is to provide the facts on the
 14 COVID-19 pandemic, not on other aspects. That's the
 15 governor's office purview.
 16 BY MR. DIEHL:
 17 Q So with respect to closing restaurants, when restaurants
 18 are closed for in-person dining, the people that eat at
 19 the restaurants would have eaten at the restaurant -- let
 20 me start that over.
 21 So people eat at restaurants, correct?
 22 A Yes.
 23 Q And in an average day, some number of people eat at
 24 restaurants, correct?
 25 A Yes.

Page 101

1 Q What number is that on an average day?

2 A In general, in Minnesota, how many people eat at

3 restaurants?

4 Q Yes.

5 A I don't know.

6 Q How about in October or November 2020?

7 A I don't know.

8 Q Does anyone at the Department of Health know, to your

9 knowledge?

10 A Not to my knowledge.

11 Q So if I were deciding what to do in response to COVID, how

12 would I determine whether that is a helpful thing to do or

13 not a helpful thing to do with respect to the spread of

14 COVID?

15 MS. VOHS: Objection. Form.

16 A I'm not -- I don't understand your question.

17 BY MR. DIEHL:

18 Q So if I were the governor, help us all -- if I were the

19 governor and I was trying to determine whether to shut

20 down restaurants or not, what would I have to determine,

21 from a public health perspective, to know whether that

22 would be important or effective?

23 MS. VOHS: Objection. Form.

24 A Well, again, I can only speak to COVID pandemic and

25 transmission in restaurants. And obviously the -- you

Page 102

1 know, the nature of what happens when someone is in a

2 restaurant, you know, they're there for an extended period

3 of time, sitting at a table, pulling their mask down to

4 eat and drink, talking, maybe coughing, maybe sneezing.

5 It might be loud. They may have to talk louder. We know

6 there's transmission that occurs in restaurants, and so

7 that's sort of the basic facts of COVID-19 and what's

8 happened.

9 BY MR. DIEHL:

10 Q I'd have to know -- just to kind of summarize that, I have

11 to know that someone that was infectious was at a

12 restaurant at the same time that another person that

13 contracted COVID to know whether that was a case related

14 to a restaurant, correct?

15 A No. That's --

16 MS. VOHS: Objection. Misstates --

17 A That's incorrect. I mean, you don't often know that other

18 people there are -- that are infected or infectious,

19 typically, since people can be asymptomatic and yet still

20 be transmitting the virus or presymptomatic and not yet

21 developed symptoms and be transmitting the virus.

22 BY MR. DIEHL:

23 Q So you don't need to know that someone was near another

24 case even though you're reaching 75 percent of cases?

25 Couldn't you determine whether those cases are related

Page 103

1 based on being in the same restaurant on the same day?

2 MS. VOHS: Objection. Form.

3 A Not everybody who is infected or -- and infectious is

4 symptomatic. Therefore, they may never recognize that

5 they were infected and infectious. Not everybody who even

6 has mild symptoms gets tested, so they may never come to

7 our attention, but yet they have and -- can and have

8 transmitted to other people, as your example in a

9 restaurant, for example.

10 BY MR. DIEHL:

11 Q So you -- the Department of Health believes that more than

12 510,000 people have contracted COVID and -- based on

13 positive tests for COVID-19, correct?

14 A Yes.

15 Q And so somewhere between a multiplier of 1 and a

16 multiplier of 29 you believe that additional people have

17 had COVID, correct?

18 A Yes. There are additional people that have been in

19 Minnesota that -- but have had COVID, yes.

20 Q And if you've had COVID, you're not at risk to get COVID,

21 correct?

22 A Incorrect. There are reinfections.

23 Q What percentage of cases have been -- have had

24 reinfections?

25 A It's a very small percentage. We're learning more about

Page 104

1 this every day, intensive investigation around the world.

2 But there have been documented reinfections in the United

3 States. And in Minnesota, we're investigating currently

4 over 125 possible reinfections.

5 Q So 125 out of 510,000 is what percentage, do you know?

6 A Very low percentage. But again, reinfections means that,

7 you know -- definition of reinfection is you've gone 90

8 days past your initial infection and then, you know, have

9 another infection. And typically we try to document that

10 through comparing the virus that was from the first

11 infection to now your reinfection, which often is very

12 difficult to do because usually that's not available, that

13 first infection.

14 But -- and, of course, we're in the pandemic

15 now. We're only into our, you know, 13th or 14th month.

16 So, of course, reinfections, you know, didn't occur

17 initially because you have to wait at least three months

18 before the very definition of reinfection occurs.

19 Q But right now the Department of Health believes that 125

20 out of 510,000 cases or more have been reinfections?

21 A Those 125 are not included in the 510,000. We have not

22 counted them as another case yet.

23 Q Right. But you counted them once the first time, correct?

24 A We counted them once, right, the first time, right.

25 Q So basically that's effectively almost zero, correct?



1 A Yeah. I mean, it's a very low percentage.
 2 Q Right.
 3 A But, again, we're learning more --
 4 Q So if we're trying to help the entire state of 5.6 million
 5 people and we're trying to figure out when herd immunity
 6 occurs, that's not really material to the calculation
 7 since it's effectively zero, correct?
 8 MS. VOHS: Objection. Form.
 9 A Reinfections are generally -- yeah, are -- yeah. Again, a
 10 very low percentage of people might get reinfected. It
 11 does -- now, of course, what we don't know is -- the other
 12 thing we don't know about are these variants, these
 13 different strains that are popping up and whether they'll
 14 be more prone to cause a reinfection, a different -- a
 15 different strain, a variant.
 16 BY MR. DIEHL:
 17 Q But the Department of Health does not know what's going to
 18 happen with any particular variant, correct?
 19 A No one knows in the world. We're looking at that and --
 20 worldwide. And "we're" meaning collectively researchers
 21 around the world are looking at that.
 22 Q So, again, if we've had 510,000 cases and you believe
 23 we're at least 500,000 out of 500 -- excuse me, out of
 24 5.6 million towards herd immunity, correct?
 25 A I'm sorry. Say the last part again.

1 population is estimated to have been infected. So, you
 2 know, back-of-the-envelope calculations say maybe it's as
 3 high as 20 percent, 5.4 million people, you know. Maybe
 4 we've had a million, maybe 1.2 million people infected in
 5 Minnesota. And, of course, we know that 510,000 are
 6 actually being counted. So there you are right now
 7 with -- as of today.
 8 Q So the million -- 1.2 million would include the 510,000?
 9 A Yeah. There's no way to know from these studies, you
 10 know, which ones actually have been counted, you know, or
 11 tested and -- positive.
 12 Q So as a factor of herd immunity where basically a million
 13 people, plus everyone that's been vaccinated; is that
 14 fair?
 15 A Yeah. Exactly. I mean, you'd have to then factor -- for
 16 herd immunity, you'd want to look at the number of people
 17 who have been vaccinated, yep.
 18 MR. DIEHL: Maybe this is a good time for our
 19 lunch break.
 20 THE VIDEOGRAPHER: Okay. Going off the video
 21 record at 12:11 p.m.
 22 (A luncheon recess was taken from
 23 12:11 p.m. until 12:59 p.m.)
 24 THE VIDEOGRAPHER: Okay. We are back on the
 25 video record at 12:59 p.m.

1 Q If -- well, let me break this down. So you mentioned the
 2 tip of the iceberg earlier. Was that related to the
 3 number of cases of COVID-19?
 4 A Well, I know I mentioned -- I mentioned tip of the iceberg
 5 in relationship to outbreaks. Are you talking about a
 6 different mention of the tip of the iceberg?
 7 Q That's my question. Is -- the tip of the iceberg is just
 8 outbreaks as opposed to cases?
 9 A Oh, yeah. I think so. I mean, there are more people,
 10 obviously, infected in Minnesota, more cases, if you will,
 11 than the 500,000 we know about, more people who are
 12 infected but, you know, never got tested, never got
 13 counted.
 14 Q Does the Department of Health have any understanding or
 15 estimate of what number that -- of additional cases there
 16 are or have been in addition to the 510,000 cases?
 17 A Well, one way we kind of measure that both in Minnesota
 18 and other states is these seroprevalence studies where you
 19 measure a person's antibodies, some -- you know, evidence
 20 that they have been infected in the past. And so there
 21 are ongoing studies done with, for example, blood donors
 22 and people that get tested in a laboratory for other
 23 conditions other than COVID.
 24 And the last I've seen for Minnesota, the
 25 numbers are about maybe -- I think 16, 18 up to 20% of the

1 BY MR. DIEHL:
 2 Q All right. Well, Dr. Danila, we're back from a break.
 3 And do you understand you're still under oath?
 4 A Yes.
 5 MR. DIEHL: And if we could pull up document
 6 D38 and mark that.
 7 (Deposition Exhibit Number 5 marked for
 8 identification by the court stenographer.)
 9 MR. DIEHL: What exhibit number is this?
 10 TRIAL TECHNICIAN: This is Exhibit 5.
 11 MR. DIEHL: Thank you.
 12 BY MR. DIEHL:
 13 Q So, Dr. Danila, have you seen Exhibit 5 before?
 14 A I'm not sure if I've seen this exact one dated this date,
 15 but I've seen them before, yes.
 16 Q And are you on the distribution list for whoever it is
 17 that puts together regular outbreak summaries?
 18 A Yes.
 19 Q And so you may have reviewed this; you may not, correct?
 20 A Yeah. This specific date I don't recall. But, you know,
 21 we get them, I think, weekly.
 22 Q And so you reviewed a significant number of those even if
 23 you may not have seen -- reviewed carefully this one?
 24 A Yes. Yes.
 25 Q And just to remind both of us to not talk over each other.

Page 109

1 That's the after-lunch --

2 A I'm sorry.

3 Q No, no. No problem. No reason to be sorry. That's the

4 after-lunch reminder for both -- for both of us.

5 And so this would have been information that

6 was -- it says updated July 28th, 2020. Do you know what

7 period of time this would have covered?

8 A I think up -- you know, from the beginning of the

9 pandemic, you know, March, up to that date.

10 Q Oh, I guess there's a number of places where it says

11 different dates. So like, for example, on page 6, it

12 says -- which has the Bates label that has a typo in it.

13 But it says, "DP002219." Do you see how it says, "June"

14 and "July" there?

15 A Where is that again? I don't see it.

16 Q On the -- sorry. In the chart that says, "Case exposure

17 data."

18 A Yes.

19 Q And so --

20 A Okay.

21 Q -- it says, "Exposure type."

22 A So --

23 Q Yeah. Do you see "June" and "July" there?

24 A Yes.

25 Q Okay. So -- and I assume that would be through whatever

Page 110

1 date, you know, this was created or updated, I guess,

2 unless otherwise noted. So it probably doesn't have all

3 of July if this is updated July 28th; is that fair?

4 A Yes. Yes.

5 Q And at the beginning, it talks about restaurant outbreaks.

6 And on the first page, do you see -- well, it talks about

7 establishments there. And those are restaurants under the

8 "Establishment" in the top chart on page 1 of Exhibit 5?

9 A Yes.

10 Q And then if you go to the second page, there's some

11 language at the top that talks about "17,795 have been

12 interviewed." Do you see that there in the second

13 paragraph that's just one sentence?

14 A Yes.

15 Q So those are the contact -- that would be contact tracing

16 interviews. And so far at this point the Department of

17 Health contact tracers had reached 22,201 cases. Does

18 that sound like a fair reading of that?

19 A So from between June 10th and July 28th, yes.

20 Q Got it. Okay. And then 843, going on to the next

21 paragraph, of those cases -- of the 17,795 cases reported

22 attending at least one of the 28 establishments, meaning

23 the restaurants on the first page, correct?

24 A Yes.

25 Q And then if we go down and read there in the -- if we

Page 111

1 could come out of this zoom-in and look at -- there's this

2 "Likely route of exposure (among cases reporting

3 restaurant exposure)." Do you see that?

4 A Yes.

5 Q So it lists a total of 4 -- excuse me, 4,543 cases that

6 were collected from June 2nd to the present. Do you see

7 that?

8 A Yes.

9 Q And so it indicates that there's a route of exposure

10 that's different than restaurants among these 4,000 cases.

11 Does that seem correct?

12 A Yes.

13 Q And what was the definition of outbreak -- or the outbreak

14 threshold, excuse me, for restaurants in July of last

15 year?

16 A Yeah. I can't remember exactly. I believe it was -- I

17 think the threshold of COVID outbreak, I think it was

18 five -- they had -- five or more people had to mention a

19 restaurant, a single restaurant only, in the month prior

20 to their positive test. Excuse me. It might have been

21 seven at the time, and then it changed in mid-November to

22 five. I think that's what it was, yeah.

23 Q Why did it change from seven to five in mid-November?

24 A You know, we got better at our data system, you know.

25 Like I mentioned, you know, we don't -- we don't have a

Page 112

1 pull-down list of, you know, a gazillion restaurants in

2 Minnesota. It was in the text, t-e-x-t, field, and we got

3 better at sort of -- you know, somebody might say, "I ate

4 at Joe's Diner," and then another person would say, "Hey,

5 Joseph's Diner" or, you know, "Diner Joe," you know. It

6 was -- so we got better at that, so we were able to better

7 clarify and to find these things with fewer -- basically

8 fewer numbers.

9 Q Okay. So five cases over a month at one restaurant; is

10 that correct?

11 A Where they only mentioned that, that was the only

12 restaurant, you know, they were at. So if they said

13 multiple restaurants -- I think this includes names of

14 restaurants where, you know, they might have went to five

15 restaurants, but we wouldn't count that in terms of

16 further categorization into an outbreak.

17 Q So if -- do you know what the definition of -- or the

18 threshold for outbreak is now at the current time?

19 A Yeah. I don't think it's changed now since November. So

20 I think it's five now, five, you know, single restaurant

21 within a month.

22 Q Do you know what date, approximately, decisions were made

23 with respect to the pause or shutdown of restaurants and

24 other activities in November through the beginning of

25 January?

Page 113

1 MS. VOHS: Objection. Form. And outside of
 2 the scope.
 3 A You know, like I said, I don't remember all the dates when
 4 different restrictions were in place. I just don't.
 5 BY MR. DIEHL:
 6 Q So -- but I guess the question is, were you involved in
 7 the decisions with respect to executive orders 20-96 or
 8 20-99?
 9 A As I --
 10 MS. VOHS: Objection. Form.
 11 A I mean, as I stated before, the governor's office --
 12 governor's office makes those decisions. We're not
 13 involved, the health department.
 14 BY MR. DIEHL:
 15 Q And so, for example, if --
 16 MR. DIEHL: Let's mark executive order 20-96
 17 as Exhibit 6, which is D46.
 18 (Deposition Exhibit Number 6 marked for
 19 identification by the court stenographer.)
 20 BY MR. DIEHL:
 21 Q So with respect to -- have you seen this exhibit before?
 22 MR. DIEHL: Oh, it's the wrong one. We're
 23 talking about Exhibit -- or D46.
 24 TRIAL TECHNICIAN: Okay.
 25

Page 114

1 MR. DIEHL: So that will be marked as
 2 Exhibit 6.
 3 (Deposition Exhibit Number 6 re-marked for
 4 identification by the court stenographer.)
 5 MR. DIEHL: The previous -- 20-99 is
 6 Exhibit 4.
 7 TRIAL TECHNICIAN: You're correct, this is
 8 Exhibit 6.
 9 BY MR. DIEHL:
 10 Q Okay. So would you have the same answer with respect to
 11 executive order 20-96, which is dated November 12, 2020?
 12 MS. VOHS: Objection. Form. Can you
 13 clarify?
 14 MR. DIEHL: Yeah. I should clarify.
 15 BY MR. DIEHL:
 16 Q The governor signed executive order 20-96, if you look at
 17 page 7, on November 10th. Do you see that?
 18 A Yes.
 19 Q So with respect to this Exhibit 6, executive order 20-96,
 20 were you involved in the development of this order or is
 21 that the same answer with respect to executive orders that
 22 you just gave a moment ago?
 23 A Correct.
 24 MS. VOHS: Objection. Form.
 25 A I was not involved, no.

Page 115

1 BY MR. DIEHL:
 2 Q Do you know if the Department of Health was involved?
 3 MS. VOHS: Objection. Form.
 4 A Again, it's outside of my scope. I just know in general
 5 the governor's office promulgates these with advice from
 6 the commissioner of health.
 7 BY MR. DIEHL:
 8 Q But if we look at page 2 of this document and we look at
 9 the middle paragraph --
 10 MR. DIEHL: If we can enlarge that.
 11 BY MR. DIEHL:
 12 Q -- it talks about "193 outbreaks connected to social
 13 gatherings." Do you see that?
 14 A Yes.
 15 Q And then "over 221 total outbreaks have been connected to
 16 patrons and employees of bars and restaurants." Do you
 17 see that?
 18 A Yep. Yes.
 19 Q That would have been information that came from your team?
 20 A Yes.
 21 MS. VOHS: Objection. Form.
 22 BY MR. DIEHL:
 23 Q When I say "your team," do you understand that I mean
 24 the --
 25 A In general, the restaurant, social gatherings

Page 116

1 investigation team, yes.
 2 Q That take the information from contact tracing
 3 investigations and then determine outbreaks related to
 4 various types of activities?
 5 A Yes. So going back to that previous report, for example,
 6 that you showed, yes.
 7 Q So with respect to page 4 of the order, it talks about at
 8 the bottom under -- where you see 4, Romanette vi, A, do
 9 you see that part of the order?
 10 A Yes.
 11 Q And it talks about that food or beverages may not take --
 12 may not be consumed on premises -- I need to take it over.
 13 I don't know how to read.
 14 So with respect to page 4 of Exhibit 6, if we
 15 look at the paragraph that's under number 4, Romanette vi,
 16 capital A, at the end it says that the on-premises
 17 consumption -- and I'm going to jump ahead. But
 18 on-premises consumption of food or beverages may not take
 19 place between the hours of 10:00 p.m. and 4:00 a.m. Do
 20 you see -- is that a fair reading?
 21 A Yes.
 22 Q Okay. And do you know if that recommendation came from
 23 your team?
 24 MS. VOHS: Objection. Form.
 25 A Again, we provide the data. And we did provide data, I



Page 117

1 believe, back then about, you know, what time people were
 2 at the restaurant or bar. You know, more granular data.
 3 BY MR. DIEHL:
 4 Q Do you know if -- so your team had data on when food and
 5 beverage consumption occurred at venues hosting receptions
 6 or social gatherings?
 7 MS. VOHS: Objection. Dr. Danila cannot
 8 speak for the team. He can only speak for himself.
 9 BY MR. DIEHL:
 10 Q Go ahead.
 11 A Yeah. That's correct, I can't speak for -- but, in
 12 general, you know, we did and we do collect information
 13 about, you know, what time people were there. So let's
 14 say they were at a reception at, you know, the Prom
 15 Center, which doesn't exist anymore. We would find out
 16 what time they were there.
 17 The reception took place, let's say,
 18 10:30 p.m. to midnight. So we would have that down. Or
 19 they were at a restaurant that also included a bar, but
 20 they got there, you know, 11:00 o'clock at night and they
 21 stayed until 1:00 a.m. We would have that information.
 22 Q And so do you know if for outbreaks related to
 23 celebrations, receptions or gatherings, you or members of
 24 your team had information for each case, at what time they
 25 were at an event?

Page 118

1 A Well, again, we would gather information, specific
 2 information. So we might not have it for everybody. They
 3 might not give it to us, but we would that general
 4 information, yes.
 5 Q Do you know if that information was provided to the
 6 governor's office or whoever made the decision with
 7 respect to restrictions?
 8 MS. VOHS: Objection. Calls for speculation.
 9 A Yeah, I would be speculating. I can't recall, but --
 10 BY MR. DIEHL:
 11 Q Well, let's make sure --
 12 A -- I know we got -- I do remember back in the fall, you
 13 know, we did look at time. That's where -- you know, we
 14 did look at the time when people were at a bar or
 15 restaurant, and we did -- I remember we did show an
 16 association, you know, greater proportion of cases after
 17 10:00 p.m., you know, particularly when there's a bar
 18 involved.
 19 Q Who did that work?
 20 A That would have been the restaurant investigation team.
 21 Q The -- and do you know who else received the information
 22 related to events and the timing of when someone was at an
 23 event?
 24 A Who received it?
 25 Q Yes.

Page 119

1 A I mean, it was -- I don't know who received it. It was
 2 sort of general -- the analysis that was done --
 3 Q Let me interrupt you for --
 4 A Looking at the data, it was sort of general knowledge in
 5 the department. I don't know who else received it.
 6 Q Let me ask you --
 7 A I believe the -- I believe it was shared with the
 8 hospitality --
 9 Q There's no question right now. Just hold one second. I
 10 want to clarify my question, and I want to clarify
 11 something related to your counsel's objection. So I'm not
 12 asking you to guess or speculate. When I say, "Do you
 13 know," I mean do you, Dr. Danila, know. So I don't --
 14 don't guess. And your counsel's right. Now, I didn't ask
 15 you to speculate, but your counsel's right. No one wants
 16 you to guess or speculate.
 17 So, I guess, to ask the question again, do
 18 you know if there was data created related to the hours
 19 that individuals were at -- let me step back.
 20 Do you know, with respect to event outbreaks,
 21 what time individuals were there if that information was
 22 provided to -- I can't ask the question. I'm going to
 23 object to that one myself.
 24 All right. So with respect to outbreaks
 25 related to celebrations, receptions, and gatherings,

Page 120

1 that's what my question relates to. Do you understand
 2 that?
 3 A Yes.
 4 Q Okay. So with respect to any information regarding when
 5 someone was at an event that became one of these
 6 outbreaks, do you know who else received information
 7 regarding the time these individuals were at the event in
 8 question?
 9 MS. VOHS: Objection. Form.
 10 A I don't know who all received this -- the information that
 11 we collected and provided. But multiple people did
 12 receive that information.
 13 BY MR. DIEHL:
 14 Q Did you or --
 15 A And, in fact, I believe it was even in the newspaper, if I
 16 remember, at the time.
 17 Q Your data wasn't in the newspaper, correct?
 18 A No. This -- the analysis, which was -- I believe it was
 19 actually in the newspaper. There was a story saying that
 20 outbreaks related to celebrations, receptions, gatherings
 21 and attendance in restaurants and bars were found to be
 22 associated, you know, with -- proportionately with more
 23 cases.
 24 Q But again, that's a conclusion. I'm talking about the
 25 data demonstrating that that's important or necessary.



1 A Well, we don't share raw data with anybody. We share our
2 analysis with people, you know. The raw data obviously
3 would be a different question or a different situation.
4 We prepare -- we analyze the data and prepare a summary of
5 the analysis.

6 MR. DIEHL: Let's go back to Exhibit 5.

7 BY MR. DIEHL:

8 Q If I recall correctly -- actually, if we go to page 5 of
9 Exhibit 5, this -- we're literally on the same page. You
10 see the chart labeled Employer based, restaurant, and
11 social outbreaks identified from July 1st to July 26th"?

12 A Yes.

13 Q So if a -- what's an employer-based, no patron involved
14 outbreak -- how is that different from the next line down?

15 A Sure. So let's say it's restaurant A, and they -- maybe
16 they have 25 employees, and we determine that they have an
17 outbreak, you know. Ten of their employees, you know, all
18 were COVID cases, and the only thing they had in common is
19 they all worked at restaurant A.

20 But we don't -- and we looked through our
21 data. We don't have any patrons saying that, you know,
22 they were at that restaurant in the, you know, incubation
23 period or before they were tested positive or got sick.
24 So no customers, no patrons, only employees.

25 Q So if patrons are believed to be affected, how is that

1 publicly reported?

2 A Yeah. We report a number of workplace outbreaks, yes.
3 And then, of course, for each workplace outbreak, you
4 know, again, we have a team that, you know, will talk to
5 the owner or manager and, you know, walk through the steps
6 on what they can do to prevent further employees from
7 getting infected.

8 Q So when you talk about reporting, is that in the weekly
9 report?

10 A I can't recall where we report it. But it's certainly
11 public information.

12 Q Do you have any idea where that would be reported?
13 Because I have not seen it in the weekly report.

14 A I can't recall. And certainly if anybody asked us, I know
15 we'd certainly tell -- you know, if we get questions about
16 outbreaks in workplaces, we'd certainly make that public.

17 Q And you believe -- I believe you testified earlier with
18 respect to Exhibit 2, the weekly COVID-19 report, that
19 those workplace outbreaks are included in community
20 outbreaks listed in the likely exposure chart. Is that a
21 correct characterization of your testimony?

22 A I believe so, yes.

23 Q What is the definition of a workplace outbreak -- or the
24 threshold? Excuse me.

25 A I can't recall what threshold we used. I imagine it's a

1 different than if multiple employees are affected?

2 MS. VOHS: Objection. Outside of the scope.
3 It's asking for expert testimony.

4 A Well, I can say right in front of you, you can see that,
5 you know, there were -- 75, you know, outbreaks were, you
6 know -- were employees or employer-based outbreaks, but we
7 couldn't -- we didn't find any customers or any patrons
8 that named that restaurant, and the next one, it might be
9 a combination of both staff or employees and patrons were
10 affected.

11 BY MR. DIEHL:

12 Q And it's not material to any reporting the Department of
13 Health did that there were employee-only-based outbreaks?

14 MS. VOHS: Objection. Dr. Danila cannot
15 speak for the department. He can only speak for --

16 A I don't understand what you mean by "material." What's
17 your question?

18 BY MR. DIEHL:

19 Q So it looks like, as I've seen it -- do you recall any
20 reporting on the number of workplace outbreaks?

21 A Well, in general, yes.

22 Q Okay. And that -- what you reference --

23 A There were over a thousand workplace outbreaks, probably
24 over 1200 were workplace outbreaks, yes.

25 Q Okay. And do you know if those are -- those outbreaks are

1 relatively small number, but I don't recall the exact
2 number. I'd have to look it up.

3 Q And with respect to the "Restaurant/Bar (patrons
4 affected)" line here, the 23 outbreaks there, that's where
5 you testified that that -- what number is the threshold?

6 A So -- well, this is July, July 26, so I think that's an
7 earlier threshold. I believe that was -- I think it was
8 seven cases who only named a single restaurant/bar in the
9 month prior to their onset or illness or testing positive.

10 Q When you mentioned "in the month prior," you mean visiting
11 that restaurant in the month prior?

12 A Yes.

13 Q So seven. So that would be seven -- or I guess that could
14 be seven individuals from different households --

15 A Mm-hmm (affirmative).

16 Q -- correct?

17 A Yes.

18 Q And then if they visit over a month, one time each, that
19 would be an outbreak?

20 A So if they -- let's say they tested positive on July 26.
21 So -- and we interview them and, you know -- and they only
22 named a single restaurant. Let's say they went there on,
23 you know, July 18th. That would get recorded that way.
24 And if we had -- you know, six other people did the same
25 thing, then now we have an outbreak associated with that

1 single restaurant or bar/restaurant.

2 **Q Six other people that were there on July 18th?**

3 A Yeah. I mean, you know, it doesn't have to be the exact

4 date, you know, within that time frame. Obviously people

5 sometimes can't remember: "Oh, was it the 18th I was

6 there, or the 19th? I can't remember," you know. There's

7 a little bit of flexibility.

8 **Q So they have to be there on or within a day of each other?**

9 A I don't want to misspeak. I don't remember exactly how

10 flexible we are.

11 **Q Well, then why are we talking about a month? I'm confused**

12 **about that. If --**

13 A Oh, well -- I mean, no, it's not -- it's not anybody that

14 was at that -- you know, it wasn't any time that month.

15 It was -- we were asking the individual about where they

16 were in the month prior to their testing positive, but

17 then the outbreak would be more circumscribed in time.

18 It's probably a day -- plus or minus a day or two.

19 I don't recall the exact, you know -- again,

20 because people can't remember: "Oh, I can't remember if I

21 was there on the 18th or 19th." So we would report that

22 maybe as, you know, July 18 or 19. And then someone else

23 might say, "Well, I can't remember if it was the 17th or

24 18th," you know. A little bit of flexibility there.

25 **Q Okay. So --**

1 A But if someone -- if someone said July 1st and another one

2 said July 26, no, they're not counted together as part of

3 that outbreak, no. No.

4 **Q So if someone said July 1st and someone said July 6th,**

5 **those wouldn't be counted together. They're five days**

6 **apart?**

7 A I don't know if we used five days. I think it's a little

8 bit tighter than that.

9 **Q So it's plus or minus one or about that?**

10 A Yeah, about that. I can't -- I don't remember

11 specifically.

12 **Q But it would have to be to fit within the definition of**

13 **outbreak, correct?**

14 A Yeah. I mean, because -- I mean, the idea is these are

15 patrons that were exposed at the same time to a person.

16 Now, it could be that we have infected employees, you

17 know, who were working every day and exposing customers or

18 it could be there was a, you know -- you know, one

19 customer present at the same time when all the other

20 customers were.

21 So that's why it's a little -- you have to be

22 a little flexible here, because we can't necessarily know

23 is it an infected employee who's working, you know, every

24 day or multiple days or is it a single event where a

25 customer who's -- you know, an infected patron was there

1 exposing other patrons.

2 **Q And the reason we're talking about the dates is because**

3 **they have to be connected in time and place to be an**

4 **outbreak, correct?**

5 A Yes.

6 **Q So if the definition was, you know, seven cases and they**

7 **could be five days -- well, let's say four days apart to**

8 **get us all within a month, that wouldn't be an outbreak if**

9 **they were all four days apart, correct?**

10 MS. VOHS: Objection. Form.

11 A You know, again, I can't -- I don't know exactly how

12 flexible we are on these dates. You know, that might

13 raise a concern if you actually had seven cases and that's

14 the only restaurant that a person -- you know, the person

15 named. Even though it was over a course of a month, we

16 might look into that more. Well, maybe there's infected

17 employees. And we might actually, you know, call the

18 manager and try to find out do you have employees that are

19 sick, do you have employees that have tested positive, and

20 so forth.

21 BY MR. DIEHL:

22 **Q So assuming -- let's just assume for -- to ask you a**

23 **hypothetical. There's no -- there's no employee involved.**

24 **There's no indication that an employee was infected. And**

25 **we're talking about seven customers who visit over a**

1 **month, four days apart, so over 28 days -- first and the**

2 **last are 28 days apart. That wouldn't be connected by**

3 **time and place, correct?**

4 MS. VOHS: Objection. That's outside the

5 scope.

6 A Your hypothetical assumes we -- you know, we don't know --

7 we don't know that there's no employee involved, so it's

8 kind of a hard hypothetical to even give an answer to.

9 BY MR. DIEHL:

10 **Q But you investigate, correct?**

11 A Well, we might -- we might talk to the manager and say,

12 "Do you have any ill employees? Do you have any employees

13 that have said they've tested positive?" We would

14 investigate that, yes.

15 **Q So your assumption is that someone at the restaurant has**

16 **COVID to get to the --**

17 MS. VOHS: Objection.

18 BY MR. DIEHL:

19 **Q -- spread over a month?**

20 A Well, if you're giving me a hypothetical, which I don't

21 know we've ever had -- but if we had seven people who only

22 named a single restaurant as their only likely source of

23 exposure over a 28-day period and each one of those was

24 four days apart, it certainly would seem pretty suspicious

25 that something's going on at that restaurant. Either you

Page 129

1 have a return patron -- maybe it's restaurant that -- in
 2 that small town, you know. The same person goes there
 3 every day for lunch or dinner. Maybe that's the issue or,
 4 you know -- or maybe it's an employee.
 5 Q So is that an assumption that the Department of Health
 6 applies to the members of your team?
 7 MS. VOHS: Objection. Dr. Danila cannot
 8 testify to the department.
 9 A Except I will say we don't make any assumptions. Our job
 10 is to investigate. We're not making assumptions, you
 11 know, let's assume this. No. We're investigating. We're
 12 trying to figure out, for example, in your hypothetical of
 13 seven cases over a 28-day period, why is this restaurant
 14 showing up seven times, you know, as a single restaurant?
 15 Is it an employee? Is it -- what type of restaurant is
 16 it? Is it, you know, frequently visited by people? Which
 17 is it?
 18 BY MR. DIEHL:
 19 Q That brings up a good question. If a restaurant's a very
 20 large restaurant so -- with whatever distancing
 21 requirements are in place, it could have a significant
 22 number of people there just because it's a big venue or
 23 whatever the maximum threshold is. Then that
 24 determination of an outbreak might change, correct?
 25 MS. VOHS: Objection. Calls for speculation.

Page 130

1 And outside the scope.
 2 A Yeah. Our threshold doesn't change regarding whether --
 3 the size of the restaurant.
 4 BY MR. DIEHL:
 5 Q Well, should it?
 6 MS. VOHS: Objection. Calls for speculation.
 7 A I would say no, it should not.
 8 MR. DIEHL: So we go back to Exhibit 1.
 9 BY MR. DIEHL:
 10 Q All right. So if we go to paragraph 9 of Exhibit 1. So
 11 there's a number of settings there are identified in
 12 paragraph 9. So I see bars and restaurants and venues
 13 providing indoor and outdoor events and entertainment. Do
 14 you see that?
 15 A Yes.
 16 Q And then down below, it says, you know, "MDH's contact
 17 tracing investigations have shown that - apart from long
 18 term care settings - bars and restaurants, Gyms, youth
 19 sports events, venues providing indoor or outdoor events
 20 or entertainment, and other social gatherings are the
 21 settings most frequently associated with COVID-19
 22 outbreaks." Do you see that?
 23 A Yes.
 24 Q And you can say that based on data that contact tracing
 25 investigations have gathered, correct?

Page 131

1 A Yes.
 2 Q And so there may be differences in terms of the type of
 3 building or the activities that occur there, but the
 4 contact tracing and outbreak principles that you apply are
 5 the same for bars and restaurants, gyms, and youth sports
 6 events, for example, correct?
 7 A In a general sense, yes.
 8 Q Right. So it's back to that definition that's in
 9 paragraph 10 about, you know, the general definition is
 10 "multiple cases of illness related by time and place in
 11 which an epidemiologic investigation suggests
 12 person-to-person transmission or contamination occurred,"
 13 correct?
 14 A Yes.
 15 Q That's what we're talking about as the general principles
 16 related to outbreaks?
 17 A Yes.
 18 Q So with respect to gyms--and back to your hypothetical
 19 earlier of a gym--if I have a gym that 10,000 people can
 20 go to in a month, that would be different than a gym in a
 21 storefront where, say, a hundred people a month go there,
 22 in terms of outbreaks and time and place, correct?
 23 A Well, no. Because, again, we would be looking at the time
 24 the person or the case went to the gym. You know, we
 25 don't care if the gym has 10,000 members, but, you know --

Page 132

1 and let's say we have six people that name that gym, but
 2 they all definitely attended at different times, you know.
 3 Then that doesn't equate necessarily to an outbreak.
 4 Q So there's more likely to be a coincidence that doesn't
 5 actually relate to a transmission at a really large venue,
 6 correct?
 7 MS. VOHS: Objection. Misstates testimony.
 8 A That's incorrect. Again, we're looking at commonalities,
 9 so it's not a coincidence.
 10 BY MR. DIEHL:
 11 Q Okay. So --
 12 A Go back to what I said earlier this morning. Just because
 13 everybody drives on I-94 doesn't make it a risk for COVID.
 14 That's a coincidence.
 15 Q Right. So I'd have to be -- how far away do I have to be
 16 from someone to get COVID from them? What's a general
 17 estimate?
 18 MS. VOHS: Objection. Outside the scope.
 19 Dr. Danila is not testifying as a witness today.
 20 BY MR. DIEHL:
 21 Q Okay. Dr. Danila --
 22 MS. VOHS: I'm going to direct Dr. Danila not
 23 to answer that.
 24 BY MR. DIEHL:
 25 Q So, Dr. Danila, are you going to follow that instruction?

1 A That's correct.
 2 MR. DIEHL: Okay. We'll mark that and come
 3 back to that.
 4 BY MR. DIEHL:
 5 Q If we could go to paragraph 6, that's where -- at the end
 6 of paragraph 6 of Exhibit 1 -- are you there or can you
 7 see that that's now blown up?
 8 A Yes.
 9 MR. DIEHL: So -- oh, excuse me. I said
 10 paragraph 6 and I meant page 6. So if we can go to page 5
 11 and 6, paragraph 12. Sorry.
 12 BY MR. DIEHL:
 13 Q So you talk about restaurants and the fact that up to 21
 14 feet away for only 5 minutes someone could contract COVID.
 15 Is that fair summary?
 16 A In this particular study, in this particular outbreak,
 17 yes.
 18 Q But you don't -- do you believe the study is correct based
 19 on your understanding?
 20 A I believe the study is correct. The study is correct.
 21 Q So there's a risk at 21 feet away. Do you know of any
 22 study that's shown that 50 feet away is problematic in the
 23 same large room?
 24 MS. VOHS: Objection. Form.
 25 A I don't know of any study at 50 feet away, no.

1 A Yes. That means that there had been no cleaning in
 2 between, correct.
 3 Q With respect to travel cases --
 4 MR. DIEHL: Let's go back to Exhibit 5,
 5 page 2.
 6 BY MR. DIEHL:
 7 Q Do you see the line that says "Travel" like -- under
 8 "Likely route of exposure"?
 9 A Yes.
 10 Q So what does -- what does -- how did the -- a case -- how
 11 was the case -- let me start that over.
 12 At this time, which is July 2020, how was a
 13 case determined to have a likely route of exposure from
 14 travel?
 15 A Well, again, based on the interview, if we found that they
 16 had traveled in the period of time before they tested
 17 positive or were infected and that was their, you know --
 18 and they didn't have other -- other obvious exposures--you
 19 know, they weren't working in a nursing home or, you know,
 20 whatever, in a homeless shelter--then that would be -- you
 21 know, there were likely -- the source of exposure was
 22 travel, out-of-state travel or out-of-country travel.
 23 Q What if they drove to a state that has less per capita
 24 COVID cases than Minnesota?
 25 MS. VOHS: Objection. Calls for speculation.

1 BY MR. DIEHL:
 2 Q So if I knew in a very large gym that no one was within 50
 3 feet of each other in that large building, there wouldn't
 4 be a risk from those individuals for -- if they both
 5 tested positive, correct?
 6 A Incorrect. I mean, in a gym, you've got heavy escalation.
 7 So if a person is infected, you know, they may be working
 8 out very hard. They may pull their mask down. We might
 9 have to -- your ventilation maybe such it's all blowing in
 10 one direction. So it's conceivable even 50 feet away
 11 could be a -- could be a risk.
 12 Q What if they were there on different days?
 13 A Well, obviously, then --
 14 MS. VOHS: Objection.
 15 A Obviously then it's not a risk. We talked about that this
 16 morning that the -- you know, the virus -- although the
 17 virus can survive on surfaces, it's not remaining
 18 suspended in the air. It's conceivable that someone
 19 coming the next day -- if someone coughed and spit all
 20 over a workout machine and then you came the next day and
 21 touched it and touched your eye or picked your nose, it's
 22 conceivable you could get infected that way.
 23 BY MR. DIEHL:
 24 Q But that would depend potentially based on the amount of
 25 cleaning that was done if --

1 And outside the scope.
 2 BY MR. DIEHL:
 3 Q I'm asking -- let me strike that question.
 4 Let me just clarify. I'm asking about how
 5 they got on this chart that relates to restaurant
 6 exposures. Do you see that?
 7 A Yeah. So again, the likelihood of exposure is travel.
 8 Q Sorry. Just wait. I don't mean to be rude. I just want
 9 to -- I didn't ask the question yet.
 10 A Go ahead.
 11 Q So I'm asking about this specific chart that relates to
 12 restaurant exposures and then how the determination was
 13 that those 1,129 would be listed in travel. I'm just
 14 asking, if those individuals travel to a state that had a
 15 lower rate of COVID than Minnesota, would they be included
 16 in this travel line?
 17 MS. VOHS: Objection. Form. Sorry.
 18 A So if a person -- this is back in July, so really a long
 19 time ago in the COVID world. Let's say if the person at
 20 that time had traveled to a -- you know, a state -- you're
 21 saying traveled to a state with lower incidence --
 22 BY MR. DIEHL:
 23 Q Correct.
 24 A -- but had traveled there, maybe had flown there or maybe
 25 had driven there and spent some time there, came back.

Page 137

1 When they got back, they also stopped at a restaurant.
 2 But their likely exposure was to travel.
 3 That -- you know, there's obviously some
 4 subjectivity. They might have been infected at that
 5 restaurant, you know. They might -- and maybe they drove
 6 to South Carolina, but they also stopped at a convenience
 7 store along the way and, you know, they could have been
 8 infected in, you know, Kentucky or Wisconsin. We don't
 9 know for sure. But, you know, that's how they got into
 10 that likely route of exposure being travel.
 11 Q Do you know how many cases involving restaurants there
 12 were in -- let me break that down. So the 4,543 number at
 13 the bottom, of the total, is that all restaurant
 14 exposures, to your knowledge?
 15 A You'll have to bring up that page again. Oh, isn't
 16 that -- I think that was on that first page too, wasn't
 17 it? I think it was on page 1. It gives a total.
 18 Q It doesn't have a total on page 1. We can pull it up, if
 19 you want, but I just --
 20 A Okay. Well, then that -- it would make sense. Yeah, it
 21 is. There it is, 4,543.
 22 Q Right.
 23 A Oh, I'm sorry. Okay. There you go. Well, the number --
 24 that's the number of cases that reported visiting a
 25 restaurant in the 14-day exposure period.

