

Preliminary Transcript

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5 LEADING THE WAY FORWARD:

6 BIDEN ADMINISTRATION ACTIONS TO

7 INCREASE COVID-19 VACCINATIONS

8 WEDNESDAY, MARCH 17, 2021

9 House of Representatives,

10 Subcommittee on Oversight and Investigations,

11 Committee on Energy and Commerce,

12 Washington, D.C.

13

14

15 The subcommittee met, pursuant to call, at 10:00 a.m.

16 via Webex, Hon. Diana DeGette, [chairwoman of the

17 subcommittee] presiding.

18 Present: Representatives DeGette, Kuster, Rice,

19 Schakowsky, Tonko, Ruiz, Peters, Schrier, Trahan, O'Halleran,

20 Pallone (ex officio); Griffith, Burgess, McKinley, Long,

21 Dunn, Joyce, Palmer, and Rodgers (ex officio).

22 Also present: Representatives Eshoo, Kelly, Craig;

23 Guthrie, Walberg, and Carter.

24

25 Staff Present: Kevin Barstow, Chief Oversight Counsel;

26 Billy Benjamin, Systems Administrator; Jesseca Boyer,

27 Professional Staff Member; Jeff Carroll, Staff Director;
28 Austin Flack, Policy Analyst; Waverly Gordon, General
29 Counsel; Tiffany Guarascio, Deputy Staff Director; Perry
30 Hamilton, Deputy Chief Clerk; Rebekah Jones, Counsel; Zach
31 Kahan, Deputy Director Outreach and Member Service; Chris
32 Knauer, Oversight Staff Director; Mackenzie Kuhl, Press
33 Assistant; Kevin McAloon, Professional Staff Member; Aisling
34 McDonough, Policy Coordinator; Kaitlyn Peel, Digital
35 Director; Tim Robinson, Chief Counsel; Chloe Rodriguez,
36 Deputy Chief Clerk; Nikki Roy, Policy Coordinator; Benjamin
37 Tabor, Junior Professional Staff Member; C.J. Young, Deputy
38 Communications Director; Sarah Burke, Minority Deputy Staff
39 Director; William Clutterbuck, Minority Staff Assistant;
40 Theresa Gambo, Minority Financial and Office Administrator;
41 Marissa Gervasi, Minority Counsel, O&I; Brittany Havens,
42 Minority Professional Staff Member, O&I; Nate Hodson,
43 Minority Staff Director; Olivia Hnat, Minority Communications
44 Director; Peter Kielty, Minority General Counsel; Emily King,
45 Minority Member Services Director; Bijan Koohmaraie, Minority
46 Chief Counsel; Clare Paoletta, Minority Policy Analyst,
47 Health; Alan Slobodin, Minority Chief Investigative Counsel,
48 O&I; Evan Viau, Minority Professional Staff Member, C&T; and
49 Everett Winnick, Minority Director of Information Technology.
50

51 *Ms. DeGette. The Subcommittee on Oversight and
52 Investigations hearing will now come to order.

53 Today the committee is holding a hearing entitled,
54 "Leading the Way Forward: Biden Administration Actions to
55 Increase COVID-19 Vaccinations.'" Today's hearing will
56 examine the Federal Government's response to the COVID-19
57 pandemic and vaccination efforts in the United States.

58 Due to the COVID-19 public health emergency, today's
59 hearing is being held remotely. All members, witnesses, and
60 staff will be participating via video conferencing.

61 As part of our proceeding, microphones will be set on
62 mute for purposes of eliminating inadvertent background
63 noise. Members and witnesses, you will need to unmute your
64 microphone each time you wish to speak.

65 [Pause.]

66 *Ms. DeGette. I am having some connection problems here
67 on my end, and so I don't know if -- I cannot see anybody,
68 but I am going to finish my little introduction, then we will
69 try to figure out what the problem is. If I can't chair the
70 hearing, which I hope doesn't happen momentarily, Mr. Peters,
71 the vice chair, will serve as chair until I am able to
72 return.

73 Documents for the record can be sent to Austin Flack at
74 the email address we have provided to staff. All documents
75 will be entered into the record at the conclusion of the

76 hearing.

77 And the chair is going to be in recess for 1 minute
78 while I determine the technology.

79 [Pause.]

80 *Ms. DeGette. Okay, apparently we have resolved our
81 technical problems. Thanks to everybody for our patience.
82 We have a new saying in our office: "Technology is our
83 friend."

84 And so, before we start, I want to thank all of the
85 members for participating. This is such an important
86 hearing. And also, those who are hoping to waive on to the
87 subcommittee, I want to let all of the members know that our
88 witnesses have a hard stop at 12:30 p.m. Eastern Time today,
89 due to a previous engagement at the White House. And so I
90 expect we will be able to be able to have the members of the
91 subcommittee ask questions. It is unclear whether we will be
92 able to get to the members who -- of the full committee who
93 are not on the subcommittee. I just want to warn you of that
94 now.

95 And with that, the chair will recognize herself for an
96 opening statement.

97 Today the subcommittee continues its oversight of the
98 ongoing COVID-19 pandemic. Since its beginning, we have
99 examined many aspects of this crisis, including vital efforts
100 to develop, distribute, and to administer COVID-19 vaccines.

101 This is part of the -- this committee's ongoing effort to
102 monitor pandemics.

103 And in fact, we had a hearing in this subcommittee on
104 December 4, 2019, just before coronavirus encircled the
105 entire world. Dr. Fauci was at that hearing, and others from
106 the Administration, where we talked about our concerns about
107 being ready for any kind of pandemic. And, of course,
108 everything hit soon after that.

109 We can -- intend to continue on this subcommittee to
110 make sure that we address this pandemic, that we come out the
111 other side as quickly as possible, and we intend to ensure
112 that we are much better prepared for anything that may come
113 at us in the future.

114 Now, just this year, in that vein, this subcommittee has
115 held 2 hearings already on the pandemic, one with state
116 officials and the other one with the vaccine manufacturers,
117 to talk about the status of the vaccine production and
118 distribution. Today we are so happy to hear, for the first
119 time, from the senior members of the Biden Administration in
120 charge of this effort on exactly where the vaccination
121 campaign currently stands.

122 As we just passed the one-year anniversary of the
123 national emergency, it is really difficult to fathom the
124 devastating loss that we endured. Of course, more than 532
125 million -- thousand Americans have lost their jobs. Millions

126 more lost their -- let me start again -- 532 million --
127 thousand Americans lost their lives, and millions more lost
128 their jobs. Businesses are suffering. Every day we have new
129 questions.

130 These are the questions that I came up with just
131 yesterday: Do we have sufficient doses of the vaccine to
132 distribute?

133 When will we be able to distribute them?

134 We were all absolutely thrilled to hear from the
135 President that he hopes to open this country for July 4th
136 celebrations. Is that realistic?

137 When are we going to be able to approve new vaccines?

138 What are we going to do with the uneven distribution of
139 the vaccines to minority communities, low-income communities,
140 and rural communities?

141 What are we going to do about certain pockets of people
142 resisting to get the vaccines, and how can we persuade them
143 that we need to do it to make everybody safe?

144 What is the status of the vaccine research with
145 children?

146 And how do we restore the CDC to its historic place at
147 the top of the panoply of the international public health
148 community?

149 All of those are really important issues that we are
150 going to have to answer.

151 We have two people here with us today who have been
152 extraordinary in helping us develop the vaccine, and also our
153 country's response to the pandemic. That is, of course, the
154 now-famous Dr. Fauci, and also Dr. Marks, who have appeared
155 in front of this subcommittee many times.

156 And we want to thank both of you for your efforts.

157 And also, we are so happy to have new leadership down at
158 the CDC. Dr. Walensky, thank you so much for being with us.

159 This is her first time testifying before this committee,
160 and I know it won't be the last.

161 We look forward to working with you to make sure that
162 the CDC is working at its very top and science-based best.

163 The American Recovery Act, which was just passed by
164 Congress and signed into law last week, further will help us
165 boost vaccinations and testing across the country. It
166 provides funding to families, states, local governments, and
167 business. And so we feel like the veil is lifting on COVID-
168 19, but we still must remain vigilant. We can't become
169 complacent now. This is a message the Administration has
170 been giving out every day.

171 And in addition, vaccine hesitancy and access
172 disparities persist. As I said, we have to work together to
173 address these disparities.

174 I want to thank the witnesses again for coming. We all
175 look forward to hearing from you today about where we are at,

176 where we need to go, and how Congress can help, because if we
177 all do our part we can end the pandemic. And this committee
178 will continue to do its part by continuing our bipartisan
179 oversight over this critical subject, which we have
180 aggressively pursued, not just since the beginning of the
181 pandemic, but for all of the 24 years that I have been on
182 this committee.

183 [The prepared statement of Ms. DeGette follows:]

184

185 *****COMMITTEE INSERT*****

186

187 *Ms. DeGette. And with that, the chair is pleased to
188 recognize the ranking member of the subcommittee, Mr.
189 Griffith, for 5 minutes for an opening statement.

190 *Mr. Griffith. Thank you very much, Chairman DeGette,
191 for holding this important hearing on COVID-19 vaccines.

192 Just over a year ago the World Health Organization
193 announced that COVID-19 could be characterized as a pandemic.
194 A few days later President Trump declared a national
195 emergency in the United States. About a week after that
196 California became the first state to go on lockdown. More
197 states follow soon after that, forcing businesses, schools,
198 and restaurants to close.

199 As of March 16th we have lost over 50 -- excuse me --
200 533,000 Americans to COVID-19. And according to a recent New
201 York Times article, one in three Americans have lost a loved
202 one to the virus. Tens of millions more have been infected,
203 some of whom are experiencing prolonged symptoms.

204 However, we have reasons to be hopeful. There is light
205 at the end of what has been a very dark tunnel. Because of
206 the success of Operation Warp Speed and the unprecedented
207 efforts of the private sector, to date we have three safe and
208 effective vaccines that have received emergency use
209 authorization, EUAs, from the U.S. Food and Drug
210 Administration FDA.

211 Pfizer, Moderna, and Johnson and Johnson, and more

212 vaccine candidates are in clinical trials. Two of our
213 witnesses, Dr. Fauci and Dr. Marks, played important roles in
214 this achievement. While the vaccine rollout was slow to
215 start, as vaccine manufacturers ramped up their production
216 efforts, the supply and distribution has continued to improve
217 since the first vaccines were authorized, distributed, and
218 administered in December.

219 According to the Centers for Disease Control and
220 Prevention, nearly 22 percent of the U.S. population has
221 received at least one dose of a COVID-19 vaccine, and almost
222 12 percent of the U.S. population is fully vaccinated. This
223 means that more people have been vaccinated than have been
224 infected with the virus in the U.S. We still have a ways to
225 go, but we are in a remarkable situation given that we are
226 only a little over a year out from the start of this global
227 pandemic.

228 Recently this subcommittee held two hearings focused on
229 COVID-19 vaccines. On February 2nd the subcommittee heard
230 from a handful of states about vaccine distribution and
231 administration efforts at the state level. The overwhelming
232 message was that supply was their biggest issue.

