

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

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July 28, 2020

Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329-4027

Dear Dr. Redfield:

Thank you for appearing before the Committee on Energy and Commerce on Tuesday, June 23, 2020, at the hearing entitled "Oversight of the Trump Administration's Response to the COVID-19 Pandemic." We appreciate the time and effort you gave as a witness before the full Committee.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from members of the Committee. In preparing your answers to these questions, please address your responses to the member who has submitted the questions using the Word document provided with this letter.

To facilitate the publication of the hearing record, please submit your responses to these questions by no later than the close of business on Friday, August 14, 2020. As previously noted, your responses to the questions in this letter, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your responses should be transmitted by email in the Word document provided with this letter to Benjamin Tabor with the Committee staff (benjamin.tabor@mail.house.gov). A paper copy of your responses is not required. Using the Word document provided for submitting your responses will also help maintain the proper format for incorporating your answers into the hearing record.

Robert R. Redfield, M.D.

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Thank you for your prompt attention to this request. If you need additional information or have other questions, please have your staff contact Mr. Tabor at (202) 225-2927.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." with a stylized flourish at the end.

Frank Pallone, Jr.
Chairman

Attachment

cc: Hon. Greg Walden, Ranking Member
Committee on Energy and Commerce

Committee on Energy and Commerce

Hearing on

“Oversight of the Trump Administration's Response to the COVID-19 Pandemic”

June 23, 2020

Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention

The Honorable Anna G. Eshoo (D-CA)

1. What are your recommendations to improve the U.S. public health data infrastructure so that state, local, and national data is more timely, detailed, and reliable?
2. The U.S. Department of Health and Human Services (HHS) Inspector General recently found that the Centers for Disease Control and Prevention’s (CDC) initial tests for COVID-19 were contaminated. How is the CDC improving its quality controls and quality assurance procedures going forward?

The Honorable Diana DeGette (D-CO)

1. Public health officials and medical experts are concerned that individuals with certain underlying conditions such as diabetes, lung disease, heart disease, and tobacco use are at greater risk of adverse outcomes from COVID-19. Health and demographic information is absolutely critical if we are going to gain a better understanding as to the impact these underlying health factors have on overall health outcomes for COVID-19 patients. I understand that there have been significant challenges collecting even basic demographic data related to COVID-19 positive cases.
 - a. Is data being collected and analyzed on patients who are smokers, former smokers, or e-cigarette users?
 - i. If so, are there any trends that are beginning to emerge on the role of cigarette and e-cigarette use in COVID-19-related complications?
 - b. Are there specific challenges your agency is facing in collecting tobacco status data for COVID-19 patients?
 - i. If so, how are you working to address these challenges?
2. Since 2012, CDC has run a highly effective media campaign called Tips from Former Smokers. Since that time, the program has helped over a million Americans to kick tobacco. CDC also supports state quitlines, which provide smokers with evidence-based tobacco cessation treatments. Given tobacco use’s contribution to conditions that put individuals at

greater risk for serious COVID-19 complications, can you discuss what CDC is doing at this time to help Americans quit tobacco and reduce their risk of serious complications during the COVID-19 pandemic?

The Honorable Tony Cárdenas (D-CA)