Page 138

1 Q Got it. Okay. So the -- okay. I think -- I think that
 2 answered my question.
 3 So if we could go to page 6 of Exhibit 5,
 4 there's a list of employer outbreaks by setting. Do you
 5 see that?
 6 A Yes.
 7 Q So in this restaurant operating summary, it includes a
 8 list of outbreaks, employer outbreaks, by setting. At
 9 some point in late summer, around that time period, do you
 10 recall that that list of employer outbreaks dropped off of
 11 this document?
 12 A I don't recall.
 13 Q Do you recall if in September, October, November,
 14 summaries of restaurant or social gathering outbreaks
 15 included employer outbreaks listed?
 16 A I don't remember. I don't recall.
 17 Q And if we go down there to "Case exposure data," that
 18 chart just below, do you see the different lists of
 19 exposures?
 20 A Yes.
 21 Q Do you know if that's every case?
 22 A Well, it would be every case for this time period for
 23 which we had information on -- or, you know, that we
 24 interviewed and had information on.
 25 Q So if we go to the front page -- or excuse me. If we go

Page 139

1 to the second page, it talks about 17,795 cases. I assume
 2 if we add this up, we'd know whether that was the total?
 3 A Yeah, 17,795. Right.
 4 Q Okay. So -- and then if we talk about workplace cases,
 5 that's the largest number here, isn't it?
 6 MR. DIEHL: You're on mute.
 7 MS. VOHS: Thanks. Can you clarify what
 8 chart?
 9 MR. DIEHL: So the chart -- the "Case
 10 exposure data" charts beginning on page 6 and going on to
 11 page 7 of Exhibit 5.
 12 A Yeah. Yeah. Workplaces, looks like 9,632, right.
 13 BY MR. DIEHL:
 14 Q And so that's a little over more than half of the 17,795
 15 cases, correct?
 16 A Yes.
 17 Q Do you know if the more than 50 percent percentage of
 18 cases related to workplace exposures continued after July
 19 2020?
 20 A The proportion is the -- roughly half proportion continue?
 21 Q Yeah.
 22 A I don't know. I'm not sure. I know we did basically have
 23 and continue to have just many, many outbreaks or clusters
 24 in workplaces.
 25 Q Do you believe -- or based on what you know, did it likely

Page 140

1 stay about the same or --
 2 A It probably stayed relatively the same. Maybe there's
 3 been some improvement as, you know, workplaces become more
 4 cognizant. You know, some workplaces it's hard to
 5 socially distance. Some workplaces it's even hard to have
 6 face masks, but, you know, other places have instituted
 7 those measures. Since this is back in July, which is sort
 8 of relative to the early days of the pandemic, you know,
 9 maybe things improved for the safety of workers overall.
 10 So I don't know what the exact proportion is.
 11 Q And this estimate, 23,000 or so, do you know why that
 12 would be --
 13 A You were cutting out there.
 14 Q Well, I was -- I was entirely muted. Oh, no, that's what
 15 I said. I'm at space bar. So sorry about that. I'll
 16 start that over.
 17 I believe this adds up to over 23,000 and
 18 looks like they -- on the earlier page, we saw that there
 19 was 17,795 case interviews. Do you know why that number
 20 would be higher -- the total number here would be higher
 21 than the total number of case interviews? Oh, there you
 22 go. Right at the bottom it says 23,000.
 23 Okay. So it looks like we've got a different
 24 number for case interviews, then. So on page 2 of
 25 Exhibit 5, this talks about 17,795 have been interviewed.



Page 141

1 Do you see that on page 2?
 2 A Yes.
 3 Q So it looks like there's just a more updated number--does
 4 that sound right--with respect to the number of interviews
 5 on the last page?
 6 A I don't know why -- I'd have to --
 7 MS. VOHS: Objection.
 8 A -- really sit down and look at it and ask other people. I
 9 don't know why the --
 10 BY MR. DIEHL:
 11 Q Okay.
 12 A -- numbers are different there.
 13 Q That's fine. They're just -- I guess they're just
 14 different numbers.
 15 MR. DIEHL: If we could go back to Exhibit 2.
 16 TRIAL TECHNICIAN: One moment.
 17 MR. DIEHL: Okay. If we go to page 29.
 18 BY MR. DIEHL:
 19 Q So this is a chart of likely exposures from the current
 20 COVID-19 weekly report. Do you understand that?
 21 A Okay. Yes.
 22 Q And it looks like it totals the same amount as the total
 23 number of cases on the right side, of 510,398. We saw
 24 that earlier on Exhibit 2, correct?
 25 A Yes.

Page 142

1 Q So where are workplace cases on this chart?
 2 MS. VOHS: Objection. Asked and answered.
 3 A Yeah. I believe we already answered that. If you read
 4 that first bullet, it states it.
 5 BY MR. DIEHL:
 6 Q Okay. So --
 7 (Stenographer off-record clarification.)
 8 MR. DIEHL: Yeah. Dr. Danila, your camera
 9 went backwards a little bit.
 10 THE WITNESS: Oh, I'm sorry. How's that?
 11 I'm sorry. I had it -- I had it tilted to read the chart.
 12 Okay.
 13 BY MR. DIEHL:
 14 Q So your -- so your testimony is that from -- in July that
 15 we saw on Exhibit 5, there was 9,600 workplace exposures,
 16 right, 9,632? Do you recall seeing that in Exhibit 5?
 17 A Yes.
 18 Q And so between July 28th, 2020, and March 25th, 2021,
 19 there were less exposures in workplaces than in the month
 20 of July?
 21 MS. VOHS: Objection. Misstates testimony.
 22 A I'd have to take time to look at all the numbers. But I
 23 think so. That's probably true. Again, as workplaces
 24 became better at instituting social distancing and
 25 protection for their workers, there may have been less

Page 143

1 risk as well as, of course, workplaces going to remote as
 2 we're remote right now.
 3 BY MR. DIEHL:
 4 Q Well, workplaces were remote in June and July, correct?
 5 A I have to think back in the COVID world. Yeah. But
 6 obviously it's increased over time.
 7 Q It's increased over time or it's decreased over time?
 8 A I believe remote work increased after the summer of 2020.
 9 I'm not an expert in that, but I think in general that's
 10 true.
 11 MR. DIEHL: So if we go to page 32 of
 12 Exhibit 2.
 13 BY MR. DIEHL:
 14 Q So it looks like on page 32 it says that there were 38,898
 15 cases just among health care workers. Do you see that?
 16 A Yes.
 17 Q So that 19,000 number can't include worksite cases if it
 18 is less than the number of just health care worker cases,
 19 correct?
 20 A Right. Again, going back to that -- going back to the
 21 other page, I think it specifically said it excluded
 22 places like long term care, like nursing homes.
 23 MS. VOHS: Objection. Misstates testimony.
 24 BY MR. DIEHL:
 25 Q Okay. So if you go back to page 29, the footnote that

Page 144

1 you're referencing --
 2 MR. DIEHL: If we could pull that up. The
 3 first bullet point.
 4 BY MR. DIEHL:
 5 Q Let me ask you this: When you use the term "community
 6 outbreak" at the Department of Health, does that include
 7 employer outbreaks?
 8 A I believe it does here. If you read it again -- I will
 9 read it. "Community (outbreak): Case was exposed to a
 10 known outbreak setting in Minnesota that is not a
 11 congregate living setting (e.g., long-term care,
 12 corrections, shelter) or health care setting. This
 13 includes restaurants/bars, sports, worksites that are not
 14 living settings, et cetera." So going back to your
 15 question you just asked, the health care workers obviously
 16 are not part of the community outbreak graph here.
 17 Q Workers don't live at hospitals, do they?
 18 A No. But they're included in the health care worker
 19 category instead.
 20 Q Okay. And what's the definition of outbreak for sports?
 21 A I can't recall. I believe it's -- I think it's two or
 22 more players on a team, but I can't recall specifically.
 23 Q Do you know any -- do adults wrestle in Minnesota?
 24 A I don't know the answer to that.
 25 Q How many people -- how many young people, so 18 and under,



1 play sports in Minnesota?
 2 A I don't know. I have no idea.
 3 Q How many people go to gyms in Minnesota?
 4 A Go to gyms?
 5 MS. VOHS: Objection.
 6 BY MR. DIEHL:
 7 Q In a week.
 8 A I have no idea. Yeah, I have no idea. I don't know. And
 9 I think, obviously, it changed with COVID. Obviously, the
 10 number may be different than it was before COVID.
 11 Q Right. And do you know how many gyms there are in
 12 Minnesota?
 13 A I don't know.
 14 MS. VOHS: Objection. Form.
 15 BY MR. DIEHL:
 16 Q Do you know how many gyms there are in Minnesota using the
 17 definition of gym that MDH applies?
 18 A I don't know.
 19 Q Do you know how many -- in an average week in 2020, do you
 20 know how many people went to a gym in Minnesota?
 21 A I think it's going to depend on the time with respect to
 22 the COVID outbreak. Otherwise, I don't know.
 23 Q Do you know for any date or period in 2020?
 24 A No.
 25 Q Same question for restaurants with respect to --

1 BY MR. DIEHL:
 2 Q Okay. So if there were 192 outbreaks in any setting in
 3 Minnesota in 2020 and each of those outbreaks was, say,
 4 two to five cases in each outbreak, that wouldn't be
 5 significant for the entire state for the entire year,
 6 correct?
 7 MS. VOHS: Objection. Outside the scope.
 8 A I don't understand your question. Say it again.
 9 BY MR. DIEHL:
 10 Q So in Exhibit 1, you talk about the significance of
 11 particular types of outbreaks, correct?
 12 A Yes.
 13 Q Okay. So how did you determine that significance if you
 14 didn't know how many places there were where that activity
 15 occurred?
 16 MS. VOHS: Objection. Form.
 17 A Well, I'm not sure what your question means. But, you
 18 know, in terms of the number of outbreaks, I've gone
 19 through how an outbreak in general might be determined.
 20 So I'm not -- I'm not sure if you're placing a value on so
 21 many outbreaks versus how many venues there are. I'm not
 22 understanding your question.
 23 BY MR. DIEHL:
 24 Q So in paragraph 13 of Exhibit 1, you talk about a
 25 "substantial health risk posed by on-premises consumption

1 A No.
 2 Q Let me ask the same question. Do you know -- do you know
 3 the number of restaurants in Minnesota in October 2020?
 4 A No.
 5 Q And the same question with respect to any date in 2020.
 6 A No.
 7 Q Same question with respect to the -- do you know the
 8 number of kids that play sports in an average practice in
 9 Minnesota?
 10 MS. VOHS: Objection. Form. Asked and
 11 answered.
 12 A I don't know.
 13 BY MR. DIEHL:
 14 Q I guess, do you know any statistics related to attendance
 15 at sports events, sports practices or games, restaurants,
 16 gyms or fitness centers at any point in Minnesota in 2020?
 17 MS. VOHS: Objection. Objection. Form.
 18 A No.
 19 BY MR. DIEHL:
 20 Q Did you review that number to determine how many there
 21 were when you were determining whether the number of
 22 outbreaks for any of those categories of activity was
 23 significant or not?
 24 MS. VOHS: Objection. Form.
 25 A It doesn't play a role in the significance, no.

1 of food and alcohol." Do you see that?
 2 A Yes.
 3 Q So to determine whether something is a substantial health
 4 risk, you have to determine how often transmission with
 5 respect to COVID -- let's step back.
 6 With respect to COVID -- I'm talking about
 7 COVID-19 in particular here. So to determine whether
 8 something is a substantial risk, you would have to know
 9 how significant 448 is in terms of the total number of
 10 establishments, correct?
 11 MS. VOHS: Objection. Form. And outside of
 12 the scope. Dr. Danila is not testifying as an expert
 13 today. I'm going to direct him not to answer.
 14 MR. DIEHL: You're directing him not to
 15 answer with respect to what the meaning of paragraph 13
 16 is. Do I understand you correctly, Counsel?
 17 MS. VOHS: Perhaps rephrase your question.
 18 That's not the question I heard.
 19 MR. DIEHL: No, Counsel. I want to
 20 understand your objection. And you need to stop
 21 instructing him not to answer with respect to questions
 22 that go directly to the paragraphs in his declaration in
 23 which he testified to this Court.
 24 I am trying to understand what he means. And
 25 so you need to stop interrupting, and you need to limit

1 your objections to appropriate objections, and we need to
 2 hear from the witness. Do you understand?
 3 MS. VOHS: The affidavit that was submitted
 4 to the Court is an expert affidavit. You've deposed
 5 Dr. Danila as a fact witness.
 6 BY MR. DIEHL:
 7 Q Okay. So whether -- there were 448 total outbreaks,
 8 Mr. Danila. That is a fact known to the Department of
 9 Health, correct?
 10 A Yes.
 11 Q And that fact was determined and developed by individuals
 12 who worked under you in your role as COVID-19 deputy
 13 incident commander, correct?
 14 A Yes.
 15 Q And so you have labeled those as substantial health risks.
 16 Do you see that?
 17 A Yes.
 18 Q So how did you determine that it was substantial?
 19 A If you read the affidavit in its entirety, we also talk
 20 about how COVID-19 is transmitted, how in a bar or
 21 restaurant people are sitting for a longer period of time.
 22 They remove their masks to drink, to eat. They may have
 23 to talk louder because it's noisy, and so that also
 24 increases the risk of transmission. They may get up and
 25 move about from their table. If it's a bar rather than

1 A Yes.
 2 MS. VOHS: Objection. Misstates.
 3 BY MR. DIEHL:
 4 Q So the answer was yes?
 5 A Yes. True. Once a person's infected, it doesn't matter
 6 where they got infected from. The point being, though,
 7 you were emphasizing 448 total outbreaks, and that's not
 8 what I said in the entire deposition.
 9 Q Just to be clear, like -- we need to not talk over each
 10 other, but you need to answer the question that I asked.
 11 Okay? So I just asked whether it matters where you got
 12 COVID as to whether you could spread COVID somewhere else.
 13 Correct?
 14 A And I answered it doesn't matter.
 15 Q Okay. And so with respect to quarantining, for example,
 16 we would want someone to quarantine in the same way
 17 whether they got -- contracted COVID at a restaurant or
 18 they contracted it at a gym or in sports or at school or
 19 at work, correct?
 20 A Isolation, not quarantine. Isolation is for the infected.
 21 Quarantine is for the exposed but not yet infected or not
 22 known to be infected.
 23 Q Okay. Same question with respect to wherever a case was
 24 contracted, we would want -- we would want the person who
 25 contracted COVID to isolate in the same way after they

1 just a sit-down restaurant, they may get up and walk
 2 around. So that also poses a higher risk than other
 3 venues. So it's not just based on the 448 total
 4 outbreaks, but it's based on all of the evidence on how
 5 SARS-CoV is transmitted, has been transmitted, has been
 6 documented around the world in cases and outbreaks.
 7 So that's what I meant by a substantial
 8 health risk, not just the 448 total outbreaks, which we
 9 also -- which I also stated and have stated here today how
 10 that is just the tip of the iceberg of the number of
 11 people that have been infected while in a bar or a
 12 restaurant.
 13 We can only uncover a very small proportion
 14 of those infections. And then, furthermore, those initial
 15 infections go on to infect other people, other close
 16 contacts, and that's why we're in a pandemic.
 17 Q That's true of any case of COVID, correct? Because if
 18 someone that is infectious for COVID goes anywhere,
 19 there's a chance of infection of others, correct?
 20 A Correct.
 21 Q Okay. So there's nothing particularly unique to a case
 22 that is contracted at a restaurant or sports or a gym.
 23 That case could be equally as contagious, depending on
 24 what the person does next, as a case contracted at work,
 25 correct?

1 contracted COVID, correct?
 2 A Correct.
 3 Q And so with respect to others who are exposed but are not
 4 currently infected, we would want them to quarantine in
 5 the same way, regardless of whether they were infected at
 6 a bar or restaurant or at a sporting event or at a gym or
 7 at work --
 8 MS. VOHS: Objection.
 9 BY MR. DIEHL:
 10 Q -- correct?
 11 MS. VOHS: Objection. Form. Misstates
 12 testimony.
 13 A It's whether they were exposed, quarantined, not -- not
 14 infected, right.
 15 BY MR. DIEHL:
 16 Q Okay. Good point. Thank you for the clarification.
 17 So with respect to whether they were exposed
 18 in any setting, we would want that person to quarantine
 19 the same way regardless of the setting in which they were
 20 exposed, correct?
 21 A Correct.
 22 MS. VOHS: Mr. Diehl, it's been about an
 23 hour. Are you amenable to a break soon?
 24 MR. DIEHL: Sure. We can just take a break
 25 now.

Page 153

1 THE VIDEOGRAPHER: Okay. Off the video
 2 record at 2:00 o'clock p.m.
 3 (A recess was taken from 2:00 p.m.
 4 until 2:09 p.m.)
 5 THE VIDEOGRAPHER: We are back on the video
 6 record at 2:09 p.m.
 7 BY MR. DIEHL:
 8 Q Dr. Danila, we were talking about Exhibit 1, your
 9 declaration. The -- your declaration talks about indoor
 10 and outdoor dining. I'm just trying to find the -- I
 11 should have found that on the break, but I did not.
 12 Okay. So paragraph 7 talks about the -- do
 13 you -- tell me when -- okay. It's up there. Do you see
 14 the second sentence -- well, first of all, it talks about
 15 "Governor Walz issued Executive Order 20-99 to slow the
 16 community spread of COVID-19." Do you see that portion of
 17 the sentence I read?
 18 A Yes.
 19 Q So you weren't involved in the decision making about
 20 executive order 20-99, correct?
 21 A Correct, I was not.
 22 Q And so is what -- do you know this information just from
 23 reading the face of the document?
 24 A Yes. Correct.
 25 Q And so no one -- the governor or anyone below him did not

Page 154

1 tell you why this was made -- or, excuse me, why executive
 2 order 20-99 was issued?
 3 A Correct.
 4 Q Are you in meetings with the governor about public health
 5 restrictions, such as in executive order 20-99?
 6 A No.
 7 Q Have you been in meetings with the governor since the
 8 beginning of COVID in, say -- since March 1st, 2020?
 9 A Yes.
 10 Q Have you been in meetings regarding what restrictions to
 11 put into place?
 12 A No.
 13 Q If there -- what meetings have you been with the governor
 14 related to public health issues?
 15 A I think I've had two meetings with others with the
 16 governor, him basically thanking us for our work that
 17 we've been doing, you know, nonstop seven days a week
 18 since February of 2020, and often many people
 19 uncompensated for our work. And he just wanted to tell us
 20 how important our jobs are and what we're doing, I think.
 21 Q And so nothing substantive related to 20-99 or any other
 22 executive order?
 23 A Correct. None. No.
 24 Q And what about the Department of Employment and Economic
 25 Development?

Page 155

1 A No. Never had a meeting with them.
 2 Q Have you been involved in discussions with individuals
 3 that work for or lead the Department of Employment and
 4 Economic Development related to executive order 20-99 or
 5 any other executive order?
 6 A No.
 7 Q Do you know if anyone -- if I say, "DEED," do you know
 8 what I'm talking about?
 9 A Yes.
 10 Q Okay. So I'm talking about the Department of Employment
 11 and Economic Development.
 12 So have you -- do you know if your data -- or
 13 excuse me. I shouldn't say, "your data." With -- do you
 14 know if the data that your teams generate -- do you know
 15 if that is provided to anyone at DEED?
 16 A I don't know if they're provided to DEED. I just --
 17 again, as I've said multiple times, it was provided to the
 18 governor's office, which might include members from DEED,
 19 but I don't know who's on the team.
 20 Q I'm not asking you to guess. Just do you know --
 21 A So I don't -- the answer is no, I don't know. I don't
 22 know.
 23 Q Do you know who with respect to decisions regarding the
 24 percentage of individuals that are -- excuse me. Let me
 25 start that over.

Page 156

1 Do you know who analyzes or decides what
 2 capacity limits should be placed on bars and restaurants
 3 or venues?
 4 A Well, I know there's a safety team, which -- an
 5 interagency team, which I have participated on sometimes,
 6 that discusses capacity limits, for example, and then
 7 make -- makes recommendation to the governor.
 8 Q So I thought from your earlier testimony you weren't
 9 involved in anything related to recommendations to the
 10 governor.
 11 A It's just, you know, general, you know, here's sort of a
 12 panoply of things that could be done or -- could be done.
 13 I've been sort of half listening sometimes in meetings,
 14 you know, offering scientific advice, if necessary.
 15 Again, it's an interagency team. I don't know. It's
 16 maybe 30 people on the -- on that safety team that then
 17 forward on sort of a -- information on to the governor.
 18 Q Do you know --
 19 A Or the governor's office. Not just the governor but the
 20 governor's office.
 21 Q Does anyone from the Department of Health in those
 22 meetings provide an analysis, based on the data collected
 23 during contact tracing, with respect to what restrictions
 24 should be in place?
 25 MS. VOHS: Objection. Calls for speculation.

1 A And I'd say no, you know, other than the public documents
 2 that you have, which, you know, is available. But
 3 nothing -- you know, nothing different or -- that you
 4 don't already have.
 5 BY MR. DIEHL:
 6 Q So to be clear, you are involved in meetings of the safety
 7 team that you referenced, correct?
 8 A I have been joining them, listening -- again, mostly
 9 listening to see if there's any specific scientific
 10 question that arises, probably since about early
 11 December --
 12 Q So --
 13 A -- 2020.
 14 Q So you weren't involved in any of those meetings, the
 15 safety team meetings, in October or November?
 16 A No.
 17 Q Do you know who at the Department of Health, if anyone,
 18 was involved in the safety team meetings in October or
 19 November?
 20 MS. VOHS: Objection. Calls for speculation.
 21 A Well, I do know there -- again, it's a multiagency team.
 22 I do know there's--I don't know--three or -- five or six
 23 other people from the Department of Health that are on
 24 that team that generally, you know, are participating.
 25 BY MR. DIEHL:

1 Q Who are those five or six people?
 2 A Oh, let's see. So there's Carlota Medus. There's Cynthia
 3 Kenyon. There's Jayne Griffith. There's Julie Kadrie.
 4 There's -- I'm trying to remember another woman from
 5 environmental health. I'm sorry. I can't recall her
 6 name. There's, I think, another person. I can't recall
 7 the name, though.
 8 Q Do you know who -- I don't -- I didn't get all those names
 9 down, but can you tell me the person's name and what their
 10 role is at the Department of Health, if you know it?
 11 A Well, Carlota Medus, M-e-d-u-s, she leads up actually our
 12 restaurant/social gathering investigation. Cynthia
 13 Kenyon--I think I mentioned earlier today--she is the head
 14 of our higher education team. Julie Kadrie, I don't know.
 15 Basically she's -- she handled some of the communications
 16 and, you know, putting documents together and so forth.
 17 Let's see. The woman from environmental
 18 health -- well, she's -- environmental health, so she --
 19 normal -- pre-COVID, before COVID, I think she was
 20 involved in restaurant inspections. Oh, her name is Kim
 21 Carlton. So she kind of advises internal about, you know,
 22 our restaurants, hotels, swimming pools, that sort of
 23 thing.
 24 And I just can't recall -- I believe there's
 25 someone else in the Department of Health I can't recall.

1 Oh, the other one is, of course -- another -- the person
 2 that heads up the team is from the Department of Health.
 3 Her name is Laura Oliven. Normally before COVID, she was
 4 in charge of our tobacco control program, but she actually
 5 leads the team.
 6 Q And then since the beginning of December, you've been
 7 involved in those safety team meetings?
 8 A Yeah. I was asked just to join, because, you know, I'm
 9 sort of, again, the scientist. I've got a lot of the
 10 medical literature and, you know, just -- I kind of listen
 11 in. And I will send out, you know, scientific articles I
 12 think might be of interest.
 13 So I don't -- I have to be honest to say I
 14 don't fully participate. I'm basically listening in, will
 15 chime in if I hear something or if someone has a question,
 16 but otherwise I'm not really participating actively in the
 17 discussion, whatever they're talking about at the time.
 18 Q So back to Exhibit 1 and this paragraph we're talking
 19 about. If you go to the second sentence, you believed on
 20 December 11th that the public health and safety would be
 21 at significant risk if bars, restaurants, and venues
 22 providing indoor and outdoor events or entertainment were
 23 permitted to open at that time, correct?
 24 A Yes.
 25 Q And did your belief -- based on your role at the

1 Department of Health and the information known to you in
 2 that role, did your belief change with respect to indoor
 3 and outdoor events?
 4 A My belief has not changed, no.
 5 Q So currently indoor and outdoor restaurants are unsafe?
 6 A Yes. In fact, with the lowered restrictions, we're seeing
 7 now increasing number of outbreaks in the last two to four
 8 weeks.
 9 Q And so is that equal for indoor and outdoor events?
 10 A Well, of course, we don't have a lot of outdoor events
 11 going on in Minnesota right now. Like right now it's for,
 12 you know -- indoor dining, we're seeing an increasing
 13 number of cases and outbreaks with bars -- and especially
 14 with bars and restaurants.
 15 Q And when you use word "outbreaks," you're using the
 16 threshold that MDA applies to those out cases?
 17 A Yes.
 18 Q The threshold determine outbreaks from cases, correct?
 19 A Yes.
 20 Q Okay. And so in general, the outbreak -- the general
 21 outbreak definition that you provided, that's the same
 22 general definition that MDH is applying with respect to
 23 any outbreak?
 24 A Yes.
 25 Q What's your -- the scientific basis known to MDH that

Page 161

1 outdoor dining is unsafe?
 2 MS. VOHS: Objection. He can't speak for the
 3 department.
 4 A No. But I can say, you know, in general there have
 5 been -- I would say there have been outbreaks associated
 6 with outdoor gatherings, particularly places where people
 7 are crowded together. I know with outdoor dining there's
 8 been issues about putting up sort of temporary, you know,
 9 igloos or structures. It's really like, well, is this
 10 outdoor or is this sort of a modified indoor.
 11 So, you know, there's not zero risk, and, you
 12 know, independent bars and restaurants -- we certainly
 13 have had outbreaks associated with, you know, backyard
 14 barbecues or, you know, graduation parties going back last
 15 June, you know, where you had, you know, large numbers of
 16 people gathering together in a backyard. Even though it's
 17 outdoors, there still was a risk.
 18 BY MR. DIEHL:
 19 Q Now, there's no zero risk place if others are present,
 20 correct?
 21 A Correct.
 22 Q So an event outdoors is safer than an event indoors; is
 23 that a fair assumption?
 24 A In general, yes.
 25 Q But obviously that may depend on how close -- you know, if

Page 162

1 they're very far apart indoors and very close outdoors,
 2 that might be more dangerous outside?
 3 A Correct.
 4 MS. VOHS: Objection. Again, outside the
 5 scope.
 6 BY MR. DIEHL:
 7 Q Did you disagree with the governor's decision to allow
 8 outdoor dining, based on paragraph 7 here about indoor and
 9 outdoor events being both dangerous last December?
 10 A I'm not clear if you're asking me if I disagree with the
 11 governor's decision or if I'm disagreeing on some
 12 scientific basis.
 13 Q Okay. So let me clarify. So you testified to the Court
 14 in this case that indoor and outdoor events and
 15 entertainment and bars and restaurants were both unsafe.
 16 Is that a fair characterization of paragraph 7?
 17 A Correct. Correct.
 18 Q And you recall that in December the governor allowed
 19 outdoor dining, correct?
 20 A I don't recall. I don't know for sure, but -- I don't
 21 recall.
 22 Q At some point the governor allowed outdoor dining to
 23 resume. Do you know that?
 24 A Well, I know that from my personal experience. I see
 25 restaurants that have tried to have outdoor dining, yes.

Page 163

1 Q And so obviously they didn't consult with you on the
 2 safety of that event?
 3 MS. VOHS: Objection. Asked and answered.
 4 A Yeah. Again, we provided data back, in general, you know,
 5 up the chain, through our commissioner, to the executive
 6 office, to the governor's office.
 7 BY MR. DIEHL:
 8 Q And are there any decisions that have been made by the
 9 governor's office that you believe are inconsistent with
 10 the data your team develops?
 11 MS. VOHS: Objection. Outside the scope.
 12 A Yeah. I'm not going to answer that. You know, my opinion
 13 of what the governor's executive orders are -- the
 14 governor makes decisions sometimes -- we only provide the
 15 data.
 16 BY MR. DIEHL:
 17 Q Your lawyer didn't instruct you not to answer, and you
 18 don't get to decide. You have to answer the questions I
 19 ask you today. You're under a deposition notice from the
 20 Court, so you have to answer my question. So I'm going to
 21 ask it again.
 22 Based on the data that your team develops, do
 23 you believe that any decisions of the governor have been
 24 wrong based on the data known to you and your team and
 25 developed by your team?

Page 164

1 A Based on the data, we think that the risk of opening up,
 2 you know, bars and restaurants, easing the restrictions
 3 based on the data that I've talked about multiple times
 4 throughout this day of the cases associated with bars and
 5 restaurants, there's an increased risk, and so easing the
 6 restrictions poses an increased risk.
 7 Q And that's because you believe that the outbreaks your
 8 team has identified fit the general definition of outbreak
 9 in paragraph 10, correct?
 10 A As I said before, it goes beyond that. It goes into the
 11 venue, what happens in a bar or restaurant. I can repeat
 12 myself again. People go into a restaurant, spend an
 13 extended period of time. They remove their masks to eat
 14 and drink. They talk. They talk louder. They might get
 15 up and walk around. That poses a general increased risk
 16 of transmission.
 17 In addition, we have documented outbreaks in
 18 Minnesota. In addition, there have been numerous -- well,
 19 not numerous. But there's multiple outbreaks
 20 published associated with restaurants and bars in the
 21 United States and other parts of the world.
 22 Q Okay. So because of that increased risk at a bar or
 23 restaurant, that information would lead to additional
 24 outbreaks; is that fair?
 25 MS. VOHS: Objection. Outside the scope.

1 A As I just mentioned, we are seeing -- in the last two to
 2 four weeks, we've seen a spike in the number of
 3 outbreaks --
 4 BY MR. DIEHL:
 5 Q **You're not answering any question.**
 6 A I'm sorry?
 7 Q **Let me just interrupt you.**
 8 A I misunderstood, then. Go ahead.
 9 Q **That's okay. That's why I'm interrupting, because I want**
 10 **to ask it again. So I'm not asking you about any actual**
 11 **increase or decrease in outbreaks. I'm asking, in**
 12 **general, the factors that you just mentioned with respect**
 13 **to indoor and outdoor dining, such as speaking without a**
 14 **mask on, that -- those are factors that you believe would**
 15 **increase the number of outbreaks, according to that**
 16 **general definition of outbreak in paragraph 10 of**
 17 **Exhibit 1, correct?**
 18 MS. VOHS: Objection. Form.
 19 A Indoor and outdoor dining, if social distancing is not
 20 enforced, if mask is not enforced -- even if it is,
 21 there'll be more cases, which means there'll be more
 22 outbreaks.
 23 BY MR. DIEHL:
 24 Q **How do you know that from data that the Department of**
 25 **Health has collected?**

1 louder, you know, you're going to be expelling a virus
 2 through your exhalation. Having a mask on, you know, will
 3 be like a catcher's mitt. It will prevent that expelling,
 4 particularly if it's a two ply or greater mask. And then
 5 the other person wearing the mask would be protected as
 6 well as they -- you know, breathing in.
 7 Q **Okay.**
 8 A Masks have been -- masks have been shown, you know,
 9 numerous times to be an effective preventative measure for
 10 slowing COVID-19 here and around the world.
 11 Q **So it's my understanding that the Department of Health did**
 12 **a study related to masking. What were the results of that**
 13 **study?**
 14 A I'm not sure --
 15 MS. VOHS: Objection. Form.
 16 A I don't know what you're talking about. I don't know of
 17 any Department of Health study on masks.
 18 BY MR. DIEHL:
 19 Q **So the Department of Health informed a reporter last --**
 20 **well, I'm not sure when they informed the reporter. But**
 21 **they informed a reporter that last fall there was a study**
 22 **that was undertaken by the Department of Health that was**
 23 **not continued. Are you aware of a study the Department of**
 24 **Health did related to masks?**
 25 MS. VOHS: Objection. Form.

1 A Well, as you've said before, you know, we have over 500
 2 outbreaks--it's just the tip of the iceberg--that's
 3 associated with bars and restaurants. So just our data
 4 alone would suggest that there's a risk with eating and
 5 drinking in bars and restaurants.
 6 But then combined with the other factors I
 7 mentioned, which just makes sense in terms of how the
 8 virus is transmitted, as well as -- well, outside of the
 9 Department of Health, obviously other states, other
 10 countries have demonstrated there's increased risk.
 11 Q **Okay. So with respect to masks, if masks can decrease the**
 12 **risk, do you determine whether individuals involved in**
 13 **restaurant outbreaks were wearing masks when they were**
 14 **talking or do you determine -- do you know that they were**
 15 **or they were not if they're included in an outbreak?**
 16 A We can't get that granular. We have over 500,000 cases.
 17 We can't, you know, get down to specific behaviors at
 18 specific times. If you're in a restaurant, you're
 19 drinking, eating. Obviously you're pulling your mask
 20 down. Now, if you're pulling it up after every sip or
 21 every bite, we don't get -- we don't get that granular.
 22 Q **Based on the research that the Department of Health has**
 23 **done, what difference does a mask make while you're**
 24 **talking at a restaurant?**
 25 A Well, without wearing a mask, obviously talking, talking

1 A I don't believe that was a Department of Health study. I
 2 believe that was someone else that did the study. We were
 3 aware of some of it, you know, a survey of some sort. I
 4 don't know more than that.
 5 BY MR. DIEHL:
 6 Q **Who is the "someone else"?**
 7 A I don't know. I don't remember. I do recall some sort of
 8 a survey that's been done about -- maybe a nationwide
 9 survey, and the data were parsed out for Minnesota about,
 10 you know, people wearing masks, how often they wear a mask
 11 and so forth. It wasn't a Department of Health study, as
 12 far as I know.
 13 Q **Do you -- what was the source of the survey or study of**
 14 **which you're aware?**
 15 A I don't remember. I can't recall. I don't know.
 16 Q **What is the basis for your statement that masks make**
 17 **speaking and being near each other safer?**
 18 MS. VOHS: Objection. Outside the scope.
 19 A Yeah. We can go the next hour, if you'd like, going over
 20 the medical literature and the scientific literature on
 21 proving that masks are an effective barrier for preventing
 22 transmission of the virus. There's experimental studies.
 23 There's studies in the laboratory with human volunteers,
 24 looking at how much virus is expelled, how much droplets
 25 are expelled. There are community studies looking at the



Page 169

1 drop in cases when mask mandates are in place.
 2 There is more and more evidence. There's a
 3 wealth of evidence to show that face masks -- mandating
 4 face masks are one of the most -- best prevention measures
 5 we have for slowing this pandemic. And that's a very
 6 short version of an hour-long talk that could be given.
 7 BY MR. DIEHL:
 8 **Q Is that -- I don't mean to upset you. You seem upset.**
 9 A Well, I do get upset when I see people --
 10 MS. VOHS: Objection.
 11 BY MR. DIEHL:
 12 **Q There's been no question, Mr. Danila. If you're upset and**
 13 **we need to take a break, we can take a break, but --**
 14 A No. I'm sorry.
 15 **Q -- I have questions and I need an answer.**
 16 A I gave you an answer.
 17 **Q I'm not asking questions to bother you or upset you. I**
 18 **just want to know the answer to my questions. Do you**
 19 **understand that?**
 20 A Yes. And I thought you asked me why I'm upset, and I'll
 21 tell you why I'm upset. Because the evidence is
 22 overwhelming.
 23 MS. VOHS: Objection.
 24 BY MR. DIEHL:
 25 **Q What's that? I didn't hear the answer, because Counsel**

Page 170

1 **was speaking.**
 2 A The answer is, the reason why I get upset about face masks
 3 is that the evidence is overwhelming, and for whatever
 4 reason people don't seem to want to agree with evidence.
 5 If you want to believe the earth is flat, that's nice. If
 6 you want to believe that face masks don't work, that's
 7 nice. But that's not the truth, and that's not the
 8 evidence.
 9 **Q So because I asked you that, you're assuming something**
 10 **about my beliefs as to masks?**
 11 MS. VOHS: I think a break would be good
 12 right now.
 13 A Yeah. And I wasn't objecting to you. I was just
 14 objecting to the face mask issue.
 15 BY MR. DIEHL:
 16 **Q So I've got a job --**
 17 A I'm ready to go on. That's fine. I'm fine.
 18 **Q Okay. So what about Texas. Why are cases going down in**
 19 **Texas after they removed masks?**
 20 A What evidence do you have they were wearing masks in
 21 Texas?
 22 **Q What's that?**
 23 A What evidence do you have to give to me that they're
 24 wearing masks in Texas?
 25 **Q I'm not asking about wearing masks in Texas. I'm asking**

Page 171

1 **about why cases are going down in Texas since they stopped**
 2 **requiring masks.**
 3 MS. VOHS: Objection. Outside of the scope.
 4 A And first of all, if you read "The New York Times," you'll
 5 see actually cases are going up in Texas, not going down.
 6 BY MR. DIEHL:
 7 **Q Okay. And so is "The New York Times" a source of**
 8 **information about COVID?**
 9 A They got that from other sources. So your question is --
 10 your assumption that cases are going down in Texas are
 11 incorrect.
 12 **Q The cases are reported, fair?**
 13 A Correct. And they're going up, not down.
 14 **Q Okay. So do masks have any harm or detriment?**
 15 MS. VOHS: Objection. Outside of the scope.
 16 I'm going to direct Dr. Danila not to answer.
 17 BY MR. DIEHL:
 18 **Q Well, is it fair to say that your declaration discussed**
 19 **that restaurants are less safe because of masks -- or not**
 20 **wearing masks, correct? That's fair?**
 21 A In order to eat and drink, you have to pull your masks
 22 down, yes.
 23 **Q And so I guess is the department going to continue to**
 24 **require masks indefinitely?**
 25 A That's the governor's decision. It's not the Department

Page 172

1 of Health.
 2 **Q Well, does the Department of Health have a recommendation**
 3 **with respect to that based on data that you and your team**
 4 **collect?**
 5 MS. VOHS: Objection. Asked and answered.
 6 BY MR. DIEHL:
 7 **Q You can answer.**
 8 A I don't know how to answer, except that's the governor's
 9 decision, not the Department of Health. We would continue
 10 to follow the science.
 11 **Q I guess I didn't ask about whose decision it was. I asked**
 12 **about did you or your team collect data that would provide**
 13 **a recommendation as to whether to continue to wear masks**
 14 **or not.**
 15 A The data about masks are in the public purview, in the
 16 scientific medical literature. We're not -- the
 17 Minnesota -- or Minnesota the Department of Health is not
 18 specifically collecting data on the effectiveness of
 19 masks.
 20 **Q And -- but information you collect about cases or**
 21 **outbreaks would be relevant as to whether to continue to**
 22 **require masks in all or certain settings, correct?**
 23 MS. VOHS: Objection. Form.
 24 A We have -- we have ongoing cases, we have ongoing
 25 outbreaks, and I guess that does affect the overall



Page 173

1 recommendations that the governor makes.
 2 BY MR. DIEHL:
 3 Q And again, I'm not asking for what the -- what the
 4 governor uses to decide. I'm just asking, does the
 5 Department of Health have a recommendation based on the
 6 data that you have as to whether masks should continue or
 7 not continue?
 8 A Again, the data on mask effectiveness are standard in the
 9 public purview and the scientific and medical literature.
 10 The Minnesota Department of Health is not doing any
 11 studies on masks. We're not collecting data on masks.
 12 It's in the general knowledge about the pandemic.
 13 Q Well -- so your team collects data about cases, correct?
 14 A Correct.
 15 Q And it collects data about outbreaks, correct?
 16 A Correct.
 17 Q And that data may or may not indicate how COVID is spread
 18 in certain locations, correct?
 19 A Correct.
 20 Q And so wouldn't that information be relevant to whether to
 21 require masks in certain locations or not?
 22 MS. VOHS: Objection. Asked and answered.
 23 And calls for --
 24 A You know, again, we're not collecting specific information
 25 about mask wearing. But if you're talking about

Page 174

1 restaurants or bars, they pull their mask down to drink
 2 and eat, and typically people pull their masks down when
 3 they're talking.
 4 If we're talking about a sports team, we will
 5 get -- we will ask about, well, were the players wearing
 6 masks? How -- you know, were they enforcing wearing the
 7 masks? And so we collect that data as well.
 8 If it's in a workplace outbreak, we might
 9 collect information there. For example, we might find
 10 out -- in health care -- we have talked about health care
 11 workers. Yeah, they're all wearing masks when they're on
 12 the floor or the hospital or out-care of patients, but
 13 when they go back in the break room, they pull their masks
 14 down and talk to each other and have lunch together. And
 15 that's where we've seen outbreaks in health care settings,
 16 not from patient to health care worker, not from health
 17 care worker to health care worker on the floor, but in the
 18 break room.
 19 BY MR. DIEHL:
 20 Q So how long have -- well, let me ask a question about
 21 long-term care. Long-term care has been a significant
 22 concern related to COVID-19; is that fair?
 23 A Yes.
 24 Q Do you know what percentage of cases have occurred in
 25 long-term care?