233 On February 23rd this subcommittee heard from five
234 COVID-19 vaccine manufacturers on the status and supply of
235 their vaccines. Pfizer and Moderna testified they
236 anticipated delivering 300 million doses each of their COVID-

237 19 vaccines by the end of July. In addition, Johnson and
238 Johnson testified it could deliver 100 million doses by the
239 end of June. Further, other companies, including AstraZeneca
240 and Novavax, have been manufacturing vaccine doses at risk,
241 so that doses will be available to ship, should their
242 vaccines receive authorization from the FDA.

243 I look forward to hearing from the top federal officials
244 before us about President Biden's recent promise that every
245 American adult will be eligible for a COVID-19 vaccine by May
246 1, and how soon after that each adult will be able to make an
247 appointment and actually get vaccinated.

248 I also hope to get an update regarding recent guidance
249 that has been issued by the Administration, including
250 guidance relating to schools, guidance for those who have
251 already been vaccinated, and the recent revised guidance for
252 nursing homes.

253 Further, I look forward to hearing about research
254 efforts over the past year, since what we know now about the
255 virus is very different than what we knew 1 year ago.
256 Specifically, I hope to hear about the status of the
257 variants, including how effective our existing
258 countermeasures are against the new variants, and what we
259 know about those who continue to experience symptoms long
260 after contracting the virus, also known as long-haulers.

261 Lastly, I hope to get an update from the FDA regarding

262 the timing of additional vaccines being authorized, and what
263 the process will look like when the public health emergency
264 is over and we have a transition -- and have to transition
265 products that have received EUAs to full approvals.

266 I look forward to our discussion today to learn more
267 about the Federal Government's ongoing response efforts and
268 how we can end this pandemic as quickly as possible.

269 Thank you again, Madam Chair, and I yield back.

270 [The prepared statement of Mr. Griffith follows:]

271

272 *****COMMITTEE INSERT*****

273

274 *Ms. DeGette. I thank the gentleman. The chair is now
275 pleased to recognize the chairman of the full committee, Mr.
276 Pallone, for 5 minutes.

277 *The Chairman. Thank you, Madam Chair. And let me
278 initially thank the witnesses who are arranging their
279 schedules so that they could testify before the subcommittee
280 this morning.

281 I know how busy you all are. And obviously, as the
282 Chairwoman DeGette said, we are here today to continue our
283 critical effort -- or oversight of the COVID-19 vaccination
284 campaign in the United States, and that has great promise,
285 really, at this point, to help us beat the pandemic.

286 We have all been working hard in Congress to help expand
287 the availability and administration of the three available
288 vaccines around the country. Last week President Biden
289 signed the American Rescue Plan into law. And this,
290 obviously, invests in the tools and resources needed to crush
291 the virus and provide relief to struggling families.

292 Specifically, the bill provides more than \$20 billion to
293 speed up COVID-19 vaccination efforts across the country,
294 supports the development of community vaccination centers,
295 and provides funding for mobile vaccination units in under-
296 served areas.

297 Now, many of you know that I have been critical -- I was
298 critical of the Trump Administration for leaving it up to

299 states to compete with each other for testing, medical
300 supplies, et cetera over the last year. There was no
301 national effort, really, on the part of the Trump
302 Administration. It was pretty much left up to the states.
303 And while the initial vaccine rollout under the Trump
304 Administration was bogged down because of, in my opinion,
305 poor planning and limited state resources and supply, the
306 Biden Administration has taken decisive action to get the
307 COVID-19 vaccination effort back on track.

308 Since President Biden took office, the weekly vaccine
309 supplies sent to states has more than doubled, and states
310 have been given more advance notice of their vaccine
311 allocation. We are now on track to have enough vaccine
312 supply for all American adults by the end of May, 2 months
313 earlier than prior projections.

314 And the Biden Administration also continues to
315 prioritize efforts to ensure equitable distribution or access
316 to vaccines for marginalized communities and Americans who
317 are more vulnerable to severe disease.

318 President Biden has also focused on the wellbeing of
319 children and families, recognizing the need for students to
320 return to in-person school as soon and safely as possible.
321 President Biden has encouraged states to expand their
322 vaccination eligibility to teachers and school staff, and he
323 also expanded the retail pharmacy program to help vaccinate

324 educators by providing additional doses and helping educators
325 schedule appointments. The American Rescue Plan also
326 provides nearly 130 billion to help schools reopen safely,
327 and support students and staff returning to the classroom.

328 And thanks to the Biden Administration's efforts, we
329 have already seen encouraging results. More than 70 million
330 Americans have received at least one dose of COVID-19
331 vaccine. And last week President Biden set the aggressive
332 goal directing states to make all American adults eligible
333 for the vaccinations by May 1st. And I applaud the
334 President's ambitious proposal, and look forward to working
335 with the Administration to achieve this bold benchmark,
336 obviously, with all of our witnesses.

337 Now, despite these tremendous efforts, and the progress
338 that has been made by all three of our witnesses, we can't be
339 complacent. As the President told the American people last
340 week -- and I know Dr. Fauci keeps saying it, too, I hear him
341 all the time in the media -- that the government alone cannot
342 defeat this pandemic. It is going to take all of us doing
343 our part to beat this virus and return to our former lives.

344 And the stakes couldn't be higher. The longer it takes
345 to vaccinate America, the more we risk further spread of the
346 disease, and increase the likelihood that new variants will
347 continue to spread.

348 So I am pleased that we are joined today by the

349 distinguished panel of scientists and public health leaders
350 from the Biden Administration. I look forward to hearing how
351 we can continue to make progress and respond to the
352 challenges that remain in the battle against the pandemic.

353 You know, I know that all of you are constantly out
354 there. One of the things that I know that you continue to
355 stress is that people should not be afraid to take the
356 vaccine. And I don't want to stress that too much in my
357 opening remarks now, but I still do worry when I go around.
358 There are many people who either will tell me that they are
359 afraid to take the vaccine, or won't tell me that directly,
360 but I know that that is what is going on in their minds. And
361 so I know that that is an important part of the American
362 Rescue Plan, too, is I think there is a billion dollars that
363 was part of our -- that Energy and Commerce initiative on the
364 bill to basically have a program, and make people aware that
365 this is something that they should participate in.

366 So thank you again, Madam Chair. This is a very
367 important hearing. I appreciate it.

368 [The prepared statement of Mr. Pallone follows:]

369

370 *****COMMITTEE INSERT*****

371

372 *Ms. DeGette. I thank the gentleman. The chair now
373 recognizes the ranking member of the full committee, Mrs.
374 McMorris Rodgers, for 5 minutes.

375 *Mrs. Rodgers. Thank you, Chair DeGette and Republican
376 Leader Griffith. Thank you to our distinguished panel.

377 First, let's set the record straight. Regarding the
378 COVID-19 vaccine development and distribution, President
379 Biden started on third base. The Democrats in the media
380 suggested that he hit a triple. We keep hearing
381 disinformation about what President Biden inherited.

382 The first false claim is that President Biden had to
383 start from scratch. On January 21st CNN reported that
384 anonymous Biden Administration sources said, "We are going to
385 have to build everything from scratch.'" Three days later,
386 President Biden's chief of staff, Ron Klain, perpetrated this
387 claim, and Vice President Harris repeated it just last month.
388 This is disinformation.

389 Dr. Fauci, you publicly stated that the Biden
390 Administration did not start from scratch. The day President
391 Biden entered the White House, more than 1.5 million new
392 doses were administered.

393 Let's not forget the nationally-televised 60 Minutes
394 segment with General Perna on the Trump Administration's
395 distribution plans. That was in early November, before we
396 even had a COVID-19 vaccine to distribute. The Trump

397 Administration first outlined their plan in September. In
398 October the Administration even announced partnerships to
399 administer free vaccines.

400 Another false claim is that the Trump Administration did
401 not contract for enough vaccines. On March 2nd President
402 Biden claimed that, "The prior Administration had contracted
403 not for nearly enough vaccine to cover adults in America.'"
404 Again, this is disinformation. It is false.

405 Last year the Trump Administration entered into
406 contracts with multiple companies to manufacture hundreds of
407 millions of doses of COVID-19 vaccines. To date, between
408 just the three companies who have EUAs, we have enough doses
409 to vaccinate 300 million people, far more than our eligible
410 adult population.

411 And that is not to mention the options for purchase of
412 additional doses, including -- included in those initial
413 agreements, which the Biden Administration appears to have
414 recently used.

415 I am disappointed that President Biden and Democrats
416 refuse to acknowledge any successes of Operation Warp Speed.
417 Vaccines normally take more than 10 years to develop, yet we
418 have three safe and effective vaccines in less than 1 year.
419 Imagine how many lives will be saved. Every American,
420 Democrat and Republican alike, should be proud and thankful
421 for its success. We should not be -- we should be looking at

422 this model for America to lead a new era of innovation for
423 medical breakthroughs, not downplaying its success to under-
424 promise or score political points.

425 I now want to turn to school closures. Let's be clear.
426 School closures are having a devastating effect on our
427 children. Dr. Hasan, the division chief of pediatric
428 infectious diseases at our RWJBarnabas Health in New Jersey,
429 put it, "The mental health crisis caused by school closing
430 will be worse, a worse pandemic than COVID.'" Worse than
431 COVID, yet schools remain closed.

432 One year ago today, this day, Governor Inslee closed the
433 schools in my home state of Washington, and we have been too
434 slow to open. Washington ranks 46th in the nation in getting
435 students back into the classrooms. This is unacceptable.

436 Why is it taking so long, Governor Inslee? It is time
437 our kids returned to the classroom. Schools remain closed
438 because of fear and politics, not science.

439 Dr. Walensky, on February 3rd you stated, "Schools can
440 safely reopen."

441 Dr. Fauci, for months last year you agreed schools
442 should reopen. As you put it last fall, "Close the bars and
443 keep the schools open.'" But unfortunately, the teachers
444 union continues to stand in the way.

445 President Biden should be leading to get our schools
446 open. But following public backlash from the White House

447 about your remarks, Dr. Walensky, the CDC published guidance
448 that kept many schools from fully reopening. We now know the
449 CDC misinterpreted some of the research it relies on. Four
450 doctors wrote in USA Today and confirmed fear, not science,
451 led to harmful policy.

452 Enough is enough. Our kids are in crisis. Today I call
453 on you, Dr. Walensky and Dr. Fauci, to do as this
454 Administration promised: follow science and truth. Update
455 the CDC guidelines to open our schools immediately. Surely
456 that is something that we can all agree on.

457 Thank you, I yield back.

458 [The prepared statement of Mrs. Rodgers follows:]

459

460 *****COMMITTEE INSERT*****

461

462 *Ms. DeGette. I thank the gentlelady for yielding back.

463 The chair will now ask unanimous consent that the
464 members' written opening statements be made part of the
465 record.

466 And, without objection, so ordered.

467 I want to now introduce the witnesses for today's
468 hearing: Dr. Rochelle Walensky, the director of the Centers
469 for Disease Control and Prevention; Dr. Anthony Fauci, the
470 director of the National Institute of Allergy and Infectious
471 Diseases; Dr. Peter Marks, who is the director of the Center
472 for Biologics Evaluation of Research at the FDA.

473 I want to thank -- I just can't thank you enough, all of
474 you, for the work you have done, and for appearing today.