1. According to the opinion of experts at the CDC/HHS and CDC/HHS data, as of June 23, 2020, what diagnostic testing capacity is required for Federal, state, and local public health agencies for the detection of COVID-19 in Americans?
2. On what date did the CDC/HHS get notified that COVID-19 was anticipated to affect American citizens in the United States?
 - a. What was the first estimated quantity of tests and test kits that the United States would need for the detection of COVID-19? What was the first estimated quantity of Personal Protective Equipment (PPE) – specifically ventilators, N95 respirators, surgical masks, face shields, gloves, and gowns – that the United States would need?
 - b. Subsequent to the initial estimates of tests, test kits, and PPE – specifically ventilators, N95 respirators, surgical masks, face shields, gloves, and gowns – needed, when was the next adjustment to that estimate? How often did the CDC/HHS update these estimates and projected needs? What were the estimates per week from the first anticipated date of COVID-19 cases affecting American citizens in the United States through June 23, 2020?
 - c. How many tests, test kits, and PPE – specifically ventilators, N95 respirators, surgical masks, face shields, gloves, and gowns – did the CDC/HHS have available per day from the first anticipated date of COVID-19 cases affecting American citizens in the United States through June 23, 2020?
 - d. How many tests, test kits, and PPE – specifically ventilators, N95 respirators, surgical masks, face shields, gloves, and gowns – did the CDC/HHS distribute to each state, territory, and tribe per day from the first anticipated date of COVID-19 cases affecting American citizens in the United States through June 23, 2020?
 - e. How many tests, test kits, and PPE – specifically ventilators, N95 respirators, surgical masks, face shields, gloves, and gowns – were requested by each state, territory, and tribe per day from the first anticipated date of COVID-19 affecting American citizens in the United States through June 23, 2020?
3. On April 2, 2020, President Trump announced that the CDC would issue new guidance that all people in the United States should wear masks while in public to slow the spread of COVID-19. Before April, the CDC advised that only health care workers and people who are sick should wear masks. Was the fact that early on there was an extreme expected shortage of needed N95 respirators or surgical face masks influential in the initial

recommendations to the public and later differing guidance about who should wear masks and when?

The Honorable Nanette Barragán (D-CA)

1. The COVID-19 crisis affects all of us, but it is the latest disease to infect and kill Latinos and African Americans at higher rates than people in the rest of the population. I believe we must examine the social, economic and environmental factors such as housing conditions, food security and educational opportunities that drive this inequality and fund programs that address these issues. Do you believe it is important to address social determinants of health to improve health disparities, do you believe that the CDC has a role to play in this effort, and would the CDC welcome additional resources to address social determinants of health?
2. On March 20, 2020, you issued an order suspending the entry of all persons without documentation at U.S. land borders for 30 days. You subsequently extended the order on both April 20th and May 21st. There is concern that the order is meant to target two classes of immigrants, asylum-seekers and unaccompanied children, who need humanitarian protection. From March 20 through May, over 40,000 people including numerous families and unaccompanied children, have been expelled under the order, in violation of longstanding protections for asylum-seekers and unaccompanied children in domestic and international law.
 - a. What was the role of the CDC versus the role of the White House and the Department of Homeland Security in drafting the March 20 order providing for expulsions of asylum-seekers and unaccompanied children at the border, as well as the April 20 and May 21 extensions?
 - b. What less restrictive alternatives were considered and why were they rejected?
 - c. Reports have stated that CDC officials discussed that the White House asked CDC to conduct research about migration in light of COVID-19, and the team conducting this research raised concerns about the political, rather than public health, motivations of the research with you. Did you elevate those concerns within the Department, including to Secretary Azar? If so, what was their response?
 - d. Additional reports stated that Stephen Miller, Trump's immigration adviser, has sought to use 42 U.S.C. sec. 265 - the statutory provision on which the CDC order relies - to ban immigrants and asylum-seekers well before COVID-19. What was Miller's role specifically, and the White House's role generally, in crafting your current policy?
 - e. What, if any, precedent does CDC have for invoking the provision to regulate immigration?

The Honorable Tom O'Halleran (D-AZ)