Page 175

1 A I don't recall the exact percentage at this point. It's
 2 greater than 60 percent. About 80 percent of our deaths
 3 are related to long-term care.
 4 Q And you were involved --
 5 A Strike 60 percent of the cases. I know 80 percent of our
 6 deaths. I can't recall the percentage of cases.
 7 Q And do you -- you were involved in drafting a study
 8 related to health care workers and the spread of COVID
 9 among health care workers? Do you recall that?
 10 A Well, in general, I've been involved in that. There is a
 11 health care worker team that's more directly involved.
 12 Q And you published a -- you were part of the team that
 13 published an article related to COVID exposure and
 14 infection among health care personnel from March 6 to
 15 July 11, 2020, correct?
 16 A The one that's published in the MMWR? Yes.
 17 Q Yes.
 18 A Yes.
 19 Q And you recall that that -- well, is that a study or is --
 20 what is that?
 21 A Yeah, it was a study. Yeah.
 22 Q And, I guess, step me back. What's the difference between
 23 a case study or a study or -- the other terms that are
 24 kind of thrown around in terms of what a study is versus
 25 what a case study is versus what an anecdote is. What's

Page 176

1 the difference?
 2 A Well, you know, this study, I mean, it was -- it was an
 3 organized collection of data in a -- you know, in a
 4 standardized fashion and then data analyzed as opposed to
 5 a case study. Maybe you've -- you know, you've got to --
 6 taken outside of the COVID world, maybe you've got, you
 7 know, 50 cases of some disease and then retro -- you know,
 8 retrospectively you go back and then kind of like pull
 9 together those 50 cases and pull out information about
 10 them.
 11 Q So, for example, with respect to an article regarding how
 12 one particular outbreak is believed to have unfolded, that
 13 would be a case study; is that fair?
 14 A Yeah. I guess that would be a case study --
 15 Q And then is it fair --
 16 A -- an outbreak unfolding, yeah.
 17 Q Sorry. Is it -- is it fair to say that a study is --
 18 would involve sort of a larger number of people and more
 19 analysis than one case study? Is that fair?
 20 MS. VOHS: Objection. This is expert
 21 testimony. I'm going to direct Dr. Danila not to answer.
 22 BY MR. DIEHL:
 23 Q So you're going to follow her instruction?
 24 A Well, I mean, I can just say it in general. Okay. We
 25 have an outbreak of Legionnaires' disease in Hopkins,



Page 177

1 Minnesota, you know. We didn't plan it. We didn't set up
 2 for a study. It just happened. And, you know, we get
 3 cases in and determine their common exposure, was he lived
 4 in Hopkins or worked in Hopkins or visited Hopkins, and
 5 that -- you know, that ended up being an outbreak. That
 6 was, I guess, an unfolding situation, you know. I guess
 7 then in that sense it was a case study. Then we could put
 8 it all together and say, you know, "Here is what it is.
 9 It's an outbreak."
 10 As opposed to when we want to look at -- we
 11 want to look at Legionnaires' disease associated with
 12 climate, you know. We -- which we've done. And, you
 13 know, we pull together all of the cases, and we look at
 14 where they lived and, you know, we pulled together
 15 meteorological data, and we could put that all together
 16 into an analytical study.
 17 **Q And then what's the difference between an analytical study**
 18 **and a peer-reviewed study?**
 19 MS. VOHS: Objection. Expert opinion.
 20 A Well, I mean, I can just answer, peer review is -- means
 21 that you've written up your analysis, your study, you
 22 know, your methods, your data analysis, your conclusions,
 23 and then you submit it either to a medical journal or a
 24 scientific journal or perhaps to a scientific conference.
 25 And then your peers review it and say, "Yes, this is a" --

Page 178

1 "this should be published. This has merit. The
 2 methodology is sound. The analysis is sound." And maybe
 3 those peers make some other suggestions.
 4 I've been a peer reviewer over the years
 5 many, many times for journals, and so it's gone through
 6 peer review. Or maybe the peers will say, "This is a very
 7 faulty study, you know. They didn't account for this.
 8 They didn't do that. The analysis is wrong." Either they
 9 need to resubmit it or it's just rejected outright.
 10 BY MR. DIEHL:
 11 **Q And the -- there was case studies attached to your**
 12 **declaration. Those were not peer reviewed, correct? And**
 13 **I'm talking about Exhibit 1, your declaration in this**
 14 **case.**
 15 A The -- are you talking about like in paragraph 12?
 16 **Q Yes.**
 17 A No. Those were peer-reviewed journals.
 18 **Q So those articles specifically were peer reviewed?**
 19 A Yes. They were all peer-reviewed journals, yes.
 20 **Q I guess -- whether the journal normally has peer-reviewed**
 21 **articles, do you know if those specific articles were peer**
 22 **reviewed?**
 23 A They wouldn't be in the journal unless they were peer
 24 reviewed. I think -- I think one of them was from the
 25 "Emerging Infectious Disease" journal. I think one of

Page 179

1 them was from a -- yeah, I think a couple of them were
 2 from the "Emerging Infectious Disease" journal, which is a
 3 peer-reviewed journal. Another one was from a Korean
 4 medical journal, I believe, "Journal of Korean Medical
 5 Science," which is peer reviewed.
 6 **Q Were there articles from the United States on the topics**
 7 **that you testified to in your declaration as opposed to**
 8 **the articles or -- articles from other countries that are**
 9 **attached?**
 10 A The -- for example, the Vietnam study, which is cited,
 11 that's from the "Emerging Infectious Disease" journal, so
 12 that's an American journal.
 13 **Q I guess I shouldn't -- I'm not talking about the journal**
 14 **but, I guess, circumstances from Minnesota or another**
 15 **location in the United States where similar information**
 16 **and conclusions were reviewed and similar conclusions were**
 17 **drawn.**
 18 A Well, for example, in the MMWR, just two weeks ago there
 19 was an article about restaurant closings or -- or
 20 restaurant restrictions and face mask restrictions as
 21 associated with decreases or increases in cases in the
 22 United States. That was published March 12th in the MMWR.
 23 MR. DIEHL: Go back to Exhibit 2 and pull up
 24 the -- page 11. And without looking -- if we could
 25 just -- when we get there, tell me -- I guess I'll see

Page 180

1 when you're there. If we could just zoom in on the cases
 2 and not the dates at the bottom.
 3 BY MR. DIEHL:
 4 **Q If you could not review the dates, Dr. Danila.**
 5 **So where on there were masks implemented? If**
 6 **you could not look at the dates at the bottom, can you**
 7 **show me --**
 8 MS. VOHS: Objection. He has the right to
 9 review the entire document.
 10 A Yeah. I don't -- and I can't recall specific dates. I'd
 11 have to sit down and review it. I don't recall when
 12 dates -- when masks were required and when they weren't.
 13 BY MR. DIEHL:
 14 **Q But, I mean, the question, I guess, is wouldn't it show up**
 15 **in the data?**
 16 A The effect of mask wearing -- mask --
 17 **Q Yeah.**
 18 A -- restrictions?
 19 **Q Yes.**
 20 A I guess it depends on how prevalent mask wearing actually,
 21 you know, was happening as well.
 22 **Q Do you know how prevalent mask wearing has been either**
 23 **last summer or now or any other time?**
 24 A No.
 25 **Q And based on this chart, you can't point to where masks**



Page 181

1 were required?

2 A You know, I don't think you should, first of all, single
3 out just one preventative measure, which is mask wearing.
4 You know, there's lots of other things at play here in
5 terms of case counts. And again, I don't know when the
6 mask -- face mask recommendations or restrictions were in
7 place.

8 Q When the governor issued executive order 20-99 that went
9 into effect on November 20th, that order went into effect
10 after cases had been going down for a period of time,
11 correct?

12 MS. VOHS: Objection. Misstates his
13 testimony.

14 MR. DIEHL: I didn't ask him about --

15 A I can't even see -- I can't even see the dates. So again,
16 I'd have to review the document.

17 MR. DIEHL: Right. I guess if we could not
18 have that objection, because I wasn't asking him about any
19 testimony. So please don't object to something based on
20 when I'm not attempting to characterize his testimony.
21 It's not a proper objection. And we've had so many
22 objections today that are interrupting the -- our ability
23 to get complete, and I'm worried about that.

24 BY MR. DIEHL:

25 Q So do you recall when executive order 20-99 went into

Page 182

1 effect?

2 A No.

3 Q And do you know whether cases were going down and
4 continued to go down before executive order 20-99 went
5 into effect?

6 A No.

7 Q And in regard to the executive order, if cases were going
8 down already and continued to go down after the executive
9 order, there may not be any effect by closing bars and
10 restaurants, correct?

11 MS. VOHS: Objection. Form.

12 A You're asking me to totally speculate. And again, it's
13 multifactorial.

14 BY MR. DIEHL:

15 Q I guess I'm just saying it's possible that the order had
16 no effect if cases were already going down before the
17 order went into effect and they continued to go down.
18 It's possible, correct?

19 MS. VOHS: Objection. Form.

20 A It's also possible they could have gone up. It's hard to
21 prove a negative. So without the restrictions in place,
22 they might have gone up.

23 BY MR. DIEHL:

24 Q Except that they were going down for two weeks before the
25 order went into effect. You're not aware of that?

Page 183

1 MS. VOHS: Objection. Form.

2 A I've already said I can't even see the dates. And I don't
3 know the dates of the restrictions, so it would take me
4 some time to look at that. And again, it's
5 multifactorial. And again, it also depends on how much
6 the population is actually adhering to the social
7 mitigation measures.

8 BY MR. DIEHL:

9 Q Let me ask -- let me ask about that. So any social
10 mitigation measure that the Department of Health would
11 consider, don't you have to determine whether Minnesotans
12 are going to follow the order or not to determine whether
13 it's going to be effective?

14 A Well, again, that's pretty much the purview of the
15 governor's office to decide that. And, you know, there's
16 ways, of course, that we try to educate the public, you
17 know, through our websites and through our public service
18 announcements and through all kinds of means, to, you
19 know, socially distance six feet away, wear masks.

20 Q I'm asking a question about epidemiology, which is the
21 Department of Health's purview. Correct?

22 A Yes. But we're not looking at, you know, behavioral
23 aspects, necessarily. Again, it's sort of multifactorial.

24 Q Well, let me ask you this: So if the Department of Health
25 closes restaurants -- or excuse me. I just misspoke. If

Page 184

1 the governor closes restaurants, wouldn't it -- wouldn't
2 he need to determine whether -- what individuals are going
3 to do rather than going to a restaurant, correct?

4 MS. VOHS: Objection. Form.

5 A I kind of disagree with the contention. You know, an
6 analogy would be, in the '60s, when the public health
7 authorities said that smoking is bad for you, no one
8 considered whether or not, you know, well, when people
9 quit smoking, let's not even say that, because they'll not
10 quit smoking. That's not -- that was not the objective,
11 which was to get the information out there about a way to
12 prevent cancer and heart disease is to not smoke.

13 And then, of course, it took, you know, 15,
14 20 years of continued medical education, public service
15 announcements, education of the public that smoking rates
16 finally started to go down. And other measures, like
17 increasing taxes.

18 Q What about increasing taxes?

19 A On cigarettes. I'm just giving you a broader public
20 health lecture here about --

21 Q No. That's fine.

22 A You don't make -- you don't make -- you don't see what the
23 data is and sort of say, "Well, we're not going to even
24 share the data, because people are not going to wear
25 masks" or "people are going to smoke anyway."



1 Q Well, that's -- there are certain things that are like
2 stopping smoking that have obvious benefits and no real
3 drawbacks, fair?

4 A To me, it's obvious, but to a smoker it may not be
5 obvious.

6 Q Right. So, you know, sports, that's an example that you
7 cited that is similar to restaurants, right? So there are
8 benefits of youth sports, correct?

9 A There are benefits to athleticism and -- you know, and
10 exercise. But perhaps there are alternatives to, you
11 know, sports teams if masking cannot take place or doesn't
12 take place.

13 Q So you would have to determine whether -- well, let me --
14 let me step back here.

15 So to determine whether a particular
16 intervention or order is effective at reducing COVID, you
17 would have to determine or make some estimation of
18 whether, number one, people are going to follow the order
19 or, number two, what people are going to do in the real
20 world if they stop doing one activity; is that fair?

21 A Yes. And as I mentioned, there are data out there. For
22 example, I just mentioned this MMWR article that looked at
23 county -- county-level case data for the entire United
24 States, for every county in the United States.

25 Q I'm not talking about masks. I don't want to have that

1 Q Really? Did you --

2 A So if I have a child --

3 Q There's no question. So I'm going to keep asking
4 questions and you can answer the question. So the -- when
5 we stop going to football practice, right, doesn't the
6 Department of Health need to know what kids are going to
7 do as an alternative to determine whether shutting down
8 football practice outdoors that's distanced and doing
9 something else would actually result in a net increase in
10 COVID cases?

11 MS. VOHS: Objection. Form. Calls for
12 speculation. Misstates testimony.

13 A I can't speculate, number one. And number two, again, we
14 can only make recommendations about what's risky and where
15 cases are coming from, and the governor then makes those
16 decisions.

17 I'll give you an example. For example, there
18 was -- in a newspaper the last couple weeks is we have a
19 large number of outbreaks in Carver County associated with
20 youth sports, hockey, basketball, other youth sports, and
21 we talked about -- our commissioner of health talked about
22 it would great to have a pause for youth sports in Carver
23 County because we're seeing a number -- a large number of
24 outbreaks there. Now, did we consider, well, if we pause,
25 what else are they going to do? No. We just have to say

1 conversation. There's no question pending.

2 A When they looked at -- also they looked at restaurant
3 restrictions.

4 Q I'm not asking about --

5 (Stenographer off-record clarification.)

6 BY MR. DIEHL:

7 Q You need to listen to the question and answer the
8 question. We don't have time to talk about anything you
9 want to the talk about, so I'm sorry if my question is not
10 clear. Ask me, but --

11 A It wasn't clear. It wasn't clear.

12 Q Okay. So I'm going to ask it again or a similar question.
13 So just using youth sports as an example since that's
14 listed in your declaration as similar to restaurants. So
15 when a kid stops playing youth sports, doesn't the
16 Department of Health need to look at whether the kid is
17 going to stay at home by himself or whether he's going to
18 go hang out with a group of friends in his basement
19 playing Xbox? Fair?

20 MS. VOHS: Objection. Form. Dr. Danila
21 can't speak for the department. And it calls for
22 speculation.

23 A Yeah, total speculation. I don't even know how to answer
24 that.

25 BY MR. DIEHL:

1 what the data is telling us.

2 BY MR. DIEHL:

3 Q Okay. But the data wouldn't include the alternative of
4 what kids are going to do that could be more risky for the
5 spread of COVID?

6 A That's not data. That's speculation.

7 Q Okay. So is it data -- let's just say we could determine
8 the rate of COVID among all kids in Minnesota, and we
9 could also determine the rate of COVID among kids that
10 play sports in Minnesota. That's knowable, correct?

11 A Yeah. And what we're seeing right now and have been
12 seeing for the last four to six weeks is a large number of
13 cases in schools and -- primarily associated or starting
14 with sports, athletic teams, and then in turn are seeing
15 their friends and others in school. We've had schools now
16 that have gone from in-person learning to hybrid distanced
17 learning because of large number of cases which started
18 off as outbreaks in their sports teams.

19 Q How do you determine whether it started on the sports team
20 or it started in the school?

21 A Because our first cases from that school that we
22 interviewed were members of a sports team and then we had
23 an outbreak in that sports team. And then later, a week,
24 two weeks, three weeks later, we started seeing cases, you
25 know, in nonsports members in that same school.

1 Q And those kids go to school, correct?

2 A Right. I'm just talking -- you know, again, we've had

3 in-person schools where we had these outbreaks occur,

4 increased cases where now have moved to either the hybrid

5 or distance -- long-distance learning.

6 Q So how does one determine that a case is associated with

7 sports?

8 A So again, we might have three cases in, you know, Maple

9 High School, and we interview those three cases and all

10 three are players on the hockey team.

11 Q Okay.

12 A That's their only thing in common. Maybe they were in

13 distance learning. The only thing in common is they were

14 on the hockey team.

15 Q And you've had cases where all those kids were at a party

16 over the weekend and they had got COVID there and it's

17 still been reported as a sports outbreak, correct?

18 MS. VOHS: Objection.

19 A Incorrect.

20 BY MR. DIEHL:

21 Q Incorrect?

22 A Incorrect.

23 Q Okay. And again, those three kids are in school all day,

24 if they're friends, and they talk at school. How do you

25 know that it didn't occur in school, because those three

1 Q Okay. So to continue with your example, the -- if we knew

2 that the cases among kids of all ages that are in school

3 or all -- let me start that over.

4 If we know that all kids that are school age

5 get COVID at a higher rate than kids who play sports,

6 wouldn't that contradict what you just said?

7 MS. VOHS: Objection. Outside the scope.

8 A Yeah. If we had a school with, say--I don't know--you

9 know, a hundred cases and only, you know, five of them

10 were on sports teams, then obviously it's not related to a

11 sports team, right?

12 BY MR. DIEHL:

13 Q Well, I'm talking about in the aggregate. So if --

14 A In the aggregate -- in the aggregate --

15 Q I didn't ask -- okay. So I'm talking about in the

16 aggregate. If kids who play sports get COVID at a

17 significantly lower rate than kids who don't play sports,

18 wouldn't that be significant and contradict your

19 assumptions?

20 MS. VOHS: Objection. Expert testimony.

21 A Yeah. I don't know how you're going to get this rate of

22 kids who play sports versus kids who don't play sports to

23 come up with that number.

24 BY MR. DIEHL:

25 Q Don't your people collect the data regarding kids who play

1 are friends and speak to each other at school?

2 A Because we interviewed them. And really, we've had

3 situations that only in common was their participation on

4 the sports team, because they might have been in distance

5 learning, they might have been in hybrid learning. Really

6 the only contact they had was -- with each other was

7 hockey, hockey practice, hockey games, hockey -- or, you

8 know, whatever the other sports is. We've had outbreaks

9 associated with basketball as well, and wrestling, of

10 course, where masks are not worn.

11 Q So your testimony under oath is that each of the cases

12 that you mentioned as causing a school outbreak you've

13 determined that there were no other contacts other than

14 sports that caused the outbreak in the school?

15 A I was giving a general answer. I can't say that's true

16 for every school.

17 Q You gave me a specific --

18 A I gave you a general answer about where we are right now

19 in the pandemic. You used the example of sports, so I'm

20 using the example of sports, that we have had an increase

21 in the number of cases associated with youth in schools,

22 and a large number of them are associated with sports.

23 And we have a number of instances where we know that was

24 the first instance where we had increasing cases in the

25 sports team.

1 sports who also test positive for COVID?

2 A We don't have the denominator. We don't have the full

3 range of the number of students, say in high school, that

4 play sports.

5 Q But you've been collecting data all along, and that data

6 is going to change consistent with the population,

7 correct?

8 A Yes. And what I've been saying to you is that the data we

9 collect the last four to six weeks as showing

10 increasing -- rising numbers of cases in school-aged kids,

11 a large proportion of them related to athletics, sports.

12 And I used the example of Carver County as just one

13 county, for example. I only used that example because

14 it's been in the media quite a bit.

15 Q How many outbreaks related to sports were there in Carver

16 County?

17 A I can't recall. But a number of sports teams, you know,

18 the high school, I think, hockey team and girls hockey

19 team and -- well, of course, both Chaska and Chanhassen

20 high schools and a number of athletic teams. I don't have

21 the details in front of me.

22 Q Okay. So the Department of Health has been collecting

23 information related to youth sports the same way

24 throughout COVID, correct?

25 MS. VOHS: Objection. Asked and answered.

1 A Correct. Since -- probably since spring of 2020, yes.
 2 BY MR. DIEHL:
 3 Q Well, since sports -- sports restarted on June 1st, so I
 4 should clarify. So after June 1st, the Department of
 5 Health has been collecting data on youth sports, correct?
 6 A Correct.
 7 Q And has been doing it the same way through case
 8 investigation, correct?
 9 A Correct.
 10 MR. DIEHL: We could pull up
 11 exhibit premarked E9.
 12 (Deposition Exhibit Number 7 marked for
 13 identification by the court stenographer.
 14 MR. DIEHL: Okay. If we could go to page 3
 15 of Exhibit 7.
 16 BY MR. DIEHL:
 17 Q Well, if you look at -- sorry. I should go back. So this
 18 is a summary of sports data. The first page I'm not going
 19 to ask you about, so go to the second page. So do you see
 20 this is total confirmed cases for sports activities
 21 listed? Do you see that?
 22 A Yes.
 23 Q Okay. So that -- the total is somewhere around 9,300,
 24 600, somewhere in that -- in these "Symptoms: Present or
 25 Not present" box. Did you see that -- or excuse me. It's

1 both playing or attending. So it's not just -- it
 2 would -- it's a larger number than those who played
 3 sports. Is that a fair characterization?
 4 A Number who played sports is much larger, yes.
 5 Q Right. Well, no. This is both.
 6 A Both? Yeah. Okay. I'm sorry. So the -- say it again.
 7 Oh, the number who -- I'm sorry. Say it again.
 8 Q This is both those who reported playing sports and those
 9 who reported attending sports, correct?
 10 A Yes.
 11 Q And so focusing on the under 18 orange line.
 12 A Yes.
 13 Q So, you know, from September 13th to the peak, that
 14 occurred in the week of November 1st to November 7th. Do
 15 you see that?
 16 A Yep.
 17 MR. DIEHL: So if we could pull up
 18 exhibit that's been premarked D14.
 19 (Deposition Exhibit Number 8 marked for
 20 identification by the court stenographer.)
 21 BY MR. DIEHL:
 22 Q And I'll just tell you that this comes from the citation
 23 there, the information listed on the Department of
 24 Health's website, cases by age group and specimen
 25 collection date. It's very small, but you can see that

1 at the top. Sorry. 9,715. Do you see that?
 2 A Yeah. It's a little small, but yeah, I can see it.
 3 MR. DIEHL: Yeah. Thanks for blowing that
 4 up.
 5 BY MR. DIEHL:
 6 Q Okay. So -- and then -- so if we go to the next page,
 7 that has a curve, an epi curve, okay, the top epi curve
 8 there. So this is a summary of adult over 18 and under 18
 9 cases among individuals who reported playing or attending
 10 sports events. Do you see that?
 11 A Yes.
 12 Q So I don't have the actual numbers, but if we look at
 13 around the week of September 13th, we're somewhere around
 14 a hundred cases. Do you see that?
 15 A Yeah.
 16 Q I just assume that's a hundred. So what -- on November --
 17 the week of November 1st to 7th, that looks like just over
 18 400 cases, maybe 425 cases. Is that about right?
 19 A November 11, you said?
 20 Q The week of 11/1 to 11/07, do you see that line?
 21 A Yeah. It looks like about -- close to a thousand cases.
 22 Q So -- I'm sorry. I should clarify. I'm talking about the
 23 orange line. That's under 18.
 24 A Oh, okay. Yeah. Okay. About 400, yep.
 25 Q And so, you know -- and if you look at the top, this is

1 there.
 2 MR. DIEHL: And this is Exhibit 8?
 3 TRIAL TECHNICIAN: Yes.
 4 BY MR. DIEHL:
 5 Q Okay. So if we look at Exhibit 8, this is also weekly
 6 cases. Do you see that at the bottom?
 7 A Yes.
 8 Q So if we look at the week of September 6th to
 9 September 12th, do you see that point?
 10 A Yes.
 11 Q So that's somewhere around 800 cases, maybe, per week?
 12 A Okay. Yep.
 13 Q And then that -- the peak of that is at 7,000 cases,
 14 approximately. Do you see that?
 15 A 7,000, yes.
 16 Q Okay. And so the increase in cases is significantly
 17 higher than the increase among youth sports cases. Do you
 18 see that?
 19 A The increase in cases depicted here is higher than the
 20 increase in sports?
 21 Q That's right. The increase --
 22 A Yeah.
 23 Q Okay.
 24 A Okay. Yes.
 25 Q So during the peak of COVID, sports were occurring,

1 correct?

2 A During the peak of COVID -- I couldn't understand you.

3 What was occurring?

4 Q Sports were occurring, youth sports.

5 A I actually don't know what the restrictions were at that

6 time, but I think they were. I think they were, yes.

7 Q So this number shows all kids 5 to 19, and then Exhibit 7

8 showed the rate of increase for kids under 18 who played

9 sports?

10 A Right.

11 Q So the kids who played sports increased by a factor of 4,

12 and the kids who didn't play sports increased by a factor

13 of more than 7. Do you see that?

14 A Okay. Yep.

15 Q Okay. So if the kids didn't play sports and didn't attend

16 sports, because you recall that the sports numbers

17 included played or attended, and you collected data the

18 same way for both the general population of kids and those

19 who played sports, why would we want kids to stop playing

20 sports, because they could contract COVID less than the

21 general population?

22 MS. VOHS: Objection. Form. Outside the

23 scope.

24 A It's a poor analogy. If you played -- obviously, in the

25 other graph you showed, we show increasing numbers of

1 A When you're playing sports, you're exhaling greatly,

2 depending on the sport, maybe, for example, hockey and

3 basketball. So -- and often kids are not wearing their

4 masks during that time. They're not wearing their masks

5 during the game or during practices either while they're

6 out on the ice or on the court or back on the court. So

7 there is an increased risk to others. We have had

8 numerous outbreaks associated with high school sporting

9 teams.

10 Yes. Yes, the graph on the right shows you

11 that we have an overall increase at this period of time in

12 cases related to youth. That's increasing as well, so

13 kids are getting it either in the classroom or outside the

14 classroom in social gatherings. That's true as well.

15 But you can't -- it's comparing -- it's not

16 even comparing apples to oranges to say, "Well, since the

17 proportional increase was greater in nonsports versus

18 sports, therefore it's safer." That's -- that's not even

19 a valid comparison. It's just not even apples and

20 oranges.

21 BY MR. DIEHL:

22 Q Okay. So --

23 A And I won't make that -- I won't make that conclusion.

24 Q I'm going to ask -- I'm trying to clarify your answer. So

25 wouldn't the increased risks of sports be reflected in the

1 cases related to kids that were playing sports or were --

2 or attending sporting events. So just by eliminating that

3 doesn't mean, necessarily, you're, going to be protective

4 here, because these does not -- this does not include --

5 as I said, again, you know, sporting -- athletics, sport

6 teams can be a seed for other kids, because these are sort

7 of the hotbeds in the school where kids are gathering

8 playing sports, probably not wearing masks or not wearing

9 masks all the time and then spreading it to others, who in

10 turn, then, can spread it to their nonsport classmates.

11 MR. DIEHL: Let's put Exhibit 7 and

12 Exhibit 8 -- the graph from Exhibit 7 and the graph from

13 Exhibit 8 next to each other, if possible.

14 TRIAL TECHNICIAN: One moment.

15 MR. DIEHL: Okay. So if we could zoom in on

16 the left, on the chart at the top. Is there a way to --

17 thank you.

18 BY MR. DIEHL:

19 Q Okay. So if we look at the difference in the increase,

20 not the total numbers because that would depend on how

21 many kids you reach, but let's -- you've reached a

22 representative number. How could sports be more dangerous

23 if it increased a factor of 4 when all kids increased by a

24 factor of more than 7? How is sports more dangerous?

25 MS. VOHS: Objection. Outside the scope.

1 data that you collect at the Department of Health?

2 A Yes. And as I mentioned, we are seeing a large spike.

3 This is --

4 Q It was a yes-or-no question. It was a yes-or-no question.

5 A Yes.

6 Q I don't need the same speech?

7 MS. VOHS: Objection. Mr. Diehl, allow the

8 witness to finish speaking.

9 MR. DIEHL: He needs to answer yes-or-no

10 questions. If they're capable of an answer yes or no, he

11 can answer the question, Counsel. We need to try to get

12 done and I don't know that we are.

13 BY MR. DIEHL:

14 Q So --

15 MS. VOHS: Then ask more specific questions

16 that actually call for a yes-or-no answer.

17 MR. DIEHL: Well, I did.

18 BY MR. DIEHL:

19 Q So yes or no?

20 A (Moves head from side to side.)

21 Q No? Why are you shaking your head no, Mr. Danila?

22 A You did not ask me a yes-or-no question.

23 Q Okay.

24 A Go ahead. Please ask it. Thank you.

25 Q Let your counsel do the objection. And if you can't

Page 201

1 answer the question, let me know.
 2 MR. DIEHL: But I don't need objections from
 3 the witness, Counsel.
 4 BY MR. DIEHL:
 5 Q So --
 6 MS. VOHS: Mr. Diehl, if you have a question
 7 (audio glitch).
 8 BY MR. DIEHL:
 9 Q Okay. So with respect to the cases on the left that are
 10 represented in this curve, the collection of data from the
 11 Department of Health would reflect any increased risks
 12 associated with sports, correct? Yes or no.
 13 A Yes.
 14 Q Okay. And it does not, correct?
 15 A Incorrect.
 16 Q Okay. So how does the data on the left with respect to
 17 under-18 individuals who reported playing or attending
 18 sports show that sports are more dangerous than the much
 19 larger increase shown on Exhibit 8?
 20 MS. VOHS: Objection. Outside the scope.
 21 A I can answer the question for the graph on the left.
 22 There's an increase in the number of cases related to
 23 playing or attending sports. That's fairly obvious by
 24 anyone looking at this graph.
 25 I'm not going to -- you can't answer about --

Page 202

1 "Well, what about" -- let's compare it to a nonsports or
 2 let's compare -- let's compare it to day care or let's
 3 compare it to workplaces. That's not what this graph is
 4 showing. This graph is showing you sport events, period.
 5 BY MR. DIEHL:
 6 Q Okay. Right. So with respect to the chart on the right
 7 in Exhibit 8, that chart is showing cases for all kids, so
 8 it would include the kids that are reported on the left.
 9 This is -- this is based on the Department of Health's
 10 information reported by cases of COVID by age.
 11 So I'm confused why -- if the allegedly more
 12 dangerous kids are included in the graph on the left, why
 13 the graph on the right would not indicate that those who
 14 don't play sports, who aren't included in the chart on the
 15 left, have a higher spike in cases and increase in cases
 16 than kids who play sports.
 17 MS. VOHS: Objection. Form.
 18 BY MR. DIEHL:
 19 Q So I guess to break it down so I don't have a form
 20 objection, the chart on the left increases significantly
 21 more among the kids shown on that chart than the under-18
 22 orange line on the chart on the left, correct?
 23 A Correct.
 24 Q So if sports were more dangerous than all kids, which
 25 includes kids who play sports, wouldn't the sports numbers

Page 203

1 increase more than the general population of kids'
 2 numbers?
 3 MS. VOHS: Objection. Outside the scope.
 4 A You can't parse out the risk of sports versus nonsports by
 5 these graphs. You can look at the graphs and say there
 6 was an increase in cases related to sports, either playing
 7 or attending as shown on the left. You look in the right
 8 and say there's an overall increase in youth 5 to 19 --
 9 BY MR. DIEHL:
 10 Q Okay. And --
 11 A -- which, by the way, 5 to -- 5 to 19 includes a larger
 12 age than typically would be playing high school sports.
 13 Q And so the 19-year-olds would skew the cases higher,
 14 correct?
 15 A Well, again, the graph on the right ages, if I can see
 16 this carefully, it's ages 5 to 19. Typically, high school
 17 sports, we're talking about ages maybe 14 to 18. So this
 18 graph on the right includes, you know, ages 5-, 6-, 7-,
 19 8-, 9-, 10-, 11-, 12-, 13- --
 20 Q I understand what 5 to 19 is.
 21 A -- 14-year-olds.
 22 Q You don't need to list --
 23 A Right. So -- so --
 24 Q Hold on.
 25 A -- you were trying to --

Page 204

1 Q There's no question pending. Let me ask you a question to
 2 clarify that. All right? Is this funny?
 3 A Well, you don't --
 4 MS. VOHS: Objection.
 5 A -- seem to --
 6 MS. VOHS: Objection.
 7 A -- to be willing to let me answer my question. You seem
 8 to want to snap me off. I can either explain it to you or
 9 not. It's up to you.
 10 MS. VOHS: Mr. Diehl, I'm going to request
 11 that we take a break.
 12 MR. DIEHL: I need to ask -- I'm going to put
 13 up another exhibit. Please put up --
 14 BY MR. DIEHL:
 15 Q Well, let me ask you this. I just want to ask a couple
 16 more questions. So the 19-year-olds would have higher
 17 case numbers than 18-, 17-, 16-year-olds, fair?
 18 A Probably. I'm not sure, but probably, yes.
 19 MR. DIEHL: Okay. So let's put up D15 as
 20 Exhibit 9.
 21 (Deposition Exhibit Number 9 marked for
 22 identification by the court stenographer.)
 23 BY MR. DIEHL:
 24 Q Okay. So this is ages 5 to 14. So ages 5 to 14 wouldn't
 25 include most kids in high school and no 19-year-olds,

Page 205

1 correct?

2 A Right. Correct.

3 Q So if we look at the similar dates, if we look at the week

4 of 9/6 to 9/12, the cases are around 250; is that fair?

5 A Yes.

6 Q And then those cases spike in November up to 3,250 or a

7 little bit more than that; is that fair?

8 A Yeah. Close to 3500, yep.

9 Q Okay. So that's a larger increase than the sports numbers

10 increase, correct?

11 A Correct.

12 Q And so even using a different date, the numbers of sports

13 cases -- or the number of cases among kids who play sports

14 grew from September to the peak of COVID in November at a

15 significantly lower rate than all 5- to 14-year-olds,

16 including those who play sports; is that fair?

17 A Well, this graph shows -- what did we say? About 450 or

18 so up to -- close to 3500. So maybe a sixfold increase.

19 Q Sure. I think it's a little lower than that, but it

20 doesn't really matter.

21 A Okay. Five-and-a-half-fold increase. And I think on the

22 other graph, you were showing maybe what? A

23 3-and-a-half-fold increase?

24 Q Sure.

25 A So a lesser proportional growth in sports-related cases.

Page 206

1 Q Correct. That's correct.

2 You drew that conclusion based on looking at

3 the two graphs, correct?

4 A That you asked me to look at, yes.

5 Q Okay. And you or anyone that you're aware of at

6 Department of Health did not look at that information

7 before today; is that fair?

8 MS. VOHS: Objection. Calls for speculation.

9 BY MR. DIEHL:

10 Q To your knowledge?

11 A If you asked if I looked at these specific graphs, I don't

12 think so, no.

13 Q Well, have you looked at the same information whether the

14 general population of kids contracts COVID more or less

15 than those kids who play sports?

16 MS. VOHS: Objection. Asked and answered.

17 A Right. Let's see. I've looked at overall case growth by

18 age, and I looked at overall -- you know, and I looked at

19 the number of cases associated with sports and the number

20 of outbreaks associated with sports.

21 BY MR. DIEHL:

22 Q Have you ever compared the two numbers or the increase in

23 those numbers?

24 A Not me personally, no.

25 Q Has anyone else at the Department of Health, to your

Page 207

1 knowledge?

2 MS. VOHS: Objection. Form.

3 A I don't know.

4 BY MR. DIEHL:

5 Q Well, if you're going to stop, cancel -- if you're going

6 to cancel sports, wouldn't you have to know whether

7 cancelling helped or whether it gave kids more free time

8 to get COVID by hanging out with their friends or doing

9 other activities that are risky?

10 MS. VOHS: Objection. Misstates testimony.

11 A Yeah. Again, I guess the underlying assumption that's

12 being made is, if they don't play sports then they're all

13 going to congregate together elsewhere, and I don't know

14 if that's a true assumption.

15 If the proper education is given by the

16 coaches, for example, by teachers, by the parents, which

17 is okay, "Your hockey game is cancelled. We don't want

18 you to gather up now together as a group anyway and not

19 mask and so forth." You still need to, you know, do other

20 things, other social mitigation efforts.

21 BY MR. DIEHL:

22 Q So I guess to clarify my question, neither you nor anyone

23 else you know at the Department of Health has compared

24 that data, the data for all kids versus the kids who play

25 sports, to determine whether that gives you an indication

Page 208

1 of what kids do when they don't play sports, correct?

2 MS. VOHS: Objection. Form.

3 A I think I answered that, which is I'm not aware of

4 people -- I don't know if anybody has looked at the data,

5 nonsports. We certainly can look at the data by age, look

6 at the number of outbreaks we have in schools. We have a

7 schools team that does that. We have, you know, 20 people

8 on that team that are helping schools every single day

9 with their outbreaks and where there are cases.

10 BY MR. DIEHL:

11 Q But you don't know whether they have looked at the data

12 that we just looked at?

13 MS. VOHS: Objection.

14 A For the third time, no, I don't know.

15 BY MR. DIEHL:

16 Q To determine whether sports is a risk, don't you need to

17 look at the increase in sports cases or sports outbreaks

18 compared to the increase in cases and outbreaks among

19 those who don't play sports?

20 A I don't think so, no.

21 MS. VOHS: Objection. Beyond the scope.

22 A No, I don't think so. I think you can look at the data

23 themselves, which are the number of cases related to youth

24 sports and the number of outbreaks we've had in sporting

25 teams. And then you can also look at it into the, you

1 know, associated -- individuals associated with teams,
 2 coaches, referees, et cetera.
 3 MR. DIEHL: All right. Counsel, did you want
 4 to take a break now?
 5 MS. VOHS: Yes, please.
 6 MR. DIEHL: Okay.
 7 THE VIDEOGRAPHER: We are going off the video
 8 record at 3:22 p.m.
 9 (A recess was taken from 3:22 p.m.
 10 until 3:30 p.m.)
 11 THE VIDEOGRAPHER: Back on the video record
 12 at 3:30 p.m.
 13 BY MR. DIEHL:
 14 Q Dr. Danila, do you understand you're still under oath?
 15 A Yes.
 16 Q We talked about -- or you talked a little bit about
 17 communicating to the public and encouraging the public to
 18 abide by orders. Do you know how the Department of Health
 19 works to encourage confidence in its decisions and get
 20 people to follow those decisions? Sorry. That was a long
 21 question, so I'll just break it down a little bit.
 22 Sir, you recall that we talked about the
 23 Department of Health's effort to get individuals to follow
 24 its orders? Do you recall that?
 25 A Yes.

1 public radio or other -- you know, other stations or
 2 newspapers.
 3 So all of the -- all of our, you know,
 4 mitigation measures, you know, are talked about and the
 5 need to maintain those and also, you know, the means to
 6 get us through the pandemic.
 7 Q And in your particular position, you're not a political
 8 appointee of the governor, correct?
 9 A Correct.
 10 Q And you're not in a position where you're working for the
 11 Democratic Party, correct?
 12 A I'm not affiliated with any party in relation to my job,
 13 correct.
 14 Q And so -- and the Department of Health wants everybody to
 15 comply with responsive measures to COVID-19, whether they
 16 be based on race or ethnicity or political affiliation,
 17 correct?
 18 A Correct.
 19 Q And we asked earlier about whether there's a lag in
 20 reporting or whether you see any information earlier. Do
 21 you recall that testimony?
 22 A Yes.
 23 Q How much earlier than the general public do you personally
 24 see information at the Department of Health related to
 25 case numbers?

1 Q And what does the Department of Health do to accomplish
 2 that?
 3 A Well, it's outside of my area, but as a citizen I know
 4 that we have a website with the information on it -- with
 5 lots of information on it. We have public service
 6 announcements. We have outreach grants to various
 7 communities, communities of color, for example, with, you
 8 know, experts in the community. You know, we -- you know,
 9 we give talks. And then, of course, I know from the
 10 larger -- just being a citizen, reading the newspaper, we
 11 have our governor that, you know, frequently talks to the
 12 media and talks about maintaining our mitigation measures
 13 to get the pandemic under control.
 14 Q So would it be fair to say that everybody at the
 15 Department of Health has a role in ensuring the public has
 16 confidence in the Department of Health's decisions or
 17 recommendations?
 18 A Yes. And also I forgot to mention, our own commissioner,
 19 of course, you know, is on -- I think he has at least four
 20 times a week live media calls for about an hour, sometimes
 21 five times a week, rarely three times a week, and will
 22 often have either, as I mentioned some other names -- or
 23 you mentioned, Dr. Lynfield, our state epidemiologist, or
 24 Kris Ehresmann, in addition to those live media
 25 conferences, will, you know, frequently be interviewed by

1 A Well, you know, generally we have an update daily, seven
 2 days a week. I receive the -- sort of the final counts at
 3 about this time. I'm -- actually, because of this, I'm
 4 missing it. At about 3:15, you know, I'll receive the
 5 number of new cases, you know, total number of cases,
 6 number of deaths; and then for each death, age and whether
 7 they were a nursing home resident in the county.
 8 So I'll have that, and I'll put in an email
 9 that I send to my incident commander, Kris Ehresmann, you
 10 know, and she'll send it by 4:00 o'clock, typically seven
 11 days a week. And then that will be received, you know, by
 12 our commissioner of health and our deputy commissioner.
 13 And in turn, that gets sent to the governor. And then I
 14 think it gets put on the governor's public-facing website
 15 the next day, and it gets put on our public-facing
 16 website -- I think it's by 10:00 a.m. the next day.
 17 So the numbers you see this morning were
 18 from, you know, yesterday. So I have a little lead time
 19 as well, you know, about 75 other people in the department
 20 who, you know, receive my email with a summary.
 21 Q Are you required to keep that information embargoed until
 22 when it's released to the public the next day?
 23 A Yeah. If the media called up like, you know -- let's say
 24 the media called up our communications officer at
 25 5:00 o'clock to say, you know, "What are the latest

Page 213

1 numbers," you know, we have said, "You'll have to wait
 2 until tomorrow at 10:00 o'clock. You're kind of
 3 embargoed," just because otherwise it would be a feeding
 4 frenzy every day, you know, to get the latest numbers. So
 5 we officially release them -- I can't remember exactly if
 6 it's 9:30 or 10:00 in the morning. Then it goes on our
 7 website.

8 **Q Is there a policy or directive from those who you report**
 9 **to regarding information being embargoed until it's**
 10 **released to the public?**

11 A Well, if I would happen to get a call -- I shouldn't, but
 12 I would refer them to our communications department. Or
 13 if I were being interviewed, say, live at 5:00 o'clock, I
 14 would be using the numbers that were released this
 15 morning. I wouldn't give the updated numbers. That will
 16 be released tomorrow morning.

17 **Q And you wouldn't put those numbers on Twitter, would you?**

18 A No. No.

19 **Q What does "hojorich" mean?**

20 A I think you found my Twitter account. Congratulations.

21 **Q Well, I'm just asking a question. Where does that name**
 22 **come from?**

23 A That's just a --

24 MS. VOHS: Objection.

25 A That's a personal question.

Page 214

1 BY MR. DIEHL:

2 **Q Does it have any meaning, other than the letters that are**
 3 **there?**

4 A It's personal. I'd rather not say what it means.

5 **Q I think it's material. So what does it mean?**

6 MS. VOHS: Objection.

7 A Well, I'll tell you. Are you familiar with the restaurant
 8 chain Howard Johnson's?

9 BY MR. DIEHL:

10 **Q Yeah.**

11 A Okay. Well, I'm a Howard Johnson's collector. I collect
 12 Howard Johnson's memorabilia, HoJo.

13 **Q That's the only -- honestly, that's the only HoJo I**
 14 **could -- I could come up with, because, honestly, I've**
 15 **never --**

16 A Well, you guessed it right.

17 MR. DIEHL: If we could put up premarked T15.
 18 (Deposition Exhibit Number 10 marked for
 19 identification by the court stenographer.)