475 And I know all of you are aware that this committee is
476 holding an investigative hearing. And so, when we do so, we
477 have the practice of taking our testimony under oath. Does
478 any of you have an objection to testifying under oath today?

479 Let the record reflect the witnesses responded no.

480 The chair then advises you, under the rules of the House
481 and the rules of the committee, you are entitled to be
482 accompanied by counsel. Does any of you wish to be
483 accompanied by counsel?

484 Let the record reflect that the witnesses have responded
485 no.

486 If you would, then, please raise your right hand so I

487 may swear you in.

488 [Witnesses sworn.]

489 *Ms. DeGette. Let the record reflect the witnesses have
490 responded affirmatively.

491 And you are now under oath, and subject to the penalties
492 set forth in Title 18, Section 1001 of the United States
493 Code.

494 The chair will now recognize our witnesses for 5 minutes
495 for their summary of their written statements.

496 As you can see, there is a timer on the screen that will
497 count down your time, and it turns red when your 5 minutes
498 has come to an end.

499 So first I would like to recognize Dr. Walensky.

500 Doctor, you are recognized now for 5 minutes.

501

502 TESTIMONY OF ROCHELLE P. WALENSKY, DIRECTOR, CENTERS FOR
503 DISEASE CONTROL AND PREVENTION; ANTHONY S. FAUCI, DIRECTOR,
504 NATIONAL INSTITUTE FOR ALLERGY AND INFECTIOUS DISEASES,
505 NATIONAL INSTITUTES OF HEALTH; AND PETER MARKS, DIRECTOR,
506 CENTER FOR BIOLOGICS EVALUATION AND RESEARCH, U.S. FOOD AND
507 DRUG ADMINISTRATION

508

509 TESTIMONY OF ROCHELLE P. WALENSKY

510

511 *Dr. Walensky. Good morning and thank you, Chairwoman
512 DeGette and Ranking Member Griffith, for your invitation to
513 talk with you today, and for your leadership during the U.S.
514 response to COVID-19.

515 I have had the honor of being the director of the
516 Centers for Disease Control and Prevention for 2 months.
517 Taking on this role in the middle of a pandemic has presented
518 no shortage of challenges, and I am so grateful for the
519 guidance of the dedicated staff at CDC and the deep expertise
520 they bring.

521 CDC staff continue to work tirelessly to respond to the
522 COVID-19 pandemic, and I am committed to supporting their
523 efforts to ensure that science and evidence drive our path
524 forward.

525 Last week we crossed the one-year mark since the WHO
526 declared COVID-19 a global pandemic. I want to take a moment

527 to recognize the more than 500,000 American lives lost during
528 this past year. That is half a million mothers, fathers,
529 sisters, brothers, grandparents, and children who have died
530 because of this virus. Every loss is felt by grieving
531 families, by friends unable to say goodbye, and by
532 communities devastated by this pandemic.

533 While we have recently seen reductions in cases and
534 deaths, we must remain cautious. The average daily death
535 rate is, tragically, still more than twice that seen last
536 September. We are in a race to stop transmission, and the
537 emergence of variants that spread more easily has made that
538 even more challenging.

539 I am committed to closely monitoring the proliferation
540 of these variants in our country and around the world. We
541 are doing that by rapidly scaling up genomic sequencing, and
542 we are well on our way to 25,000 samples per week.

543 As we monitor disease transmission and variants, we are
544 getting vaccines into arms quickly, safely, and equitably as
545 possible. Having three vaccines that are highly effective at
546 preventing serious illness, hospitalization, and death will
547 help us end this pandemic. As of March 16th more than 110
548 million doses of COVID-19 vaccine have been administered.
549 Over 72 million people have received at least one dose,
550 including more than 39 people -- 39 million people who are
551 fully vaccinated.

552 This is a remarkable accomplishment, and yet we have so
553 much more work to do. CDC is working in coordination with
554 national, state, tribal, and local governmental and non-
555 governmental partners to build trust in the vaccines, the
556 vaccinators, and the vaccination system.

557 Instrumental to this work is addressing barriers to
558 vaccinations in communities of color and disproportionately-
559 affected groups. COVID-19 has highlighted longstanding
560 systemic health disparities, and health equity must be a
561 cornerstone of our public health work. CDC is committed to
562 expanding evidence-based approaches to reduce disparities and
563 COVID-19 cases, hospitalizations, and deaths, prioritizing
564 equity in vaccine distribution, and expanding a diverse
565 workforce.

566 This is not our first emergency. Since 2009 the U.S.
567 has faced four significant emerging infectious disease
568 threats: the H1N1 influenza pandemic; Ebola; Zika; and now
569 COVID-19. While urgency demanded rapid and unique approaches
570 in response to each of these threats, none resulted in the
571 necessary sustained investments in public health
572 infrastructure.

573 This lack of preparation continues to present
574 significant challenges in our ongoing fight to tackle COVID-
575 19. If we don't act with permanent fixes, these challenges
576 will continue to exist when the next public health threat

577 emerges. I would like to leave you with four important
578 points today.

579 First, CDC is leading with science, and will continue to
580 be the public health scientific resource for the American
581 public and our international partners.

582 Second, we are expanding the reach of lifesaving COVID-
583 19 vaccines, and improving vaccine confidence. To end this
584 pandemic we must also maintain proven, effective prevention
585 measures, mask and hand hygiene, and physical distance.

586 Third, health equity must be at the intersection of
587 everything we do in public health, and I am committed to
588 doing that as CDC director.

589 And finally, we must work towards sustainable
590 investments in public health infrastructure to be better
591 prepared for whatever comes next.

592 I look forward to working together to address both the
593 immediate challenges ahead and addressing the deficiencies in
594 our public health infrastructure that left our country
595 vulnerable to this pandemic. We will get through this
596 pandemic, and I look forward to working with you to support
597 CDC and address our public health challenges at home and
598 abroad.

599 Thank you again for this invitation to testify today,
600 and I look forward to answering your questions.

601

602 [The prepared statement of Dr. Walensky follows:]

603

604 *****COMMITTEE INSERT*****

605

606 *Ms. DeGette. Thank you so much, Doctor. Thank you so
607 much, Dr. Walensky.

608 I am now very pleased to recognize Dr. Fauci for 5
609 minutes.

610

611 TESTIMONY OF ANTHONY S. FAUCI

612

613 *Dr. Fauci. Thank you very much, Madam Chair, Ranking
614 Member Griffith, Chairman Pallone, Madam Chair McMorris
615 Rodgers. Thank you for giving me the opportunity to present
616 to you the role of the National Institute of Allergy and
617 Infectious Diseases in research addressing COVID-19.

618 I have some slides there, but we better go without
619 slides. I think it will be better, given this virtual nature
620 of it.

621 The NIAID's strategic plan includes four major
622 components: improving fundamental knowledge, developing
623 diagnostics, characterizing therapies, and developing safe
624 and effective vaccines.

625 Let's start off first with the characterization and the
626 testing of therapeutics. There are two major ways of
627 approaching this. One, therapeutics for early to moderate
628 disease; and two, therapeutics from moderate to advanced
629 disease.

630 We have made substantial progress in randomized placebo-
631 controlled trials that have led to the FDA approval of a drug
632 called Remdesivir, which is playing a major role in the
633 treatment. EUAs have been given for monoclonal antibodies
634 from Lilly and from Regeneron. Convalescent plasma has an
635 EUA, and other antivirals and hyperimmune globulin are being

636 actively tested.

637 With regard to therapeutics for moderate to advanced
638 disease, dexamethasone is the standard of care, and has been
639 shown in a randomized placebo-controlled trial to diminish
640 significantly the 28-day mortality of people in the hospital
641 on respirators or requiring high-flow oxygen.

642 In addition, an emergency use authorization has been
643 given for Baricitinib plus Remdesivir.

644 I want to point out that one of the most important
645 advances that we will be pursuing over the coming months is
646 the identification of vulnerable targets in the SAR-CoV-2
647 replication cycle, very similar to what we did with the
648 highly successful development of drugs for HIV, and the
649 curative therapies for Hepatitis C. When you develop and
650 show the replication cycle, you can identify vulnerable
651 targets and design drugs to inhibit these vulnerable targets.

652 And then we have vaccines. Perhaps the most important
653 success story in this terrible outbreak that we have been
654 experiencing has been the success with vaccines. But this
655 did not start in January, when the virus was recognized. It
656 began with research decades earlier, particularly within the
657 NIH, and particularly within the Vaccine Research Center,
658 where basic preclinical and clinical research to develop
659 vaccine platforms like mRNA and vector-borne expression of
660 protein.

661 In addition, the stabilization of the spike protein at
662 the NIH Vaccine Research Center by Dr. Barney Graham and his
663 colleagues serves as the basis for five out of the six
664 vaccines that have now been either tested or already proven
665 to be efficacious.

666 In addition, the NIH has utilized and pivoted its
667 extensive domestic and international clinical trials network
668 that we set up decades ago for HIV and influenza.

669 As you well know, and as was mentioned in some of the
670 opening remarks, we now have three vaccines that have been
671 proven to be highly efficacious and safe. The Moderna, the
672 BioNTech Pfizer, and the J and J. And we soon will be
673 getting data from AstraZeneca and Novavax.

674 One thing to point out about the development of this
675 vaccine is that it has been done in record time. The
676 sequence of the virus was put on a public database on January
677 10th, 65 days later a phase 1 trial started, and on July
678 27th, two of the three vaccines, the Moderna and the Pfizer,
679 began a phase 3 trial. And within a period of a total of 11
680 months, vaccine was going into the arms of individuals. That
681 was highly efficacious.

682 And it should be pointed out that there was no cutting
683 of corners, that this was just the reflection of the
684 extraordinary scientific advances.

685 And finally, we must deal with viral variants, which are

686 mutational changes in the virus, which have been a source of
687 discomfort and concern among many nations throughout the
688 world. We will address them by enhancing our vaccination
689 programs against the wild-type virus by boosting with very
690 specific viruses. And, as we mentioned over and over again,
691 by implementing the public health measures of masks,
692 distancing, avoiding congregate settings, and washing of
693 hands.

694 I'd be happy to answer questions later. Thank you very
695 much, Madam Chair.

696 [The prepared statement of Dr. Fauci follows:]

697

698 *****COMMITTEE INSERT*****

699

700 *Ms. DeGette. Thank you so much, Dr. Fauci.

701 I am now very pleased to recognize for his -- oh, before
702 I do, Dr. Fauci, it is never a presentation by you without
703 slides. So if you can provide the slides to this committee,
704 we will distribute them to all of the members.

705 *Dr. Fauci. I will do so, Madam Chair. I had them, I
706 just thought, by showing them, it could be -- but you will
707 get copies of them, I assure you.

708 *Ms. DeGette. Thank you so much.

709 *Dr. Fauci. Right.

710 *Ms. DeGette. We look forward to having you back in
711 person with your slides later this year.

712 *Dr. Fauci. Thank you.

713 *Ms. DeGette. I am now very pleased to recognize Dr.
714 Marks for 5 minutes.

715

716 TESTIMONY OF PETER MARKS

717

718 *Dr. Marks. Chair DeGette, Ranking Member Griffith,
719 distinguished members of the subcommittee, I am Peter Marks,
720 director of the Center for Biologics Evaluation and Research
721 at the U.S. Food and Drug Administration. Thank you for the
722 opportunity to testify before you today to describe the --

723 [Audio malfunction.]