1. Tom Frieden, former Director of the CDC, has publicly stated that he estimates that up to 300,000 contact tracers are necessary to properly execute an effective and efficient contact tracing program. Do you agree with that number?
2. In a subsequent Senate Health, Education, Labor, and Pensions (HELP) Committee hearing, you discussed needing to modernize contact tracing in this country. Please provide a detailed summary of actions the CDC is taking to improve or modernize contact tracing efforts nationwide. Additionally, please provide specific detail how the CDC is working with state, local, and tribal partners to utilize funding provided by the CARES Act and subsequent legislative packages to address the COVID-19 pandemic? Kindly provide a list of contact tracing grants that have been noticed and/or funded, including how many entities applies for these grants, how many received funds, how many dollars have been delivered to entities, and any future contact tracing grant opportunities that the CDC foresees providing to state, local, and tribal partners.
3. Please detail what specifically CDC needs from Congress in future COVID-19 packages to ensure that contact tracing is done effectively and efficiently to stop the community spread of COVID-19? Please detail funding as well as legislative needs.
4. Please provide a detailed timeline that the CDC would like to see states, localities, and tribes hire a contact tracing workforce? What additional support is CDC providing states, localities, and Tribal governments as they enhance and grow their contact tracing programs?
5. How are contact tracing resources going to be specifically and properly deployed to effectively combat COVID-19 hot spots?

The Honorable David B. McKinley (R-WV)

1. The CDC has issued guidance for schools operating during COVID-19. Your guidance suggests children should be separated as much as possible. However, how will students be able to be six feet apart while riding on the school bus?
 - a. And what about students with disabilities who will not be able to wear masks? How will they be able to continue to learn?
 - b. Will the CDC be putting out more guidance as the school year draws closer?

The Honorable Adam Kinzinger (R-IL)

1. My state of Illinois just recently moved into Phase 4 of our re-opening plan. Businesses small and large are spending staff hours and resources cleaning and sanitizing in order to protect their employees and customers, but there seems to be a bit of confusion about the virus's ability to linger on surfaces and for how long.
 - a. Do we know how long the virus stays on surfaces?
 - b. Is there a reason it has been difficult to provide guidance in this area?

The Honorable Gus M. Bilirakis (R-FL)

1. Could you discuss CDC's efforts to keep health care providers and front-line workers informed with the most up-to-date information?
 - a. Recently, CDC released consolidated COVID-19 testing recommendations including testing guidelines for nursing homes. Can you briefly discuss?
2. What have you learned about the management of chronic care conditions (like diabetes, hypertension, asthma, etc.) with regard to complications and poor outcomes associated with COVID-19?
 - a. Are there differences between patients who manage their condition well versus those who don't?
 - b. Can certain treatments make these patients even more susceptible to adverse COVID-19 outcomes – how is this data captured and communicated to patients and their providers expeditiously?
3. As policy makers consult the data to direct response efforts, where do you suggest the goal posts be erected – in other words, where should the bulk of our attention and resources be directed as states reopen?
 - a. Is it about total confirmed cases, hospitalizations, or deaths?
 - b. Does a response addressing mortality have different considerations than one that prioritizes transmissibility?
4. As we learn more about how COVID has unfolded in our country, we are seeing that it has had a disproportionate impact on certain populations, especially those in nursing homes, frontline healthcare workers, and Native Americans. The underlying challenges that caused these populations to be hard hit in the first place will still be around when we get to the resurgence of COVID in the fall. For example, nursing home patients will continue to have major underlying health conditions; healthcare workers will continue to have the highest

exposure risks, even as the demands placed on them increase; and Native Americans will continue to have challenges receiving primary and secondary care services.

- a. Recognizing the challenges for each of these populations, can you describe what special considerations should be made for testing and treatment needs of these populations above and beyond what a response plan might be for the general population?
 - b. Can you describe the role of the Federal government to ensure that it is able to provide sufficient testing and treatment needs of these populations?
5. Are there any underreported successes in the Administration's COVID-19 response that you would like to discuss?

The Honorable Jeff Duncan (R-SC)

1. I'm hearing from several businesses reopening in South Carolina about liability concerns.
 - a. Is the CDC working with state officials on a set of safety guidelines that businesses could follow that would protect them from predatory trial lawyers?
 - i. If so, when could we expect those to be released to the public?
2. Regarding the World Health Organization (WHO) –
 - a. Do you believe the WHO played a role in covering up China's mistakes in handling COVID-19? And do you believe they've misled the rest of the world on the nature of the virus or could have done more to prepare and respond to COVID-19?
 - b. Do you believe there should be more oversight on the WHO? If so, what would the appropriate level of oversight be?