20 BY MR. DIEHL:

21 **Q Do you recognize Exhibit 10 as a tweet that you sent in**
 22 **reply to the tweets that are shown above?**

23 A Yeah. I know Dr. Bornstein, yeah.

24 **Q And so that -- the numbers in your tweet from**
 25 **October 16th, 2020, those numbers are the embargoed**

Page 215

1 numbers from the next day, correct?

2 A Yeah. I said we'll report 1700. It was probably, you
 3 know, an estimate or rough number, yep.

4 **Q Where else have you disclosed the numbers early?**

5 MS. VOHS: Objection.

6 A I don't believe I have, except, you know, in response to
 7 Dr. Bornstein in general.

8 BY MR. DIEHL:

9 **Q You're very active on Twitter, aren't you?**

10 MS. VOHS: Objection.

11 A I don't know what you mean by very "active."

12 BY MR. DIEHL:

13 **Q Well, let me ask you this: Does your role at the**
 14 **Department of Health involve communicating to the public**
 15 **or not?**

16 A No. Not.

17 MR. DIEHL: And let's put up premarked
 18 Exhibit T16.
 19 (Deposition Exhibit Number 11 marked for
 20 identification by the court stenographer.)

21 BY MR. DIEHL:

22 **Q Do you recognize Exhibit 11?**

23 A Yeah. That's a tweet I sent, yeah.

24 **Q And so your tweet from March 9th -- that's this March 9th,**
 25 **correct?**

Page 216

1 A Probably -- yes. Yes.

2 **Q And so you're aware that Scott Jensen is a former state**
 3 **Senator, correct?**

4 A Yes.

5 **Q And you're aware that he's running for governor or he's**
 6 **announced he's running for governor?**

7 A I guess -- I think so, yes.

8 **Q And you say, "Do you know how to read?" Do you see that?**

9 A Yes. Because he obviously did not read that those numbers
 10 were -- I mean, right below the numbers, it stated why
 11 there was this blip in our cases. Yes.

12 The numbers that were reported that day were
 13 because there was a -- labs that were not reporting cases
 14 to us that we discovered, and so we had a blip in our
 15 numbers.

16 **Q Why was there a blip? That's a significant blip, correct?**

17 A Right. Because we --

18 MS. VOHS: Objection. Outside the scope.

19 A Well, it was well documented in the media that day that,
 20 you know, we discovered labs that had not been reporting
 21 to us, and we got a batch of new cases and uncovered these
 22 deaths as well.

23 BY MR. DIEHL:

24 **Q And those deaths significantly -- there was a significant**
 25 **spike in deaths when they were reported, correct?**



Page 217

1 A Only for that day. That's why we specifically stated
 2 right then and there that this was an artificial increase
 3 for that one day.
 4 Q Do you know why?
 5 MS. VOHS: Objection. Outside of the scope.
 6 You're asking for expert testimony.
 7 A Well, again, it was already well stated in the media that
 8 it was -- we discovered, I think, a couple labs that had
 9 not been reporting to us.
 10 BY MR. DIEHL:
 11 Q And those deaths, the 138 deaths, are long-term care
 12 facilities at which there's substantially higher risk for
 13 the population, correct?
 14 A Yes.
 15 Q And as far as risks go, you understand that for
 16 individuals outside of long-term care or -- long-term care
 17 or congregant care, those are both higher risk situations;
 18 is that correct?
 19 MS. VOHS: Objection. Form.
 20 A I misunderstood.
 21 BY MR. DIEHL:
 22 Q Are long-term care facilities, nursing homes, congregate
 23 care, those are -- are those interchangeable terms?
 24 A Yes. Yes. "Long-term care" and "nursing homes" would be
 25 interchangeable, yes.

Page 218

1 Q Okay. And so long-term care, that's where we talked about
 2 80 percent of the deaths have occurred in long-term care,
 3 correct?
 4 A Yes.
 5 Q And outside of long-term care for all ages, there's a 99.5
 6 percent survival rate for COVID. Does that sound right?
 7 MS. VOHS: Objection. Outside the scope.
 8 A Yeah. That's incorrect. It depends on many, many
 9 factors. You can't just take the overall number of deaths
 10 and divide it by the number of cases. You have to look at
 11 the age of the individual. You have to look at their
 12 race, ethnicity, whether or not they have underlying
 13 medical conditions. So you just can't simply take the
 14 number of deaths in the United States, divided by the
 15 number of cases in the United States. That's incorrect.
 16 BY MR. DIEHL:
 17 Q Well, I guess I'm not talking about the United States.
 18 I'm talking about Minnesota. And my question is, for
 19 anyone of any age outside of long-term care, does it sound
 20 correct that there's a 99.5 percent approximate survival
 21 rate for COVID?
 22 A No. Incorrect.
 23 Q And for cases under 60, you're aware there's approximately
 24 9.9 percent -- 99 -- excuse me. Let me start that over.
 25 For cases in individuals under 60 years old,

Page 219

1 there is a 99.9 percent survival rate, correct?
 2 MS. VOHS: Objection. Outside the scope.
 3 A Incorrect.
 4 BY MR. DIEHL:
 5 Q Do you know what the percentage is?
 6 A Again, you can't take general statistics. You have to
 7 look at what other factors might be involved. Are we
 8 saying the person has underlying health factors,
 9 underlying risk factors, obesity, diabetes, heart disease?
 10 So are you talking about a totally healthy 50-year-old or
 11 one that has underlying health conditions? Because the
 12 risk mortality is going to vary differently quite a bit.
 13 Q In an individual that's totally healthy, ages 50 and
 14 younger, the survival rate would be more like a hundred
 15 percent, correct?
 16 MS. VOHS: Objection. Outside of the scope.
 17 This is calling for expert testimony.
 18 A Yeah. And I -- and I kind of missed your question. But
 19 again, it's going to depend on lots of factors.
 20 BY MR. DIEHL:
 21 Q Well, I'm just going to ask you a different question. So
 22 for individuals who are age 50 or younger and have no
 23 underlying conditions or comorbidities, there is
 24 effectively an approximately -- excuse me. Let me start
 25 over.

Page 220

1 For individuals under 50 who have no
 2 underlying health conditions or increased risk factors,
 3 the survival rate for COVID is a hundred percent, correct?
 4 A Incorrect. There are certainly people under 50 that have
 5 no underlying health conditions who have died. It's
 6 not -- so it's not a hundred percent. Incorrect.
 7 Q Is that greater than 1 in 10,000?
 8 A Yeah, I'd say it's probably greater than 1 in 10,000. But
 9 probably maybe less than 1 percent.
 10 Q 99.9 is approximately 1 in 10,000, correct?
 11 A Mm-hmm (affirmative).
 12 Q Yes?
 13 A So somewhere between .1 and 1 percent, maybe, fatality
 14 rate for a healthy, no underlying health conditions
 15 individual under 50 years of age.
 16 Q So if the actual numbers show that for all people,
 17 including those with health conditions, are at 99.9
 18 percent, then that answer is wrong, correct?
 19 MS. VOHS: Objection. Outside the scope.
 20 A Again, you'll have to give me your hypothetical. Under
 21 50 --
 22 BY MR. DIEHL:
 23 Q I'm not asking?
 24 A -- no underlying conditions.
 25 Q I'm asking -- I'm looking at your data.

1 A Okay.

2 Q You just haven't run the numbers; is that fair?

3 A I'm sorry?

4 Q You haven't run the numbers for individuals age 50 and
5 younger based on case statistics reported by the
6 Department of Health; is that fair?

7 MS. VOHS: Objection. Form.

8 A You know, we don't collect detailed information about
9 underlying health conditions in every case. That would
10 require, you know, review of medical records, you know,
11 tracking down medical records, different doctors' offices.
12 We might ask that in general when we interview the person,
13 "Do you have underlying health risk factors?" And we
14 would collect it if they were hospitalized and we did a
15 chart review, but, otherwise, we don't really have a good
16 way to collect underlying health conditions.

17 BY MR. DIEHL:

18 Q Well, there's death certificates, correct?

19 A Yeah. The death certificates may or may not list
20 underlying health conditions.

21 Q Well, the doctors are trained to fill out death
22 certificates; is that correct?

23 A Well if you had diabetes, but it was well controlled and
24 it didn't contribute to your demise, to your death, it
25 wouldn't be put on the death certificate. But,

1 politician? I think I have, probably, yeah.

2 Q If in looking through hundreds of tweets I did not see
3 one, would that surprise you?

4 A Okay.

5 Q Well, it would not surprise you?

6 A That I did not? Let's get the double negatives here.

7 Q Yeah.

8 A That you couldn't find a -- you could not find a negative
9 tweet about a democratic politician. Okay. Not
10 surprising.

11 Q Was Sturgis a superspreader event?

12 A Oh, if you're talking about the attendees to the Sturgis
13 Motorcycle Rally, yeah, it was a superspreader event. So
14 we were one state that documented that, but then there was
15 a subsequent multistate investigation that showed that
16 there were multiple cases that resulted from people that
17 attended Sturgis, a motorcycle event.

18 Q And is Kristi Noem, governor of South Dakota, responsible
19 for dead Minnesotans who attended Sturgis?

20 MS. VOHS: Objection. Form.

21 A I don't even know how to answer that. You know, the
22 Sturgis event happened in South Dakota.

23 MR. DIEHL: Let's put up Exhibit -- mark
24 Exhibit 12, which is T17, I believe. Yeah.
25 (Deposition Exhibit Number 12 marked for

1 nevertheless, it might have put you at greater risk for
2 COVID-19.

3 Q Then it would have contributed to your death, right?

4 A If it contributed to your death.

5 Q Right.

6 A But it may not have contributed to your death. The
7 physician may not have put it on the death certificate.

8 Q Well, if it didn't contribute to your death, it should not
9 be on the death certificate, correct?

10 A Correct. Right.

11 Q I assume you're a member of the Democratic Party?

12 MS. VOHS: Objection.

13 BY MR. DIEHL:

14 Q Is that correct?

15 MS. VOHS: Do not answer that.

16 I'm directing him not to answer that. It's
17 not relevant.

18 BY MR. DIEHL:

19 Q Have you ever tweeted in a negative way about a democrat
20 politician?

21 A I tweet on my own personal time. I don't tweet on work
22 time. It's not associated with work, so I don't think I
23 need to really answer that question.

24 Q Well, it's not your decision.

25 A Have I ever tweeted negatively about a democratic

1 identification by the court stenographer.)

2 BY MR. DIEHL:

3 Q Do you recognize Exhibit 12?

4 A Not really. But -- okay. But obviously it's my tweet.

5 Q Yeah. So you're responding to Governor Kristi Noem's
6 tweet on September 22nd. Do you see that?

7 A Yep.

8 Q And is it fair to say that you're blaming Kristi Noem for
9 dead Minnesotans who attended Sturgis?

10 MS. VOHS: Objection. Form.

11 A It looks like I was tweeting back to this Joe Ward where
12 he says, "Awesome job! So much for the fear mongers
13 yapping about Sturgis. Not a 'super-spreader.'" And I
14 said, "Tell that to the family of our dead Minnesotans who
15 attended Sturgis. " Looks like I was replying to Joe Ward,
16 not to Kristi Noem.

17 BY MR. DIEHL:

18 Q And he, Joe Ward, is responding to Governor Kristi Noem,
19 correct?

20 A I guess. You know, I'm not a great tweeter, but, yeah.
21 Looks like it, yeah.

22 Q How many -- how many people in -- how many cases need to
23 come out of an event to make it a superspreader event?

24 A I don't think there's any hard and fast number or answer
25 to that.

Page 225

1 Q Have you ever thought about that? Have you ever used the
 2 word "superspreader"?

3 A Well --

4 MS. VOHS: Objection. Form.

5 A I don't know if I have or not. I mean, certainly in
 6 Sturgis -- I think in our article it was called a
 7 superspreader event.

8 BY MR. DIEHL:

9 Q Is it -- does it have political connotations or at least
 10 negative connotations?

11 A Superspreader? No. I think it has to do with
 12 transmission of cases.

13 Q So it's a clinical term?

14 A No, not clinical.

15 Q But it's a negative term. It's pejorative, correct?

16 A I think it's descriptive, not pejorative.

17 Q Does the Department of Health use "superspreader event" in
 18 data collection?

19 MS. VOHS: Objection.

20 A No, not in data -- no, not in data collection, no.

21 BY MR. DIEHL:

22 Q Anywhere else in its official documentation related to
 23 cases or outbreaks?

24 A Again, I think the article that we published in the MMWR
 25 on Sturgis, we called it a superspreader event. But I

Page 226

1 don't know if we ever have in any other event.

2 Q And how many cases did your -- well, you mention an
 3 article. Was that an article in MMWR?

4 A Yes. Yes.

5 Q And that's a CDC publication?

6 A Yes.

7 Q And so you wrote or co-wrote an article regarding the
 8 Sturgis Motorcycle Rally; is that fair?

9 A Yes.

10 Q And how many cases did your article find were -- in
 11 Minnesota were associated with the Sturgis rally?

12 A You know, I can't recall. I'd have to pull up the
 13 article. I can't recall.

14 Q Does 15 -- excuse me. Does 51 sound correct?

15 A Yeah. That sounds about right, yeah.

16 Q How many people from Minnesota went to Sturgis, do you
 17 know?

18 A We don't know. And I don't think that article puts an
 19 estimate in there, so we don't know.

20 MR. DIEHL: If we could pull up E1.
 21 (Deposition Exhibit Number 13 marked for
 22 identification by the court stenographer.)

23 BY MR. DIEHL:

24 Q And if you look at the first paragraph of the article's
 25 text that starts with "During August 7 to 16," do you see

Page 227

1 that?

2 A Yeah.

3 MR. DIEHL: And this is Exhibit 13; is that
 4 right?

5 I'm asking the court reporter. Sorry.

6 TRIAL TECHNICIAN: That's correct,
 7 Exhibit 13.

8 BY MR. DIEHL:

9 Q So if we look at this first paragraph of the text of
 10 Exhibit 13, it talks about 460,000 persons attended
 11 Sturgis in 2020. Is that a fair characterization of the
 12 first portion of that text?

13 A Yep.

14 Q And how many of those 460,000 came from Minnesota?

15 A Again, I don't think we know for sure.

16 Q And is it fair to assume that Minnesota had the largest
 17 percentage of attendees by state, given the proximity to
 18 Minnesota of South Dakota?

19 A I'm -- I'm not sure. I wouldn't speculate. I don't know.

20 Q So there are 51 primary event-associated cases identified.
 21 Do you see that in that text?

22 A Yes. Yes. Right there, yep.

23 Q And so 51 would be significant, depending on the number --
 24 the denominator, the number of persons from Minnesota,
 25 correct?

Page 228

1 A Yeah. So 51 of the people that were from Minnesota that
 2 attended, yes.

3 Q So if 51 out of 150,000 attended, that would be very
 4 different from 51 out of a thousand who attended, fair?

5 A Yes.

6 Q And you'd have to determine whether the cases related to
 7 COVID -- I guess all the cases would be related to COVID,
 8 wouldn't they? I'll object to my own question.

9 All of the -- so starting over.
 10 With respect to the cases you identified in
 11 Minnesota that you believe resulted from Sturgis, to
 12 determine whether it's significant you would have to
 13 determine whether the level of cases that were associated
 14 with COVID is greater than the cases associated with the
 15 general population in Minnesota, correct?

16 A No.

17 MS. VOHS: Objection. Form. And outside the
 18 scope.

19 A And incorrect.

20 BY MR. DIEHL:

21 Q How is it incorrect?

22 A Well, you had a very long question there, but if I
 23 understand, you're trying to make a comparison, you know,
 24 what's the risk of people that attended Sturgis versus
 25 those that didn't attend Sturgis. What this article says

1 is, among -- we had 51 persons in Minnesota that became
2 infected because they attended Sturgis. And then they, in
3 turn, had other secondary cases, and they, in turn, had
4 other tertiary cases.

5 Q But in August and September of 2020, the -- there was some
6 level of COVID in Minnesota that this population would be
7 exposed to if they stayed in Minnesota, correct?

8 A Yes.

9 Q Okay. So wouldn't you have to determine whether the level
10 of cases in COVID -- of COVID in Minnesota -- excuse me.
11 Let me start over.

12 Wouldn't you have to determine the exposures
13 at that time in Minnesota versus the exposures in
14 South Dakota and compare those two to determine whether 51
15 is significant or not? Correct?

16 A No. Incorrect. Again, apples and oranges. I think you'd
17 have to find another event that attracted 460,000 people
18 over nine days in a very small, you know, town packed jowl
19 to jowl, cheek to cheek, many of them not wearing a mask
20 and certainly not social distancing, to find out
21 what the -- that would be the proper comparison group to
22 say that there was a risk in Sturgis versus a risk at this
23 other event that had 460,000 people over nine days.

24 Q Well, so if I recall correctly, from your declaration,
25 Exhibit 1, you mention that COVID is everywhere and that

1 Q So you didn't --

2 A We didn't make any assumption.

3 Q So you didn't determine whether this was a superspreader
4 event or not, correct?

5 A I don't remember if we used the word "superspreader" in
6 this article or not.

7 Q What did the Department of Health determine was -- let
8 me -- let me start over.

9 How many cases did -- has the Department of
10 Health determined was related to George Floyd riots or
11 demonstrations?

12 A I don't know if we specifically determined a number. We
13 certainly asked about, you know, if they attended any
14 rallies or, you know -- you know, in Minneapolis or
15 elsewhere, and we didn't overall find an increase related
16 to that.

17 Q The Department of Health found cases related to George
18 Floyd's -- George Floyd demonstrations or riots, correct?

19 A Again, I think we found people that had COVID and had
20 attended, but we didn't place them together, you know, to
21 say there was a culture or an outbreak associated with any
22 one event or, you know, any specific location.

23 Q Do you know how many people were involved in Minneapolis
24 in any demonstration or riot related to COVID -- excuse
25 me, related to George Floyd?

1 there's risks from restaurants, there's risks from gyms,
2 there's risks from sports, correct?

3 A Yes.

4 Q And so if someone is in Minnesota, they may do something
5 that increases their risk, fair?

6 A If they did something in Minnesota or if they went to
7 Sturgis, yes, they would increase their risk, yes.

8 Q Right. So you have to compare what -- the number of
9 people that went and the amount that they are -- you
10 determined was related to Sturgis to determine whether 51
11 is significant, correct?

12 MS. VOHS: Objection. Form. Asked and
13 answered.

14 A Yeah. Again, apples and oranges. This was an event that
15 clear -- that -- the reason why these people -- 51 people
16 became infected is they attended Sturgis.

17 BY MR. DIEHL:

18 Q So was your basis --

19 A That's how they became infected.

20 Q Was your baseline assumption in this study that all of the
21 people from Minnesota that went to Sturgis would have
22 stayed home and done nothing that could cause an exposure
23 during this period of time?

24 A We didn't make any assumption. This is a description of
25 people that became infected at Sturgis.

1 A No.

2 Q And the Department of Health didn't track where
3 individuals were at any riot or demonstration related to
4 George Floyd, correct?

5 MS. VOHS: Objection.

6 A Well, again, as I just mentioned, during that time period,
7 obviously people were interested in whether or not we were
8 going to see a spike in cases. We did ask at that time,
9 you know -- we asked people, you know, did they go to any
10 event or protest or, you know, where they were to collect
11 that information.

12 BY MR. DIEHL:

13 Q When you say, "where they were," did you ask what time and
14 what specific address or street location they were in a
15 protest?

16 A I can't recall if we got that granular. If people were
17 willing to give it to us, we would have recorded it.

18 Q And you'd have to get that granular in order to determine
19 whether there was spread between cases, correct?

20 A Well, these were outside events, so we would ask, you
21 know -- if someone said, "Well, yeah, I was at a rally
22 at" -- you know, wherever -- I don't even remember where
23 they even were. "But I was at the rally, you know, at the
24 University of Minnesota on such and such night," we would
25 have recorded that.

1 Q Okay. And do you know if you aggregated those cases
 2 together?
 3 A We did look carefully to see whether or not, you know, we
 4 would have any spike in cases or clusters or outbreaks,
 5 and I recall we just didn't see anything.
 6 Q Do you know -- do you know what questions were
 7 specifically asked of individuals that were at the protest
 8 event?
 9 A I can't recall.
 10 Q Well, did you know at the time? Were you involved?
 11 A Not specifically, no.
 12 Q And who would be involved in that process?
 13 A So that would be our case investigation/contact tracing
 14 team. I think I mentioned Kathy Como-Sabetti name at the
 15 time. She would know what questions we had at the time.
 16 Q And the departments increased the number of contact
 17 tracers significantly, correct?
 18 A Yes.
 19 Q And so I apologize. I think I did ask you this earlier,
 20 but I don't remember: So from, say, June 1st of 2020
 21 until November or December, do you recall the change in
 22 contact tracers?
 23 A Boy, I don't know. I mean, I just know we -- the State
 24 had a contract with an outside agency and hired, you know,
 25 hundreds of people. I don't know what the numbers were,

1 A A call center that has additional training, you know, with
 2 some, you know, obviously, you know, person -- personal
 3 skills and -- because, also, again, as I mentioned,
 4 contact tracing is more than just collecting information,
 5 but it's also providing services, linking up people that
 6 might need services.
 7 Q And in regard to writing articles, such as the article
 8 regarding the Sturgis Motorcycle Rally, who decides
 9 whether to write an article? Is that you personally or
 10 were you assigned that in your roles for the Department of
 11 Health?
 12 A Oh, it's not me personally. I mean, I think the first --
 13 the primary author of that article was our EIS officer,
 14 epidemi- -- epidemic intelligence services officer,
 15 from -- who's a CDC employee. I think she actually was
 16 the one that thought, "Hey, you know, we're collecting
 17 this data. Maybe I can write an article" and then talked
 18 to her primary supervisor, who said, "Yeah. That's a good
 19 idea," you know, and wrote it up. And then, you know,
 20 there were bunch of us that were coauthors.
 21 Q It looks like Ruth Lynfield and Kris Ehresmann were both
 22 on there. Is Kathryn Como-Sabetti -- is that the woman
 23 you mentioned?
 24 A Yeah. That's Kathy, yep. And then Kirk Smith is on
 25 there. He's her -- he's Melanie's primary supervisor.

1 though.
 2 Q What agency was that?
 3 A It was less than 2,000 but more than a thousand at a peak.
 4 And then, of course, we have -- we have State health
 5 department employees and local health department
 6 employees, too, depending on the time, also at the
 7 interviews.
 8 Q What agency was that that you mentioned?
 9 A It's called Rose. I don't know the exact name. Rose -- I
 10 don't know what the -- you know.
 11 Q R-o-s-e?
 12 A Yes. So the State of Minnesota has contracted with Rose
 13 to provide staffing for contact tracing -- well, the whole
 14 variety of different staff, but contact tracing, Rose. So
 15 again, they supplemented and augmented State health
 16 department staff and local health department staff, who
 17 were also doing it at the time.
 18 Q And are those individuals epidemiologists or are they just
 19 making calls?
 20 A No. They're just trained people just to make calls and,
 21 you know, investigate and, you know, collect information.
 22 Q So they're -- it's basically like a call center that is
 23 trained on --
 24 A Yeah.
 25 Q -- how to make calls?

1 Q Okay. And whose idea was it to have you or others from
 2 the Minnesota Department of Health participate in this
 3 Sturgis article?
 4 A Well, you know, it has to do with, you know -- authorship
 5 has to do with how much, you know, input you had into
 6 the -- you know, into the investigation and into the
 7 writing of the article. So I helped Melanie, I think.
 8 And she's a very good author so I didn't do too much. But
 9 I helped her, you know, write the article or edit it, and,
 10 you know, I gave her, you know, help along the way. She's
 11 a -- so she's a CDC employee that is with us for two years
 12 to get applied practical public health experience, and I
 13 think this was her first article.
 14 Q And --
 15 A The other names on there I could -- you know, the other
 16 names on there are part of the -- you know, these teams
 17 we've talked about, you know, Haley and Jacob and Kelley
 18 and Stacy. And then there's some lab people on there too.
 19 Xiong is from our lab. Matthew Plumb is from our lab.
 20 Yeah.
 21 Q So we're talking about Exhibit 13, correct?
 22 MR. DIEHL: I guess, can the court reporter
 23 confirm that this is --
 24 TRIAL TECHNICIAN: Yes, it's Exhibit 13.
 25 BY MR. DIEHL:

1 Q And whose decision at the Department of Health, Minnesota
2 Department of Health, that is, was it to have you or any
3 other person from the Department of Health participate in
4 this article?

5 A Well, again, it's a collective decision of Melanie and
6 her -- you know, Kirk is her primary supervisor. Ruth is
7 the supervisor of her. I would be a supervisor for -- you
8 know, it's an opportunity for her -- Stacy Holzbauer was a
9 supervisor. So it's an opportunity for Melanie to get
10 experience in writing an article and having it published,
11 you know. She's an employee of CDC.

12 You know, it was, at the time -- this goes
13 back quite a bit now. At the time, it was a -- you know,
14 it's a good -- interesting data to get out, you know,
15 regarding Sturgis and -- you know, a large event that
16 happened and with transmission. We could document it. As
17 I mentioned, there's a subsequent article published, a
18 multistate article, as well.

19 Q And do you recall that at this time -- at the time of the
20 event and up through November 20th, 2020, the date of the
21 article, the -- whether the Sturgis outbreak was -- or,
22 excuse me, whether the Sturgis rally was dangerous or not
23 was somewhat of a political hot button issue; is that
24 fair?

25 MS. VOHS: Objection. Form.

1 related -- or indicated that there was less spread than at
2 Sturgis. Is that a fair characterization?

3 A Correct.

4 Q Well, how could you know the numbers at Sturgis since you
5 don't know how many people went there from Minnesota?

6 MS. VOHS: Objection. Outside the scope.

7 A I think that 460,000 in that article might be referenced.
8 The number was published somewhere as an estimate to
9 crowds.

10 BY MR. DIEHL:

11 Q Yeah. But that's the total number, correct?

12 A Yeah. Over -- so at any given time, you know -- let's say
13 you were only at Sturgis for one day. Not all 460,000
14 were there on one day, right?

15 Q Right. But you don't know, I guess. You don't know,
16 because all that matters as to this article is the number
17 of people from Minnesota, correct?

18 A Well, this is the total number, not just from Minnesota,
19 460,000. So we don't know how many were from Minnesota,
20 right, that made up the 460,000, right.

21 Q The total number of cases associated with Sturgis with
22 460,000 attendees over a 10-day period was 51 cases,
23 primary-event-associated cases? That's your
24 determination?

25 A Yeah. That's correct. And again, going back to what I

1 A Well, I'll just say I don't know if that -- whether -- I
2 mean, everybody -- you know, people in public health
3 obviously knew -- or anybody would know that crowding
4 460,000 people together in a small town is a dangerous
5 event, political or not, I mean, you know.

6 BY MR. DIEHL:

7 Q Well -- but what about 10,000 people crowded onto a
8 bridge. That could be a superspreader event, correct?

9 A Yeah. As I said, we also -- if you're talking through
10 the -- you know, the protests after the George Floyd --
11 you know, again, we were concerned at that as well and
12 kind of looked into that as well. We just didn't --
13 couldn't establish, you know, cases or multiple cases.

14 And maybe what's different about that is
15 because it was outside. People were more socially
16 distanced, more mask wearing, as opposed to Sturgis, which
17 is, really -- you know, if you've seen -- if you've ever
18 been there or seen images, really packed -- I mean, packed
19 cheek to cheek with people and many of them not wearing
20 masks.

21 Q So --

22 A And probably for a longer period of time too. You may be
23 outside all day.

24 Q Your testimony is that the information that the Department
25 of Health collected related to the George Floyd protests

1 said earlier today, the person had to actually, you know,
2 either get sick or get tested. And if they attended
3 Sturgis, maybe they were of the opinion they didn't want
4 to get tested. But if they got tested and got reported to
5 us, then they would have to answer our phone.

6 And again, maybe because they attended
7 Sturgis they didn't want to tell us that they attended
8 Sturgis, so they might not answer our questions -- they
9 might answer the phone or might not answer our questions.
10 So the 51 clearly is probably the, you know, tip of the
11 iceberg again of actually the number of cases in
12 Minnesotans who attended Sturgis.

13 Q Okay. So you're making assumptions about mask wearing or
14 other issues related to Sturgis, correct?

15 A Well, I could see the -- I could see the images on TV like
16 anybody else could.

17 Q Images on TV of a crowd are not necessarily representative
18 of a crowd, correct?

19 A Okay. I'm not going to argue with you.

20 Q No, no.

21 A I saw -- I saw -- I didn't see a lot of face mask wearing
22 in the images I saw.

23 Q Well, did the governor see a lot of face mask wearing when
24 he attended the George Floyd riots?

25 MS. VOHS: Objection.

1 A I wouldn't know. When I saw images on TV of the George
2 Floyd crowd, I generally did see people wearing masks.
3 And also again, it -- they were generally not six feet
4 apart but generally distanced, not cheek to cheek, jowl to
5 jowl.

6 The biggest crowd I saw was the -- when that
7 truck crossed 35W and almost hit people. They seemed
8 pretty crowded on that bridge to me. But again, it looked
9 like most of them were wearing masks. And again, we were
10 relatively surprised that we didn't see cases where -- a
11 spike in cases following, you know, all those events, but
12 we didn't.

13 BY MR. DIEHL:

14 Q And so how is your assumption related to George Floyd's
15 riots that -- not that the cases you saw were the tip of
16 an iceberg?

17 MS. VOHS: Objection. Form.

18 A Well, again, we did try to look for cases, because we
19 expected a spike and we didn't see it. And we did
20 interview people and try to collect information and we
21 really just didn't come up with, you know, clusters or
22 outbreaks as we thought we might.

23 BY MR. DIEHL:

24 Q Do you know if the information that the Department of
25 Health collects from, say, youth sports teams and

1 A -- indoors or outdoors.

2 Q Do you know if the risk of spreading COVID from a large
3 protest at the present time would be more or less than the
4 risk of attending Sturgis in 2020?

5 MS. VOHS: Objection. Outside the scope.

6 A Well, again, it's apples and oranges. You'd have to
7 describe, you know, what the event was like, how crowded
8 it was, you know, how close people are, how long they're
9 attending, and whether or not they're, you know, wearing a
10 mask or not.

11 BY MR. DIEHL:

12 Q So I guess with respect to any measures related to the
13 present and restrictions on protests or demonstrations,
14 you're not involved in any decision making related to any
15 protests at the present time; is that fair?

16 A For the Chauvin trial?

17 Q Yes.

18 A Is that what you're asking? Again, I'm on that safety
19 team I mentioned, mostly as a participant, and there have
20 been a number of discussions about assuring safety, COVID
21 safety, both in the courtroom as well as any protests that
22 might occur on the street. So some general discussions
23 about that, particularly right now in the courtroom or --
24 you know, in the last couple weeks and now more broadening
25 out to the community.

1 programs -- that that information has more detail than
2 information the department obtained regarding any
3 demonstrators or rioters in the George Floyd protests in
4 late May?

5 A Well, it only would obtain more information if we found
6 out, you know, we had a case on, let's say, a high school
7 hockey team, you know. We would, you know, maybe develop
8 a little more detail to find out. And then if we had
9 more -- you know, multiple cases, then we'd get a little
10 more detail, because, you know, obviously it's an outbreak
11 on that team. Otherwise -- otherwise, you know, the first
12 interview -- or the first case or the first kid was like
13 any other interview. We're just trying to find
14 information out.

15 Q So does the data that your team has collected indicate
16 that a large protest at the current time is a safe
17 activity as long as the protesters wear masks?

18 A No. Again, any time you have crowding, particularly, you
19 know, less than six feet apart, even with face masks
20 there's a risk. And, of course, if face masks are not
21 consistently used, there's a risk. So large gatherings we
22 would -- we don't -- you know, we think are risky. And
23 that's why I think we have size limits on, you know,
24 gatherings --

25 Q Do you know if --

1 Q Your understanding, if I recall your testimony, that at
2 the present time it is not safe to protest in a large
3 crowd. Do you know that understanding from your
4 participation on the safety team?

5 A Well, even an independent safety team, it's -- again,
6 which is described multiple times, you know. When people
7 get together, there's a risk of transmission. When people
8 get together in crowded conditions, there's a greater
9 risk. When people get together not wearing face masks,
10 there's an even greater risk.

11 Q And it doesn't matter what the subject of the event is.
12 It's --

13 A No. I think we've had other -- yeah. I think outside of
14 Sturgis, we've had other events, outdoor events, for
15 example, other rallies, rodeo. And, of course, we've had
16 outdoor barbecue, even -- barbecues in people's backyard.

17 Graduation parties, we had a little spike in
18 outbreaks, you know, private graduation parties in
19 people's backyards, you know. Weddings. Any time there's
20 a -- you know, a social event where you have crowds of
21 people, we've demonstrated, you know, outbreaks have --
22 can and have occurred.

23 Q Have you ever completed a death certificate?

24 A No. I'm not a doctor, so I don't complete death
25 certificates.

1 Q Scott Jensen is a doctor, correct?
 2 A I believe so.
 3 Q And to the best of your knowledge, he's filled out death
 4 certificates, correct?
 5 A I have no idea.
 6 MR. DIEHL: And so if we could put up T18.
 7 (Deposition Exhibit Number 14 marked for
 8 identification by the court stenographer.)
 9 BY MR. DIEHL:
 10 Q Do you recognize Exhibit 14?
 11 A Well, I see it now. I don't recall it, but right.
 12 Q And so based on your testimony today, you don't know
 13 whether Scott Jensen knows anything about completing death
 14 certificates; is that fair?
 15 A Correct.
 16 MS. VOHS: Objection.
 17 BY MR. DIEHL:
 18 Q So that's just your assumption on the fact that he's a
 19 Republican and disagrees with MDH policy?
 20 MS. VOHS: Objection. Form.
 21 A Incorrect. And it's not MDH policy. We follow a standard
 22 format for collecting information on deaths that all 50
 23 states use and follow.
 24 BY MR. DIEHL:
 25 Q Do you know if Scott Jensen was trained on CDC death

1 have found -- well, they didn't have an investigation team
 2 like we do, so they didn't have enough resources. So when
 3 they did look at death certificates--and maybe it was
 4 after the fact. Maybe it's a couple months later--they
 5 found deaths that they had not been counting otherwise.
 6 And so they had to, you know, amend their data, for
 7 example.
 8 I know Ohio, for example, found that when
 9 they cross-matched the death certificates to their -- you
 10 know, what they had been reporting out, they realized they
 11 had missed a whole bunch that they hadn't been counting.
 12 We do that every single day. So we're -- you know, we're
 13 on top of things every single day.
 14 BY MR. DIEHL:
 15 Q So for some period of time, that state wasn't following
 16 the CDC's recommendations?
 17 MS. VOHS: Objection. Form.
 18 A No. They were following it for each individual record.
 19 They just hadn't -- you know, they didn't have the
 20 resources, I guess, and they missed a bunch because they
 21 weren't pulling the record to look at until they actually
 22 did sort of the cross-match. That's what I understand
 23 about Ohio, what I read.
 24 BY MR. DIEHL:
 25 Q Who's Kevin McCarthy, Congressman Kevin McCarthy?

1 certificate completion recommendations and whether he
 2 follows those recommendations?
 3 A I don't know if he completes death certificates, and I
 4 don't know if he's been trained.
 5 Q And has the Department of Health ever audited death
 6 certificates to determine -- or to compare to the COVID
 7 death rates that it reports?
 8 A We do that with every single death reported. So we have
 9 about 6,800 deaths now. We have a death investigation
 10 team that looks at the death certificate and then works
 11 with our Office of Vital Records if there appears to be a
 12 problem with a death certificate. And then they can reach
 13 back to the death certifier to make corrections, if
 14 necessary.
 15 So we have a protocol that we follow, that
 16 all 50 State health departments follow to examine death
 17 certificates as to cause of death as related to COVID-19
 18 that we follow.
 19 Q And -- well, you don't know whether other states follow
 20 the CDC's protocol, correct?
 21 A I know all that 50 states follow the CDC protocol.
 22 Q Okay. And so why has some states found errors and audited
 23 their death certificates?
 24 MS. VOHS: Objection.
 25 A I'm not sure what you're referring to. I know some states

1 A Yeah. He's a congressman. He's a Republican leader of
 2 some sort, minority leader.
 3 Q Minority leader, is that what you said?
 4 A I can't recall exactly what he is. Yes.
 5 Q Or did you say, "minor leader"?
 6 A No. I said, "minority leader."
 7 Q Okay. Yeah. I just wanted to clarify.
 8 So what traitorous lies and actions has he
 9 undertaken?
 10 MS. VOHS: Objection. Form.
 11 A I believe you're talking about the January 6th
 12 insurrection. It really has nothing to do with COVID-19.
 13 But that's probably a tweet I sent out regarding the
 14 January 6th insurrection.
 15 BY MR. DIEHL:
 16 Q How many treats -- treats. How many tweets have you sent
 17 calling Republican members of Congress traitors?
 18 MS. VOHS: Objection. Form.
 19 A I don't know. 25.
 20 BY MR. DIEHL:
 21 Q What does it mean to be a traitor as a member of Congress?
 22 A Well, as part of the January 6th insurrection, if you
 23 perpetuated the myth that the election was fraudulent and
 24 that there had been voter fraud and continued to say
 25 that -- even though in every court case the matters were

Page 249

1 either thrown out or not heard because there was no
 2 evidence, if you continued to say that the November 6th
 3 election was fraud and that President Biden wasn't elected
 4 president, that helped contribute and to incite the riot
 5 in our Capitol on January 6th.
 6 **Q What are your normal work hours?**
 7 A Oh, about -- usually about 7:00 a.m. to 5:00 p.m. Monday
 8 through Friday. And then -- well, recently, I'd say maybe
 9 three or four hours on Saturday and three or four hours on
 10 Sunday. Prior to that, it was more hours than that.
 11 **Q Prior to that in 2020 -- during 2020?**
 12 A Yeah. From spring of 2020 until late fall, you know.
 13 Might even be seven or eight hours on Saturday and Sunday
 14 as well, seven days a week. So seven days a week.
 15 **Q Were you on vacation on August 31st, 2020, to your**
 16 **knowledge?**
 17 A I don't recall.
 18 **Q And so if you were not on vacation, would you have been at**
 19 **work at 10:03 a.m. on August 31st, which was a Monday?**
 20 A That might have been -- I know I took a week vacation
 21 around that time, but I don't recall.
 22 **Q Are there rules at the Department of Health about engaging**
 23 **in political activity on working time?**
 24 A I think so. We don't engage in political activity on work
 25 time, correct.

Page 250

1 MR. DIEHL: If we could pull up -- hold on
 2 one second. My documents are a little messed up. There
 3 we go.
 4 BY MR. DIEHL:
 5 **Q Were you at work on March 26, 2021, which is last Friday?**
 6 A No. I was on vacation -- I was on that vacation that
 7 week.
 8 **Q The week of March --**
 9 A Last week I was on vacation.
 10 **Q And you were on vacation two weeks before that, correct?**
 11 A I might have had a vacation day or two, not the whole
 12 week.
 13 **Q So if your lawyer indicated -- or the lawyer for the**
 14 **Department of Health indicated that you were on vacation**
 15 **approximately two or three weeks ago for the week, that**
 16 **would be not true?**
 17 A Two or three weeks ago I had some -- a couple vacation
 18 days. I don't recall. I have -- for example, I can let
 19 you know I have -- I have almost 500 vacation hours. I
 20 have to get below 275 between now and July 1st or I lose
 21 all those hours, so I'm trying to take more vacation time.
 22 **Q You mentioned unpaid work. You're paid for your job at**
 23 **the Department of Health, correct?**
 24 A Yes.
 25 MR. DIEHL: Let's pull up Exhibit 32.

Page 251

1 TRIAL TECHNICIAN: T32?
 2 MR. DIEHL: T32. Excuse me. Sorry. Thank
 3 you.
 4 (Deposition Exhibit Number 15 marked for
 5 identification by the court stenographer.)
 6 BY MR. DIEHL:
 7 **Q So what does it mean to adjust your tinfoil hat,**
 8 **Dr. Danila?**
 9 A It means that you are -- have a fantasy of some sort.
 10 "Tinfoil hat" meaning, you know, people who have fantasies
 11 wear a tinfoil hat.
 12 **Q Were you on vacation on April 1st, 2020?**
 13 A April 1st was what date? Last week or...
 14 **Q A Wednesday of 2020, April 1st, 2020.**
 15 A Oh. I can't recall.
 16 **Q But that would have been --**
 17 A A year ago? No. I can't recall.
 18 **Q That would have been a very busy time at the Department of**
 19 **Health, correct?**
 20 A Yeah. I don't recall if I was on vacation then. I do
 21 remember I did take vacation. I went to Wisconsin for a
 22 few days, but I don't recall the exact dates. It might
 23 have been around then.
 24 **Q Were you on vacation on March 21st?**
 25 A Yes.

Page 252

1 **Q How many days in the last month have you been on vacation?**
 2 A Well, again, I'm trying to use up my vacation time, so in
 3 the last month I probably -- maybe 60 hours vacation time.
 4 **Q Were you on vacation on April 9th, which is a Thursday?**
 5 **2020. Excuse me.**
 6 A I have no idea.
 7 **Q So I guess do you recall a two-week vacation in April**
 8 **2020?**
 9 A No. Not a two-week in a row, no.
 10 **Q Do you think that people that disagree with you on Twitter**
 11 **should learn English or go back to the country they came**
 12 **from?**
 13 MS. VOHS: Objection.
 14 A If there was a tweet like that, I don't know. I mean,
 15 people should speak English, yes, should correctly spell
 16 words and write English, yes.
 17 MR. DIEHL: So let's pull up premarked T24.
 18 (Deposition Exhibit Number 16 marked for
 19 identification by the court stenographer.)
 20 BY MR. DIEHL:
 21 **Q Okay. Exhibit 16 is a tweet that you wrote, correct?**
 22 A Looks like it.
 23 **Q From June 10th, 2020, correct?**
 24 A Yeah. "You sight this country," s-i-g-h-t.
 25 **Q And so that means he should leave the country and go back**



Page 253

1 to the country he came from?