724 *Dr. Marks. -- and response efforts.

725 All of our efforts are in close coordination and
726 collaboration with our partners across the Federal Government
727 to help ensure the development, authorization or licensure,
728 and availability of safe and effective medical products to
729 address the COVID-19 public health emergency.

730 While my testimony will focus on FDA's work regarding
731 COVID-19 vaccines, I want to note at the outset that this is
732 in the context of the breadth of work that we're doing across
733 the agency to address the pandemic, including our efforts on
734 diagnostics and therapeutics.

735 With the urgency called for during this pandemic, FDA,
736 through our transparent scientific review process, has
737 provided emergency use authorization -- or EUA, for short --
738 for three COVID-19 vaccines. In doing so, we've relied upon
739 the agency's rigorous standards for safety, effectiveness,
740 and manufacturing quality.

741 Normally, vaccine development is a slower process in
742 order to minimize risk. The process proceeds sequentially
743 through the various stages of clinical development, and
744 manufacturing scaleup only takes place when it is very clear
745 that the vaccine has been shown to be safe and effective, and
746 on track for regulatory approval.

747 These vaccines were developed without cutting corners,
748 or sacrificing our standards by intensive interactions
749 between FDA and manufacturers, eliminating the time between
750 different studies and the clinical development process,
751 merging together different phases of clinical trials, and by
752 simultaneously proceeding with manufacturing scaleup at risk
753 before it was clear that the vaccines would be shown to be
754 safe and effective while the clinical trials were ongoing.

755 For the three vaccines authorized to date, our EU
756 process not only included a thorough evaluation of the data
757 by the agency's career staff, but also included input from
758 independent, scientific, and public health experts serving on
759 our Vaccine Public Advisory Committee.

760 Throughout this process, FDA took steps to facilitate
761 transparency, including posting briefing documents and key
762 decisional memoranda.

763 The three authorizations make available COVID-19
764 vaccines in the United States that have been shown clear --
765 to have clear and compelling efficacy in large, well-designed

766 phase 3 trials that meet FDA's rigorous standards for safety
767 and effectiveness.

768 Vaccines will help us in the fight against this
769 pandemic, which has claimed over half-a-million lives here in
770 the U.S. alone. All the COVID-19 vaccines authorized by FDA
771 for emergency use have surpassed the standard of being at
772 least 50 percent more effective than placebo in preventing
773 COVID-19, which was the standard recommended in our June 2020
774 guidance document on the development and licensure of
775 vaccines to prevent COVID-19. All have proved extremely
776 effective at preventing hospitalization and death that can
777 result from COVID-19 complications.

778 Though there may be some differences in the results
779 obtained using the three authorized COVID-19 vaccines, it
780 should be noted that they were not compared head to head in a
781 clinical trial. All three were found by FDA and its external
782 advisory committee to exceed the standards for an EUA that we
783 articulated in guidance. And importantly, all did an
784 excellent job in preventing hospitalization and death from
785 COVID-19.

786 FDA also plays an integral role in the monitoring of the
787 safety of authorized COVID-19 vaccines. FDA is doing so in
788 collaboration with the Centers for Disease Control and
789 Prevention, the Centers for Medicare and Medicaid Services,
790 Department of Veterans Affairs, and other academic and non-

791 government health care data systems.

792 In addition, FDA actively participates in ongoing
793 international pharmacovigilance efforts, including those
794 organized by the International Coalition of Medicine
795 Regulatory Authorities and the World Health Organization.
796 These efforts are in addition to the pharmacovigilance
797 efforts being undertaken by the individual manufacturers of
798 the authorized vaccines.

799 Given the importance of passive and active safety
800 monitoring, a coordinated and overlapping approach using
801 state-of-the-art technology has been implemented. These
802 systems can also potentially be leveraged to assess safety
803 and specific populations, and to assess vaccine
804 effectiveness, including against emergent variants.

805 The emergence of such virus variants raises new concerns
806 about the performance of the authorized vaccines against
807 these variants, as well as for the therapeutics and
808 diagnostics FDA has authorized for COVID-19. In February
809 2021 we issued three new guidances and an update to our
810 vaccine EUA guidance to address the emergence of SARS
811 coronavirus 2 variants. In issuing these, we want the
812 American public to know that we are using every tool at our
813 disposal to fight this pandemic, including pivoting as the
814 virus adapts. These guidances will help manufacturers
815 develop medical products to provide health care providers

816 with the best available diagnostics, therapeutics, and
817 vaccines to fight this virus, even as variants emerge.

818 We remain committed to getting these lifesaving products
819 to people at the front lines. Having three vaccines
820 authorized by FDA only 1 year after the declaration of a
821 public health emergency is a tremendous scientific
822 achievement, and a testament to the dedication of a multitude
823 of partners, including FDA's career scientists and
824 physicians, many of whom have been working tirelessly to
825 conduct comprehensive and rigorous evaluations of the data
826 submitted for vaccines to prevent COVID-19. All those
827 working at the agencies are grateful to be able to contribute
828 measurably toward bringing this pandemic to an end.

829 Thank you again, and I look forward to responding to
830 your questions.

831 [The prepared statement of Dr. Marks follows:]

832

833 *****COMMITTEE INSERT*****

834

835 [Pause.]

836 *Voice. Did we lose Madam --

837 *The Chairman. This is Congressman Pallone. I don't
838 know if we lost Diana again. I mean, I could start. Can you
839 guys all hear me?

840 *Voice. Yes, we can, Chair.

841 *The Chairman. I mean, do you think I should just
842 proceed and ask my questions first, maybe?

843 *Mr. Peters. Why don't you go ahead, Mr. Chair. As
844 vice chair, I will authorize you to do that.

845 [Laughter.]

846 *The Chairman. Okay, all right. Let me just say I
847 don't -- you know, I don't want to prolong this, because I
848 want to ask a question of each of our witnesses. But, you
849 know, I wanted to stress that, you know, when I am critical
850 of the Trump Administration, it was based on what I had to
851 deal with. In other words, I really felt that they did not
852 see this as a national strategy, that they felt that the
853 states were on their own.

854 And many times, when I had to talk to the people in
855 charge of Operation Warp Speed, I would say, "Well, look, we
856 are doing what we -- our best to get materials and supplies
857 from China or other places.'" But, you know, this is
858 supplemental. The states have to do this, and we are just,
859 you know, supplementing. We will help them out when we can.

860 And I just felt that that was wrong.

861 And it is quite clear, when you are dealing with the
862 Biden Administration, that they see this as a national
863 strategy, something that is coordinated nationally, and that
864 is, you know, obviously, coordinated with the states. It is
865 their responsibility. And that is what I thought was very
866 much lacking with the Trump Administration, and led to a lot
867 of the problems in getting things out, whether it was
868 supplies for testing, contact tracing, or, ultimately, the
869 vaccine.

870 But in any case, let me start with Dr. Walensky.

871 As you know, the American Rescue Plan provides more than
872 20 billion for vaccine distribution and administration,
873 including a billion to strengthen vaccine competence. It
874 also provides nearly 130 billion to get students back in the
875 classroom. And it also has major money for public health
876 infrastructure, which I know you mentioned, as well. So my
877 question is, how will the resources provided in the American
878 Rescue Plan help speed up vaccination efforts across the
879 country, and particularly help schools reopen safely?

880 And you have got about a minute, because I want to get
881 to the other two witnesses, sorry.

882 *Dr. Walensky. Thank you so much for that question, Mr.
883 Chairman. You know, we are working really closely with the
884 states to scale up vaccination efforts. As part of those

885 efforts, we're working to mobilize trusted messengers,
886 mobilize grants to national organizations, 20 national
887 organizations, to work with community-based organizations,
888 with faith-based organizations to ensure that those trusted
889 messengers can get to people.

890 Last month we had a vaccine forum with over 13,000
891 participants that really talked about key ways that people
892 are reaching those hard-to-reach populations. We are giving
893 resources to rural communities, to urban communities, to
894 federally-qualified health care centers, so that they can
895 reach the more marginalized communities. So we are really
896 scaling up those vaccine efforts, and with a real equity
897 focus.

898 With regard to schools, we are working towards
899 distributing resources both in how we can how we can give
900 more resources for space, as well as for ventilation systems,
901 as well as for testing resources. So lots of resources
902 headed in the direction of schools as well.

903 *The Chairman. I would ask Dr. Marks -- the American
904 Rescue Plan also invests more than six billion for research,
905 development, production, and purchase of vaccines,
906 therapeutics, and supplies, including 500 million for FDA
907 activities, such as the evaluation of the vaccines,
908 facilitation-related inspections, continuous manufacturing.
909 How will this funding support FDA's COVID treatment of

910 vaccine efforts, particularly considering the new variants
911 spreading across the country?

912 *Dr. Marks. Thanks very much for that question, Mr.
913 Chairman. The -- we are going to be using our large database
914 surveillance systems, which are able to look at millions and
915 millions of lives, to be able to look at the safety and
916 effectiveness of these vaccines. We will be able to assess
917 -- besides making sure we have very, very good safety
918 surveillance, we should be able to look at how variants may
919 be spreading across the country, and that will help us to
920 understand how best to interfere with and address this virus.

921 We also hope that the -- and are very grateful for the
922 opportunity to do additional work in advanced manufacturing
923 that will help us to prevent being behind the eight ball when
924 we have to scale up for future pandemics.

925 *The Chairman. Last, Dr. Fauci, the question that is on
926 the top of a lot of parents' minds all the country -- around
927 the country is that none of the vaccines currently available
928 are authorized for adolescents under 16. So when do you
929 anticipate younger teens and children will be able to get
930 vaccinated?

931 And in the meantime, does the lack of inoculation affect
932 our ability to contain the pandemic?

933 In other words, could parents have confidence sending
934 their kids back to school, knowing that they are not being

935 vaccinated?

936 *Dr. Fauci. Thank you very much, Mr. Chairman. Yes, as
937 a matter of fact, there are studies that are ongoing right
938 now, both for high school-age children, as well as for
939 elementary school-age children. The way these tests are now
940 designed, to give safety and what we call comparable
941 immunogenicity, we will not have to prove in an efficacy
942 trial that they work. We just need to show that it is safe,
943 and that it induces a comparable immune response that we know
944 correlates with protection.

945 For high school students, it looks like they will be
946 available to get vaccinated in the beginning of the fall,
947 very likely for the fall term.

948 With regard to children, we are doing an AIDS -- an age
949 de-escalation study in elementary school children from 12 to
950 9, and 9 to 6, 6 to 2, and 2 -- 6 months to 2 years. We
951 anticipate we will have enough data to be able to vaccinate
952 these younger children by the first quarter of 2022.

953 *The Chairman. Thank you. I guess we should go to
954 Morgan Griffith next, although I see that Diane is back.

955 Do you --

956 *Ms. DeGette. Thank you, Mr. Chairman, and I really do
957 apologize. I have got two computers that are -- that keep
958 going out. So I appreciate everybody working together, and I
959 appreciate you, Mr. Chairman.

960 We will now recognize the ranking member, Mr. Griffith,
961 for 5 minutes.

962 *Mr. Griffith. Thank you very much, Madam Chair.

963 As I start, let me say, Dr. Walensky, thank you for
964 getting us some questions answered related to school opening
965 that we sent you. We got those answers last night. We
966 haven't had time to -- I haven't had time to go through them
967 fully. I do know there is still some outstanding questions,
968 and we will probably have some follow-up.

969 That being said, President Biden recently announced that
970 he will direct states to make every American adult eligible
971 for COVID-19 vaccines by May 1. This is exciting. However,
972 eligibility is very different than accessibility and shots in
973 the arm. What is the Administration's projection for when
974 every American adult who wishes to be vaccinated will be able
975 to be fully vaccinated?

976 *Dr. Walensky. Thank you so much for that question.
977 You know, there are numerous resource constraints that have
978 been a challenge, with regard to rolling out vaccines. So
979 among them has been resource -- money itself, but also the
980 vaccine itself.

981 We know now that we will have adequate supply of vaccine
982 for every American who is interested by the end of May, which
983 I think is a really critical, important resource to know that
984 we have. But that is not the only resource we need. We have

985 -- we need to have, actually, vaccinators. We need to have
986 places where people can get vaccinated, and we need to have
987 people who want to roll up their sleeves to get vaccinated.
988 So that is a work that we have ahead.

989 The people who have rolled up their sleeves for the 110
990 million doses that have already been given are people who are
991 anxious to get vaccinated, but we have a lot more work to do,
992 in terms of distribution --

993 *Mr. Griffith. So you would say some time in June,
994 probably? Because if everybody -- there is plenty of supply
995 by May 31st, then probably everybody should be able to get it
996 in May or early June. Is that a fair statement?

997 *Dr. Walensky. You know, I would be reluctant to put a
998 date on exactly when we will have enough of the vaccinators
999 and --

1000 *Mr. Griffith. That is fair, that is fair. Let me move
1001 on, because I have got limited time, and I know you do, too.

1002 Dr. Fauci and Dr. Marks, recent reports have indicated a
1003 rift has developed between countries, particularly the --
1004 some in the EU, but other countries, as well, which have
1005 approved the use of the AstraZeneca vaccine, and they are
1006 seeking additional doses.

1007 The Biden Administration, in the meantime, has been
1008 stockpiling doses of the AstraZeneca vaccine, waiting for the
1009 emergency use authorization from the FDA in the United

1010 States. Now, I am not going to fuss with the FDA, because
1011 they got to make that decision. That is their job. But I am
1012 curious about, you know, how old is the AstraZeneca stockpile
1013 now, and when does it expire? I know it has a 6-month life,
1014 so how old is it?

1015 And when are we going to run into the risk of actually
1016 throwing some vaccines away that, if we don't want to use
1017 them, somebody else might want to?

1018 Dr. Fauci, do you want to start with that, and then, Dr.
1019 Marks, anything you want to add?

1020 *Dr. Fauci. Yeah, let me just, Congressman Griffith,
1021 address the issue of the AZ, and the issue in Europe. You
1022 know, right now there is a big conflict in Europe, where many
1023 of the countries do not want to use the AZ vaccine. We have
1024 a situation where the European Medicines Agency, the EMA, has
1025 indicated very, very clearly that they feel that this is not
1026 an issue with regard to the supposed adverse events of blood
1027 clotting. So they feel that it should be used, even though
1028 many of the countries are not using them.

1029 We, in the United States, have an ongoing trial that is
1030 fully enrolled with the AZ product. And, as you mentioned
1031 correctly, within a reasonable period of time, as we get into
1032 April, there would likely be enough data to be able to make a
1033 determination as with regard to the EUA.

1034 With regard --

1035 *Mr. Griffith. So --

1036 *Dr. Fauci. -- to the expiration, I would have to refer
1037 that to Dr. Marks, because the FDA knows more about that than
1038 I do.

1039 *Mr. Griffith. All right, and since you brought up the
1040 blood clotting, before you get there, Dr. Marks, I did some
1041 math, and somebody correct me if I am wrong. In the UK they
1042 have given out 17 million doses of the AZ and had, according
1043 to my math, .002 percent folks with blood clotting issues.
1044 And having had coronavirus, and then had blood clotting
1045 without having taken any vaccine, is that unusual?

1046 *Dr. Fauci. Yeah, I think --

1047 *Mr. Griffith. To me that is an unusual amount.

1048 *Dr. Fauci. Yeah, I think that is the point,
1049 Congressman Griffith, that the European Medicines Agency is
1050 making, that the actual incidence of the clotting is not more
1051 than you would expect in the population in the absence of
1052 vaccine. So that is why they are insisting that the concern
1053 is not founded on the reality of what has gone on.

1054 *Mr. Griffith. My time is almost up. Dr. Marks, can
1055 you tell me, what are we doing with this stockpile?

1056 And is it going to go bad?

1057 And are we going to throw away doses that could be used
1058 for countries that do want the vaccine, even -- whether it be
1059 the EU or other nations?

1060 *Dr. Marks. So the EU, when they approved this, put an
1061 expiration date. But we do not necessarily have expiration
1062 dates on products under investigation, new drug applications,
1063 when they are maintained on stability studies. And so I do
1064 not believe at this time we are at risk of throwing that
1065 vaccine out any time in the near future.

1066 *Mr. Griffith. But you do hope that we will get
1067 approval soon, or you hope that, if it works out and the FDA
1068 appropriately approves it, that we would have those vaccines
1069 for Americans, then?

1070 *Dr. Marks. That is correct.

1071 *Mr. Griffith. All right. Thank you very much.
1072 I yield back. Thank you, Madam Chair.

1073 *Ms. DeGette. I thank the gentleman. The chair now
1074 recognizes herself for 5 minutes.

1075 As I said in my opening statement, this committee has
1076 long been concerned about pandemic preparedness. And in
1077 fact, we had a hearing on December 4, 2019, just before
1078 COVID-19 hit. Of course, it wasn't about COVID-19, but it
1079 was about pandemic preparedness. And at that hearing I asked
1080 then-HHS Assistant Secretary -- well, I asked everybody, and
1081 one of the witnesses said -- what keeps them up at night.
1082 And one of the witnesses said his biggest fear was a
1083 pandemic, "that could devastate our country through our
1084 health and our economy and our social institutions.'" That

1085 was just shortly before COVID hit.

1086 Now, Dr. Fauci, you were on that panel that day, as I
1087 said, and you have testified with your slides at many of our
1088 previous pandemic hearings. That day you and I discussed the
1089 need to modernize vaccine development, and how Congress could
1090 aid in those efforts. So I want to go back to that and say,
1091 with all of the knowledge now that we have gotten in the
1092 year-plus since that hearing, I want to ask you what is
1093 keeping you up at night right now, and what can Congress help
1094 you and the agency do, as we move forward in the coming
1095 months?

1096 *Dr. Fauci. Thank you for that question. What is
1097 keeping me up at night is the same thing that I actually also
1098 answered that question of yours back then, that it was a
1099 respiratory-borne virus that has a high degree of capability
1100 of spreading, and that has the capability of causing a high
1101 degree of morbidity and mortality.

1102 We are still in the middle of a serious outbreak. And
1103 one of the things I get concerned about -- both for the
1104 present and for the future -- for the present, it is that we
1105 prematurely pulled back on our mitigation methods. We now
1106 have stabilized at a plateau. We had a sharp decline in the
1107 decrement of cases after that extraordinary spike that we
1108 saw, where we were seeing anywhere between 300 and 400,000
1109 cases per day, and up to 3,000 to 4,000 deaths.

1110 Well, luckily and happily, it is gone down. However, we
1111 have plateaued at around 50,000 cases a day, an unacceptably
1112 high level. My concern is that we prematurely pull back, and
1113 don't give the vaccines time to continue to protect the
1114 country.

1115 *Ms. DeGette. Thank --

1116 *Dr. Fauci. With regard to the future, and your
1117 question that you asked, my concern is that we don't have the
1118 corporate memory of lessons learned, and we don't look at
1119 what happened to us here and the things that we need to do in
1120 the future to prevent this from happening again.

1121 But thank you, because the Congress has been
1122 extraordinarily supportive of what we've done and, in fact,
1123 many of the successes of the vaccine related to the
1124 longstanding decades of support that we've received from the
1125 Congress.

1126 *Ms. DeGette. Thank you. Thank you so much.

1127 Dr. Walensky, as CDC director, you lead our public
1128 health response to COVID-19. As we just saw in the press
1129 over the last few days, in the last Congress a number of the
1130 CDC's recommendations were either subverted in the last
1131 Administration, or they were influenced by non-science-based
1132 principles. What is the CDC doing to restore science back to
1133 the findings and the recommendations at the agency?

1134 *Dr. Walensky. Thank you so much for that question.

1135 So my first job, as you have noted, has been to ensure
1136 that we had a full review of our guidance, and to make sure
1137 that the guidance that stood on the CDC website was science-
1138 based, it was written by our own scientists. That review was
1139 conducted by Dr. Anne Schuchat, my principal deputy, and by
1140 the incident managers who served during this pandemic.

1141 That guidance we -- during that process we have taken
1142 down some of the things that were previously put up that were
1143 not authored by CDC personnel, as well -- and scientists, as
1144 well as came up with some recommendations in -- moving
1145 forward, to ensure that our guidance is in -- has executive
1146 summaries, has end users that can understand it, that has
1147 scientific briefs that accompany it. And we are working
1148 towards making sure that all of our guidance, moving forward,
1149 will follow those recommendations.

1150 *Ms. DeGette. Thank you so much.

1151 And Dr. Marks, turning to you, as more Americans get
1152 vaccinated and we get more real-world data about the
1153 effectiveness of the authorized vaccines, how is that going
1154 to inform future decisions about use of vaccines, including
1155 whether we need boosters or changes to address the variants
1156 that we are seeing crop up all around the world?

1157 *Dr. Marks. Thanks very much.

1158 So, as we see -- as we have real-world evidence that
1159 comes in, we will be analyzing it. We will be looking to

1160 make sure that we have continued protection against these
1161 viruses that are circulating.

1162 We will also be looking at the trials that continue, and
1163 -- to see how long people who were enrolled in the trials are
1164 maintaining their immune response. So that combination of
1165 evidence from people who are -- were enrolled in the trials
1166 and continue to be monitored, plus the real-world evidence,
1167 together will give us what we need to understand when we may
1168 need to come out with a booster of some sort.

1169 *Ms. DeGette. And just very briefly, because I know
1170 people want to know, when do you expect to start getting
1171 results from that real-world evidence?

1172 *Dr. Marks. So we are already starting to get the first
1173 readouts from the large databases that we are having for
1174 safety. Effectiveness data will come later on, but the
1175 safety data are just starting to come in now.

1176 *Ms. DeGette. So you think the next few months?

1177 *Dr. Marks. Yeah --

1178 *Ms. DeGette. Okay. Thank you so much.

1179 The chair is now delighted to recognize the ranking
1180 member of the full committee, Mrs. Rodgers, for 5 minutes.

1181 *Mrs. Rodgers. Thank you, Madam Chair.