2 A I think the common pejorative from people is go back to

3 your own country, and I was saying, "Well, you can't even

4 spell."

5 Q Well, it doesn't say you can't spell. It says, "Learn

6 English or go back to the country you came from."

7 That's --

8 A Well --

9 Q That's different.

10 A Same thing. Same thing. I mean, obviously, I'm only

11 responding to a written message, not a verbal message.

12 Q Is -- is that an appropriate thing for someone to say in

13 any context?

14 A I've heard -- I've heard the term "learn English. Go back

15 to the country you came from" many times over to

16 non-English speakers. So this is -- this is an English

17 speaker, apparently, who can't spell.

18 Q Well --

19 MS. VOHS: Mr. Diehl, it's been a while since

20 we've had a break. Are you amenable to another break

21 soon?

22 MR. DIEHL: No, I'm not.

23 BY MR. DIEHL:

24 Q So if this person were from another country, that would be

25 okay to say?

Page 254

1 A You know, I don't know why I said it in this tweet. I

2 guess, again, when I see people that do not spell

3 correctly, I think they should spell correctly.

4 Q Or go back to their country, right?

5 MS. VOHS: Objection. Asked and answered.

6 MR. DIEHL: He can answer.

7 BY MR. DIEHL:

8 Q Is that fair?

9 A Again, it was putting a commonly used term to non-English

10 speakers to go back to their country, back at somebody who

11 maybe is from this country who then doesn't know how to

12 spell.

13 Q And you don't know whether he's from this country or not,

14 do you?

15 A No. So he could ignore it if he is from this country or

16 not from this country or whatever.

17 Q Did you know at the time?

18 A No. This is a tweet, so I don't know the person. I have

19 no idea who he is, where he's from. He could be anywhere

20 in the world.

21 Q So if his Twitter profile says he's born in South Africa,

22 then this is a fair tweet?

23 MS. VOHS: Objection. Form. And I'm going

24 to insist that we take a break. It's been over an hour.

25 MR. DIEHL: No. We don't need a break right

Page 255

1 now. I think we're good. I'd like to keep going. We're

2 running out of time.

3 MS. VOHS: We've been going at it for over an

4 hour. We're entitled to a break.

5 MR. DIEHL: Well, do you need a break,

6 Counsel, because of the question pending or do you need a

7 break because -- the witness hasn't asked for a break.

8 MS. VOHS: We need to take a break. It's

9 been over an hour.

10 MR. DIEHL: Well, unlike previously, can we

11 have a guarantee that Counsel is not going to coach the

12 witness or discuss the testimony or the pending question?

13 MS. VOHS: We've done nothing improper.

14 We've not coached the witness. That's completely improper

15 to say.

16 MR. DIEHL: So regardless of what you've done

17 in the past, are you going to speak to the witness about

18 his testimony while we are on a break?

19 MS. VOHS: We're using the break to go to the

20 bathroom, because it's been over an hour.

21 MR. DIEHL: Okay. So can you please answer

22 my question, which is, will you stipulate that you will

23 not speak to the witness about his testimony or the

24 pending question while we're on a break?

25 MS. VOHS: He can answer the question that

Page 256

1 you have, and then I'd ask that we go for a break.

2 MR. DIEHL: Well, I have more questions about

3 his tweets. And I don't want your opinion about his

4 tweets. I want Dr. Danila's opinions about his tweets.

5 MS. VOHS: That's understood. And Mr. Danila

6 has only spoken for himself today.

7 MR. DIEHL: So you're not going to discuss

8 tweets or any other testimony that might be upcoming while

9 you're on the break; is that correct?

10 MS. VOHS: We represent the Minnesota

11 Department of Health, so we can talk about the case, but,

12 of course, we're not coaching our witness.

13 MR. DIEHL: So you are going to talk to

14 Dr. Danila about his tweets or any other testimony that

15 might be upcoming?

16 MS. VOHS: I don't even know how to answer

17 that.

18 MR. DIEHL: I think it's a simple yes-or-no

19 question. Right?

20 MS. VOHS: So, I mean, I'm understanding

21 you're not agreeing we'll take a break?

22 MR. DIEHL: Well, I'm just -- I'm fine with a

23 break if it's a genuine break, but I'm not agreeable to a

24 break where Counsel's going to discuss testimony with the

25 witness.



Page 257

1 MS. VOHS: Dr. Danila, are you ready to go
 2 forward?
 3 THE WITNESS: I can go forward for a few more
 4 minutes. I will have to take a potty break soon, though.
 5 BY MR. DIEHL:
 6 Q Okay. When you were recently on vacation, did you go to
 7 Wisconsin?
 8 A Not recently, no.
 9 Q When did you last go to Wisconsin?
 10 A It was in the spring, I think. Last spring.
 11 Q Did you quarantine when you returned from Wisconsin?
 12 A At that time, there was no quarantine in effect between
 13 states. And when I went to Wisconsin, I was in a single
 14 Airbnb. And other than stopping at a grocery store and
 15 maybe at a gas station -- I was outside. I didn't go
 16 anywhere else.
 17 Q When did you last go to Wisconsin? You said the spring of
 18 2020?
 19 A I think so. I can't recall exactly when it was. I'm
 20 trying to remember what it was like outside. Yeah, I
 21 think it was in the spring.
 22 Q Spring as in March or spring as in --
 23 A Probably like April, early April. I can't recall.
 24 Q Do you know if there was -- there was a travel ban in
 25 effect at that time, correct?

Page 258

1 A I don't believe there was, no.
 2 Q So in April, the state was on lockdown, correct?
 3 A Wisconsin or Minnesota?
 4 Q Minnesota.
 5 A We had restrictions in place, yes.
 6 Q So you lived in Minnesota in April, correct?
 7 A Yes.
 8 Q So if you went to Wisconsin, you would have traveled
 9 outside of Minnesota, correct?
 10 A Yes. And I don't believe there were travel restrictions
 11 at that time.
 12 Q Okay. And so if you traveled outside of the state, did
 13 you quarantine when you came back to Minnesota?
 14 MS. VOHS: Objection. Asked and answered.
 15 A Right.
 16 BY MR. DIEHL:
 17 Q Answer the question.
 18 A Again, those were not the recommendations at the time.
 19 And again, pretty much I had my wife and -- at work at the
 20 time, way back then, we were always social distancing and
 21 face masks, so I was not in contact with anybody. But
 22 again, that was not the recommendations at the time, if I
 23 recall.
 24 Q Do you know -- did you travel outside of Minnesota at all
 25 since March 1st, 2020, other than this Wisconsin trip you

Page 259

1 mentioned?
 2 A No. Not to my recollection, no.
 3 Q Is it hard to remember leaving the state during COVID?
 4 A Right. No, I did not.
 5 MS. VOHS: Objection.
 6 A Okay. I'll say no, I did not. I'm sorry. I'm tired. I
 7 can't remember. Sorry.
 8 BY MR. DIEHL:
 9 Q Where did you go on vacation most recently during your two
 10 recent vacations?
 11 A Just stayed at home, didn't do anything. Stayed at home.
 12 MR. DIEHL: We can take a break now.
 13 THE VIDEOGRAPHER: Off the video record at
 14 4:35 p.m.
 15 (A recess was taken from 4:35 p.m.
 16 until 4:46 p.m.)
 17 THE VIDEOGRAPHER: Back on the video record
 18 at 4:46 p.m.
 19 BY MR. DIEHL:
 20 Q Dr. Danila, I just want to ask you. We've just talked
 21 about postponing the remainder of your deposition until a
 22 date we determine here in the near future. I just wanted
 23 to ask you a quick question while you're still under oath.
 24 Do you understand you have a duty to preserve
 25 evidence, and that would include evidence that's in your

Page 260

1 personal possession as a witness, such as your Twitter
 2 account, and that you're under the obligation not to
 3 delete or destroy or remove tweets unless and until your
 4 duty as a witness is complete and this case is complete?
 5 MS. VOHS: Objection.
 6 A Yeah. I didn't understand my personal life would come
 7 into this. My tweets are personal, not have anything to
 8 do with the work I do. I didn't understand that. I'm
 9 such a novice. I wouldn't even know how to delete a
 10 tweet, to be honest, so I won't be destroying any tweets.
 11 MR. DIEHL: And, Counsel, can we stipulate
 12 that no one is going to be removing or destroying or
 13 deleting any tweet, given a number of them that we haven't
 14 gotten to relate to the Department of Health and the
 15 witness' potential bias in this case and other issues
 16 relevant to this case?
 17 You don't have to stipulate that you agree to
 18 those issues but that your -- the Department of Health
 19 will ensure that the witness understands his and the
 20 department's obligations to preserve evidence. Is that
 21 fair?
 22 MS. VOHS: We understand our obligations.
 23 MR. DIEHL: And you don't agree that those
 24 extend to the witness' Twitter account?
 25 MS. VOHS: I'm not going to direct Dr. Danila



1

1 13:22,24 14:8,14 15:3,5,
 7 16:18 17:13,17 28:17
 41:19 43:11 65:18 77:2
 78:14 79:25 81:13 93:10
 94:9 95:20 98:11 103:15
 110:8 130:8,10 133:6
 137:17,18 147:10,24
 153:8 159:18 165:17
 178:13 220:7,8,9,10,13
 229:25
1,129 136:13
1.2 107:4,8
10 28:17 58:25 59:10,15
 65:17 77:7,14 92:18 93:10
 131:9 164:9 165:16
 214:18,21
10,000 131:19,25 220:7,8,
 10 238:7
10- 203:19
10-day 239:22
10:00 116:19 118:17
 212:16 213:2,6
10:03 249:19
10:28 44:18,19
10:30 117:18
10:34 44:20,22
10:59 71:21
10th 110:19 114:17 252:23
11 14:24 67:25 175:15
 179:24 194:19 215:19,22
11- 203:19
11/07 194:20
11/1 194:20
11:00 117:20
11:29 80:23
11:30 80:24
11:34 80:25 81:2
11th 14:22 68:5 159:20
12 13:21 17:16 18:6 50:14,
 15,16 51:6 114:11 133:11
 178:15 223:24,25 224:3
12- 203:19
1200 122:24
125 104:4,5,19,21
129 82:12
12:11 107:21,23
12:59 107:23,25
12th 179:22 196:9
13 79:25 95:14,16 147:24
 148:15 226:21 227:3,7,10
 236:21,24
13- 203:19
138 217:11
13th 104:15 194:13 195:13
14 78:13 203:17 204:24
 245:7,10
14-day 137:25
14-year-olds 203:21
 205:15
14th 104:15
15 13:21 49:21 50:22 51:2,
 8,12 52:5 53:14 54:1,5
 184:13 226:14 251:4
15-minute 50:24
150,000 228:3
16 106:25 226:25 252:18,
 21
16-year-olds 204:17
16th 71:20 73:19 214:25
17,795 110:11,21 139:1,3,
 14 140:19,25
17- 204:17
1700 215:2
17th 125:23
18 106:25 125:22 144:25
 194:8,23 195:11 197:8
 203:17
18- 204:17
18th 124:23 125:2,5,21,24
19 26:10,12 125:22 197:7
 203:8,11,16,20
19,000 91:1,5,6 143:17
19,972 75:9
19-year-olds 203:13
 204:16,25
192 81:22 82:12 147:2
193 115:12
1977 10:10
1981 10:12
1982 10:23
1985 10:25
1988 10:14 11:15
1999/2000 16:21
19th 125:6,21
1:00 117:21
1st 13:3 86:16,18 121:11
 126:1,4 154:8 193:3,4
 194:17 195:14 233:20
 250:20 251:12,13,14
 258:25

2

2 15:3,5,7 17:18 29:4
 67:15,16,19 74:2 75:2
 90:4,6,9 95:23 115:8
 123:18 135:5 140:24
 141:1,15,24 143:12
 179:23
2,000 234:3
20 13:19 16:22 23:8 26:6,9
 62:9 107:3 184:14 208:7
20% 106:25
20-96 113:7,16 114:11,16,
 19
20-99 78:23 80:11 81:9
 113:8 114:5 153:15,20
 154:2,5,21 155:4 181:8,25
 182:4
20-99's 78:15
2019 43:20
2020 13:3 14:24 18:1
 29:10 43:19 68:5 71:20
 74:11 86:16,18 87:10
 101:6 109:6 114:11
 135:12 139:19 142:18
 143:8 145:19,23 146:3,5,
 16 147:3 154:8,18 157:13
 175:15 193:1 214:25
 227:11 229:5 233:20
 237:20 243:4 249:11,12,
 15 251:12,14 252:5,8,23
 257:18 258:25
2021 5:10 90:3 142:18
 250:5 261:24
20th 69:23 181:9 237:20
21 50:18 51:10,19 53:4
 133:13,21
21st 251:24

22,201 110:17
221 115:15
22nd 224:6
23 124:4
23,000 140:11,17,22
24 66:14 67:3
24-hour 50:22
25 59:5,7 61:21 62:5 63:10
 121:16 248:19
25.7 72:19
250 205:4
25th 69:24 90:2 142:18
26 16:23 72:22 124:6,20
 126:2 250:5
26th 121:11
275 250:20
28 110:22 128:1,2
28-day 128:23 129:13
28th 109:6 110:3,19
 142:18
29 65:20,21,24 66:2 74:1
 75:8 90:6 95:23 96:5
 103:16 141:17 143:25
2:00 153:2,3
2:09 153:4,6
2nd 111:6

3

3 41:19 42:8 45:14 46:4
 47:1 70:15,16 83:7 93:12
 193:14
3,250 205:6
3-and-a-half-fold 205:23

3.9 75:18
3/24 68:14
3/25 68:14
30 156:16 261:24
30th 5:10 43:20
31st 249:15,19
32 90:14 143:11,14 250:25
33 90:14
35 16:12 43:15 65:15
35,427 97:15
350 36:2
3500 205:8,18
35W 241:7
36 11:4
365 67:3
37 11:4
370,968 58:2
38,898 143:14
39 72:20
3:15 212:4
3:22 209:8,9
3:30 209:10,12

4

4 59:14,15 77:7,14 81:4,5,
 8 89:25 92:18 111:5 114:6
 116:7,8,14,15 197:11
 198:23
4,000 111:10
4,543 111:5 137:12,21
40 26:25 59:24 73:22
400 36:2 194:18,24

41 72:17,18**425** 194:18**444** 80:1**448** 80:3 95:16 148:9
149:7 150:3,8 151:7**45** 65:14,15**450** 205:17**460,000** 227:10,14 229:17,
23 238:4 239:7,13,19,20,
22**48** 46:17 48:22**4:00** 116:19 212:10**4:35** 259:14,15**4:46** 259:16,18**4:49** 261:23,24

5

5 49:22 50:19 51:1,10,18
52:4,5 53:4 54:3,5 93:11
108:7,10,13 110:8 121:6,
8,9 133:10,14 135:4 138:3
139:11 140:25 142:15,16
197:7 203:8,11,16,20
204:24**5-** 203:18 205:15**5-minute** 52:21**5.4** 107:3**5.6** 105:4,24**50** 26:25 133:22,25 134:2,
10 139:17 176:7,9 219:13,
22 220:1,4,15,21 221:4
245:22 246:16,21**50-year-old** 219:10**500** 105:23 166:1 250:19**500,000** 39:16 57:23 65:24

105:23 106:11 166:16

504,000 58:7,20 62:11**51** 226:14 227:20,23
228:1,3,4 229:1,14
230:10,15 239:22 240:10**510,000** 103:12 104:5,20,
21 105:22 106:16 107:5,8**510,398** 75:3 141:23**52** 73:24**55** 65:14**5:00** 45:5 212:25 213:13
249:7

6

6 14:21 109:11 113:17,18
114:2,3,8,19 116:14
133:5,6,10,11 138:3
139:10 175:14**6,800** 246:9**6-** 203:18**60** 26:25 175:2,5 218:23,
25 252:3**600** 193:24**60s** 184:6**6th** 126:4 196:8 248:11,14,
22 249:2,5

7

7 66:14 93:11 114:17
139:11 153:12 162:8,16
193:12,15 197:7,13
198:11,12,24 226:25**7,000** 196:13,15**7,295** 72:20**7-** 203:18**72** 48:22**75** 58:18,20 62:1 63:5,6,7,
9 102:24 122:5 212:19**7:00** 249:7**7th** 194:17 195:14

8

8 195:19 196:2,5 198:12,
13 201:19 202:7**8-** 203:19**80** 58:19 62:1 63:6 175:2,5
218:2**800** 196:11**843** 110:20

9

9 130:10,12 204:20,21**9,170** 72:18**9,300** 193:23**9,600** 142:15**9,632** 139:12 142:16**9,715** 194:1**9-** 203:19**9.9** 218:24**9/12** 205:4**9/6** 205:4**90** 104:7**92** 82:12**99** 218:24**99.5** 218:5,20**99.9** 219:1 220:10,17**9:29** 5:10

9:30 213:6**9th** 215:24 252:4

A

a.m. 5:10 44:18,19,20,22
71:21 80:23,24,25 81:2
116:19 117:21 212:16
249:7,19**abide** 209:18**ability** 181:22 261:4**above-entitled** 6:9**absences** 24:16 26:3**absent** 24:20 25:3**absentee** 25:9**academic** 12:8**accomplish** 210:1**account** 178:7 213:20
260:2,24**accounts** 65:14**accurate** 22:12,13 23:12
99:22**acquired** 19:6 35:9 40:19**acting** 11:9 16:20**action** 7:7,9**actions** 58:15 248:8**active** 215:9,11**actively** 159:16**activities** 31:19 32:9 34:9
38:16 78:16 112:24 116:4
131:3 193:20 207:9**activity** 35:3 100:10
146:22 147:14 185:20
242:17 249:23,24**actual** 20:23 39:22 165:10
194:12 220:16**add** 8:21 139:2**added** 72:4 87:2 99:15**addition** 66:16 106:16
164:17,18 210:24**additional** 25:12 96:21
103:16,18 106:15 164:23
235:1**additionally** 44:10**Additions** 72:13**address** 10:5,6 232:14**adds** 140:17**adhering** 183:6**adjunct** 11:12,13,14,17**adjust** 251:7**administer** 5:20**administered** 6:5**administration** 82:10**adult** 194:8**adults** 144:23**advice** 21:19 53:21 56:15
115:5 156:14**advise** 11:21**advises** 158:21**advising** 16:13 34:15**affect** 172:25**affected** 121:25 122:1,10
124:4**affidavit** 45:20,21 99:14
149:3,4,19**affidavits** 98:12,25 99:4**affiliated** 211:12**affiliation** 211:16**affirmative** 124:15 220:11**Africa** 254:21**after-lunch** 109:1,4**age** 63:14 191:4 195:24
202:10 203:12 206:18
208:5 212:6 218:11,19
219:22 220:15 221:4**agency** 233:24 234:2,8**ages** 191:2 203:15,16,17,
18 204:24 218:5 219:13**aggregate** 88:5,6,7
191:13,14,16**aggregated** 76:5 233:1**agree** 39:11 85:20 86:10
170:4 260:17,23 261:18**agreeable** 256:23**agreed** 5:16**agreeing** 256:21**agreements** 15:11**ahead** 26:18 40:15 46:12
49:9 71:17 77:6 116:17
117:10 136:10 165:8
200:24**air** 42:6 46:24 47:2,3,13,
14,17,22,24 48:3,5 134:18**Airbnb** 257:14**airborne** 42:22**aisle** 88:19**alcohol** 148:1**allegedly** 202:11**allowed** 12:6 162:18,22**alternative** 187:7 188:3**alternatives** 185:10**amenable** 152:23 253:20**amend** 247:6

American 179:12
amount 49:23 51:2,21
 134:24 141:22 230:9
analogy 184:6 197:24
analysis 119:2 120:18
 121:2,5 156:22 176:19
 177:21,22 178:2,8
analytical 177:16,17
analyze 121:4
analyzed 176:4
analyzes 156:1
analyzing 23:22
anecdote 52:20 175:25
Anne 13:18
announced 216:6
announcements 183:18
 184:15 210:6
annual 12:14,15,25 16:14
answering 9:8 165:5
antibodies 106:19
anymore 117:15
apartments 64:13
apologize 21:8 233:19
apparent 76:14
apparently 253:17
appearing 5:15
appears 246:11
apples 199:16,19 229:16
 230:14 243:6
applicable 95:19
application 15:15
applications 16:16
applied 77:3,19 236:12
applies 129:6 145:17
 160:16
apply 131:4
applying 160:22
appointee 211:8
approving 86:7
approximate 218:20
approximately 112:22
 196:14 218:23 219:24
 220:10 250:15
April 251:12,13,14 252:4,7
 257:23 258:2,6
area 22:8 24:18 31:14,15
 34:23 36:5 44:5,7 47:20
 64:16 69:21 73:14 78:25
 210:3
area--i 79:15
areas 18:22 29:18 35:2
 71:13
argue 240:19
arises 157:10
art 51:13
article 51:7 52:6,7 175:13
 176:11 179:19 185:22
 225:6,24 226:3,7,10,13,18
 228:25 231:6 235:7,9,13,
 17 236:3,7,9,13 237:4,10,
 17,18,21 239:7,16
article's 226:24
articles 159:11 178:18,21
 179:6,8 235:7
artificial 217:2
asks 25:21
aspects 100:14 183:23
assigned 235:10
assistance 21:19
assistant 70:23 79:20,21
assisting 30:25
associate 11:14
association 20:23 118:16
assume 8:18 52:1 109:25
 127:22 129:11 139:1
 194:16 222:11 227:16
assumes 128:6
assuming 86:11 127:22
 170:9
assumption 65:5 128:15
 129:5 161:23 171:10
 207:11,14 230:20,24
 231:2 241:14 245:18
assumptions 129:9,10
 191:19 240:13
assuring 243:20
asymptomatic 59:24 65:7,
 8,10,13,15 102:19
ate 38:12 54:15 55:8 57:6
 58:15 112:3
athletes 27:22
athletic 28:9 188:14
 192:20
athleticism 185:9
athletics 192:11 198:5
attached 52:11 178:11
 179:9
attempting 181:20
attend 197:15 228:25
attendance 120:21 146:14
attended 132:2 197:17
 223:17,19 224:9,15
 227:10 228:2,3,4,24 229:2
 230:16 231:13,20 240:2,6,

7,12,24
attendees 223:12 227:17
 239:22
attending 110:22 194:9
 195:1,9 198:2 201:17,23
 203:7 243:4,9
attention 89:21 103:7
attorney 6:15
attorney's 56:23
attracted 229:17
attribute 97:14
audibly 8:4
audio 201:7
audited 246:5,22
augmented 234:15
August 226:25 229:5
 249:15,19
aureus 18:12 27:22
author 235:13 236:8
authorities 184:7
authorship 236:4
average 67:4 100:23 101:1
 145:19 146:8
aware 50:21,23 54:16 82:9
 167:23 168:3,14 182:25
 206:5 208:3 216:2,5
 218:23
Awesome 224:12

B

Bachelor 10:9
back 11:11 12:16 16:20
 18:4,23 29:4,5,10 35:16,
 20 37:12 38:5 44:21 46:3
 62:10 77:2 81:1 83:9 89:9,

25 90:6 107:24 108:2
 116:5 117:1 118:12
 119:19 121:6 130:8 131:8,
 18 132:12 133:3 135:4
 136:18,25 137:1 140:7
 141:15 143:5,20,25
 144:14 148:5 153:5
 159:18 161:14 163:4
 174:13 175:22 176:8
 179:23 185:14 193:17
 199:6 209:11 224:11
 237:13 239:25 246:13
 252:11,25 253:2,6,14
 254:4,10 258:13,20
 259:17

back-of-the-envelope
 107:2

background 9:24 10:4
 71:10

backwards 142:9

backyard 161:13,16
 244:16

backyards 244:19

bacterial 15:17 18:11

bad 27:1 184:7

balance 87:3

ban 257:24

bar 59:17 69:4 117:2,19
 118:14,17 140:15 149:20,
 25 150:11 152:6 164:11,
 22

bar/restaurant 125:1

barbecue 244:16

barbecues 161:14 244:16

bare 61:4

barrier 168:21

barriers 88:22

Barry 13:18

bars 70:2 80:4 115:16
 120:21 130:12,18 131:5
 156:2 159:21 160:13,14
 161:12 162:15 164:2,4,20
 166:3,5 174:1 182:9

based 47:13 50:12 70:8
 74:8 103:1,12 121:10
 130:24 133:18 134:24
 135:15 139:25 150:3,4
 156:22 159:25 162:8
 163:22,24 164:1,3 166:22
 172:3 173:5 180:25
 181:19 202:9 206:2
 211:16 221:5 245:12

baseline 230:20

basement 186:18

basic 102:7

basically 17:5 28:19 32:24
 34:5 57:1 60:22 62:18
 63:16 67:2 89:1 104:25
 107:12 112:7 139:22
 154:16 158:15 159:14
 234:22

basis 18:10 26:1,19
 160:25 162:12 168:16
 230:18

basketball 187:20 190:9
 199:3

batch 216:21

Bates 72:3 109:12

bathroom 255:20

be--i 9:16

beds 48:21

began 10:25 16:23 29:11

begin 19:14

beginning 17:23 18:3
 22:16 28:18 36:19 43:18

77:15 86:23 109:8 110:5
112:24 139:10 154:8
159:6

behalf 6:2 9:22 10:1 52:13,
16

behavioral 183:22

behaviors 166:17

belief 159:25 160:2,4

beliefs 170:10

believed 121:25 159:19
176:12

believes 103:11 104:19

benefits 185:2,8,9

beverage 117:5

beverages 116:11,18

bias 260:15

Biden 249:3

big 69:14 129:22

biggest 241:6

bill 45:3 46:7

bit 45:23 68:23 81:12
125:7,24 126:8 142:9
192:14 205:7 209:16,21
219:12 237:13

bite 166:21

blaming 224:8

blanks 72:24

blip 69:23 216:11,14,16

blood 106:21

blowing 134:9 194:3

blown 133:7

born 254:21

Bornstein 214:23 215:7

bother 169:17

bottom 68:13 71:19 81:13
116:8 137:13 140:22
180:2,6 196:6

bounds 45:10 49:6

box 193:25

Boy 91:19 233:23

break 8:24 9:1,3,4 44:11,
14,15 76:4 80:14 89:8
92:24 93:1,6 95:1 106:1
107:19 108:2 137:12
152:23,24 153:11 169:13
170:11 174:13,18 202:19
204:11 209:4,21 253:20
254:24,25 255:4,5,7,8,18,
19,24 256:1,9,21,23,24
257:4 259:12

breaks 8:25

breathe 41:5 42:10,17

breathing 41:14 46:24
47:20 49:13,15 167:6

bridge 238:8 241:8

bring 137:15

brings 129:19

broad 27:2 30:23

broadening 243:24

broader 16:12 30:9,15
31:12 184:19

brochure 31:5

building 131:3 134:3

bullet 72:12 142:4 144:3

bunch 235:20 247:11,20

business 6:17 14:19 84:5
99:24 100:5

businesses 83:10

busy 251:18

button 237:23

C

calculation 105:6

calculations 107:2

calculator 75:19

call 7:13 27:11 35:6 37:3
56:8,13 62:10 63:3 65:11
127:17 200:16 213:11
234:22 235:1

called 15:11 24:14 34:17,
18 35:14 37:11 53:20
212:23,24 225:6,25 234:9

calling 27:11,12 219:17
248:17

calls 28:7 73:4 118:8
129:25 130:6 135:25
156:25 157:20 173:23
186:21 187:11 206:8
210:20 234:19,20,25

camera 142:8

cancel 207:5,6

cancelled 207:17

cancelling 207:7

cancer 184:12

capable 43:2 200:10

capacity 5:13 156:2,6
261:3,17

capita 135:23

capital 116:16

Capitol 249:5

captive 63:20

captured 68:15

card 45:3 46:6,8

care 24:1 30:11 33:2 63:18
74:15 75:21,22,24 77:22
78:7 90:14,15,21,22
130:18 131:25 143:15,18,
22 144:11,12,15,18
174:10,15,16,17,21,25
175:3,8,9,11,14 202:2
217:11,16,17,22,23,24
218:1,2,5,19

career 28:15

careful 69:3,5,25 73:15

carefully 69:22 108:23
203:16 233:3

Carlota 158:2,11

Carlton 158:21

Carolina 137:6

carried 42:6 47:1

Carver 187:19,22 192:12,
15

cascade 39:10

case 5:24 7:4,6 9:21
26:12,24 27:12 31:18
32:8,11,17 33:9 34:24
35:1,4,5,24 36:6,8,23
37:4,10,24 38:1,4 50:18
51:9 52:9,20 55:18 56:3
57:23 58:5 62:22 64:22
66:6,8 83:9 84:11,22 85:2
86:3 98:15 102:13,24
104:22 109:16 117:24
131:24 135:10,11,13
138:17,21,22 139:9
140:19,21,24 144:9
150:17,21,23,24 151:23
162:14 175:23,25 176:5,
13,14,19 177:7 178:11,14
181:5 185:23 189:6 193:7
204:17 206:17 211:25
221:5,9 233:13 242:6,12
248:25 256:11 260:4,15,

16

cases 19:3,12,13,24 20:3,
4,15,18 23:24 27:10 28:13
36:14 39:16 50:17 57:23,
24 58:3,7,13,19,20,23,24
59:6,7,23,24 61:9 62:11
63:8 65:7,8,10,21 66:10
68:1,6,9 72:17,18,20 74:6,
11,17 75:3,9,13,14,18
77:8 83:4 89:17,19 90:17,
19 91:1,6 92:6,7,19 94:2
97:7,15 98:13,15 102:24,
25 103:23 104:20 105:22
106:3,8,10,15,16 110:17,
21 111:2,5,10 112:9
118:16 120:23 121:18
124:8 127:6,13 129:13
131:10 135:3,24 137:11,
24 139:1,4,15,18 141:23
142:1 143:15,17,18 147:4
150:6 160:13,16,18 164:4
165:21 166:16 169:1
170:18 171:1,5,10,12
172:20,24 173:13 174:24
175:5,6 176:7,9 177:3,13
179:21 180:1 181:10
182:3,7,16 187:10,15
188:13,17,21,24 189:4,8,
9,15 190:11,21,24 191:2,9
192:10 193:20 194:9,14,
18,21 195:24 196:6,11,13,
16,17,19 198:1 199:12
201:9,22 202:7,10,15
203:6,13 205:4,6,13,25
206:19 208:9,17,18,23
212:5 216:11,13,21
218:10,15,23,25 223:16
224:22 225:12,23 226:2,
10 227:20 228:6,7,10,13,
14 229:3,4,10 231:9,17
232:8,19 233:1,4 238:13
239:21,22,23 240:11
241:10,11,15,18 242:9

cashier 88:23

cashiers 89:19

cashiers' 89:15

catcher's 49:18 167:3

categories 65:9 76:1 96:9
97:8,10 100:10 146:22

categorization 112:16

category 75:24 76:9 77:1
96:4 144:19

causation 39:22

caused 29:9 190:14

causing 190:12

caution 68:23 69:25

CDC 22:8 226:5 235:15
236:11 237:11 245:25
246:21

CDC's 246:20 247:16

celebrations 117:23
119:25 120:20

center 24:1 34:4 77:22
98:16,20 117:15 234:22
235:1

centers 15:12,23 31:13
83:2 146:16

certainty 75:23

certificate 221:25 222:7,9
244:23 246:1,10,12

certificates 221:18,19,22
244:25 245:4,14 246:3,6,
17,23 247:9

certificates--and 247:3

Certified 5:3

certifier 246:13

cetera 144:14 209:2

chain 71:19 163:5 214:8

challenges 59:16
chance 150:19
change 85:19 86:19,21,25
 87:11 111:23 129:24
 130:2 160:2 192:6 233:21
changed 86:15,17,18
 111:21 112:19 145:9
 160:4
changing 23:9,15
Chanhassen 192:19
characterization 123:21
 162:16 195:3 227:11
 239:2
characterize 50:2 53:8
 181:20
charge 32:8,17 159:4
chart 68:15 109:16 110:8
 121:10 123:20 136:5,11
 138:18 139:8,9 141:19
 142:1,11 180:25 198:16
 202:6,7,14,20,21,22
 221:15
charts 139:10
Chaska 192:19
Chauvin 243:16
checkout 45:6
cheek 229:19 238:19
 241:4
child 187:2
Childhood 10:19
children 24:15,17 25:3
chime 159:15
China 43:21 74:12
choose 38:19 63:2
cigarettes 184:19
circumscribed 125:17
circumstance 54:9
circumstances 54:6
 179:14
citation 195:22
cited 179:10 185:7
citizen 210:3,10
city 10:6
clarification 43:25 77:12
 142:7 152:16 186:5
clarify 8:21 41:7,20 50:6
 80:1 112:7 114:13,14
 119:10 136:4 139:7
 162:13 193:4 194:22
 199:24 204:2 207:22
 248:7
class 12:14,16,17 13:6,8,
 19
classes 11:16 12:10
classified 91:21
classmates 198:10
classroom 25:4,7 199:13,
 14
cleaning 70:3,4 134:25
 135:1
clear 9:17,18 20:17 45:23
 46:3 47:8 151:9 157:6
 162:10 186:10,11 230:15
clearer 25:22
client 5:25
climate 177:12
clinical 225:13,14
clinics 30:12
close 41:11 61:10 64:18,
 19 150:15 161:25 162:1
 194:21 205:8,18 243:8
closed 100:5,18
closely 82:19
closer 64:21
closes 183:25 184:1
closing 100:17 182:9
closings 179:19
closure 78:15 99:25
 100:10
Cloud 24:18
cluster 19:12,24 20:1,2,3,
 5,7,17 23:18,23,24 25:13,
 23 28:22 36:20
clusters 24:4,7,11 34:11,
 16 61:15 139:23 233:4
 241:21
co-counsel 5:22,23,24
co-wrote 226:7
coach 255:11
coached 255:14
coaches 207:16 209:2
coaching 256:12
coauthors 235:20
codes 70:8
codirector 16:24
cognizant 140:4
coincidence 20:8 39:23
 132:4,9,14
colleagues 17:5 65:4
collect 23:20 74:9 88:1
 117:12 172:4,12,20 174:7,
 9 191:25 192:9 200:1
 214:11 221:8,14,16
 232:10 234:21 241:20
collected 68:10 111:6
 120:11 156:22 165:25

197:17 238:25 242:15
collecting 18:14 19:3 35:7
 36:25 40:8 83:21,23
 172:18 173:11,24 192:5,
 22 193:5 235:4,16 245:22
collection 68:8 176:3
 195:25 201:10 225:18,20
collective 237:5
collectively 105:20
collector 214:11
collects 82:6,10 173:13,15
 241:25
college 10:9 34:1
colleges 66:19
color 210:7
column 74:13,20 76:6
 97:13
comb 38:3
combination 122:9
combined 166:6
command 17:25 18:2
 29:13,14 30:2 31:21 32:23
 86:2,5 97:25
commander 17:19,20
 29:6,20,21 30:1,4,14,19
 31:8,23,25 32:21 86:6,14
 91:14 98:2 149:13 212:9
commanders 29:23 30:5
comment 85:12
commissioner 5:13 7:8
 13:18 29:21 31:1 70:19,
 20,23 72:6 73:18 79:19,20
 115:6 163:5 187:21
 210:18 212:12
commissioners 79:20,21
committees 11:22,23
common 20:11,25 21:1
 42:13,18 64:8 76:14 78:12
 121:18 177:3 189:12,13
 190:3 253:2
commonalities 19:10
 132:8
commonly 254:9
communicable 16:15
communicate 261:15
communicating 209:17
 215:14
communications 30:8,9,
 13,15,17,18,20 158:15
 212:24 213:12
communities 210:7
community 12:8 19:23
 74:24,25 75:8,10,15,17
 76:5,25 77:20 81:14,16
 90:19,25 91:1 123:19
 144:5,9,16 153:16 168:25
 210:8 243:25
Como 91:20,22 96:11
Como-sabetti 85:1 233:14
 235:22
comorbidities 219:23
compare 202:1,2,3 229:14
 230:8 246:6
compared 64:17 206:22
 207:23 208:18
comparing 104:10 199:15,
 16
comparison 199:19
 228:23 229:21
comparisons 63:12
complete 66:7 99:20
 181:23 244:24 260:4
completed 244:23
completely 255:14
completes 246:3
completing 245:13
completion 246:1
comply 211:15
component 18:18 32:25
compound 25:20
computer 70:12
conceivable 134:10,18,22
concern 22:23 127:13
 174:22
concerned 238:11
conclusion 120:24 199:23
 206:2
conclusions 177:22
 179:16
condition 9:9
conditions 106:23 218:13
 219:11,23 220:2,5,14,17,
 24 221:9,16,20 244:8
conference 177:24
conferences 210:25
confidence 76:10 209:19
 210:16
confident 66:5,7 76:9
confirm 24:19,20 236:23
confirmed 58:2 68:9
 193:20
confused 125:11 202:11
Congratulations 213:20
congregant 33:7 75:21,22,
 24 217:17
congregate 74:15 144:11
 207:13 217:22

Congress 248:17,21
congressman 247:25
 248:1
connect 26:11
connected 28:7 80:3
 81:23 115:12,15 127:3
 128:2
Connecticut 10:22
connection 12:7 28:11,13
connections 24:3 36:19
connotations 225:9,10
consensus 86:11
considered 23:2 68:8
 184:8
consistent 192:6
consistently 242:21
constitute 92:4
constitutes 92:14
consult 79:1 91:23 163:1
consumed 116:12
consumption 116:17,18
 117:5 147:25
contact 31:19 32:9,12,18
 34:24 35:1,11,25 37:7
 55:5,6,14 56:6 58:14
 61:23 64:2,18,19,21
 85:10,14 86:8,15 96:16
 110:15,17 116:2 130:16,
 24 131:4 156:23 190:6
 233:16,22 234:13,14
 235:4 258:21
contacts 33:11 35:13 56:4
 61:11,17 150:16 190:13
contagious 45:4 46:7
 150:23
contaminated 19:18,25
contamination 28:24
 77:11 131:12
contention 184:5
contest 8:25
context 50:24 253:13
continue 139:20,23
 171:23 172:9,13,21 173:6,
 7 191:1 261:20
continued 139:18 167:23
 182:4,8,17 184:14 248:24
 249:2
continuing 71:5
continuous 66:25
continuously 69:2
contract 45:7 133:14
 197:20 233:24
contracted 35:22 54:16,25
 102:13 103:12 150:22,24
 151:17,18,24,25 152:1
 234:12
contractor 36:2
contracts 206:14
contradict 191:6,18
contribute 221:24 222:8
 249:4
contributed 222:3,4,6
control 15:12,23 16:3 57:3
 159:4 210:13 261:4
controlled 221:23
convenience 137:6
conversation 7:20 35:20
 186:1
cooling 19:20,22
cooperation 56:11 57:3
cooperative 15:10 39:3,12
coprofessionals 17:6
copy 98:11
corner 21:18
correct 12:24,25 14:3,19,
 22,25 20:16,18,19 21:2
 22:3 26:14 27:13 28:15
 40:12,18 41:17,18 43:12,
 19,23 58:3 60:21 78:2,3
 81:9 82:25 83:5 84:10
 85:24 91:14 92:1,16
 94:14,15,24,25 95:17,18,
 21 96:5,17,20,23,24 97:1,
 2,4 98:1,9,13,16,25 99:4,
 16,20 100:11,21,24
 102:14 103:13,17,21
 104:23,25 105:7,18,24
 108:19 110:23 111:11
 112:10 114:7,23 117:11
 120:17 123:21 124:16
 126:13 127:4,9 128:3,10
 129:24 130:25 131:6,13,
 22 132:6 133:1,18,20
 134:5 135:2 136:23
 139:15 141:24 143:4,19
 147:6,11 148:10 149:9,13
 150:17,19,20,25 151:13,
 19 152:1,2,10,20,21
 153:20,21,24 154:3,23
 157:7 159:23 160:18
 161:20,21 162:3,17,19
 164:9 165:17 171:13,20
 172:22 173:13,14,15,16,
 18,19 175:15 178:12
 181:11 182:10,18 183:21
 184:3 185:8 188:10 189:1,
 17 192:7,24 193:1,5,6,8,9
 195:9 197:1 201:12,14
 202:22,23 203:14 205:1,2,
 10,11 206:1,3 208:1
 211:8,9,11,13,17,18
 215:1,25 216:3,16,25
 217:13,18 218:3,20 219:1,
 15 220:3,10,18 221:18,22