1182 Our kids are in crisis. Suicide risks are up.
1183 Overdoses are up. The mental health related visits are up.

1184 Dr. Hasan, the Division Chief of Pediatric Infectious

1185 Diseases at RWJBarnabas Health in New Jersey put it, quote,
1186 "The mental health crisis caused by school closing will be a
1187 worse pandemic than COVID.''

1188 So my first question, yes or no, Dr. Walensky, do you
1189 agree that the mental health crisis caused by school closures
1190 is a public health crisis?

1191 *Dr. Walensky. Thank you for that question.

1192 I would comment that I, too, am concerned about the
1193 mental health of our children, and I am working very hard to
1194 get our schools open.

1195 And I think we will have a lot of work to do to address
1196 the mental health challenges and the educational challenges
1197 of this past year.

1198 *Mrs. Rodgers. Is that a yes then?

1199 *Dr. Walensky. I think it would be hard to pit one
1200 crisis over another. So I would just say I think we have
1201 challenges in both areas.

1202 *Dr. Walensky. So we know that CDC's guidance requires
1203 six feet of separation, which is a significant obstacle for
1204 schools to reopen. I have heard it in Eastern Washington,
1205 and I know others have heard it across the country.

1206 That guidance does not seem to be weighted on scientific
1207 evidence. So I would like to ask, Dr. Walensky, in your home
1208 State already it allows three feet. Colorado allows three
1209 feet. The WHO advises one metric, basically three feet. The

1210 Harvard T.H. Chan School of Public Health cites three feet.
1211 The American Academy of Pediatrics says three feet is
1212 sufficient.

1213 The CDC even published a study at the end of January
1214 that showed minimal in-school spread with students not
1215 maintaining six feet of distance, and before joining the CDC,
1216 you yourself agreed that three feet is safe.

1217 I have an email here. This is back in 2020, so 2020
1218 that you advised your hometown mayor that, quote, "If people
1219 are masked, it is quite safe and much more practical to be
1220 three feet.'"

1221 So to address what I believe is a mental health crisis,
1222 Dr. Walensky, our schools need to be opened. The school
1223 closures are causing a mental health crisis. We need swift
1224 action from the CDC, and I do not think that we need to wait
1225 for more studies.

1226 So yes or no, if people are masked, is it safe and more
1227 practical to open schools with the three feet of distance?

1228 *Dr. Walensky. Thank you for that question.

1229 I comment that the email that was written in 2020,
1230 indeed, was during a time when we had very little
1231 transmission or about 40,000 cases.

1232 The guidance that came out happened in the context of
1233 around 200 to 300,000 cases and before and after we were
1234 starting to talk about variants.

1235 The Wisconsin study that you comment on in the MMWR,
1236 which is exactly where we were leading into our operational
1237 guidance, as noted in that study, there were 92 percent of
1238 mask wearing as well as degasified classrooms with somewhere
1239 between 11 to 20 students in those classrooms.

1240 So our operational guidance was intended to lean in to
1241 do exactly what Wisconsin was doing, and in fact, we have
1242 surveys that are reported in the MMWR that said high school
1243 students are wearing their masks only about 60 percent of the
1244 time.

1245 So our guidance was really intended to lean in so that
1246 schools could open and act exactly like Wisconsin.

1247 We also have an MMWR report that I would be happy to get
1248 to you from Georgia that showed where students were not
1249 leaning in, where classrooms were dense. There were
1250 outbreaks in nine elementary schools.

1251 So our guidance was intended to lean in towards how
1252 Wisconsin was acting so that we could get our schools back
1253 safely.

1254 Now, you raise a really important point, and that is the
1255 feet, six-foot versus three-foot question. As soon as our
1256 guidance came out, it became very clear that six feet was
1257 among the things that was keeping schools closed, and in that
1258 context science evolved.

1259 So there has been one study that was published late last

1260 week that demonstrated in Massachusetts where there is
1261 generally 100 percent mask wearing that three feet was
1262 actually safe. Student rates and teacher rates of disease
1263 were the theme in six feet versus three feet.

1264 There are several other emerging studies that I am aware
1265 of. As we look at those studies in the context of
1266 Massachusetts, this Massachusetts study, we are looking to
1267 update our guidance.

1268 *Mrs. Rodgers. That is good news. I would urge you to
1269 act and act now. I do not think that we need to wait for
1270 additional studies.

1271 I am a mom of three school-age kids. I am speaking for
1272 millions of moms across this country that are extremely
1273 concerned about the mental health of our children, and I hear
1274 these stories every day, and I know others do, too.

1275 The CDC can update its guidance, and I would just ask
1276 when are you going to be able to do that.

1277 *Dr. Walensky. We are actively looking at the
1278 additional studies. We have only one published study to
1279 date. We are actively looking at those additional studies,
1280 and we are looking to do it soon.

1281 I would just articulate I, too, am a mother of three,
1282 one who has been home schooled the entire year. So I am
1283 entirely with you that we need to get our children back. We
1284 want --

1285 *Mrs. Rodgers. Now is the time. Okay. I yield back.

1286 Now is the time.

1287 *Ms. DeGette. I thank the gentlelady for yielding back.

1288 The chair is now pleased to recognize Ms. Kuster for 5
1289 minutes.

1290 *Ms. Kuster. Thank you very much, Chair DeGette.

1291 And I just want to say for the record we all want our
1292 children to get back to school. This is not a partisan
1293 issue. Everyone wants our children to get back to school,
1294 and we just want to be safe about it.

1295 So I am going to turn the attention to the issue of long
1296 COVID. Some call it "long-hauler COVID.'" And for months we
1297 have heard reports about people, Americans across this
1298 country suffering from COVID-19 for many, many months.

1299 My own niece, similarly, a world class ski racer, she
1300 was on the United States ski team. I am so proud of her.
1301 She became sick with COVID last April and continues to this
1302 day, almost a year later, to have trouble with the simplest
1303 of daily activities. She has to choose between taking a
1304 shower or cooking dinner. She does not have the energy to do
1305 both.

1306 She is 34 years old and previously extraordinarily not
1307 only healthy but an amazing athlete. Morella has seen so
1308 many doctors over the last many months, adding up to
1309 thousands of dollars of out-of-pocket expenses.

1310 She has gone through analyst testing and none of which
1311 has been helpful in identifying exactly what she is suffering
1312 from. And she is not alone.

1313 According to the National Institutes of Health, more
1314 than 50 percent of COVID-19 patients experience lingering
1315 symptoms longer than 90 days after recovering from the
1316 initial infection.

1317 Dr. Fauci, I was so pleased to see NIH's announcement
1318 last month that it had launched a nationwide initiative to
1319 identify the causes and ways to prevent and treat long COVID.

1320 What do we know so far about what causes or prevents
1321 long COVID, how we can treat it, and how long these symptoms
1322 might last?

1323 *Dr. Fauci. Thank you very much for that question,
1324 Congresswoman Kuster.

1325 This is a very important issue that we take very
1326 seriously. The first thing we can say, this is real. This
1327 is not imaginary. These are people whose symptoms are real.

1328 And as you mentioned, it is really variable. Different
1329 studies say anywhere from 25 to over 35, 40 percent of
1330 individuals have prolongation of symptoms that measure not
1331 only in weeks but in months, some of which as your subject
1332 that you described become completely incapacitating.

1333 What we need to know first, and that was the study that
1334 we announced just a short while ago, we need to know the

1335 extent of this, the percentage of the duration of it.

1336 Underlying this, it seems to be a commonality of
1337 symptoms. Just as you mentioned very correctly, profound
1338 fatigue, muscle aches, temperature dysregulation,
1339 unexplainable tachycardia, and what people refer to as "brain
1340 fog," which is just a strange feeling of being unable to
1341 focus or concentrate for any period of time.

1342 The NIH has been given an appropriation of \$1.15 billion
1343 to study this disease, and you will be hearing more
1344 announcements not only to understand the scope of the cohort
1345 but the underlying cause and what the mechanisms are. We
1346 call that pathogenesis.

1347 Once we understand that, then we can start talking about
1348 designing therapies, but it is a very disconcerting syndrome
1349 that I believe is going to have effects that will go on well
1350 beyond the control epidemiologically of this syndrome.

1351 Thank you.

1352 *Ms. Kuster. Well, thank you.

1353 And I wondered, just for the record, tachycardia is what
1354 she gets, tremendous chest pain. Is that the word?

1355 *Dr. Fauci. She gets a rapid beating of her heart that
1356 is unexplained. Usually when you exercise your heartbeat
1357 goes much quicker. They are lying in bed and their heart
1358 rate is 110, 105, 115, which is distinctly abnormal for
1359 someone who is sitting down or in bed.

1360 *Ms. Kuster. So I saw the first headlines today that I
1361 have ever seen that maybe the vaccination might help. She is
1362 getting her first vaccine this week. Have you heard any
1363 connection about that?

1364 And is that anything that will be studied?

1365 *Dr. Fauci. That will be studied, Congresswoman Kuster.
1366 The issue is thus far that is anecdotal, and the reason I say
1367 anecdotal is that many people spontaneously get better
1368 anyway, and if you get vaccinated and you get better, you are
1369 not sure whether it is the vaccine or the spontaneous
1370 recovery.

1371 So you will have to do a randomized trial in order to
1372 determine that.

1373 *Ms. Kuster. Great. My time is almost up, but, Dr.
1374 Walensky, is the CDC also working on this long COVID?

1375 And how will you coordinate with NIH in that effort?

1376 *Dr. Walensky. We are. Thank you for that question,
1377 Congresswoman.

1378 We are actively doing evaluations. We are doing
1379 studies. We are collecting cohort data, and we will report
1380 those data as they emerge.

1381 *Ms. Kuster. Well, we will anxiously await it. Thank
1382 you for all that you are doing. We are very grateful.

1383 And with that, I yield back, Madam Chair.

1384 *Ms. DeGette. I thank the gentlelady.

1385 Is Mr. Burgess here? I see his desk, but I do not see
1386 him. Going once, going twice.

1387 *Mr. Griffith. Madam Chair, we have a conference going
1388 on, and he may have gone to that. If we could pass him by
1389 now and come back to him later, I would appreciate it.

1390 *Ms. DeGette. Okay. Mr. Long?

1391 [No response.]

1392 *Ms. DeGette. Mr. Dunn, I know you are here.

1393 *Mr. Dunn. I did not expect to be pushed up. Well,
1394 thank you very much, Madam Chair.

1395 So if I could start with this --

1396 *Voice. You surprised me.

1397 *Mr. Dunn. I am proud of the vaccine story here in the
1398 United States. You know, there is no doubt that the early
1399 actions taken by the Trump administration to organize
1400 Operation Warp Speed, invest in manufacturing capacity, plan
1401 for vaccine distributions led to the success we see today.

1402 I am also pleased with the current administration
1403 following through on this success with President Biden's
1404 pledge that all American adults will be eligible for COVID-19
1405 vaccines by May 1st.

1406 As we approach that date, I want to be sure that the
1407 administration is focused on issuing guidance that will allow
1408 more sectors of our economy to reopen.

1409 I also strongly encourage the administration to pursue

1410 policies that get our teachers and children back in the
1411 classroom.

1412 All of the schools in my district are open for in-person
1413 learning, safely and with great success, and I have serious
1414 concerns about the near and long-term effects on the children
1415 who have been kept out of their school settings for so long.

1416 Another concern is staying on top of COVID-19 variants
1417 and exploring countermeasures such as booster shots and
1418 therapeutics to combat COVID-19 infections. I think we have
1419 not given enough attention in the past to antiviral
1420 therapeutics.

1421 *Voice. They passed over you.

1422 *Mr. Dunn. In that vein, the medical community needs to
1423 also better understand the COVID-19 immunity, who has it, and
1424 for how long. We know how to test for T cell that is humoral
1425 immunity, but the testing is complex and not widely
1426 available.

1427 There has been a lack of emphasis on this type of
1428 testing, and we have already spent \$6 trillion. It seems to
1429 me a test for immune status needs our attention, honestly.

1430 So, Dr. Fauci, according to the media reports, two
1431 Federal health officials at the CDC discussed changing the
1432 travel recommendations for those who are fully vaccinated
1433 against COVID-19 but abandoned the idea because there was
1434 never a lot of momentum behind adjusting it.

1435 Is that accurate?

1436 And if so, why is momentum driving these decisions
1437 rather than science?

1438 *Dr. Fauci. Well, I would leave the answer to that to
1439 Dr. Walensky, but let me just say that from my own
1440 standpoint, the CDC has come out with the first of an
1441 installment of recommendations related to what vaccinated
1442 people can do. That was a short while ago talking about in
1443 the home type of interaction with vaccinated people as well
1444 as with unvaccinated people.

1445 But the rollout of further recommendations, I will leave
1446 that to Dr. Walensky.

1447 Rochelle?

1448 *Mr. Dunn. Dr. Walensky?

1449 *Dr. Walensky. Thank you very much.

1450 We had internal conversations as we were rolling out
1451 guidance for what you can do with vaccinations, about what we
1452 should say or do about travel. These never hit pen to paper.
1453 They were conversations among subject matter experts as to
1454 what should happen, and in fact, I never saw a draft of that.
1455 I do not believe there ever was a draft of that.

1456 As you may recall, at the time that we released that
1457 guidance just last week, I believe, just nine percent of
1458 Americans were vaccinated, fully vaccinated. We are now up
1459 to about 11 percent.

1460 We are revisiting the travel question. That is a
1461 really --

1462 *Mr. Dunn. Because we are short on time, I am going to
1463 interrupt you here and ask another question for both Drs.
1464 Fauci and Walensky.

1465 I am concerned about the vaccination rate of dialysis
1466 patients. Okay? This is clearly the most vulnerable,
1467 vulnerable patients, and we know that, and yet somehow they
1468 have been overlooked in the prioritization. So we have 1.6
1469 million dialysis patients and staff across the country that
1470 are awaiting vaccination.

1471 It seems to me that they would be pushed to the front of
1472 the line. Can either of you address that for me and make me
1473 more comfortable?

1474 *Dr. Walensky. Yes, thank you for that question,
1475 Congressman.

1476 CDC is actively working to support the development of a
1477 vaccination program within dialysis centers. You are right
1478 to highlight that this is a key high-risk population, among
1479 many other high-risk populations, and we are working actively
1480 to ensure that that can happen.

1481 I am happy to provide you an update.

1482 *Mr. Dunn. This group, by the way, you know, these
1483 patients, they have enormous penetrants on vaccination. So
1484 they typically get 95 percent annual flu vaccinations and

1485 things like that.

1486 These doctors are very attentive. They see their
1487 patients three times a week anyway. I mean, it seems like,
1488 you know, that would be a group that we could actually focus
1489 on.

1490 *Dr. Walensky. And I would add to that a high-risk
1491 minority population as well. So we have a lot of motivation
1492 to try and get that group vaccinated.

1493 *Mr. Dunn. So in the last 15 seconds, Dr. Fauci, what
1494 percentage of people who are eligible, early COVID patients
1495 who are eligible, for monoclonal antibody therapy actually
1496 get it now?

1497 *Dr. Fauci. Yes, a very small percentage because, as
1498 you know, we have about 50,000 new infections per day, and
1499 the amount of monoclonal antibodies are measured in the
1500 hundreds of thousands to a million. So when you are talking
1501 about relative percentage, Congressman Dunn, it is extremely
1502 small.

1503 And we are trying to make sure we can get people early
1504 enough in the course of their infection to get it. We know
1505 now that it does not work after they get into the hospital.
1506 You need to get them early on, and there is a logistic issue
1507 there because of infusion centers are not readily available
1508 for people.

1509 So you want to get somebody early, but you have a

1510 technique that requires an intravenous infusion, which makes
1511 it logistically difficult.

1512 *Mr. Dunn. Well, I appreciate you working on that, and
1513 I yield back, Madam Chair.

1514 *Ms. DeGette. I thank the gentleman.

1515 The chair is now please to recognize Miss Rice for 5
1516 minutes.

1517 *Miss Rice. Thank you, Madam Chair.

1518 And thank you all for being with us here today.

1519 Dr. Walensky, you mentioned in your opening remarks
1520 about the deficiencies in our public health infrastructure
1521 that all of us on this Zoom today have seen in our own
1522 districts.

1523 But I think it is really important, and I would ask you
1524 to kind of expound on that because what we need to do is make
1525 sure that, God forbid, if we have a situation like this
1526 pandemic again, that with all of this major Federal money,
1527 taxpayer money, going to address this pandemic and improve
1528 our infrastructure across the board, that the money is going
1529 in the right place and we are building back smarter and with
1530 more of an eye towards resiliency.

1531 So if you could just expound on what you meant by the
1532 deficiency.

1533 *Dr. Walensky. Thank you so much for that question,
1534 Congresswoman.

1535 You know, there has been a study that came out that
1536 looked through the survey and demonstrated that over 50,000
1537 public health jobs have been lost in the last decade, all
1538 during the time when we have experienced outbreaks of H1N1,
1539 Ebola, Zika, and now, of course, COVID-19.

1540 I think part of that public health infrastructure really
1541 does need to be in the workforce itself. We need to develop
1542 a workforce. Just in this last year hundreds more have left
1543 the workforce because of exhaustion and threats. So we need
1544 to develop the workforce.

1545 Secondly, we need to develop the epidemiology and data
1546 modernization. I have spoken to Public Health
1547 epidemiologists in labs who say that they are single handedly
1548 keeping fax machines in business.

1549 That is not a way that we can effectively address public
1550 health infrastructure.

1551 And then, thirdly, we need development of our Public
1552 Health labs. We need to have personnel in those labs, work
1553 experienced personnel. We need to develop the capacity. We
1554 need to have machinery so that we can develop our Public
1555 Health labs.

1556 They are the ones that test the disease. They are the
1557 ones on the forefront of doing that.

1558 In that context, I believe that not only do we need one-
1559 time support, but we need longitudinal support in order to be

1560 able to maintain that infrastructure so that it is ready to
1561 go for preparedness in future pandemics.

1562 And then, of course, we need work through global health
1563 security as well.

1564 Thank you.

1565 *Miss Rice. Thank you, Doctor.

1566 Dr. Fauci, one of my colleagues asked you about
1567 AstraZeneca. You know, one of the big issues that people
1568 have already mentioned is the whole people not wanting to
1569 take the vaccine. There was a recent poll done that showed
1570 almost 50 percent of Republicans questioned said that they
1571 were not going to get the vaccine.

1572 I am not trying to turn this into a political thing. I
1573 think it is a good thing that Donald Trump admitted that he
1574 got the vaccine in January, but my concern is that when
1575 people are just kind of loosely hearing about what is going
1576 on with AZ outside of the U.S., how that is going to
1577 contribute to an increase in people's fear of taking a
1578 vaccine even though it has nothing to do with the vaccines
1579 that are presently being given here in the U.S.

1580 And how can we address this issue of people having
1581 doubts about the vaccine once and for all or is there a way
1582 to do that?

1583 *Dr. Fauci. Yes, thank you for that question,
1584 Congresswoman Rice.

1585 There is a way, and in fact, we have been very active in
1586 outreach to the community to try and get the evidence and the
1587 data that are correct to individuals, and that is the reason
1588 why literally all of us on the team, the White House medical
1589 team, are out one way or another, be it with minority
1590 populations or just people in general, explaining the facts
1591 about the vaccine, talking about why and how it was shown to
1592 be safe and effective.

1593 Often people don't appreciate that the process of
1594 showing that a vaccine is safe and effective is really
1595 determined, the data, by an independent Data and Safety
1596 Monitoring Board that does not behold to the administration
1597 or to the pharmaceutical companies, but it is made up of
1598 independent scientists, vaccinologists, ethicists, and
1599 statisticians.

1600 When they determine that the data show that it's safe
1601 and effective, then the FDA makes a decision, but they also
1602 are very closely related to their own Advisory Committee.

1603 So the entire process is both transparent and
1604 independent, and we explain that to people and take the time
1605 to address their hesitancy without being confrontative.

1606 We are getting better and better in getting more and
1607 more people who now are willing to take a vaccine, and we're
1608 just going to continue to do that.

1609 *Miss Rice. Well, I am glad to hear that, Dr. Fauci,

1610 but all of this scientific-based information is being heard
1611 in an echo chamber of mis- and disinformation, which makes
1612 your job even harder.

1613 Very quickly, Dr. Fauci, you were asked before about the
1614 long haulers. My concern, and I think we should all be
1615 concerned about this, is the long-term health implications.

1616 So I and everyone knows someone who had this disease. A
1617 brother of mine had it. His symptoms were pretty mild, but
1618 they are still there.

1619 So what are the long-term medical implications and long-
1620 term health implications for people who have COVID, whether
1621 they had a mild symptom, moderate, or more severe?

1622 And what are we going to do about that?

1623 *Dr. Fauci. First of all, we've got to determine the
1624 extent of their -- there are two type of long-term concerns.
1625 There's an individual who might get mild to moderate
1626 symptoms, may or may not be in the hospital, and winds up
1627 getting unexplainable symptomology, like fatigue, like some
1628 of the symptoms that I just mentioned in response to another
1629 question.

1630 But there are also those who get considerable organ
1631 system damage. I made rounds myself on a patient about 4
1632 days ago at the NIH Clinical Center where the extent of
1633 disease that person has, that even if they do recover, almost
1634 certainly they are going to have prolongation of disfunction

1635 in multiple organ systems.

1636 So it is not only the long COVID. It's also people who
1637 have damage to their heart, to their lungs, to their kidneys.
1638 Those are the things that we are also concerned about.

1639 *Miss Rice. Thank you, Doctor.

1640 Thank you all.

1641 *Ms. DeGette. The chair now recognizes Mr. Burgess for
1642 5 minutes.

1643 *Mr. Burgess. I thank the chair.

1644 Dr. Fauci, let me just ask you a question in reference
1645 to comments that Chairman Pallone made during his opening
1646 statement about the lack of a national effort.

1647 Would you consider Operation Warp Speed to be a national
1648 effort?

1649 *Dr. Fauci. Yes, it was a national effort that was
1650 started, and you know, we're part of it at the NIH. The CDC
1651 is part of it.

1652 *Mr. Burgess. Sure, sure, right.

1653 *Dr. Fauci. The FDA was part of it. Yes, it was.