222:9,10,14 224:19
 225:15 226:14 227:6,25
 228:15 229:7,15 230:2,11
 231:4,18 232:4,19 233:17
 236:21 238:8 239:3,11,17,
 25 240:14,18 245:1,4,15
 246:20 249:25 250:10,23
 251:19 252:21,23 256:9
 257:25 258:2,6,9
correctional 33:6 78:5
corrections 74:17 75:21,
 22,25 90:22 144:12
 246:13
correctly 121:8 148:16
 229:24 252:15 254:3
correlation 39:23
correspondingly 40:3
cough 42:11
coughed 46:14,19 134:19
coughing 47:20 48:8
 49:11,15,24 53:13 84:4
 102:4
coughs 49:2
counsel 5:18 44:15 45:12,
 19 49:5 95:1 148:16,19
 169:25 200:11,25 201:3
 209:3 255:6,11 260:11
counsel's 52:1 95:8,10
 119:11,14,15 256:24
count 26:7 36:3 58:5
 112:15
counted 104:22,23,24
 106:13 107:6,10 126:2,5
counting 247:5,11
countries 166:10 179:8
country 15:22 252:11,24,
 25 253:1,3,6,15,24 254:4,
 10,11,13,15,16
counts 66:6,8 181:5 212:2
county 185:23,24 187:19,
 23 192:12,13,16 212:7
county-level 185:23
couple 11:9 24:12 27:23
 69:13 80:6 87:7 179:1
 187:18 204:15 217:8
 243:24 247:4 250:17
court 5:19 6:6 8:5 13:25
 67:17 70:17 81:6 98:12
 99:2,3,14,19 108:8 113:19
 114:4 148:23 149:4
 162:13 163:20 193:13
 195:20 199:6 204:22
 214:19 215:20 224:1
 226:22 227:5 236:22
 245:8 248:25 251:5
 252:19
courtroom 243:21,23
cover 35:1,3
covered 34:10 73:13
 109:7
covering 32:24
COVID 17:11 18:8,9,20,23,
 24 23:17 26:1 27:18 29:5,
 6,7 30:17 31:24 40:5,12,
 17 41:21 42:5 45:5,7 46:5
 47:9,10 48:17 50:11 51:4
 53:6 54:13,16,25 55:16
 58:5,16 63:8,9 64:15,16
 65:20,21,22 73:20 74:9
 79:4 101:11,14,24 102:13
 103:12,17,19,20 106:23
 111:17 121:18 128:16
 132:13,16 133:14 135:24
 136:15,19 143:5 145:9,10,
 22 148:5,6 150:17,18
 151:12,17,25 152:1 154:8
 158:19 159:3 171:8
 173:17 175:8,13 176:6
 185:16 187:10 188:5,8,9
 189:16 191:5,16 192:1,24
 196:25 197:2,20 202:10
 205:14 206:14 207:8
 218:6,21 220:3 228:7,14
 229:6,10,25 231:19,24
 243:2,20 246:6 259:3
COVID-19 13:6,7,9,11
 17:19,23 29:2,11 32:17,21
 41:8,21 42:25 43:16,17
 46:7 47:11 66:11 67:20
 68:1 76:7 100:14 102:7
 103:13 106:3 123:18
 130:21 141:20 148:7
 149:12,20 153:16 167:10
 174:22 211:15 222:2
 246:17 248:12
create 45:6 47:15 49:3
created 110:1 119:18
credit 45:3 46:6,8
cross-match 247:22
cross-matched 247:9
Crosscastle 5:22
crossed 241:7
crowd 240:17,18 241:2,6
 244:3
crowded 161:7 238:7
 241:8 243:7 244:8
crowding 238:3 242:18
crowds 239:9 244:20
culmination 10:15
culture 231:21
current 58:5 112:18
 141:19 242:16
curve 194:7 201:10
customer 54:13 83:23
 126:19,25
customers 54:12 121:24

122:7 126:17,20 127:25
cut 72:8
cutting 140:13
CV 12:19
Cynthia 21:17,24 158:2,12

D

D1 13:23
D12 67:15 90:3
D14 195:18
D15 204:19
D23 70:14
D38 108:6
D46 113:17,23
D47 81:4
daily 212:1
Dakota 223:18,22 227:18
 229:14
Dan 70:23,24 71:7
Dance 5:14 6:17 14:18
dangerous 162:2,9
 198:22,24 201:18 202:12,
 24 237:22 238:4
Daniel 70:22
Danila 5:17 6:3,8,14,20
 7:11,13,14 14:2 44:24
 45:23 46:12 47:8 49:9
 52:16 57:10 81:8 92:15,24
 94:3 95:7 108:2,13 117:7
 119:13 122:14 129:7
 132:19,21,22,25 142:8
 148:12 149:5,8 153:8
 169:12 171:16 176:21
 180:4 186:20 200:21
 209:14 251:8 256:5,14
 257:1 259:20 260:25

Danila's 256:4
data 12:25 13:1 18:14
 19:6,9 23:20,21,22 36:25
 37:1 38:4 54:23 55:3 66:5
 67:1 69:1 70:3,4,10,12
 78:20 79:2,3,5,6 97:11,19
 109:17 111:24 116:25
 117:2,4 119:4,18 120:17,
 25 121:1,2,4,21 130:24
 138:17 139:10 155:12,13,
 14 156:22 163:4,10,15,22,
 24 164:1,3 165:24 166:3
 168:9 172:3,12,15,18
 173:6,8,11,13,15,17 174:7
 176:3,4 177:15,22 180:15
 184:23,24 185:21,23
 188:1,3,6,7 191:25 192:5,
 8 193:5,18 197:17 200:1
 201:10,16 207:24 208:4,5,
 11,22 220:25 225:18,20
 235:17 237:14 242:15
 247:6
database 19:7 36:13,18
 37:21 39:6,17 60:22
 97:11,14,16,19
date 5:9 68:3,7,12 73:17
 108:14,20 109:9 110:1
 112:22 125:4 145:23
 146:5 195:25 205:12
 237:20 251:13 259:22
dated 69:24 108:14 114:11
dates 109:11 113:3 127:2,
 12 180:2,4,6,10,12 181:15
 183:2,3 205:3 251:22
day 24:1 38:13 43:21 45:6
 58:9,11 66:14,15 67:1,2,3,
 12 77:22 78:2,11 100:23
 101:1 103:1 104:1 125:8,
 18 126:17,24 129:3
 134:19,20 164:4 189:23
 202:2 208:8 212:15,16,22
 213:4 215:1 216:12,19

217:1,3 238:23 239:13,14
 247:12,13 250:11
day-to-day 15:16 18:10
days 37:19 38:7,12,14
 66:14 67:3 104:8 126:5,7,
 24 127:7,9 128:1,2,24
 134:12 140:8 154:17
 212:2,11 229:18,23
 249:14 250:18 251:22
 252:1
dead 223:19 224:9,14
dealing 31:12 33:4,5
deals 33:14,16 34:15
death 7:5 9:21 212:6
 221:18,19,21,24,25 222:3,
 4,6,7,8,9 244:23,24 245:3,
 13,25 246:3,5,7,8,9,10,12,
 13,16,17,23 247:3,9
deaths 175:2,6 212:6
 216:22,24,25 217:11
 218:2,9,14 245:22 246:9
 247:5
December 14:22,24 43:20
 58:3 100:1 157:11 159:6,
 20 162:9,18 233:21
decide 163:18 173:4
 183:15
decided 86:25
decider 86:12
decides 156:1 235:8
deciding 85:13 101:11
decision 118:6 153:19
 162:7,11 171:25 172:9,11
 222:24 237:1,5 243:14
decisions 112:22 113:7,12
 155:23 163:8,14,23
 187:16 209:19,20 210:16

declaration 14:16 41:19
 43:11 45:15 46:4 49:22
 58:2 77:2 78:14 80:1
 92:10,12 93:10,20 94:4,9,
 10,13,17,21 95:14 98:11
 99:14 148:22 153:9
 171:18 178:12,13 179:7
 186:14 229:24
declaration--let 50:10
declarations 98:12,25
 99:4
decrease 165:11 166:11
decreased 143:7
decreases 179:21
DEED 155:7,15,16,18
defendant 5:21 6:16,18
define 77:23
defined 77:8 92:18 93:25
definition 28:19 29:1
 59:10 77:3,18 80:5 91:9
 92:10 93:4,7,8,10 94:13,
 15,16,20 104:7,18 111:13
 112:17 123:23 126:12
 127:6 131:8,9 144:20
 145:17 160:21,22 164:8
 165:16
degree 10:9 71:6 75:23
 76:10
delay 68:25
delete 260:3,9 261:1,7
deleting 260:13
demise 221:24
democrat 222:19
democratic 211:11
 222:11,25 223:9
demonstrated 166:10
 244:21
demonstrating 120:25
demonstration 231:24
 232:3
demonstrations 231:11,
 18 243:13
demonstrators 242:3
denominator 192:2
 227:24
department 7:7,9 9:11,13,
 17,22,25 10:2,24 11:1,2,6
 12:2,3,5 15:5 16:3 19:2
 20:20 22:17 29:12 30:18
 32:10,17 43:12,17,23 44:6
 45:17 46:1 47:4,9,14,23
 51:19 52:14,20 53:21
 54:23 55:5,14 56:4,5,9
 57:19 58:14,21 60:8 61:22
 62:20 66:5,24 67:4,6,20
 75:10,14,23 76:4,6,10
 77:18 79:1,16,17 82:4,5,
 13,14 84:21 88:1,5,7
 91:12,16 96:10 97:1
 100:3,9 101:8 103:11
 104:19 105:17 106:14
 110:16 113:13 115:2
 119:5 122:12,15 129:5,8
 144:6 149:8 154:24 155:3,
 10 156:21 157:17,23
 158:10,25 159:2 160:1
 161:3 165:24 166:9,22
 167:11,17,19,22,23 168:1,
 11 171:23,25 172:2,9,17
 173:5,10 183:10,21,24
 186:16,21 187:6 192:22
 193:4 195:23 200:1
 201:11 202:9 206:6,25
 207:23 209:18,23 210:1,
 15,16 211:14,24 212:19
 213:12 215:14 221:6
 225:17 231:7,9,17 232:2
 234:5,16 235:10 236:2
 237:1,2,3 238:24 241:24
 242:2 246:5 249:22
 250:14,23 251:18 256:11
 260:14,18 261:4,6,13,16
department's 260:20
department--i 9:15
departments 233:16
 246:16
depend 66:3 79:21 134:24
 145:21 161:25 198:20
 219:19
depending 27:1 54:9
 66:25 150:23 199:2
 227:23 234:6
depends 36:3 67:11 79:23
 180:20 183:5 218:8
depicted 196:19
deponent 5:17
deposed 149:4
deposition 5:1,2,11,15
 6:22,23 7:1,6,17 9:20
 13:24 67:16 70:16 81:5
 108:7 113:18 114:3 151:8
 163:19 193:12 195:19
 204:21 214:18 215:19
 223:25 226:21 245:7
 251:4 252:18 259:21
deposition's 7:20
depth 23:7
deputy 11:10 16:7,21
 17:7,18,20 18:5 29:22,25
 31:23,25 32:21 79:20
 91:13 98:1 149:12 212:12
describe 77:3 243:7
description 230:24
descriptive 225:16
designated 29:8
designation 9:17 29:8

destroy 260:3 261:5,8
destroying 260:10,12
detail 242:1,8,10
detailed 221:8
details 38:10 92:19 192:21
determination 77:25
78:13,14,22 129:24
136:12 239:24
determinations 96:22
determine 19:5,15 20:7
23:17,19 24:24 25:3,12,22
39:22 47:10 55:7,15 58:14
74:6 75:14 77:19 86:11
96:22 101:12,19,20
102:25 116:3 121:16
146:20 147:13 148:3,4,7
149:18 160:18 166:12,14
177:3 183:11,12 184:2
185:13,15,17 187:7 188:7,
9,19 189:6 207:25 208:16
228:6,12,13 229:9,12,14
230:10 231:3,7 232:18
246:6 259:22 261:20
determined 20:5,23 67:5
76:10 91:25 135:13
147:19 149:11 190:13
230:10 231:10,12
determines 84:21
determining 146:21
detriment 171:14
develop 65:12 242:7
developed 102:21 149:11
163:25
development 114:20
154:25 155:4,11
develops 163:10,22
diabetes 219:9 221:23
diagnosed 19:1 66:11
dial 83:9
died 220:5
Diehl 5:21 6:13,15 13:22
14:1 22:15 25:18 26:17
27:17 40:14,23 41:6,13
43:9 44:3,4,14,23 45:12,
22 46:11 47:7 49:8 50:7
51:16,24 52:18 53:2,11
54:7,20 55:4,13 56:16,22
57:9 58:1 67:14,18,25
68:2 70:14,18 71:23,25
73:6 74:1,3 76:3 77:17
78:21 80:12,14,16,18,21
81:3,7 90:2,5 92:23 93:3
95:13 99:8,12 100:16
101:17 102:9,22 103:10
105:16 107:18 108:1,5,9,
11,12 113:5,14,16,20,22
114:1,5,9,14,15 115:1,7,
10,11,22 117:3,9 118:10
120:13 121:6,7 122:11,18
127:21 128:9,18 129:18
130:4,8,9 132:10,20,24
133:2,4,9,12 134:1,23
135:4,6 136:2,22 139:6,9,
13 141:10,15,17,18 142:5,
8,13 143:3,11,13,24
144:2,4 145:6,15 146:13,
19 147:1,9,23 148:14,19
149:6 151:3 152:9,15,22,
24 153:7 157:5,25 161:18
162:6 163:7,16 165:4,23
167:18 168:5 169:7,11,24
170:15 171:6,17 172:6
173:2 174:19 176:22
178:10 179:23 180:3,13
181:14,17,24 182:14,23
183:8 186:6,25 188:2
189:20 191:12,24 193:2,
10,14,16 194:3,5 195:17,
21 196:2,4 198:11,15,18
199:21 200:7,9,13,17,18
201:2,4,6,8 202:5,18
203:9 204:10,12,14,19,23
206:9,21 207:4,21 208:10,
15 209:3,6,13 214:1,9,17,
20 215:8,12,17,21 216:23
217:10,21 218:16 219:4,
20 220:22 221:17 222:13,
18 223:23 224:2,17 225:8,
21 226:20,23 227:3,8
228:20 230:17 232:12
236:22,25 238:6 239:10
241:13,23 243:11 245:6,9,
17,24 247:14,24 248:15,
20 250:1,4,25 251:2,6
252:17,20 253:19,22,23
254:6,7,25 255:5,10,16,21
256:2,7,13,18,22 257:5
258:16 259:8,12,19
260:11,23 261:2,11,19
difference 36:5 51:17
62:18 88:16,17 93:9
166:23 175:22 176:1
177:17 198:19
differences 62:17 63:12,
13 131:2
differentiate 38:15
differently 219:12
difficult 38:18 39:8 81:19
104:12
difficulty 9:7
Diner 112:4,5
dining 100:18 153:10
160:12 161:1,7 162:8,19,
22,25 165:13,19
dinner 129:3
direct 17:4 45:10 56:21
66:17,18 91:21 132:22
148:13 171:16 176:21
260:25
directing 148:14 222:16

direction 134:10
directive 213:8
directly 17:15 18:10 21:16
 24:6 48:1 148:22 175:11
director 16:1,24
directors 28:9
disagree 86:10 162:7,10
 184:5 252:10
disagreeing 162:11
disagreement 86:12
disagrees 245:19
discharged 48:19
disclosed 215:4
discover 19:9
discovered 216:14,20
 217:8
discuss 255:12 256:7,24
discussed 52:20 171:18
discusses 74:4 156:6
discussion 50:11,21
 58:23 90:14,16 95:15
 159:17
discussions 155:2
 243:20,22
disease 11:20 12:15 13:6,
 11 15:12,19,20,23 16:2
 18:13,16,17,18 19:1,17
 20:10 21:24 23:20 27:8,
 16,19 41:4 43:14 176:7,25
 177:11 178:25 179:2,11
 184:12 219:9
diseases 15:18 16:15
 18:15 22:6 42:15 71:12
disrespect 7:15
disseminating 19:22
dissertation 10:15,17
distance 48:3,5 140:5
 183:19 189:5,13 190:4
distanced 50:1 83:20
 84:3,6 88:13,21 187:8
 188:16 238:16 241:4
distancing 88:25 129:20
 142:24 165:19 229:20
 258:20
distribution 108:16
divide 75:13 218:10
divided 218:14
division 16:2,3
doctor 244:24 245:1
doctor's 62:23
doctorate 10:13
doctors 221:21
doctors' 221:11
document 14:22 72:5
 80:13 90:9,16 104:9 108:5
 115:8 138:11 153:23
 180:9 181:16 237:16
documentation 225:22
documented 59:2,18
 104:2 150:6 164:17
 216:19 223:14
documents 157:1 158:16
 250:2
donors 106:21
dots 28:7
double 223:6
downsides 100:9
downward 69:18
DP002219 109:13
drafting 175:7
drawbacks 185:3
drawn 179:17
drew 206:2
drill 31:3
drink 102:4 149:22 164:14
 171:21 174:1
drinking 166:5,19
driven 136:25
drives 132:13
drop 42:20 44:7 169:1
droplet 42:23
droplets 19:23 40:25 42:6,
 11,12,13,16,18,19,20
 43:1,3,6 44:7 45:2 46:5
 47:1,2 168:24
dropped 138:10
drove 40:7 135:23 137:5
duly 5:6 6:10
dumps 67:1
duplicate 66:18,21
duties 17:7,9,11 18:6
 45:16
duty 259:24 260:4

E

e-signed 14:22
e.g 144:11
E1 226:20
E9 193:11
earlier 6:14 106:2 123:17
 124:7 131:19 132:12
 140:18 141:24 156:8
 158:13 211:19,20,23
 233:19 240:1

early 18:1 24:8 29:10
 74:10 87:5,15 140:8
 157:10 215:4 257:23
earth 170:5
easily 97:12
easing 164:2,5
eat 23:1 54:22 100:18,21,
 23 101:2 102:4 149:22
 164:13 171:21 174:2
eaten 54:18,24 100:19
eating 45:5 89:9 166:4,19
eats 64:1
Economic 154:24 155:4,
 11
ed 33:4
edit 16:14 236:9
educate 183:16
education 7:12 10:8,21
 43:15 71:6 158:14 184:14,
 15 207:15
effect 180:16 181:9 182:1,
 5,9,16,17,25 257:12,25
effective 101:22 167:9
 168:21 183:13 185:16
effectively 104:25 105:7
 219:24
effectiveness 172:18
 173:8
efficacy 18:16
effort 209:23
efforts 207:20
Ehresmann 16:6,25 29:24
 86:6,13 210:24 212:9
 235:21
Ehresmann's 30:2
EIS 235:13
elected 249:3
election 248:23 249:3
Electronic 70:7
electronically 67:13 95:20
eliminating 198:2
email 70:19 71:20 72:7
 73:5,11 212:8,20
embargoed 212:21 213:3,
 9 214:25
embedded 31:6
emergency 29:13
emerging 15:11,23 16:22
 17:10,16 22:6,10,24 23:2,
 7,10,11,14 178:25 179:2,
 11
emphasizing 151:7
employee 52:19 126:23
 127:23,24 128:7 129:4,15
 235:15 236:11 237:11
 261:4,5,7
employee-only-based
 122:13
employees 57:5,12,14
 80:4 89:5,6,8,13 115:16
 121:16,17,24 122:1,6,9
 123:6 126:16 127:17,18,
 19 128:12 234:5,6
employer 34:17 57:4,5
 91:2,10,12 121:10 138:4,
 8,10,15 144:7
employer-based 121:13
 122:6
employers 57:20
employment 7:2 154:24
 155:3,10
encompasses 29:16
encounters 51:15 89:1
encourage 209:19
encouraged 12:7
encouraging 209:17
end 14:10 50:14 59:1
 86:23 116:16 133:5
ended 177:5
ending 77:15
endurance 8:25
enforced 165:20
enforcement 7:7,9
enforcing 174:6
engage 249:24
engaged 58:15
engaging 249:22
English 252:11,15,16
 253:6,14,16
enlarge 115:10
ensure 260:19 261:13
ensuring 210:15
enter 19:6
entered 67:9
entertainment 130:13,20
 159:22 162:15
entire 77:5 105:4 147:5
 151:8 180:9 185:23
entirety 149:19
entitled 255:4
environmental 11:20 71:8,
 11 158:5,17,18
environments 88:25
epi 194:7

epidemi- 235:14
epidemic 235:14
epidemiologic 77:9
 131:11
epidemiological 71:1
epidemiologically 20:15
epidemiologist 11:7,9,10
 16:7,20,21 17:2,8 18:5,6
 43:13,14,23 70:24 72:10
 210:23
epidemiologists 42:14
 234:18
epidemiology 10:11,13
 11:8,19,20 12:15 13:6,9
 15:9 16:2,8 29:17 31:15,
 21 71:9 183:20
equal 160:9
equally 150:23
equate 132:3
error 63:1
errors 246:22
escalation 134:6
establish 238:13
Establishment 110:8
establishments 110:7,22
 148:10
estimate 106:15 132:17
 140:11 215:3 226:19
 239:8
estimated 107:1
estimation 185:17
ethnicity 63:15 211:16
 218:12
event 78:8 98:20 117:25
 118:23 119:20 120:5,7
 126:24 152:6 161:22
 163:2 223:11,13,17,22
 224:23 225:7,17,25 226:1
 229:17,23 230:14 231:4,
 22 232:10 233:8 237:15,
 20 238:5,8 243:7 244:11,
 20
event-associated 227:20
events 78:5 118:22
 130:13,19 131:6 146:15
 159:22 160:3,9,10 162:9,
 14 194:10 198:2 202:4
 232:20 241:11 244:14
everybody's 88:13,19
everyone's 84:2
evidence 106:19 150:4
 169:2,3,21 170:3,4,8,20,
 23 249:2 259:25 260:20
 261:6,8,17
exact 46:18 49:23 108:14
 124:1 125:3,19 140:10
 175:1 234:9 251:22
examination 6:12 11:22
examine 246:16
examples 54:16
exclude 63:16,17
excluded 143:21
excuse 26:9 42:10 51:21
 72:7 75:1 80:1 90:1 91:5
 105:23 111:5,14,20
 123:24 133:9 138:25
 154:1 155:13,24 183:25
 193:25 218:24 219:24
 226:14 229:10 231:24
 237:22 251:2 252:5
executive 78:15,18,23
 79:6,10,14,17 80:11 81:8
 82:3 113:7,16 114:11,16,
 19,21 153:15,20 154:1,5,
 22 155:4,5 163:5,13
 181:8,25 182:4,7,8
exercise 83:2 185:10
exhalation 167:2
exhale 42:11,18
exhaled 42:16
exhaling 199:1
exhibit 13:22,24 14:7,8,10,
 11,14 16:18 28:17 41:19
 43:11 50:15 65:18 67:14,
 15,16,19 70:15,16 74:2
 75:2 77:2 78:14 79:25
 80:13 81:3,4,5,8 89:25
 90:2,4,6,9 93:10 94:9
 95:20,23 98:11 108:7,9,
 10,13 110:8 113:17,18,21,
 23 114:2,3,6,8,19 116:14
 121:6,9 123:18 130:8,10
 133:6 135:4 138:3 139:11
 140:25 141:15,24 142:15,
 16 143:12 147:10,24
 153:8 159:18 165:17
 178:13 179:23 193:11,12,
 15 195:18,19 196:2,5
 197:7 198:11,12,13
 201:19 202:7 204:13,20,
 21 214:18,21 215:18,19,
 22 223:23,24,25 224:3
 226:21 227:3,7,10 229:25
 236:21,24 245:7,10
 250:25 251:4 252:18,21
exhibits 13:23 14:5
exist 117:15
exists 23:19
expected 241:19
expelled 168:24,25
expelling 167:1,3
experience 43:14 162:24
 236:12 237:10

experienced 27:9
experimental 168:22
experiments 48:1,19
expert 45:20 46:10 47:5
 49:6 122:3 143:9 148:12
 149:4 176:20 177:19
 191:20 217:6 219:17
experts 210:8
explain 59:22 204:8
exposed 19:19 37:15 60:5
 88:12 90:20 126:15 144:9
 151:21 152:3,13,17,20
 229:7
exposing 126:17 127:1
exposure 40:4 57:11,12
 74:4,19 75:25 89:22 90:7
 96:4 97:15 109:16,21
 111:2,3,9 123:20 128:23
 135:8,13,21 136:7 137:2,
 10,25 138:17 139:10
 175:13 177:3 230:22
exposures 38:17 40:9
 76:14 89:23 90:8,17 91:17
 95:25 96:9 136:6,12
 137:14 138:19 139:18
 141:19 142:15,19 229:12,
 13
exposures--you 135:18
extend 260:24
extended 64:19 102:2
 164:13
extending 83:9
eye 46:21 134:21

F

face 49:25 140:6 153:23
 169:3,4 170:2,6,14 179:20
 181:6 240:21,23 242:19,
 20 244:9 258:21
facilities 33:6 78:5 217:12,
 22
facility 78:7
fact 26:16 44:10 45:9,18
 69:12 120:15 133:13
 149:5,8,11 160:6 245:18
 247:4
factor 53:15 107:12,15
 197:11,12 198:23,24
factors 51:3 54:8 88:17
 165:12,14 166:6 218:9
 219:7,8,9,19 220:2 221:13
facts 100:13 102:7
factual 9:24 10:3
failed 69:13
fair 23:11 25:16,24 28:14,
 24 36:22 37:1 40:20 41:22
 50:1 59:6 62:21 63:23
 65:5,25 66:2 75:13 95:3
 107:14 110:3,18 116:20
 133:15 161:23 162:16
 164:24 171:12,18,20
 174:22 176:13,15,17,19
 185:3,20 186:19 195:3
 204:17 205:4,7,16 206:7
 210:14 221:2,6 224:8
 226:8 227:11,16 228:4
 230:5 237:24 239:2
 243:15 245:14 254:8,22
 260:21
fairly 201:23
fall 12:16 13:8 74:21 87:15
 118:12 167:21 249:12
familiar 67:22 98:24 214:7
family 35:18 55:22 61:10
 65:1,4 224:14
fantasies 251:10
fantasy 251:9
fashion 29:8 69:12 176:4
fast 51:13 224:24
fatality 220:13
faulty 178:7
fear 224:12
February 18:1 29:10 74:11
 76:16,17 154:18
feeding 213:3
feel 56:2
feet 42:19,22,24 44:5
 50:18 51:10,19 53:4
 133:14,21,22,25 134:3,10
 183:19 241:3 242:19
fewer 83:11 112:7,8
field 39:8 70:5,7 97:14,16
 112:2
fields 60:23
figure 105:5 129:12
fill 15:6 16:17 29:7,9 70:1
 72:24 221:21
filled 16:19 17:23 18:2
 245:3
final 212:2
finally 184:16
finance 30:6
find 24:7 27:25 36:10 38:4
 39:17 50:10,13 58:9,25
 61:17 63:13 112:7 117:15
 122:7 127:18 153:10
 174:9 223:8 226:10
 229:17,20 231:15 242:8,
 13
finding 67:9

fine 44:15 141:13 170:17
184:21 256:22

finger 46:21

fingers 46:19

finish 7:24,25 8:22 21:4
42:10 200:8

finished 10:20

firm 5:22

fit 57:13 126:12 164:8

fitness 33:19,23 34:4 83:2
98:16 146:16

Five-and-a-half-fold
205:21

fixes 44:2

flat 170:5

flexibility 125:7,24

flexible 125:10 126:22
127:12

floor 89:12 174:12,17

flown 136:24

Floyd 231:10,18,25 232:4
238:10,25 240:24 241:2
242:3

Floyd's 231:18 241:14

flu 25:2,9 26:7,21 27:1

flu-like 26:4,6

focusing 34:1 195:11

follow 56:23 57:20,25
132:25 172:10 176:23
183:12 185:18 209:20,23
245:21,23 246:15,16,18,
19,21

food 23:1,2,8,16 116:11,
18 117:4 148:1

food-borne 15:19 22:8

football 187:5,8

footnote 143:25

forgetting 33:15

forgot 85:5 210:18

form 22:14 25:17 50:3
51:22 53:18 76:2 86:8
87:17 99:11 101:15,23
103:2 105:8 113:1,10
114:12,24 115:3,21
116:24 120:9 127:10
133:24 136:17 145:14
146:10,17,24 147:16
148:11 152:11 165:18
167:15,25 172:23 182:11,
19 183:1 184:4 186:20
187:11 197:22 202:17,19
207:2 208:2 217:19 221:7
223:20 224:10 225:4
228:17 230:12 237:25
241:17 245:20 247:17
248:10,18 254:23

format 67:23 245:22

forward 156:17 257:2,3

found 69:11,13 120:21
135:15 153:11 213:20
231:17,19 242:5 246:22
247:1,5,8

foundation 78:15

frame 52:21 125:4

fraud 248:24 249:3

fraudulent 248:23

free 207:7

frenzy 213:4

frequently 129:16 130:21
210:11,25

Friday 249:8 250:5

friends 38:13 56:7 186:18
188:15 189:24 190:1

207:8

front 15:2 69:21 97:5
122:4 138:25 192:21

full 7:10 9:16 10:5,25 36:3
59:14,15 192:2

fully 59:18 159:14

funded 22:7

funding 15:22

funeral 77:21

funerals 34:12

funny 204:2

future 12:9 259:22

G

game 199:5 207:17

games 146:15 190:7

Garden 6:18,19 14:19

gas 87:18,22 88:11 257:15

gather 118:1 207:18

gathered 130:25

gathering 89:8 138:14
158:12 161:16 198:7

gatherings 34:13 115:13,
25 117:6,23 119:25
120:20 130:20 161:6
199:14 242:21,24

gave 12:16 13:7,8,11 87:5
114:22 169:16 190:17,18
207:7 236:10

gazillion 112:1

general 15:19 20:19 22:22
25:11 28:18 50:24 53:20
56:25 58:18 65:6 69:9
71:9 79:10,12 87:20,24
88:3 92:12 94:15 101:2

115:4,25 117:12 118:3
119:2,4 122:21 131:7,9,15
132:16 143:9 147:19
156:11 160:20,22 161:4,
24 163:4 164:8,15 165:12,
16 173:12 175:10 176:24
190:15,18 197:18,21
203:1 206:14 211:23
215:7 219:6 221:12
228:15 243:22

generally 19:3 55:17
64:20 67:23 69:10 77:8
83:16,25 84:9 92:18 93:25
105:9 157:24 212:1 241:2,
3,4

generate 155:14

genuine 256:23

geographic 23:23

George 231:10,17,18,25
232:4 238:10,25 240:24
241:1,14 242:3

get all 158:8

girls 192:18

give 11:17 12:13,14,20,25
13:13 39:13 52:19 56:12,
14,25 60:17 118:3 128:8
170:23 187:17 210:9
213:15 220:20 232:17

giving 128:20 184:19
190:15

gladiatorum 28:5

glitch 201:7

good 8:3 12:7 18:25 44:12
80:17 96:11 107:18
129:19 152:16 170:11
221:15 235:18 236:8
237:14 255:1

governmental 13:1

governor 78:19 79:7,9,11
82:9 100:5 101:18,19
114:16 153:15,25 154:4,7,
13,16 156:7,10,17,19
162:18,22 163:14,23
173:1,4 181:8 184:1
187:15 210:11 211:8
212:13 216:5,6 223:18
224:5,18 240:23

governor's 78:24 100:8,15
113:11,12 115:5 118:6
155:18 156:19,20 162:7,
11 163:6,9,13 171:25
172:8 183:15 212:14

governor--that's 79:15

graduation 78:6 161:14
244:17,18

grant 15:14 16:16,23
17:10

grants 15:10 210:6

granular 55:3 117:2
166:16,21 232:16,18

graph 144:16 197:25
198:12 199:10 201:21,24
202:3,4,12,13 203:15,18
205:17,22

graphs 203:5 206:3,11

gray 69:4,16,21 73:14

great 8:9 187:22 224:20

greater 72:24 118:16
167:4 175:2 199:17 220:7,
8 222:1 228:14 244:8,10

greatly 199:1

grew 205:14

Griffith 158:3

grocery 84:2,17 87:19,23
88:12,18 257:14

ground 7:18 42:20 44:8

group 18:9,12,13 20:17
21:21 22:1 23:25 24:2,5
34:10 37:8 85:2 186:18
195:24 207:18 229:21

groups 31:16

growing 23:12

growth 205:25 206:17

guarantee 255:11

guess 10:20 13:2 14:24
25:11 41:7 51:17,19 52:8
53:12 54:21 57:17 71:5
79:23 86:13 109:10 110:1
113:6 119:12,14,16,17
124:13 141:13 146:14
155:20 171:23 172:11,25
175:22 176:14 177:6
178:20 179:13,14,25
180:14,20 181:17 182:15
202:19 207:11,22 216:7
218:17 224:20 228:7
236:22 239:15 243:12
247:20 252:7 254:2

guessed 214:16

guidance 50:21,23

gym 34:4 36:12,16 37:6,
18,25 38:1,11 39:2,7,21
40:1 60:24 61:2 76:12,16,
23 77:21 78:1 98:16
131:19,20,24,25 132:1
134:2,6 145:17,20 150:22
151:18 152:6

gym--if 131:19

gyms 33:19,22,23 36:18
77:25 78:9 83:2 100:11
130:18 131:5 145:3,4,11,
16 146:16 230:1

gyms--and 131:18

H

H1n1 24:5,6,7,9,19,25
Haley 236:17
half 13:7,12 139:14,20
 156:13
halftime 10:24
Hamline 12:21
handle 24:5
handled 158:15
hang 186:18
hanging 207:8
Hansen 5:24
happen 37:9 48:7 105:18
 213:11
happened 28:15,16 52:12
 102:8 177:2 223:22
 237:16
happening 180:21
hard 38:23 51:12 128:8
 134:8 140:4,5 182:20
 224:24 259:3
hardware 84:18 87:24
harm 171:14
hat 251:7,10,11
Havens 6:17,18 14:19
haystack 39:1 61:1
head 8:7 30:17 85:1
 158:13 200:20,21
heads 159:2
health 5:13 7:8,9 9:13,23,
 25 10:2,11,24 11:1,2,6,19,
 20 12:2,3,5,9,14,20,23
 13:4,15,16,17,18 15:6
 16:4 19:2 20:20 29:12,22
 30:11 31:9,10 32:10,17
 33:5,17 43:12,18,23 44:6
 45:17 46:1 47:4,9,11,14,
 23 51:20 52:14,20 53:21
 55:5,14 56:4,5,9 57:19
 58:21 60:8 61:22 62:20
 66:5,24 67:7,20 71:8,11
 75:10,15 76:6 77:18 78:7
 79:1,16,17,19 82:4,6,13,
 14 84:21 90:14,15,22
 91:12,16 96:10 97:1
 100:3,9 101:8,21 103:11
 104:19 105:17 106:14
 110:17 113:13 115:2,6
 122:13 129:5 143:15,18
 144:6,12,15,18 147:25
 148:3 149:9,15 150:8
 154:4,14 156:21 157:17,
 23 158:5,10,18,25 159:2,
 20 160:1 165:25 166:9,22
 167:11,17,19,22,24 168:1,
 11 172:1,2,9,17 173:5,10
 174:10,15,16,17 175:8,9,
 11,14 183:10,24 184:6,20
 186:16 187:6,21 192:22
 193:5 200:1 201:11 206:6,
 25 207:23 209:18 210:1,
 15 211:14,24 212:12
 215:14 219:8,11 220:2,5,
 14,17 221:6,9,13,16,20
 225:17 231:7,10,17 232:2
 234:4,5,15,16 235:11
 236:2,12 237:1,2,3 238:2,
 25 241:25 246:5,16
 249:22 250:14,23 251:19
 256:11 260:14,18 261:6,
 13,16
Health's 22:17 54:23 67:5
 183:21 195:24 202:9
 209:23 210:16
healthy 219:10,13 220:14
hear 85:6 149:2 159:15
 169:25
heard 49:21 68:20 148:18
 249:1 253:14
heart 184:12 219:9
heavy 134:6
held 5:1,11
helped 207:7 236:7,9
 249:4
helpful 7:19,23,25 21:4,9
 25:20 101:12,13
helping 16:13 208:8
helps 72:10
herd 105:5,24 107:12,16
herpes 28:5
Hey 112:4 235:16
high 10:8 34:1 82:21 107:3
 189:9 192:3,18,20 199:8
 203:12,16 204:25 242:6
higher 33:4 140:20 150:2
 158:14 191:5 196:17,19
 202:15 203:13 204:16
 217:12,17
highlighting 72:2,3,5
Highlights 72:13
hired 233:24
hit 241:7
hockey 187:20 189:10,14
 190:7 192:18 199:2
 207:17 242:7
Hojo 214:12,13
hojorich 213:19
hold 32:13 61:11 119:9
 203:24 250:1
Holzbauer 237:8
home 31:5,6,8,11,12,24
 32:1,2 33:2 63:18,21,23

64:3,5,8,12 74:16 135:19
186:17 212:7 230:22
259:11

homeless 33:7 74:20 78:4
135:20

homes 26:23 27:4,6 31:16
32:4,6 64:11 66:18 74:16
143:22 217:22,24

honest 159:13 260:10

honestly 214:13,14

Hopkins 19:21 176:25
177:4

hospital 7:5 9:22 10:22
48:13,18 62:23 63:22
174:12

hospital-acquired 15:20

hospitality 119:8

hospitalized 221:14

hospitals 30:11 66:22
144:17

hosting 117:5

hot 19:18 237:23

hotbeds 198:7

hotel 19:19

hotels 158:22

hour 48:10 80:15 152:23
168:19 210:20 254:24
255:4,9,20

hour-long 169:6

hours 46:17 48:10,22
66:14 67:3 116:19 119:18
249:6,9,10,13 250:19,21
252:3

households 124:14

How's 142:10

Howard 214:8,11,12

Huff 70:22,23,24 71:7

huh-uh 8:7

human 168:23

hundred 42:14 131:21
191:9 194:14,16 219:14
220:3,6

hundreds 89:15 223:2
233:25

hybrid 188:16 189:4 190:5

hypothetical 39:20,25
46:10 49:6 127:23 128:6,
8,20 129:12 131:18
220:20

I

I-94 40:7 132:13

i.e 90:21

ice 199:6

iceberg 39:10 58:24 59:3,
5,19 60:6 61:5,19 106:2,4,
6,7 150:10 240:11 241:16

iceberg--that's 166:2

idea 123:12 126:14 145:2,
8 235:19 236:1 245:5
252:6 254:19

identification 13:25 67:17
70:17 81:6 108:8 113:19
114:4 193:13 195:20
204:22 214:19 215:20
224:1 226:22 245:8 251:5
252:19

identified 61:4,9 76:5,12,
15,24 91:7 121:11 130:11
164:8 227:20 228:10

identify 5:18 20:11 39:1,4
61:2,17 76:18

igloos 161:9

ignore 14:6,9 254:15

ill 128:12

illness 26:4,7 35:7 77:8
124:9 131:10

images 238:18 240:15,17,
22 241:1

imagine 123:25

immediately 46:21 67:10

immunity 105:5,24
107:12,16

impact 59:16

implemented 180:5

important 51:3 64:4,6
87:5,6 99:7,10,15,16,18
101:22 120:25 154:20

improper 255:13,14

improved 140:9

improvement 140:3

improving 69:15

in-depth 19:14 36:20 37:2,
5 38:9 39:18

in-person 65:3 100:18
188:16 189:3

incidence 136:21

incident 17:19,20,25 18:2
29:6,13,14,20,21,23,25
30:2,4,5,13,18 31:8,21,23,
25 32:21,23 86:2,5,6,14
91:13 97:25 98:1 149:13
212:9

incite 249:4

include 30:20 33:19 52:22
88:4 91:2 107:8 143:17
144:6 155:18 188:3 198:4
202:8 204:25 259:25

included 104:21 117:19
123:19 136:15 138:15
144:18 166:15 197:17
202:12,14

includes 29:16 35:22
90:23 94:13 112:13 138:7
144:13 202:25 203:11,18

including 36:2 46:20
50:18 205:16 220:17

inconsistent 163:9

incorrect 98:7 102:17
103:22 132:8 134:6
171:11 189:19,21,22
201:15 218:8,15,22 219:3
220:4,6 228:19,21 229:16
245:21

increase 24:16 54:8 72:22,
23 165:11,15 187:9
190:20 196:16,17,19,20,
21 197:8 198:19 199:11,
17 201:19,22 202:15
203:1,6,8 205:9,10,18,21,
23 206:22 208:17,18
217:2 230:7 231:15

increased 26:3 143:6,7,8
164:5,6,15,22 166:10
189:4 197:11,12 198:23
199:7,25 201:11 220:2
233:16

increases 149:24 179:21
202:20 230:5

increasing 23:1 160:7,12
184:17,18 190:24 192:10
197:25 199:12

incubation 40:5 60:16
74:8 121:22

indefinitely 171:24

independent 97:18,24
161:12 244:5

indication 127:24 207:25

individual 55:8 65:1 96:4
125:15 218:11 219:13
220:15 247:18

individuals 18:7 22:2
54:24 55:6,15 62:18,19,20
119:19,21 120:7 124:14
134:4 136:14 149:11
155:2,24 166:12 184:2
194:9 201:17 209:1,23
217:16 218:25 219:22
220:1 221:4 232:3 233:7
234:18

indoor 130:13,19 153:9
159:22 160:2,5,9,12
161:10 162:8,14 165:13,
19

indoors 161:22 162:1
243:1

industrialized 23:3

infect 150:15

infected 27:1 35:9 36:11
40:2 41:2 43:2 46:14
47:20 48:7 49:13,18
51:11,15 54:4,19 59:25
60:15 61:7 74:8 76:13
89:24 102:18 103:3,5
106:10,12,20 107:1,4
123:7 126:16,23,25
127:16,24 134:7,22
135:17 137:4,8 150:11
151:5,6,20,21,22 152:4,5,
14 229:2 230:16,19,25

infection 19:6 21:1 22:11
23:11,12,14,15 27:24
28:3,5 35:9 40:10,19
60:16 91:8 104:8,9,11,13
150:19 175:14

infections 15:11,20,23
16:22 17:10,16 18:11
22:7,25 27:21,22 59:25

150:14,15

infectious 11:20 12:15
13:6,11 16:2 43:13 47:24
49:2 51:10 54:14,22,25
55:9,20,24 57:7 58:16
59:25 71:12 102:11,18
103:3,5 150:18 178:25
179:2,11

infector 50:18

influenza 15:21 21:11,13,
23 22:2 24:9,23 25:25
26:1,5,19,20 27:7,15

inform 35:9

information 35:7,16 37:5,
12 38:21,22 39:14 40:8
45:25 47:23 60:12,13,21
62:3,19 66:23,24 68:4,15
70:4,5 74:10 76:18 78:20
82:6,10 83:7,23 88:1,5,7
90:7 96:16,21,25 97:3,17
98:24 99:2,6,13,15,18
109:5 115:19 116:2
117:12,21,24 118:1,2,4,5,
21 119:21 120:4,6,10,12
123:11 138:23,24 153:22
156:17 160:1 164:23
171:8 172:20 173:20,24
174:9 176:9 179:15
184:11 192:23 195:23
202:10 206:6,13 210:4,5
211:20,24 212:21 213:9
221:8 232:11 234:21
235:4 238:24 241:20,24
242:1,2,5,14 245:22

informed 40:11 167:19,20,
21

initial 36:9,23 68:7 84:22
104:8 150:14

initially 91:22 104:17

input 236:5

inquiry 93:17
insist 254:24
inspections 158:20
instance 52:12 190:24
instances 51:14 190:23
instantaneously 67:10
instituted 17:25 29:12
 140:6
instituting 142:24
instruct 163:17 261:3,5,7
instructed 261:14
instructing 148:21
instruction 56:23 132:25
 176:23
instructs 22:19
insurrection 248:12,14,22
intelligence 235:14
intensive 61:15 104:1
intent 261:12
intention 261:10
intentionally 73:7
interact 36:7
interacted 26:13
interactions 83:18 88:11
 89:15
interagency 79:5,12
 156:5,15
interchangeable 217:23,
 25
interest 159:12
interested 232:7
interesting 237:14
internal 158:21
international 74:12 87:6
interpretation 73:16
interpreting 37:1,2 69:5
interrupt 119:3 165:7
interrupting 52:3 73:8
 148:25 165:9 181:22
interruptions 45:18
intervention 185:16
interview 19:4 33:10 35:6,
 8,10 36:9,24 37:5 60:10
 61:16 74:6 87:4,9 89:17
 124:21 135:15 189:9
 221:12 241:20 242:12,13
interviewed 19:5 31:1
 35:14 110:12 138:24
 140:25 188:22 190:2
 210:25 213:13
interviewing 38:9 55:17
interviews 84:23 110:16
 140:19,21,24 141:4 234:7
intimate 91:21
introduced 6:14
introductory 11:19
investigate 21:19 23:6
 24:11 26:24 27:7 61:15
 89:7 92:2 128:10,14
 129:10 234:21
investigated 36:15 48:4
investigates 22:8
investigating 18:17,18,19
 34:11,16 83:16 104:3
 129:11
investigation 19:14 25:12,
 24 26:8,13 32:9,12,18
 33:12 34:6,8,24 35:1,24
 36:8,20,23 37:3,7 39:18
 77:10 84:12 86:4 96:17
 104:1 116:1 118:20
 131:11 158:12 193:8
 223:15 236:6 246:9 247:1
investigation/contact
 33:10 35:4 36:6 85:2
 233:13
investigations 18:24
 31:18 36:18 82:24 116:3
 130:17,25
investigator 35:6
investigators 37:11
invites 13:20
involve 176:18 215:14
involved 17:10 18:11
 21:18 22:5 24:6 31:16
 71:11,13 78:18,22,24 85:9
 86:7 113:6,13 114:20,25
 115:2 118:18 121:13
 127:23 128:7 153:19
 155:2 156:9 157:6,14,18
 158:20 159:7 166:12
 175:4,7,10,11 219:7
 231:23 233:10,12 243:14
involves 65:2
involving 7:5,7 137:11
isolate 35:10,19 61:17
 151:25
isolation 56:25 151:20
issue 49:23 51:2 62:4
 78:23 79:22,23 92:24 93:1
 129:3 170:14 237:23
issued 153:15 154:2 181:8
issues 31:13,24 154:14
 161:8 240:14 260:15,18
iterations 87:9

J

Jacob 236:17
jail 74:18
jails 33:6
Jan 5:12 71:20
January 10:23 13:3
 112:25 248:11,14,22
 249:5
Jayne 158:3
Jensen 216:2 245:1,13,25
job 8:3 10:21 11:5 12:3,5
 45:25 65:2 89:18 100:13
 129:9 170:16 211:12
 224:12 250:22
jobs 154:20
Joe 112:5 224:11,15,18
Joe's 112:4
Johnson's 214:8,11,12
join 159:8
joined 6:1,4
joining 157:8
Joseph's 112:5
journal 177:23,24 178:20,
 23,25 179:2,3,4,11,12,13
journals 178:5,17,19
jowl 229:18,19 241:4,5
Julie 158:3,14
July 109:6,14,23 110:3,19
 111:14 121:11 124:6,20,
 23 125:2,22 126:1,2,4
 135:12 136:18 139:18
 140:7 142:14,18,20 143:4
 175:15 250:20
jump 116:17

June 86:18 109:13,23
 110:19 111:6 143:4
 161:15 193:3,4 233:20
 252:23

K

Kadrie 158:3,14
Kaitrin 6:2
Karen 21:16,23
Kathryn 235:22
Kathy 85:1,6,15,22,23
 86:3,8 91:20,22 96:11,13
 233:14 235:24
Kelley 236:17
Kentucky 137:8
Kenyon 21:17,24 158:3
Kenyon--i 158:13
Kevin 247:25
keypad 46:15
kid 26:10 27:23 186:15,16
 242:12
kids 26:4,6,9,10 27:23
 146:8 187:6 188:4,8,9
 189:1,15,23 191:2,4,5,16,
 17,22,25 192:10 197:7,8,
 11,12,15,18,19 198:1,6,7,
 21,23 199:3,13 202:7,8,
 12,16,21,24,25 204:25
 205:13 206:14,15 207:7,
 24 208:1
kids' 203:1
Kim 158:20
kind 18:8 25:21 37:6 52:2
 102:10 106:17 128:8
 158:21 159:10 175:24
 176:8 184:5 213:2 219:18
 238:12

kinds 183:18
Kirk 235:24 237:6
kissing 41:2,7,10
Kleinschmidt 5:3,20
knew 58:18 95:19 99:17,
 18 134:2 191:1 238:3
know--three 157:22
know--you 191:8
knowable 188:10
knowledge 43:10 47:25
 91:21 100:7,13 101:9,10
 119:4 137:14 173:12
 206:10 207:1 245:3
 249:16
Korean 179:3,4
Kris 16:6,25 29:24 30:2
 86:6,13 210:24 212:9
 235:21
Kristen 16:6
Kristi 223:18 224:5,8,16,
 18

L

lab 19:2 24:19 66:11,12,
 15,22 67:8,11 70:7,8,9
 236:18,19
label 109:12
labeled 68:1 121:10
 149:15
labels 14:6,10
labor 61:14
laboratories 66:12,13
laboratory 10:23 29:17
 66:25 67:8 106:22 168:23
labs 69:11,13 70:9 216:13,

20 217:8
lag 68:20 69:4,7,20 70:2
 72:13,17,21,23,25 73:1,9,
 14,15 211:19
language 110:11
large 15:10,21 19:21 34:13
 35:21 129:20 132:5
 133:23 134:2,3 161:15
 187:19,23 188:12,17
 190:22 192:11 200:2
 237:15 242:16,21 243:2
 244:2
larger 176:18 195:2,4
 201:19 203:11 205:9
 210:10
largest 139:5 227:16
Larvita 6:1
late 18:1 76:16 87:15
 138:9 242:4 249:12
later--they 247:4
lateral 32:14
latest 212:25 213:4
Laura 5:8 71:24 159:3
law 5:22 11:19 12:14,23
 13:14,15
lawsuit 6:16 8:13 14:17
 52:14
lawyer 12:24 22:17 163:17
 250:13
lead 40:10 155:3 164:23
 212:18
leader 248:1,2,3,5,6
leaders 79:9
leads 158:11 159:5
learn 252:11 253:5,14
learned 24:25
learning 103:25 105:3
 188:16,17 189:5,13 190:5
leave 88:23 252:25
leaving 259:3
lecture 11:18 12:14,15,16,
 25 13:12,20 184:20
lectured 12:13,23 13:19
lectures 11:17 12:11,20
 13:4,10
led 51:15
left 48:9,13 198:16 201:9,
 16,21 202:8,12,15,20,22
 203:7
Legionaires' 18:17,18,25
 19:1,11,17 20:10 176:25
 177:11
lesser 205:25
letter 14:7
letters 14:6 214:2
leukemia 10:19
level 228:13 229:6,9
lies 248:8
life 260:6
likelihood 136:7
limit 57:14 148:25
limits 156:2,6 242:23
link 20:14
linked 20:18
linking 235:5
list 32:1 78:9 108:16 112:1
 138:4,8,10 203:22 221:19
listed 90:8 91:17 96:4 97:8
 123:20 136:13 138:15
 186:14 193:21 195:23
listen 159:10 186:7
listening 156:13 157:8,9
 159:14
lists 15:2 111:5 138:18
literally 121:9
literature 47:10 51:7,14
 159:10 168:20 172:16
 173:9
live 10:6 63:21 64:4,13
 144:17 210:20,24 213:13
lived 20:9 177:3,14 258:6
lives 64:15 65:1
living 64:20 90:24 144:11,
 14
LLC 5:9,14
local 33:4,16 36:12 234:5,
 16
location 63:14 179:15
 231:22 232:14
locations 82:25 173:18,21
lockdown 258:2
logistics 30:6
long 16:19 47:24 49:25
 63:25 81:12 88:21 130:17
 136:18 143:22 174:20
 209:20 228:22 242:17
 243:8
long-distance 189:5
long-term 33:2 63:17
 90:21 144:11 174:21,25
 175:3 217:11,16,22,24
 218:1,2,5,19
longer 149:21 238:22
looked 48:1,6 61:25 62:16
 63:11 69:22 89:14 121:20
 185:22 186:2 206:11,13,
 17,18 208:4,11,12 238:12

241:8
lose 250:20
lot 69:14 159:9 160:10
 240:21,23
lots 54:5 181:4 210:5
 219:19
loud 8:6 102:5
louder 102:5 149:23
 164:14 167:1
low 46:13 104:6 105:1,10
lower 43:6 49:17 54:8 66:2
 84:6 136:15,21 191:17
 205:15,19
lowered 160:6
lunch 45:5 107:19 129:3
 174:14
luncheon 107:22
lunches 89:9
lungs 43:1,3,7
Lynfield 17:1 210:23
 235:21

M

M-E-D-U-S 158:11
machine 45:4,6 46:6,8,14
 134:20
made 78:19 97:20 112:22
 118:6 154:1 163:8 207:12
 239:20
magic 51:2
magical 54:1,4
maintain 211:5
maintaining 210:12
make 14:12 15:13 22:21,
 22 25:22 46:3 59:24 85:3,

16,20 86:8,10,25 87:8
 88:17 96:22 99:20 118:11
 123:16 129:9 132:13
 137:20 156:7 166:23
 168:16 178:3 184:22
 185:17 187:14 199:23
 224:23 228:23 230:24
 231:2 234:20,25 246:13
makes 79:10,12 88:16
 113:12 156:7 163:14
 166:7 173:1 187:15
making 15:13 36:19 70:5
 78:18,22 129:10 153:19
 234:19 240:13 243:14
Malcolm 5:12 70:19,20
 71:20 72:6
Malcolm's 73:18
manage 15:10,17
manager 11:8 15:9 16:8,
 10 18:5 21:13 29:25 123:5
 127:18 128:11
managers 32:14
mandate 56:17 57:4
mandates 169:1
mandating 169:3
manuscripts 16:14
Maple 189:8
March 5:10 18:1 29:10
 69:23,24 74:11 87:9 90:2
 109:9 142:18 154:8
 175:14 179:22 215:24
 250:5,8 251:24 257:22
 258:25 261:24
mark 13:22 14:7 67:14,15
 70:14 80:12 81:3 108:6
 113:16 133:2 223:23
marked 13:24 67:16 70:16
 81:5 108:7 113:18 114:1

193:12 195:19 204:21
 214:18 215:19 223:25
 226:21 245:7 251:4
 252:18
Martin 21:16,23
Mary 10:10
mask 49:2,17,19,20 84:3
 88:18,19 102:3 134:8
 165:14,20 166:19,23,25
 167:2,4,5 168:10 169:1
 170:14 173:8,25 174:1
 179:20 180:16,20,22
 181:3,6 207:19 229:19
 238:16 240:13,21,23
 243:10
masked 83:19 84:2 88:13
 89:2
masking 88:16,25 167:12
 185:11
masks 49:12 53:24 89:10
 140:6 149:22 164:13
 166:11,13 167:8,17,24
 168:10,16,21 169:3,4
 170:2,6,10,19,20,24,25
 171:2,14,19,20,21,24
 172:13,15,19,22 173:6,11,
 21 174:2,6,7,11,13 180:5,
 12,25 183:19 184:25
 185:25 190:10 198:8,9
 199:4 238:20 241:2,9
 242:17,19,20 244:9
 258:21
Master 10:11 11:21
Master's 71:7
material 46:20 49:23 85:9
 105:6 122:12,16 214:5
mates 56:1
matter 5:12 8:14 35:3
 49:24 52:8,9,13 91:25
 92:2 94:24 96:13 151:5,14

205:20 244:11
matters 51:21 53:5 151:11
 239:16 248:25
Matthew 236:19
maximum 129:23
Mccarthy 247:25
Mcfarquhar 6:1
Mckenzie 6:4
MDA 160:16
MDH 9:11 29:7 52:16
 65:19 72:4 83:9 145:17
 160:22,25 245:19,21
MDH's 130:16
meal 54:15,22 55:1,8,19
meals 54:18,24
meaning 105:20 110:22
 148:15 214:2 251:10
means 15:13 20:23 42:22
 72:16 73:10 104:6 135:1
 147:17 148:24 165:21
 177:20 183:18 211:5
 214:4 251:9 252:25
meant 61:18 133:10 150:7
measure 106:17,19 167:9
 181:3 183:10
measurements 66:4
measures 140:7 169:4
 183:7 184:16 210:12
 211:4,15 243:12
media 30:10,15,23,25
 192:14 210:12,20,24
 212:23,24 216:19 217:7
Medicaid 31:13
medical 9:9 51:7,14
 159:10 168:20 172:16
 173:9 177:23 179:4
 184:14 218:13 221:10,11
Medicare 31:14
medication 9:8
Medus 158:2,11
meet 28:11
meeting 155:1
meetings 154:4,7,10,13,
 15 156:13,22 157:6,14,15,
 18 159:7
Megan 6:4
Melanie 236:7 237:5,9
Melanie's 235:25
member 222:11 248:21
members 35:18 55:22
 61:10 117:23 129:6
 131:25 155:18 188:22,25
 248:17
memorabilia 214:12
meningitis 18:11
mention 12:18 14:8 65:17,
 18,19 85:5 94:10,23 106:6
 111:18 210:18 226:2
 229:25
mentioned 6:15 15:6
 16:17,23 17:13 20:1 22:7
 33:16 34:22,23 35:2 44:5
 52:21 61:21 64:1,11 65:7
 78:9 85:7,23 91:20 93:11
 106:1,4 111:25 112:11
 124:10 158:13 165:1,12
 166:7 185:21,22 190:12
 200:2 210:22,23 232:6
 233:14 234:8 235:3,23
 237:17 243:19 250:22
 259:1
mentions 17:18 50:16
merit 5:3 178:1
message 73:17,19 253:11
messed 250:2
meteorological 177:15
methicillin-resistant
 18:12
methodology 178:2
methods 177:22
Michigan 10:12
mid-november 111:21,23
middle 81:22 115:9
midnight 117:18
Mike 30:16
mild 103:6
million 105:4,24 107:3,4,8,
 12
mind 63:25
minimal 18:22
minimum 58:20
Minneapolis 231:14,23
Minnesota 5:12 6:3 7:2
 9:12 10:14,23,25 11:2,13,
 15,24 12:12 13:14 14:18
 15:21 17:24 35:23 37:13
 39:7 53:21 57:1 58:6
 59:17 62:15 65:25 75:6
 90:20 91:5,6 101:2 103:19
 104:3 106:10,17,24 107:5
 112:2 135:24 136:15
 144:10,23 145:1,3,12,16,
 20 146:3,9,16 147:3
 160:11 164:18 168:9
 172:17 173:10 177:1
 179:14 188:8,10 218:18
 226:11,16 227:14,16,18,
 24 228:1,11,15 229:1,6,7,
 10,13 230:4,6,21 232:24
 234:12 236:2 237:1 239:5,

17,18,19 256:10 258:3,4,
6,9,13,24

Minnesota's 81:14

Minnesotans 183:11
223:19 224:9,14 240:12

minor 248:5

minority 248:2,3,6

minus 125:18 126:9

minute 7:12 17:22 77:24

minutes 49:21,22 50:12,
19,22 51:1,9,10,12,18
52:4,5 53:4,14,23 54:1,4,5
133:14 257:4

mispronouncing 72:9

missed 219:18 247:11,20

missing 212:4

misspeak 125:9

misspoke 183:25

Misstates 78:17 100:12
102:16 132:7 142:21
143:23 151:2 152:11
181:12 187:12 207:10

misunderstood 165:8
217:20

mitigation 183:7,10
207:20 210:12 211:4

mitt 49:18 167:3

Mm-hmm 124:15 220:11

MMWR 175:16 179:18,22
185:22 225:24 226:3

modified 87:2 161:10

moment 49:25 80:22
114:22 141:16 198:14

Monday 68:24 249:7,19

mongers 224:12

monitor 26:21 57:19

month 104:15 111:19
112:9,21 124:9,10,11,18
125:11,14,16 127:8,15
128:1,19 131:20,21
142:19 252:1,3

months 87:7 104:17 247:4

morning 132:12 134:16
212:17 213:6,15,16

mortality 219:12

motorcycle 223:13,17
226:8 235:8

move 149:25

moved 189:4

moves 200:20

multiagency 157:21

multifactorial 182:13
183:5,23

multiple 27:10 29:18,19
38:17 60:17 66:13 67:2,12
76:12 77:8,25 84:17 85:4,
11 88:17 91:19 92:19 94:2
112:13 120:11 122:1
126:24 131:10 155:17
164:3,19 223:16 238:13
242:9 244:6

multiplier 65:20 103:15,16

multistate 23:5 223:15
237:18

Munsil 5:8

mute 139:6

muted 140:14

muting 44:1

Myrina 5:2,19

myth 248:23

N

name's 5:8

named 122:8 124:8,22
127:15 128:22

names 35:13 56:1,12
60:18 112:13 158:8
210:22 236:15,16

narrow 19:15 54:21

Nathan 5:23

national 23:5

nationwide 168:8

nature 83:17 84:1 88:11
89:2 102:1

necessarily 20:6,14 25:25
81:11 83:21 84:19 126:22
132:3 183:23 198:3
240:17

needles 39:1 61:1

negative 182:21 222:19
223:8 225:10,15

negatively 222:25

negatives 223:6

neighborhood 20:9

net 187:9

newspaper 23:4 120:15,
17,19 187:18 210:10

newspapers 211:2

nice 170:5,7

night 117:20 232:24

Noem 223:18 224:8,16,18

Noem's 224:5

noisy 149:23

non-english 253:16 254:9

nonreachables 63:15
nonsport 198:10
nonsports 188:25 199:17
 202:1 203:4 208:5
nonstop 154:17
normal 158:19 249:6
Norman 7:11
nose 46:22 134:21
Notary 5:4
noted 110:2 261:24
notice 5:2 163:19
notify 33:11
November 99:25 101:6
 112:19,24 114:11,17
 138:13 157:15,19 181:9
 194:16,17,19 195:14
 205:6,14 233:21 237:20
 249:2
novice 260:9
number 13:24 14:11 27:2,
 3 50:13,24 54:8 58:3 60:9
 61:21,22 62:6,24,25 63:1,
 7 67:16 69:16 70:16 72:4
 75:9,13 77:7,14 80:8,9
 81:5 82:12 83:14 89:4
 90:16 91:1 92:18 97:20
 100:23 101:1 106:3,15
 107:16 108:7,9,22 109:10
 113:18 114:3 116:15
 122:20 123:2 124:1,2,5
 129:22 130:11 137:12,23,
 24 139:5 140:19,20,21,24
 141:4,23 143:17,18
 145:10 146:3,8,20,21
 147:18 148:9 150:10
 160:7,13 165:2,15 176:18
 185:18,19 187:13,19,23
 188:12,17 190:21,22,23
 191:23 192:3,17,20
 193:12 195:2,4,7,19 197:7
 198:22 201:22 204:21
 205:13 206:19 208:6,23,
 24 212:5,6 214:18 215:3,
 19 218:9,10,14,15 223:25
 224:24 226:21 227:23,24
 230:8 231:12 233:16
 239:8,11,16,18,21 240:11
 243:20 245:7 251:4
 252:18 260:13
number--does 141:3
number--there's 50:11
numbers 50:24 51:20
 58:11 69:14,17 72:3 83:9
 106:25 112:8 141:12,14
 142:22 161:15 192:10
 194:12 197:16,25 198:20
 202:25 203:2 204:17
 205:9,12 206:22,23
 211:25 212:17 213:1,4,14,
 15,17 214:24,25 215:1,4
 216:9,10,12,15 220:16
 221:2,4 233:25 239:4
numerous 98:12 164:18,
 19 167:9 199:8
nurse 24:15 27:11,12,25
nurses 26:2 27:10 28:8
nursing 26:23 27:4,6 31:5,
 6,8,11,12,16,24 32:1,2,4,6
 33:2 63:18,21,23 64:11
 66:18 74:15,16 135:19
 143:22 212:7 217:22,24

O

oath 5:20 6:5,11 8:9 44:24
 108:3 190:11 209:14
 259:23
obesity 219:9
object 26:15 44:9 52:1
 92:22 99:5 119:23 181:19
 228:8
objecting 170:13,14
objection 22:14,18 25:17
 27:14 40:13,21 41:9 43:5
 45:8,13 46:9 47:5 49:5
 50:3 51:5,22 52:15,23
 53:7,18 54:17 55:2,11
 56:10,20 57:8,21 73:4
 76:2 78:17 93:2 95:12
 99:11 100:12 101:15,23
 102:16 103:2 105:8 113:1,
 10 114:12,24 115:3,21
 116:24 117:7 118:8
 119:11 120:9 122:2,14
 127:10 128:4,17 129:7,25
 130:6 132:7,18 133:24
 134:14 135:25 136:17
 141:7 142:2,21 143:23
 145:5,14 146:10,17,24
 147:7,16 148:11,20 151:2
 152:8,11 156:25 157:20
 161:2 162:4 163:3,11
 164:25 165:18 167:15,25
 168:18 169:10,23 171:3,
 15 172:5,23 173:22
 176:20 177:19 180:8
 181:12,18,21 182:11,19
 183:1 184:4 186:20
 187:11 189:18 191:7,20
 192:25 197:22 198:25
 200:7,25 201:20 202:17,
 20 203:3 204:4,6 206:8,16
 207:2,10 208:2,13,21
 213:24 214:6 215:5,10
 216:18 217:5,19 218:7
 219:2,16 220:19 221:7
 222:12 223:20 224:10
 225:4,19 228:17 230:12
 232:5 237:25 239:6
 240:25 241:17 243:5
 245:16,20 246:24 247:17
 248:10,18 252:13 254:5,
 23 258:14 259:5 260:5

objections 25:19 149:1
 181:22 201:2
objective 184:10
obligation 8:10 260:2
obligations 260:20,22
obtain 242:5
obtained 242:2
obtaining 35:19
obvious 135:18 185:2,4,5
 201:23
occasionally 12:20 69:11
occur 29:11 68:4 88:11
 104:16 131:3 189:3,25
 243:22
occurred 40:4 50:17 68:14
 76:7 77:11,16 117:5
 131:12 147:15 174:24
 195:14 218:2 244:22
occurring 196:25 197:3,4
occurs 102:6 104:18
 105:6
October 68:5 71:20 73:19
 86:16 101:6 138:13 146:3
 157:15,18 214:25
off-record 43:25 77:12
 142:7 186:5
offer 21:19
offering 156:14
offhand 71:4
office 62:23 78:24 79:4,6,
 10,14,17 100:8,15 113:11,
 12 115:5 118:6 155:18
 156:19,20 163:6,9 183:15
 246:11
officer 212:24 235:13,14
offices 221:11
official 5:13 225:22
officially 213:5
Ohio 247:8,23
Oliven 159:3
omitted 99:13
on-premises 116:16,18
 147:25
one's 48:6
ongoing 106:21 172:24
onset 124:9
open 159:23
opening 164:1
operating 138:7
operations 15:16 17:19
 29:15,16,23,25 30:4
 31:15,21,23 32:1,21 82:16
 86:6,14
opinion 163:12 177:19
 240:3 256:3
opinions 256:4
opportunity 237:8,9
opposed 20:22 21:1 41:15
 52:5 106:8 176:4 177:10
 179:7 238:16
orange 194:23 195:11
 202:22
oranges 199:16,20 229:16
 230:14 243:6
order 39:17 78:15,18,19,
 23 80:8,9,11 81:9 82:1,3
 113:16 114:11,16,19,20
 116:7,9 153:15,20 154:2,
 5,22 155:4,5 171:21
 181:8,9,25 182:4,7,9,15,
 17,25 183:12 185:16,18
 232:18
ordered 100:5
orders 113:7 114:21
 163:13 209:18,24
organization 29:15 52:17
organizations 29:14
organized 32:22 176:3
original 72:5
out-care 174:12
out-of-country 135:22
out-of-state 135:22
outbreak 18:23 19:12,14,
 21 20:1,6,12,22 23:18,19
 24:23,24 25:8,9,14,23
 26:5,7 27:7,11,13,16,18
 28:6,19,22 29:1 34:6,18
 36:21 39:1,20 59:11 61:2
 74:24,25 75:18 76:8,16,25
 77:3,8,15,23 79:4 80:5
 82:24 84:19 90:19,20,25
 91:9 92:3,4,14,18 93:4,7,
 8,19 94:10,14,20,23
 95:15,19 96:22 108:17
 111:13,17 112:16,18
 121:14,17 123:3,23
 124:19,25 125:17 126:3,
 13 127:4,8 129:24 131:4
 132:3 133:16 144:6,9,10,
 16,20 145:22 147:4,19
 160:20,21,23 164:8
 165:16 166:15 174:8
 176:12,16,25 177:5,9
 188:23 189:17 190:12,14
 231:21 237:21 242:10
outbreaks 18:17,19 21:11,
 20 22:2,4,9 23:5 24:7,11
 26:22,23 27:3,5,6 33:12
 34:12,16,17 39:9 48:3
 59:1,2,17,18 61:15 65:18
 75:8,11,15 76:5 77:19
 80:3,8,9 81:23,25 82:2,6,

11,12,20 83:4,11,14,16,24
 89:5,6,12 90:17 91:1,2,5,
 10,17,25 92:12 95:16,25
 96:9 97:7,21 106:5,8
 110:5 115:12,15 116:3
 117:22 119:20,24 120:6,
 20 121:11 122:5,6,13,20,
 23,24,25 123:2,16,19,20
 124:4 130:22 131:16,22
 138:4,8,10,14,15 139:23
 144:7 146:22 147:2,3,11,
 18,21 149:7 150:4,6,8
 151:7 160:7,13,15,18
 161:5,13 164:7,17,19,24
 165:3,11,15,22 166:13
 172:21,25 173:15 174:15
 187:19,24 188:18 189:3
 190:8 192:15 199:8
 206:20 208:6,9,17,18,24
 225:23 233:4 241:22
 244:18,21

outbreaks--it's 166:2

outdoor 130:13,19 153:10
 159:22 160:3,5,9,10
 161:1,6,7,10 162:8,9,14,
 19,22,25 165:13,19
 244:14,16

outdoors 161:17,22 162:1
 187:8 243:1

outlined 15:14

outreach 210:6

outright 178:9

overlap 36:7

oversee 15:18 32:14

oversees 30:13 31:24

oversight 98:6

overview 92:12

overwhelming 169:22
 170:3

owner 123:5

P

p.m. 107:21,23,25 116:19
 117:18 118:17 153:2,3,4,6
 209:8,9,10,12 249:7
 259:14,15,16,18 261:23,
 24

packed 229:18 238:18

pad 46:15

pages 90:14

paid 11:18,24 12:22 46:7
 250:22

pandemic 29:11 49:11,14
 57:3 66:4 87:1,7 100:14
 101:24 104:14 109:9
 140:8 150:16 169:5
 173:12 190:19 210:13
 211:6

panoply 156:12

paragraph 16:18 17:13,17,
 18 28:17 29:4 41:19 42:8
 45:14 46:4 47:1 50:11,13,
 14,15,16 51:6 52:10 58:25
 59:10,11,15 61:19 65:17
 78:13 79:25 81:13,18,20
 83:8 93:10 95:14,16
 110:13,21 115:9 116:15
 130:10,12 131:9 133:5,6,
 10,11 147:24 148:15
 153:12 159:18 162:8,16
 164:9 165:16 178:15
 226:24 227:9

paragraphs 15:2,3,5,7
 148:22

parents 207:16

parlance 20:19,20 42:18

parse 203:4

parsed 168:9

part 12:2,5 16:8,10 22:6,
 24 29:24 31:20,21 33:24
 34:5,6 43:22 45:25 60:6
 64:12 82:5,15,17 100:3
 105:25 116:9 126:2
 144:16 175:12 236:16
 248:22

part-time 36:4

partially 72:8

participant 243:19

participate 159:14 236:2
 237:3

participated 156:5

participating 157:24
 159:16

participation 190:3 244:4

particle 42:23

particles 42:16

parties 5:15 78:6 161:14
 244:17,18

partner 64:15

partners 40:17

parts 29:18 31:11 79:3
 164:21

party 10:1 189:15 211:11,
 12 222:11

pass 88:19

passed 69:9

past 104:8 106:20 255:17

pathogen 22:23

pathogens 22:6

pathophysiology 12:17
 13:8

patient 19:4 37:4 48:17,18

174:16
patient's 48:13
patients 19:11 33:10
 174:12
patron 121:13 126:25
 129:1
patrons 80:4 115:16
 121:21,24,25 122:7,9
 124:3 126:15 127:1
Paul 10:6,24
pause 21:8 112:23 187:22,
 24
paying 45:3
peak 72:18,19 195:13
 196:13,25 197:2 205:14
 234:3
peer 177:20 178:4,6,12,18,
 21,23 179:5
peer-reviewed 177:18
 178:17,19,20 179:3
peers 177:25 178:3,6
pejorative 225:15,16
 253:2
pending 186:1 204:1
 255:6,12,24
people 18:20 20:8 22:1
 23:25 32:22 35:11,13,22,
 24 36:2 38:17 40:1,7,16,
 18 41:1 42:7 49:11,14,16
 51:15 53:23 54:18 55:19
 56:11 57:3 60:1,2 61:6,7,
 8,10,12,13,16 62:1,5 63:7,
 8 64:3,5,13,22 65:10
 76:12 78:1 83:19 84:12,
 16,24,25 85:4,11,18 86:9
 87:20,25 88:2,3,19 89:2,
 16 91:19,23 100:18,21,23
 101:2 102:18,19 103:8,12,
 16,18 105:5,10 106:9,11,
 22 107:3,4,13,16 111:18
 117:1,13 118:14 120:11
 121:2 124:24 125:2,4,20
 128:21 129:16,22 131:19,
 21 132:1 141:8 144:25
 145:3,20 149:21 150:11,
 15 154:18 156:16 157:23
 158:1 161:6,16 164:12
 168:10 169:9 170:4 174:2
 176:18 184:8,24,25
 185:18,19 191:25 208:4,7
 209:20 212:19 220:4,16
 223:16 224:22 226:16
 228:1,24 229:17,23 230:9,
 15,21,25 231:19,23 232:7,
 9,16 233:25 234:20 235:5
 236:18 238:2,4,7,15,19
 239:5,17 241:2,7,20 243:8
 244:6,7,9,21 251:10
 252:10,15 253:2 254:2
people's 244:16,19
percent 26:6,9,10,12,25
 58:19,20 59:6,7,24 61:21
 62:1,5,9 63:6,7,9,10
 65:14,15 72:19,22 75:18
 102:24 107:3 139:17
 175:2,5 218:2,6,20,24
 219:1,15 220:3,6,9,13,18
percentage 65:7 75:14
 103:23,25 104:5,6 105:1,
 10 139:17 155:24 174:24
 175:1,6 219:5 227:17
period 11:16 36:16 38:2
 40:3,5 49:25 50:22 53:4
 54:14 55:9,20 57:7 58:17
 60:16 64:19 69:17 72:13,
 17,21,23 73:1,9,14,15
 74:8 88:21 102:2 109:7
 121:23 128:23 129:13
 135:16 137:25 138:9,22
 145:23 149:21 164:13
 181:10 199:11 202:4
 230:23 232:6 238:22
 239:22 247:15
permitted 159:23
perpetuated 49:14 248:23
person 20:24 23:22 35:6,
 16 36:10 37:15,17 38:5,
 18,19 39:2,10,11,12,24
 40:9 46:14,18 48:7,9
 49:18,19 51:9,10 55:21,23
 56:6 57:6 59:25 60:23
 62:12,17,24 63:2 68:9
 85:13 88:9 91:22 96:11
 102:12 112:4 126:15
 127:14 129:2 131:24
 134:7 136:18,19 150:24
 151:24 152:18 158:6
 159:1 167:5 219:8 221:12
 235:2 237:3 240:1 253:24
 254:18
person's 97:15 106:19
 151:5 158:9
person-to-person 28:23
 77:10 131:12
personal 10:5 162:24
 213:25 214:4 222:21
 235:2 260:1,6,7
personally 206:24 211:23
 235:9,12
personnel 175:14
persons 54:25 63:17
 227:10,24 229:1
perspective 101:21
pertussis 15:20
Ph.d. 10:13,16,17 11:21
phone 38:19 39:11 58:19
 60:9,10,11 62:1,2,6,7,8,
 24,25 63:2 240:5,9
phrase 73:2
physician 19:1 222:7

physicians 42:14
picked 46:22 134:21
piece 29:15 40:11
pieces 60:25
place 19:10 20:14,24
 23:22 25:15 28:23 35:19
 39:21,24 40:9 60:19
 62:15,17 64:8 76:9,21
 77:9 78:1,10 83:18 84:13
 113:4 116:19 117:17
 127:3 128:3 129:21
 131:10,22 154:11 156:24
 161:19 169:1 181:7
 182:21 185:11,12 231:20
 258:5
places 34:9 35:8 38:23
 39:4 60:17 84:12,17
 109:10 140:6 143:22
 147:14 161:6
placing 147:20
plaintiff 9:11
plan 177:1
planning 30:7
plastic 46:16 48:23
play 54:6 145:1 146:8,25
 181:4 188:10 191:5,16,17,
 22,25 192:4 197:12,15
 202:14,16,25 205:13,16
 206:15 207:12,24 208:1,
 19
played 27:25 28:10 195:2,
 4 197:8,11,17,19,24
players 144:22 174:5
 189:10
playing 186:15,19 194:9
 195:1,8 197:19 198:1,8
 199:1 201:17,23 203:6,12
Plumb 236:19
ply 167:4
pneumococcal 18:13,16
point 24:21 25:2,4 49:10
 53:14 86:20 98:8 110:16
 138:9 144:3 146:16 151:6
 152:16 162:22 175:1
 180:25 196:9
points 30:24
policy 213:8 245:19,21
political 211:7,16 225:9
 237:23 238:5 249:23,24
politician 222:20 223:1,9
pools 158:22
poor 197:24
popping 105:13
population 27:1 63:21
 65:24 107:1 183:6 192:6
 197:18,21 203:1 206:14
 217:13 228:15 229:6
portion 15:1,17 82:5
 153:16 227:12
posed 147:25
poses 150:2 164:6,15
position 11:18 211:7,10
positive 37:20 60:8 63:8
 66:15 67:8 68:1,7,8,10,11,
 17 75:3 103:13 107:11
 111:20 121:23 124:9,20
 125:16 127:19 128:13
 134:5 135:17 192:1
positives 66:13
possession 260:1
postponing 259:21
potential 260:15 261:6
potentially 59:6 134:24
potentials 90:8
potty 257:4
practical 236:12
practice 146:8 187:5,8
 190:7
practices 146:15 199:5
pre-covid 158:19
predominant 24:9
prelabeled 13:23
premarked 14:4,10 193:11
 195:18 214:17 215:17
 252:17
premises 116:12
prepare 121:4
presence 65:3
present 47:17 111:6
 126:19 161:19 193:24,25
 243:3,13,15 244:2 261:12
preserve 259:24 260:20
 261:17
president 249:3,4
press 30:24
presymptomatic 65:11,13
 102:20
pretty 128:24 183:14
 241:8 258:19
prevalent 180:20,22
prevent 123:6 167:3
 184:12
preventable 21:24
preventative 167:9 181:3
preventing 168:21
prevention 15:13,24 16:3
 169:4

previous 72:19 73:13
 114:5 116:5
previously 60:11 255:10
primarily 85:15 188:13
primary 85:13 227:20
 235:13,18,25 237:6
primary-event-associated
 239:23
principles 131:4,15
prior 30:16 36:11 37:20
 111:19 124:9,10,11
 125:16 249:10,11
prison 74:18
privacy 13:1
private 64:14 244:18
probe 88:14
probing 88:10
problem 7:16 109:3
 246:12
problematic 133:22
proceedings 5:5 6:9
process 233:12
producing 97:24
professionals 12:9
professor 11:12,13,14,17
 13:14
profile 254:21
program 10:16 11:8 12:21
 15:9,12 16:8,10 17:10
 18:5 22:7,25 159:4
programming 70:12
programs 242:1
progress 15:13
progressed 87:1
projecting 49:12
Prom 117:14
promulgates 115:5
prone 105:14
proper 181:21 207:15
 229:21
proportion 118:16 139:20
 140:10 150:13 192:11
proportional 199:17
 205:25
proportionately 120:22
proposals 86:7
proposed 85:12,19
protect 49:20
protected 167:5
protection 142:25
protective 198:3
protest 232:10,15 233:7
 242:16 243:3 244:2
protesters 242:17
protests 238:10,25 242:3
 243:13,15,21
protocol 246:15,20,21
prove 182:21
provide 9:24 10:3 35:16
 37:12 38:21,22 62:3 79:3,
 5,8 99:9 100:13 116:25
 156:22 163:14 172:12
 234:13
provided 14:16,17 78:19
 79:4 98:25 99:2,6 118:5
 119:22 120:11 155:15,16,
 17 160:21 163:4
providing 35:21 99:19
 130:13,19 159:22 235:5
proving 168:21
proximity 41:11 49:16,22
 50:12 227:17
public 5:4 10:11 11:19
 12:5,9,14,20,23 13:4,15,
 16,17 30:20,23 33:4,16
 47:11 53:20 71:8 101:21
 123:11,16 154:4,14 157:1
 159:20 172:15 173:9
 183:16,17 184:6,14,15,19
 209:17 210:5,15 211:1,23
 212:22 213:10 215:14
 236:12 238:2
public-facing 212:14,15
publication 226:5
publicly 123:1
published 164:20 175:12,
 13,16 178:1 179:22
 225:24 237:10,17 239:8
pull 67:15 70:14 81:3 84:3
 108:5 134:8 137:18 144:2
 171:21 174:1,2,13 176:8,9
 177:13 179:23 193:10
 195:17 226:12,20 250:1,
 25 252:17
pull-down 112:1
pulled 39:16,17 97:12
 177:14
pulling 102:3 166:19,20
 247:21
pursuant 5:2
purview 100:8,15 172:15
 173:9 183:14,21
put 36:13 60:21,25 69:3
 70:5 72:10 76:25 154:11
 177:7,15 198:11 204:12,
 13,19 212:8,14,15 213:17
 214:17 215:17 221:25
 222:1,7 223:23 245:6

puts 108:17 226:18**putting** 26:1 44:12 97:19
158:16 161:8 254:9

Q

quarantine 56:17 57:1,5,
13 61:18 151:16,20,21
152:4,18 257:11,12
258:13**quarantined** 152:13**Quarantines** 56:19**quarantining** 151:15**queried** 37:14**query** 60:14**question** 8:16,18,19
22:19,20 25:20 46:10 49:6
50:5 51:25 53:9,10 54:21
55:3 56:24 59:7,8 73:7,9
81:18 87:20,24 88:3,8
94:1,5 101:16 106:7 113:6
119:9,10,17,22 120:1,8
121:3 122:17 129:19
136:3,9 138:2 144:15
145:25 146:2,5,7 147:8,
17,22 148:17,18 151:10,
23 157:10 159:15 163:20
165:5 169:12 171:9
174:20 180:14 183:20
186:1,7,8,9,12 187:3,4
200:4,11,22 201:1,6,21
204:1,7 207:22 209:21
213:21,25 218:18 219:18,
21 222:23 228:8,22 255:6,
12,22,24,25 256:19
258:17 259:23 261:12**questions** 7:25 8:4,10
25:21 45:14,24 80:6 84:22
85:3,10,13,16 86:4,15
87:2,3,12,18 94:3,6,7
123:15 148:21 163:18169:15,17,18 187:4
200:10,15 204:16 233:6,
15 240:8,9 256:2**quick** 259:23**quickly** 24:25 66:23**quit** 184:9,10**quote** 52:6 58:25

R

R-O-S-E 234:11**race** 63:14 211:16 218:12**radar** 44:13**radio** 211:1**raise** 127:13**rallies** 231:14 244:15**rally** 223:13 226:8,11
232:21,23 235:8 237:22**range** 192:3**rarely** 210:21**rate** 25:9 81:14,16 136:15
188:8,9 191:5,17,21 197:8
205:15 218:6,21 219:1,14
220:3,14**rates** 184:15 246:7**raw** 121:1,2**re-marked** 114:3**reach** 58:18 61:23,25 62:5,
6,9 63:7 198:21 246:12**reachables** 63:16**reached** 110:17 198:21**reaching** 72:17 102:24**read** 15:4 43:15 52:10 68:6
69:22 93:22,24 98:5
110:25 116:13 142:3,11
144:8,9 149:19 153:17

171:4 216:8,9 247:23

reading 23:4 43:21 59:20
92:17 110:18 116:20
153:23 210:10**ready** 170:17 257:1**real** 38:17 39:8 185:2,19**realized** 247:10**Realtime** 5:4**reason** 9:7 23:15 61:23
76:20 109:3 127:2 170:2,4
230:15**reassigned** 18:21**recall** 25:5,8 36:1 38:24
74:23 84:19 86:21,22,24
87:13,14 96:1 108:20
118:9 121:8 122:19
123:10,14,25 124:1
125:19 138:10,12,13,16
142:16 144:21,22 158:5,6,
24,25 162:18,20,21 168:7,
15 175:1,6,9,19 180:10,11
181:25 192:17 197:16
209:22,24 211:21 226:12,
13 229:24 232:16 233:5,9,
21 237:19 244:1 245:11
248:4 249:17,21 250:18
251:15,17,20,22 252:7
257:19,23 258:23**receive** 62:22 98:1,3
120:12 212:2,4,20**received** 10:9,12 72:2
118:21,24 119:1,5 120:6,
10 212:11**receives** 15:22**receiving** 67:2 70:2**recent** 67:19 69:17 259:10**recently** 69:13 249:8
257:6,8 259:9

reception 117:14,17 144:1
receptions 117:5,23 119:25 120:20
recess 44:19 80:24 107:22 153:3 209:9 259:15
recognize 14:14 67:19 103:4 214:21 215:22 224:3 245:10
recognized 23:8 24:9 27:21
recollection 259:2
recommendation 79:9 116:22 156:7 172:2,13 173:5
recommendations 79:11, 13 156:9 173:1 181:6 187:14 210:17 246:1,2 247:16 258:18,22
record 5:8,19 7:10 8:1 38:24 39:5,7 44:17,22 46:3 80:20,23 81:2 84:11, 12,14 107:21,25 153:2,6 209:8,11 247:18,21 259:13,17 261:20,22
recorded 37:21 39:15 88:9 124:23 232:17,25
records 221:10,11 246:11
recover 48:11,12,14,15
recovered 48:20
reducing 185:16
refer 6:18 7:13 14:7,11 213:12
referees 209:2
reference 72:14 122:22
referenced 82:1,2 95:16 96:14 157:7 239:7
referencing 51:7 85:22
referring 9:15 50:15 70:6 73:12 88:8 246:25
reflect 201:11
reflected 199:25
reframe 53:8
regard 31:18 51:3 55:6 86:3 87:12 88:2 89:14 182:7 235:7
Registered 5:3
regular 108:17
regulatory 31:13
reinfect 105:10
reinfection 104:7,11,18 105:14
reinfections 103:22,24 104:2,4,6,16,20 105:9
reinterview 38:5
rejected 178:9
relate 132:5 260:14
related 15:17 20:14 23:16, 24 25:14,15 30:20 31:24 64:24 66:6 77:9 83:7 95:24 98:16 99:19 100:10 102:13,25 106:2 116:3 117:22 118:22 119:11,18, 25 120:20 131:10,16 139:18 146:14 154:14,21 155:4 156:9 167:12,24 174:22 175:3,8,13 191:10 192:11,15,23 198:1 199:12 201:22 203:6 208:23 211:24 225:22 228:6,7 230:10 231:10,15, 17,24,25 232:3 238:25 239:1 240:14 241:14 243:12,14 246:17
relates 120:1 136:5,11
relation 9:20 28:22 29:2 71:15 211:12
relationship 17:1 106:5
relative 140:8
release 213:5
released 42:6 212:22 213:10,14,16
releases 30:24
relevant 53:15 84:14 172:21 173:20 222:17 260:16
rely 27:10 57:2
remainder 259:21
remaining 134:17
remember 33:17 34:14 39:13 43:20 60:18 111:16 113:3 118:12,15 120:16 125:5,6,9,20,23 126:10 138:16 158:4 168:7,15 213:5 231:5 232:22 233:20 251:21 257:20 259:3,7
remind 108:25
reminder 109:4
reminding 21:7
remote 5:4 143:1,2,4,8
remotely 5:1,11,16,17
remove 149:22 164:13 260:3
removed 170:19
removing 260:12
repeat 164:11
repeating 45:12
rephrase 148:17

reply 214:22
replying 224:15
report 15:25 16:1,25 17:3, 5 26:3 27:10,24 28:1 32:20 39:9 43:20 60:8 62:22 66:12,22 67:6,12,20 68:18,19 69:13 72:11 85:7 97:5,7,20 116:5 123:2,9, 10,13,18 125:21 141:20 213:8 215:2
reportable 16:15
reported 19:2 26:23 35:5 37:10 66:23 67:10 68:4 96:25 97:17 110:21 123:1, 12 137:24 171:12 189:17 194:9 195:8,9 201:17 202:8,10 216:12,25 221:5 240:4 246:8
reporter 5:3,4,19 8:5 167:19,20,21 227:5 236:22
reporting 5:9 17:1 66:7,9, 14 68:25 69:12 70:2,7 111:2 122:12,20 123:8 211:20 216:13,20 217:9 247:10
reports 17:4 38:11 66:17, 18,20,21 67:3,22 69:6,10, 16 70:1 97:24 98:1,4,8 246:7
represent 59:2,18 256:10
representative 5:25 63:9 198:22 240:17
represented 68:7 201:10
representing 6:16
Republican 245:19 248:1, 17
request 204:10
require 77:25 171:24 172:22 173:21 221:10
required 180:12 181:1 212:21
requirement 57:16 78:10
requirements 129:21
requires 65:2
requiring 171:2
research 166:22
researchers 105:20
residences 64:14
resident 212:7
residents 63:18
resources 57:22,25 247:2, 20
respect 15:5 22:2 47:13 50:23 53:5 64:13 74:21 75:21 77:24 79:25 91:9 93:11,15 94:9 95:14,15,23 100:17 101:13 112:23 113:7,21 114:10,19,21 116:7,14 118:7 119:20,24 120:4 123:18 124:3 131:18 135:3 141:4 145:21,25 146:5,7 148:5, 6,15,21 151:15,23 152:3, 17 155:23 156:23 160:2, 22 165:12 166:11 172:3 176:11 201:9,16 202:6 228:10 243:12
respiratory 27:8 41:3 42:6,13,16,23 43:6,7 45:1 46:5
responding 224:5,18 253:11
response 6:7 47:11 80:10 90:10 101:11 215:6
responsibilities 95:24
responsible 223:18
responsive 211:15
rest 59:5
restarted 193:3
restaurant 19:25 33:24 34:7,10 45:2,3 46:3 47:15 49:1,3 50:17 51:18 53:1,3, 5,13,14,16,22 54:3,12,14 55:7 57:5,6,15 58:15,23 59:7,17 60:19,24 61:2 64:2,17 76:21 77:21 100:4,11,19 102:2,12,14 103:1,9 110:5 111:3,19 112:9,12,20 115:25 117:2, 19 118:15,20 121:10,15, 19,22 122:8 124:11,22 125:1 127:14 128:15,22, 25 129:1,13,14,15,20 130:3 136:5,12 137:1,5, 13,25 138:7,14 149:21 150:1,12,22 151:17 152:6 158:20 164:11,12,23 166:13,18,24 179:19,20 184:3 186:2 214:7
restaurant's 129:19
restaurant/bar 124:3,8
restaurant/social 158:12
restaurants 33:12 34:9 52:25 54:19 57:20 62:10 71:13 74:21 77:4,19 78:9, 16 80:4 82:25 97:21 98:18 99:24,25 100:5,17,19,21, 24 101:3,20,25 102:6 110:7,23 111:10,14 112:1, 13,14,15,23 115:16 120:21 130:12,18 131:5 133:13 137:11 145:25 146:3,15 156:2 158:22 159:21 160:5,14 161:12 162:15,25 164:2,5,20

166:3,5 171:19 174:1
 182:10 183:25 184:1
 185:7 186:14 230:1

restaurants/bars 90:23
 144:13

restrictions 81:19 113:4
 118:7 154:5,10 156:23
 160:6 164:2,6 179:20
 180:18 181:6 182:21
 183:3 186:3 197:5 243:13
 258:5,10

resubmit 178:9

result 55:1 67:5 99:25
 187:9

resulted 223:16 228:11

results 68:24 167:12

resume 162:23

retail 83:12,14,17,18,21,
 24,25 84:19 87:18 88:2,
 16,17 89:5,6,12,14

retro 176:7

retrospectively 176:8

return 129:1

returned 257:11

reveal 36:15

review 47:10 59:11 77:5
 85:16 98:4,5 100:4 146:20
 177:20,25 178:6 180:4,9,
 11 181:16 221:10,15

reviewed 47:23 85:4
 108:19,22,23 178:12,18,
 22,24 179:5,16

reviewer 178:4

Reviewing 90:13

Rezania 72:9

Richard 5:17 6:8 7:11

right--with 141:4

riot 231:24 232:3 249:4

rioters 242:3

riots 231:10,18 240:24
 241:15

rising 192:10

risk 41:3,10 45:1,7 46:5,8,
 13,22,23 47:15,19 49:3,17
 53:15,16,24,25 54:9
 64:16,18 84:7 103:20
 132:13 133:21 134:4,11,
 15 143:1 147:25 148:4,8
 149:24 150:2,8 159:21
 161:11,17,19 164:1,5,6,
 15,22 166:4,10,12 199:7
 203:4 208:16 217:12,17
 219:9,12 220:2 221:13
 222:1 228:24 229:22
 230:5,7 242:20,21 243:2,4
 244:7,9,10

risks 149:15 199:25
 201:11 217:15 230:1,2

risky 187:14 188:4 207:9
 242:22

rodeo 244:15

role 15:25 16:8,9,10,12
 17:23 21:10,21 29:6,9,20
 30:2,14 32:6,19,20 43:22
 45:16,17 47:3 52:19 91:13
 146:25 149:12 158:10
 159:25 160:2 210:15
 215:13

roles 11:5 15:2,4,6 16:17,
 19 17:13 18:5,7 29:6
 235:10

Romanette 116:8,15

room 48:13,18 89:8,9
 133:23 174:13,18

roommate 64:14,24

roommates 64:23

Rose 234:9,12,14

rough 215:3

roughly 139:20

route 42:22 111:2,9 135:8,
 13 137:10

row 252:9

rubbed 46:19

rude 21:3 73:8 136:8

rule 33:24 51:8,13 54:2

rules 7:18 249:22

run 221:2,4

running 216:5,6 255:2

Ruth 17:1 235:21 237:6

Ryan 5:22

S

s-i-g-h-t 252:24

safe 8:18 171:19 242:16
 244:2

safer 161:22 168:17
 199:18

safety 79:5,12 140:9
 156:4,16 157:6,15,18
 159:7,20 163:2 243:18,20,
 21 244:4,5

saliva 40:20,22 41:4,12,15

salmonella 22:4,9,10,23,
 25 23:5,9,16 65:17,18

Sam 5:21 6:15

Sanitation 71:16,18

SARS-COV 150:5

SARS-COV-2 37:16 41:22
 42:21

sat 50:18 51:9 54:14
Saturday 249:9,13
say--i 191:8
scale 49:24
scheduled 13:13
Schommer 30:16
school 5:14 6:17 10:8
 13:15,16,17 14:18 24:1,
 12,15,22,23 25:8 26:2,5,8,
 10,11,12 27:10,12,13,24
 28:1,8 34:2 151:18
 188:15,20,21,25 189:1,9,
 23,24,25 190:1,12,14,16
 191:2,4,8 192:3,18 198:7
 199:8 203:12,16 204:25
 242:6
school's 26:12
school-aged 192:10
schools 26:22 27:3,5 28:8
 33:3 34:3 66:19 82:19,21,
 23 188:13,15 189:3
 190:21 192:20 208:6,7,8
science 10:9 172:10 179:5
scientific 156:14 157:9
 159:11 160:25 162:12
 168:20 172:16 173:9
 177:24
scientist 16:11 159:9
scope 26:16 27:14 40:13,
 21 41:9 43:5 44:10 45:9,
 15 46:9 50:4 51:5,23 52:2,
 16,23 53:7,19 54:17 55:2,
 11 56:10,20 57:8,21 113:2
 115:4 122:2 128:5 130:1
 132:18 136:1 147:7
 148:12 162:5 163:11
 164:25 168:18 171:3,15
 191:7 197:23 198:25
 201:20 203:3 208:21
 216:18 217:5 218:7 219:2,
 16 220:19 228:18 239:6
 243:5
Scott 216:2 245:1,13,25
screen 77:15
season 26:22 27:2
seasonal 26:20
secondary 229:3
section 30:17
seed 198:6
Senator 216:3
send 159:11 212:9,10
sending 70:10
senior 16:11 79:9
sense 14:12 22:21 131:7
 137:20 166:7 177:7
sentence 16:18 28:18
 59:14,15 110:13 153:14,
 17 159:19
separate 18:8 21:13 22:8
 25:13 30:8 34:4 36:17
separately 5:23
September 87:14 138:13
 194:13 195:13 196:8,9
 205:14 224:6 229:5
seroprevalence 106:18
serve 11:22
serves 12:8
service 37:13 183:17
 184:14 210:5
services 31:14 35:17,21
 235:5,6,14
set 32:24 67:12 177:1
setting 61:3,7 74:24,25
 76:25 84:20 89:14 90:20,
 21,22 92:3,13,20 138:4,8
 144:10,11,12 147:2
 152:18,19
settings 24:12 33:8,13,25
 34:7,10 57:15 77:20 78:3
 83:10,12,14,17,18,22,24
 84:1,7 87:18 89:12 90:24
 92:11 95:25 130:11,18,21
 144:14 172:22 174:15
severity 26:21
sexual 40:16
sexually 40:17
shaking 8:7 200:21
share 17:7,9,11 37:12
 60:12,13 62:19 121:1
 184:24
shared 97:25 119:7
shares 79:6
sharing 41:15
she'll 212:10
shelter 90:22 144:12
shelter--then 135:20
shelters 33:7 78:4
shift 89:16
shifts 64:25
shopped 38:13
shopping 88:2
short 169:6
show 54:24 69:16 83:9
 118:15 169:3 180:7,14
 197:25 201:18 220:16
showed 26:13 48:2 73:13
 116:6 197:8,25 223:15
showing 129:14 192:9
 202:4,7 205:22

shown 48:19 130:17
 133:22 167:8 201:19
 202:21 203:7 214:22
shows 48:4 197:7 199:10
 205:17
shut 101:19
shutdown 112:23
shutting 187:7
sick 37:20 60:3 65:12
 121:23 127:19 240:2
side 141:23 200:20
sight 252:24
signed 95:20 114:16
significance 146:25
 147:10,13
significant 64:16,18 81:19
 87:11 89:4 108:22 129:21
 146:23 147:5 148:9
 159:21 174:21 191:18
 216:16,24 227:23 228:12
 229:15 230:11
significantly 191:17
 196:16 202:20 205:15
 216:24 233:17
similar 25:14 179:15,16
 185:7 186:12,14 205:3
similarly 14:25
simple 256:18
simply 57:22 218:13
sing 42:17
singing 46:24 47:20 49:16
 84:5
single 66:14 111:19
 112:20 124:8,22 125:1
 126:24 128:22 129:14
 181:2 208:8 246:8 247:12,
 13 257:13
sip 166:20
sir 93:5 94:8 209:22
sit 21:17 54:12 141:8
 180:11
sit-down 150:1
site 91:7
sites 15:22 91:3
sitting 48:8,25 49:3 51:18
 102:3 149:21
situation 7:19 29:13 121:3
 177:6
situations 54:11,13,18
 190:3 217:17
sixfold 205:18
size 130:3 242:23
skew 203:13
skills 235:3
skin 27:21 28:3
skipped 33:17
slide 73:13
slight 86:20
slip 7:13
slipping 69:19
slopes 69:18
slow 153:15
slowing 167:10 169:5
small 42:16 103:25 124:1
 129:2 150:13 194:2
 195:25 229:18 238:4
smaller 19:24 31:2,4 42:23
 46:23
Smith 235:24
smoke 184:12,25
smoker 185:4
smoking 184:7,9,10,15
 185:2
snap 204:8
sneeze 42:11
sneezed 46:15,19
sneezing 46:25 47:21 48:8
 49:16 84:4 102:4
social 33:13,24 34:7,10,13
 61:3 78:5 88:25 115:12,25
 117:6 121:11 130:20
 138:14 142:24 165:19
 183:6,9 199:14 207:20
 229:20 244:20 258:20
socially 83:20 88:13,21
 140:5 183:19 238:15
something's 128:25
sort 7:19 16:11,12,16
 20:13 30:7 31:10 35:20
 36:23 38:8 39:19 40:6
 41:14 51:2,8 54:2 63:20
 78:6,8 79:4 84:14 102:7
 112:3 119:2,4 140:7
 156:11,13,17 158:22
 159:9 161:8,10 168:3,7
 176:18 183:23 184:23
 198:6 212:2 247:22 248:2
 251:9
sound 75:18,19 110:18
 141:4 178:2 218:6,19
 226:14
sounds 226:15
source 19:16,20 20:25
 21:1 24:24 25:15 82:11
 91:8 128:22 135:21
 168:13 171:7
sources 25:13,14,15
 171:9

South 137:6 223:18,22
227:18 229:14 254:21

Southwest 5:14 6:17
14:18

space 140:15

speak 7:23 64:2 101:24
117:8,11 122:15 161:2
186:21 190:1 252:15
255:17,23

speaker 253:17

speakers 253:16 254:10

speaking 56:6 165:13
168:17 170:1 200:8

special 18:15 78:8

specialist 43:14 71:9

specific 31:4 38:6 39:21
51:6,7 52:11 61:7 64:10
94:16 108:20 118:1
136:11 157:9 166:17,18
173:24 178:21 180:10
190:17 200:15 206:11
231:22 232:14

specifically 15:17 19:15
51:6 82:14 87:21 88:4,10
126:11 143:21 144:22
172:18 178:18 217:1
231:12 233:7,11

specimen 68:7,10 195:24

specimens 24:17

spectrum 74:22

speculate 119:12,15,16
182:12 187:13 227:19

speculating 118:9

speculation 73:4 118:8
129:25 130:6 135:25
156:25 157:20 186:22,23
187:12 188:6 206:8

speech 200:6

spell 252:15 253:4,5,17
254:2,3,12

spend 65:3 164:12

spending 53:13

spent 136:25

spike 165:2 200:2 202:15
205:6 216:25 232:8 233:4
241:11,19 244:17

spit 134:19

spoke 95:1

spoken 58:21 256:6

sport 78:7 198:5 199:2
202:4

sporting 78:7 152:6 198:2,
5 199:8 208:24

sports 27:23 33:13,14,19,
22,25 34:1,2 66:20 81:23
82:6,11,15,18,20,24 90:23
98:22 100:11 130:19
131:5 144:13,20 145:1
146:8,15 150:22 151:18
174:4 185:6,8,11 186:13,
15 187:20,22 188:10,14,
18,19,22,23 189:7,17
190:4,8,14,19,20,22,25
191:5,10,11,16,17,22
192:1,4,11,15,17,23
193:3,5,18,20 194:10
195:3,4,8,9 196:17,20,25
197:4,9,11,12,15,16,19,20
198:1,8,22,24 199:1,18,25
201:12,18,23 202:14,16,
24,25 203:4,6,12,17
205:9,12,13,16 206:15,19,
20 207:6,12,25 208:1,16,
17,19,24 230:2 241:25

sports-related 205:25

spot 46:18

spouse 64:14

spread 19:17 39:23 40:17,
20,22,25 41:4,8,12 42:15,
19,21,23 44:7 46:4,23
47:21 48:2,4 51:4 52:25
53:1,5 58:16 59:12 64:8,
16 65:8 76:1,7 81:16
101:13 128:19 151:12
153:16 173:17 175:8
188:5 198:10 232:19
239:1

spread,' 81:14

spreading 43:2 49:15
50:12 198:9 243:2

spreads 40:12 47:9,10
60:1

spring 13:10 193:1 249:12
257:10,17,21,22

St 10:6,24 24:18

Stacy 236:18 237:8

staff 16:13,20,21 17:4,15
122:9 234:14,16

staffing 234:13

stainless 48:23

standard 173:8 245:21

standardized 176:4

standing 45:13

staph 18:12 27:22

start 10:20 80:2 81:12
100:20 135:11 140:16
155:25 191:3 218:24
219:24 229:11 231:8

started 11:7 184:16
188:17,19,20,24

starting 188:13 228:9

starts 226:25

state 5:12 6:3 7:2,10 11:9,
 10 14:18 16:7 17:2,7 18:5
 35:23 37:13 57:2 63:14
 75:6 105:4 135:23 136:14,
 20,21 147:5 210:23 216:2
 223:14 227:17 233:23
 234:4,12,15 246:16
 247:15 258:2,12 259:3
stated 113:11 150:9
 216:10 217:1,7
statement 22:22 23:13
 28:14 168:16
states 22:24 25:1 29:11
 57:2 104:3 106:18 142:4
 164:21 166:9 179:6,15,22
 185:24 218:14,15,17
 245:23 246:19,21,22,25
 257:13
station 87:22 88:11
 257:15
stations 87:18 211:1
statistics 146:14 219:6
 221:5
stay 45:9 83:20 84:2,5
 140:1 186:17
stayed 117:21 140:2 229:7
 230:22 259:11
steel 48:23
stenographer 6:6 13:25
 43:25 67:17 70:17 77:12
 81:6 108:8 113:19 114:4
 142:7 186:5 193:13
 195:20 204:22 214:19
 215:20 224:1 226:22
 245:8 251:5 252:19
step 119:19 148:5 175:22
 185:14
steps 39:19 123:5
stick 49:6
stipulate 255:22 260:11,
 17
stop 148:20,25 185:20
 187:5 197:19 207:5
stopped 137:1,6 171:1
stopping 185:2 257:14
stops 186:15
store 84:2 87:23 88:12,18
 137:7 257:14
storefront 131:21
stores 84:17,18 87:19
story 120:19
strain 24:9 25:2 105:15
strains 105:13
street 232:14 243:22
streptococcus 18:12,13
strike 136:3 175:5
strokes 27:2 30:23
structure 29:24 30:3 32:24
structures 161:9
students 11:21,22 24:20
 192:3
studies 18:15,16 106:18,
 21 107:9 168:22,23,25
 173:11 178:11
studios 83:3
study 52:11 133:16,18,20,
 22,25 167:12,13,17,21,23
 168:1,2,11,13 175:7,19,
 21,23,24,25 176:2,5,13,
 14,17,19 177:2,7,16,17,
 18,21 178:7 179:10
 230:20
Sturgis 223:11,12,17,19,
 22 224:9,13,15 225:6,25
 226:8,11,16 227:11
 228:11,24,25 229:2,22
 230:7,10,16,21,25 235:8
 236:3 237:15,21,22
 238:16 239:2,4,13,21
 240:3,7,8,12,14 243:4
 244:14
subject 34:23 35:3 36:5
 91:25 92:2,10 96:13
 244:11
subjectivity 137:4
submit 177:23
submitted 67:6 98:12,15
 99:14 149:3
subsequent 223:15
 237:17
substantial 147:25 148:3,
 8 149:15,18 150:7
substantially 217:12
substantive 154:21
sufficient 56:8
suggest 166:4
suggestion 57:17,18,20
suggestions 85:21 86:10
 178:3
suggests 28:23 77:10
 131:11
summaries 108:17 138:14
summarize 102:10
summary 16:14 121:4
 133:15 138:7 193:18
 194:8 212:20
summer 86:19,23 87:15
 138:9 143:8 180:23
Sunday 68:24 249:10,13
super-spreader.' 224:13
superspreader 223:11,13

224:23 225:2,7,11,17,25
231:3,5 238:8

supervise 17:14,15 18:7,
10 21:10 22:4 32:15,16
55:6 82:24 85:23 86:3
96:13,15 98:9

supervised 21:17 86:2
91:13

supervisor 16:1 21:23,25
235:18,25 237:6,7,9

supplemented 234:15

supply 23:2,9,16

surface 48:20

surfaces 48:12,21,24
134:17

surprise 73:22 223:3,5

surprised 241:10

surprising 223:10

surveillance 18:14

survey 168:3,8,9,13

survival 218:6,20 219:1,14
220:3

survive 46:16,17 48:23
134:17

suspended 134:18

suspicious 128:24

swimming 158:22

sworn 5:16 6:10 14:17

symptomatic 59:23 60:1
103:4

symptoms 55:16 60:4
65:10,12 102:21 103:6
193:24

system 18:2 29:13 30:11
31:9 32:23 67:9 69:1,15
70:3,13 86:2,5 97:25

111:24

systems 31:10

T

t-e-x-t 39:7 60:23 112:2

T15 214:17

T16 215:18

T17 223:24

T18 245:6

T24 252:17

T32 251:1,2

table 49:1,4 54:15,22 55:7,
15 56:18 102:3 149:25

tables 48:21

takes 87:4

taking 5:2 66:4 70:4 89:10

talk 15:3 17:22 32:15
38:20 39:11 41:19 42:7,
10,17 49:21 51:1 52:4
56:14 58:2,19 59:10,12
60:12 62:1,4 80:11 81:11,
17 92:9 93:1,6,9,13,15,20
94:18 102:5 108:25 123:4,
8 128:11 133:13 139:4
147:10,24 149:19,23
151:9 164:14 169:6
174:14 186:8,9 189:24
256:11,13

talked 53:12 92:24 95:23
134:15 164:3 174:10
187:21 209:16,22 211:4
218:1 235:17 236:17
259:20

talking 17:17 28:20 30:24,
25 42:1,5,12,15 46:24
47:1,21 49:11,15 52:10
83:3 84:4 95:2 102:4

106:5 113:23 120:24
125:11 127:2,25 131:15
148:6 153:8 155:8,10
159:17,18 166:14,24,25
167:16 173:25 174:3,4
178:13,15 179:13 185:25
189:2 191:13,15 194:22
203:17 218:17,18 219:10
223:12 236:21 238:9
248:11

talks 46:4 58:25 59:1
81:16,18 110:5,6,11
115:12 116:7,11 139:1
140:25 153:9,12,14 210:9,
11,12 227:10

taught 11:16 12:10 13:18

taxes 184:17,18

teachers 207:16

team 21:13 22:4 27:23
28:1,2,4 30:22 31:7,8,15
32:2,6,12,24 33:2,13,19,
22 34:2,3,4,7,14,24 35:1,
4,22,25 36:6,8,17,23 37:9,
23 78:7 79:2,5,8,12 82:2,
7,12,14,15,18,19 83:5,15
84:12 91:12,25 92:2 98:8
115:19,23 116:1,23 117:4,
8,24 118:20 123:4 129:6
144:22 155:19 156:4,5,15,
16 157:7,15,18,21,24
158:14 159:2,5,7 163:10,
22,24,25 164:8 172:3,12
173:13 174:4 175:11,12
188:19,22,23 189:10,14
190:4,25 191:11 192:18,
19 208:7,8 233:14 242:7,
11,15 243:19 244:4,5
246:10 247:1

teams 29:19 31:4 32:24
33:1 34:22,23 35:2 36:5,
25 37:23 66:20 92:5 95:24
96:3,13,16,19,21 97:7,18,

24 155:14 185:11 188:14,
18 191:10 192:17,20
198:6 199:9 208:25 209:1
236:16 241:25

TECHNICIAN 80:19 90:4
108:10 113:24 114:7
141:16 196:3 198:14
227:6 236:24 251:1

telling 188:1

temporary 161:8

ten 15:21 25:6 121:17

tend 60:3

term 20:4 42:13 130:18
143:22 144:5 225:13,15
253:14 254:9

terms 20:8 31:20 34:7
98:6 112:15 131:2,22
147:18 148:9 166:7
175:23,24 181:5 217:23

tertiary 229:4

test 19:2 48:10 60:7 66:11
67:5 68:14 70:8 111:20
192:1

tested 55:16 60:2,3,7 68:9,
11,17 74:9 103:6 106:12,
22 107:11 121:23 124:20
127:19 128:13 134:5
135:16 240:2,4

testified 6:11 45:16
123:17 124:5 148:23
162:13 179:7 261:9

testify 129:8

testifying 9:22 52:16 80:6
132:19 148:12

testimony 8:12 14:17
43:10 47:6 49:7 52:9,13,
19,24 77:5 78:17 95:7,8,9,
10 96:1 99:19,20 100:12
122:3 123:21 132:7

142:14,21 143:23 152:12
156:8 176:21 181:13,19,
20 187:12 190:11 191:20
207:10 211:21 217:6
219:17 238:24 244:1
245:12 255:12,18,23
256:8,14,24

testing 35:18 37:20 124:9
125:16

tests 66:12,15 68:4,8
103:13

Texas 170:18,19,21,24,25
171:1,5,10

text 39:7 60:23 70:5,7
112:2 226:25 227:9,12,21

thanking 154:16

theoretical 46:13

there'll 165:21

there's--i 157:22

thing 6:20 16:16 23:25
36:11 38:8 78:6 81:12
101:12,13 105:12 121:18
124:25 158:23 189:12,13
253:10,12

things 7:21 15:14,19
18:22 84:18 87:19 112:7
140:9 156:12 181:4 185:1
207:20 247:13

thought 52:3 92:9 99:7,17
156:8 169:20 225:1
235:16 241:22

thousand 122:23 194:21
228:4 234:3

threshold 92:8,13,20
95:15 111:14,17 112:18
123:24,25 124:5,7 129:23
130:2 160:16,18

thresholds 92:3 93:13,14,
16,18,20 94:10,18,19,23

95:2,19

throat 43:8

thrown 175:24 249:1

thumb 51:8 54:2

Thursday 252:4

tick-borne 15:19

tighter 126:8

tilted 142:11

time 5:10 7:1 10:25 11:3,
16 19:9,10 20:24 23:23,24
24:25 25:2,10,15 28:23
36:3,16 38:2 39:21,25
40:2,3,8,9,11 44:12,15
49:23,25 50:22 51:2,21
52:21 53:4,15 57:11,12
61:11 63:4 64:19 65:4
67:4,5 69:12 75:3 76:13
77:9 78:1,10 80:17 83:11
87:3 88:21 93:22 95:20
102:3,12 104:23,24
107:18 109:7 111:21
112:18 117:1,13,16,24
118:13,14 119:21 120:7,
16 124:18 125:4,14,17
126:15,19 127:3 128:3
131:10,22,23 135:12,16
136:19,20,25 138:9,22
142:22 143:6,7 145:21
149:21 159:17,23 164:13
180:23 181:10 183:4
186:8 197:6 198:9 199:4,
11 207:7 208:14 212:3,18
222:21,22 229:13 230:23
232:6,8,13 233:10,15
234:6,17 237:12,13,19
238:22 239:12 242:16,18
243:3,15 244:2,19 247:15
249:21,23,25 250:21
251:18 252:2,3 254:17
255:2 257:12,25 258:11,
18,20,22 261:20,24

timely 69:12 186:23 193:20,23 198:20
 212:5 239:11,18,21
times 37:20 38:7 65:24
 67:2,12 129:14 132:2
 155:17 164:3 166:18
 167:9 171:4,7 178:5
 210:20,21 244:6 253:15
timing 118:22
tin foil 251:7,10,11
tip 39:9 58:24 59:2,5,19
 61:4,19 106:2,4,6,7
 150:10 166:2 240:10
 241:15
tired 259:6
title 21:21
titles 11:5
tobacco 159:4
today 5:17 6:19 8:10,12,25
 9:8 45:24 46:6 47:15,18
 68:10,16,22 95:7 107:7
 132:19 148:13 150:9
 163:19 181:22 206:7
 240:1 245:12 256:6
today's 5:9 68:12,18,19
today--she 158:13
told 55:18 60:5 76:23
tomorrow 47:3 65:13
 68:12 213:2,16
top 68:6 70:19 83:7,8
 110:8,11 194:1,7,25
 198:16 247:13
topic 10:18
topics 13:4 179:6
total 59:16 75:9,13 80:3
 95:16 96:7,8 111:5 115:15
 137:13,17,18 139:2
 140:20,21 141:22 148:9
 149:7 150:3,8 151:7
transmitted 35:12 103:8
 149:20 150:5 166:8
transmitting 102:20,21
travel 74:12,13 87:5,6
 97:12,15,16 135:3,7,14,22
 136:7,13,14,16 137:2,10
 257:24 258:10,24
traveled 135:16 136:20,
 21,24 258:8,12
travelers 24:2
treat 45:13
treats 248:16
trends 69:5
trial 8:13 80:19 90:4
 108:10 113:24 114:7
 141:16 196:3 198:14
 227:6 236:24 243:16
 251:1
tribal 33:5
trip 258:25
truck 241:7
true 20:7 42:25 78:3
 142:23 143:10 150:17
 151:5 190:15 199:14
 207:14 250:16
truth 170:7
truthfully 8:10 9:8
tub 19:19
Tuesday 68:22
turn 188:14 198:10 212:13
 229:3
TV 240:15,17 241:1
tweet 214:21,24 215:23,24
 222:21 223:9 224:4,6
 248:13 252:14,21 254:1,
 18,22 260:10,13

tweeted 222:19,25**tweeter** 224:20**tweeting** 224:11**tweets** 214:22 223:2
248:16 256:3,4,8,14
260:3,7,10 261:1**twenty** 19:13**Twin** 5:9**Twitter** 213:17,20 215:9
252:10 254:21 260:1,24**two-week** 252:7,9**type** 7:4 62:12 64:8 109:21
129:15 131:2**types** 34:9 66:12 87:19
91:17 116:4 147:11**typically** 22:25 89:7,22
102:19 104:9 174:2
203:12,16 212:10**typo** 109:12

U

U.S. 15:12 31:13**ubiquitous** 27:8**uh-huh** 8:6**ultimately** 86:13**unclear** 42:1**uncompensated** 154:19**uncover** 150:13**uncovered** 19:11 216:21**under-18** 201:17 202:21**undergrad** 10:21**underlying** 207:11 218:12
219:8,9,11,23 220:2,5,14,
24 221:9,13,16,20**underneath** 32:19**understand** 6:19 7:14 8:1,
3,7,9,12,16 9:12 11:12
22:20 40:12 41:16,21
44:24 45:1 46:1 47:3 50:5
52:24 53:9 57:17 59:9
94:7 95:8,10 101:16 108:3
115:23 120:1 122:16
141:20 147:8 148:16,20,
24 149:2 169:19 197:2
203:20 209:14 217:15
228:23 247:22 259:24
260:6,8,22**understanding** 51:20 75:4
91:4 106:14 133:19
147:22 167:11 244:1,3
256:20**understands** 260:19**understood** 8:19 44:6
99:3 256:5**undertaken** 167:22 248:9**unexplained** 7:5 9:21**unfolded** 176:12**unfolding** 176:16 177:6**uniform** 70:5**unique** 7:19 62:10,12
150:21**unit** 21:23**United** 22:24 25:1 29:11
57:2 104:2 164:21 179:6,
15,22 185:23,24 218:14,
15,17**University** 10:12,13 11:13,
14,24 12:11,21 13:14
232:24**unknown** 76:20**unlike** 255:10**unpaid** 250:22**unsafe** 160:5 161:1 162:15**upcoming** 256:8,15**update** 212:1**updated** 58:11 68:13,19
69:2 109:6 110:1,3 141:3
213:15**upper** 43:7**upset** 169:8,9,12,17,20,21
170:2**upward** 32:14 69:19

V

vacation 249:15,18,20
250:6,9,10,11,14,17,19,21
251:12,20,21,24 252:1,2,
3,4,7 257:6 259:9**vacations** 259:10**vaccinated** 107:13,17**vaccine** 18:15 21:24**valid** 199:19**vanilla** 14:2,3**variant** 105:15,18**variants** 105:12**variety** 234:14**vary** 70:10 219:12**ventilation** 134:9**venue** 129:22 132:5
164:11**venues** 34:13 89:3 117:5
130:12,19 147:21 150:3
156:3 159:21**verbal** 253:11**version** 169:6

versus 5:13 14:18 39:23
147:21 175:24,25 191:22
199:17 203:4 207:24
228:24 229:13,22

vi 116:8,15

video 5:1,23,25 6:1 7:22
14:9 44:17,21 81:2
107:20,25 153:1,5 209:7,
11 259:13,17 261:22

Vietnam 179:10

viral 15:18 28:4

virus 35:12 41:21,22 42:1
43:2 46:16,20 47:21 48:2,
4,12,14,15,20,22 49:12,15
59:13 102:20,21 104:10
134:16,17 166:8 167:1
168:22,24

visit 124:18 127:25

visited 38:1 60:17 129:16
177:4

visiting 124:10 137:24

Vital 246:11

Vohs 6:2 22:14 25:17
26:15 27:14 40:13,21 41:9
43:5 44:1,9,16 45:8,20
46:9 47:5 49:5 50:3 51:5,
22 52:15,23 53:7,18 54:17
55:2,11 56:10,20 57:8,21
73:4 76:2 78:17 80:14,17
92:22 93:2 95:12 99:5,11
100:12 101:15,23 102:16
103:2 105:8 113:1,10
114:12,24 115:3,21
116:24 117:7 118:8 120:9
122:2,14 127:10 128:4,17
129:7,25 130:6 132:7,18,
22 133:24 134:14 135:25
136:17 139:7 141:7 142:2,
21 143:23 145:5,14
146:10,17,24 147:7,16

148:11,17 149:3 151:2
152:8,11,22 156:25
157:20 161:2 162:4 163:3,
11 164:25 165:18 167:15,
25 168:18 169:10,23
170:11 171:3,15 172:5,23
173:22 176:20 177:19
180:8 181:12 182:11,19
183:1 184:4 186:20
187:11 189:18 191:7,20
192:25 197:22 198:25
200:7,15 201:6,20 202:17
203:3 204:4,6,10 206:8,16
207:2,10 208:2,13,21
209:5 213:24 214:6 215:5,
10 216:18 217:5,19 218:7
219:2,16 220:19 221:7
222:12,15 223:20 224:10
225:4,19 228:17 230:12
232:5 237:25 239:6
240:25 241:17 243:5
245:16,20 246:24 247:17
248:10,18 252:13 253:19
254:5,23 255:3,8,13,19,25
256:5,10,16,20 257:1
258:14 259:5 260:5,22,25
261:9,18

voluntary 57:1

volunteer 12:3,22 39:12

volunteered 88:9

volunteers 168:23

voter 248:24

W

wait 104:17 136:8 213:1

waiting 88:22

walk 37:6 123:5 150:1
164:15

walking 53:12 89:1

walks 49:1

Walmart 38:13

Walz 153:15

Walz's 82:10

wanted 80:19 154:19
248:7 259:22

Ward 224:11,15,18

water 19:18,20,25

ways 7:20 183:16

wealth 169:3

wear 168:10 172:13
183:19 184:24 242:17
251:11

wearing 49:12,19,20 53:24
88:18,19 166:13,25 167:5
168:10 170:20,24,25
171:20 173:25 174:5,6,11
180:16,20,22 181:3 198:8
199:3,4 229:19 238:16,19
240:13,21,23 241:2,9
243:9 244:9

website 58:9,11 195:24
210:4 212:14,16 213:7

websites 183:17

wedding 77:21

weddings 34:12 244:19

Wednesday 251:14

week 13:7,12 24:11 37:19
66:14 67:3 69:9,17 72:17,
18,20 73:15,18,19,22
76:17 145:7,19 154:17
188:23 194:13,17,20
195:14 196:8,11 205:3
210:20,21 212:2,11
249:14,20 250:7,8,9,12,15
251:13

weekend 189:16

weekly 67:19 69:7 72:11
108:21 123:8,13,18
141:20 196:5

weeks 12:13 24:11 37:24
69:19 73:20,24 160:8
165:2 179:18 182:24
187:18 188:12,24 192:9
243:24 250:10,15,17

West 5:9

widespread 23:3 24:10
25:1 27:8

wife 258:19

William 10:10

Wilson 5:23

Wisconsin 137:8 251:21
257:7,9,11,13,17 258:3,8,
25

witness' 260:15,24

woman 85:22 158:4,17
235:22

wondering 93:13,17

word 160:15 225:2 231:5

words 252:16

work 10:25 11:25 12:3
13:15 22:1 31:16 34:2
43:12,13,22 47:13 56:1,7
57:15,24 64:25 65:2,4
66:9 71:11 89:11 91:3,7,
20,24 96:22 100:3 118:19
143:8 150:24 151:19
152:7 154:16,19 155:3
170:6 222:21,22 249:6,19,
24 250:5,22 258:19 260:8

worked 10:22,24 11:2
18:24 121:19 149:12
177:4

worker 88:23 143:18
144:18 174:16,17 175:11

workers 90:15 140:9
142:25 143:15 144:15,17
174:11 175:8,9

working 31:4 43:17
126:17,23 134:7 135:19
211:10 249:23

workout 134:20

workplace 34:18 77:21
90:8 91:2,5,6 122:20,23,
24 123:2,3,19,23 139:4,18
142:1,15 174:8

workplaces 34:15,16,17
90:17 123:16 139:12,24
140:3,4,5 142:19,23
143:1,4 202:3

works 82:19 209:19
246:10

worksite 143:17

worksites 90:23 144:13

world 47:25 104:1 105:19,
21 136:19 143:5 150:6
164:21 167:10 176:6
185:20 254:20

worldwide 105:20

worn 190:10

worried 53:3 181:23

worse 26:20 27:4,9

wrestle 144:23

wrestled 28:12

wrestling 28:3 190:9

write 16:13,15 235:9,17
236:9 252:16

writing 235:7 236:7
237:10

written 177:21 253:11

wrong 63:1 98:7 113:22
163:24 178:8 220:18

wrote 226:7 235:19 252:21

X

Xbox 186:19

Xiong 236:19

Y

yapping 224:13

year 13:2 27:4,5,6 73:24
111:15 147:5 251:17

year-to-year 26:19

years 7:3 9:20 10:22 11:4,
9 12:10 13:19,21 16:12,
22,23 19:21 23:8,10 25:6
26:20,21 27:8 42:15 43:15
178:4 184:14 218:25
220:15 236:11

yes-or-no 200:4,9,16,22
256:18

yesterday 45:5 46:6 47:14
68:18,24 212:18

York 171:4,7

young 144:25

younger 219:14,22 221:5

youth 130:18 131:5 185:8
186:13,15 187:20,22
190:21 192:23 193:5
196:17 197:4 199:12
203:8 208:23 241:25

Z

Zaynab 72:8 73:12

zoom 180:1 198:15

zoom-in 111:1