1654 *Mr. Burgess. But the long and short of it, there was a
1655 national effort, and even on the effort on PPE, Operation
1656 Airbridge was a national effort, was it not?

1657 You were part of the White House Task Force at the time.

1658 *Dr. Fauci. That attempted to address a very severe
1659 shortage of PPE, yes.

1660 *Mr. Burgess. But it was a national effort. I mean you
1661 would agree with that.

1662 *Dr. Fauci. Yeah.

1663 *Mr. Burgess. And you will recall the very first
1664 hearing when Diana DeGette became chairwoman of this
1665 committee, the very first or one of the very first hearings
1666 we had was on vaccine hesitancy. You came and testified to
1667 that committee.

1668 This was a hearing before anyone ever heard of novel
1669 coronavirus.

1670 So in your opinion, what can we best do to help you
1671 alleviate the problems of vaccine hesitancy?

1672 *Dr. Fauci. Well, you know, I think that there are --
1673 there are many things that you can do. First of all, we have
1674 gotten from the Congress as part of the American Rescue Act
1675 the ability with more resources to be able to promote the
1676 dissemination and administration of vaccines. So I think
1677 that is really important, what the Congress has already done.

1678 But I also think --

1679 *Mr. Burgess. Let me just interrupt you for a minute.
1680 But even 2 years ago, 3 years ago, the PR side of things both
1681 at the CDC and the NIH really seemed to be where the gap was.

1682 Are there things we can help you do on the public
1683 service announcements or the public relations side?

1684 *Dr. Fauci. Well, Dr. Burgess, I think you just hit on

1685 something. I think maybe by example if members of Congress
1686 get vaccinated, maybe even publicly, that would really be
1687 helpful.

1688 *Mr. Burgess. Well, I think a lot of us have and
1689 certainly made that information public.

1690 Well, I just want you to know going forward, we stand
1691 ready to work with you to do whatever is required.

1692 Yes, I, too, was grateful the President said on Maria
1693 Bartiromo's show that he encouraged his supporters to be
1694 vaccinated. I think it is important.

1695 Let me just visit with you for a second about the
1696 structure or the purchasing contracts between the United
1697 States and some of the vaccine manufacturers. There was an
1698 option in those contracts. There was an option to purchase
1699 additional doses, was there not?

1700 *Dr. Fauci. You know, I believe so, Dr. Burgess. I was
1701 not directly involved in that, but I do believe there was an
1702 option there, but I am actually speaking on shaky grounds
1703 here because I was not involved in the purchasing.

1704 *Mr. Burgess. Okay. Do you recall just generally when
1705 those contracts were struck?

1706 *Dr. Fauci. Again, it is not something I was involved
1707 with. It had to be very early in 2020, right after the
1708 operation --

1709 *Mr. Burgess. And that would be my point. It has been

1710 some time since that occurred.

1711 *Dr. Fauci. Right.

1712 *Mr. Burgess. Dr. Walensky, thank you and
1713 congratulations. Thank you for making your first appearance
1714 before our humble subcommittee. As you can see, as I told
1715 you, it is nothing but sweetness and light when you get in
1716 front of this committee.

1717 I just had a question for you about when you testified
1718 before the Appropriations Committee, you had a five-page
1719 report on the coronavirus vaccine distribution strategy and
1720 spending plan, and this was, I think, earlier this month, in
1721 March of 2021.

1722 Was any of that drawn from the COVID-19 vaccination
1723 program, the interim playbook for jurisdiction operations,
1724 that was -- the date I have on this is October 29, 2020. Did
1725 you reference this background document to provide the data
1726 for the Appropriations testimony?

1727 *Dr. Walensky. Thank you for that question.

1728 You know, I am certain that there are similar concepts
1729 that were considered at CDC in October 2020 as well as what
1730 we were considering in March 2021.

1731 You know, can I just go back to the question of vaccine
1732 hesitancy for one moment if you don't mind?

1733 *Mr. Burgess. Sure.

1734 *Dr. Walensky. I just want to sort of articulate that I

1735 think we can't call vaccine hesitancy one thing. I think we
1736 should sort of acknowledge that there are many different
1737 kinds of vaccine hesitancy, some related to lack of
1738 convenience, some related to I don't necessarily want to be
1739 the one to go first, some related to, you know, the science
1740 might have been developed too fast, or I'm worried about side
1741 effects, or nobody else around me has died and I don't want
1742 to be the first one.

1743 So I think we have to address all of that hesitancy at
1744 its roots and understand where it's coming from, who's going
1745 to be the trusted messenger.

1746 So I think, you know, among the efforts the CDC is
1747 engaged in is addressing all of those through vaccine
1748 competent consults, for example. What is the issue that is
1749 leading to that hesitancy and how can we help?

1750 *Mr. Burgess. And I thank you for bringing that out,
1751 and, Madam Chair, in reference to that, I'd like to submit
1752 for the record a New York Times article from June of 2020,
1753 where they interviewed Dr. Zeke Emanuel, and his bringing up
1754 that the vaccine likely would not be able to be trusted
1755 because it would be delivered as an October surprise by the
1756 Trump administration.

1757 I would ask that that be part of the record.

1758 *Ms. DeGette. All document requests will be considered,
1759 as usual, at the end of the hearing.

1760 The chair now recognizes Ms. Schakowsky for 5 minutes.

1761 *Ms. Schakowsky. Well, first let me thank our wonderful
1762 witnesses. We are all thankful for your work and the Biden
1763 administration's action to expand supply of COVID-19 vaccine
1764 to the American people.

1765 I just went to one of the super sites that is in my
1766 district, and it was fabulous to see. This is a great
1767 achievement in a mere 50 days since the President's election.

1768 But there is a looming crisis that has not been
1769 addressed sufficiently. The President has likened the battle
1770 against the virus being a war, and he is right. This is a
1771 world war, and as long as the virus flourishes anywhere, it
1772 is a threat to everyone everywhere.

1773 And recently the U.N. Secretary General, Antonio
1774 Guterres, has been quoted as saying the progress on
1775 vaccination has been wildly uneven and unfair, and more than
1776 130 countries, he said, have not received a single dose, and
1777 that endangers everyone.

1778 As the great Dr. Fauci recently said, and I quote -- it
1779 was on one on the TV shows -- unless you equally suppress
1780 throughout the world, you will always have the danger of a
1781 variant emerging, getting into your country and
1782 reinvigorating another spike.

1783 That is why developing countries, led by India and South
1784 Africa, with hundreds of other countries joining in, have

1785 gone to the World Trade Organization asking for a waiver of
1786 the TRIPS Agreement so that they can, during this pandemic
1787 only, be able to manufacture their own vaccines.

1788 So to Dr. Fauci and to Dr. Walensky, even if Americans
1789 are vaccinated, can we really be protected if other countries
1790 cannot access a COVID vaccine until 2022 or 2023?

1791 *Dr. Fauci. Well, thank you for that question,
1792 Congresswoman Schakowsky.

1793 You're right. I actually stand by what I said, and you
1794 quoted me correctly that if we have outbreak in viral dynamic
1795 anywhere in the world, it is a threat to everywhere in the
1796 world.

1797 And that is the reason why I was so pleased as one of
1798 the first things that President Biden did, literally the day
1799 after his inauguration, was to ask me to make a statement to
1800 the Executive Board of the World Health Organization that we
1801 were going back into the World Health Organization. We were
1802 going to be paying our fair share of our obligations, and we
1803 would join COVAX, which is a consortium of countries and
1804 organizations to do just what you're asking, to try and get
1805 equity among the distribution and the production of vaccines.

1806 In that regard, you are aware that we are giving \$4
1807 billion to COVAX, but we also know once we get our own
1808 country vaccinated, since we have suffered worse than
1809 virtually any other country besides Brazil -- we are both way

1810 up there with over 530,000 deaths -- that we will make any
1811 surplus vaccine available to the countries who have not the
1812 resources to be able to make it themselves.

1813 *Ms. Schakowsky. Well, I am just wondering if that is
1814 really the answer, just to give our surpluses when so many
1815 countries have asked for permission to create their own.

1816 And to Dr. Walensky, I know that you have had experience
1817 with Third World HIV/AIDS impact, and I wonder if you could
1818 shed light on the danger to the U.S. health and economy if we
1819 allow Big Pharma to dictate how and when poor countries
1820 receive a lifesaving vaccine, and that we focus on protecting
1821 unfortunately, I think, intellectual property rights over
1822 getting the vaccine or allowing other countries to produce
1823 it.

1824 *Dr. Walensky. Thank you so much for that question,
1825 Congresswoman.

1826 You know, I think we just have to look at the last four
1827 pandemics and the last four infectious threats of our country
1828 to know that we are all in this together as a globe. If you
1829 look at H1N1 or Ebola or Zika or now COVID, anything that
1830 affects the areas around the world is potentially a threat to
1831 us.

1832 Indeed, these variants, the ones that we are most
1833 concerned about right now, also started in outside countries.

1834 So I think we have to work as a Nation to protect our

1835 Nation, and then we have to work as a globe to protect the
1836 globe and to ensure that we can get resources to resource-
1837 limited settings to make sure that we can get vaccines out.

1838 *Ms. Schakowsky. Well, I hope that we in the U.S. could
1839 do all of those good things plus allow for this TRIPS waiver
1840 for these poor countries.

1841 And I yield back.

1842 *Ms. DeGette. I am now pleased to recognize Mr. Long
1843 for 5 minutes.

1844 *Mr. Long. Thank you, Madam Chair.

1845 And thank you all for being here today.

1846 Dr. Walensky, the subcommittee held a hearing in
1847 February with a handful of States regarding COVID-19 vaccine
1848 distribution at the State level.

1849 In addition to highlighting the need for more supplies,
1850 one issue the States notes was the need for additional
1851 transparency regarding distribution and for better
1852 understanding of how the dose that their State would receive
1853 and when.

1854 Dr. Walensky, what is the current process to notify
1855 States about the vaccine allocation and distribution?

1856 *Dr. Walensky. Thank you for that question,
1857 Congressman.

1858 I have been now on eight -- I have been on most of eight
1859 governors' calls once a week on Tuesday mornings where Jeff

1860 Zients and I are discussing not only the state of the
1861 pandemic, but the plans for vaccine distribution.

1862 Among the things that was promised to the governors is
1863 that they would have a 3-week line-of-sight as to how much
1864 vaccine would be coming so that they were able to plan for
1865 the vaccine allocation in the weeks ahead.

1866 So those happen weekly. That allocation happens weekly
1867 to the governors.

1868 I also want to note that there's a supply that goes
1869 directly to the States, and then there's also allocation that
1870 goes to FEMA for these community vaccination sites that
1871 Congresswoman Schakowsky mentioned, to federally qualified
1872 health centers, as well as to the Federal Pharmacy Program,
1873 and then, of course, to Federal agencies, such as the VA, the
1874 State Department, and DoD.

1875 *Mr. Long. I know that as you mentioned there,
1876 President Biden said that the States would receive three
1877 weeks' notice, and did I hear you right that is currently
1878 happening?

1879 *Dr. Walensky. Indeed, it is.

1880 *Mr. Long. Okay. That was a big step and a huge
1881 improvement, and I am glad that they are following through on
1882 that because I know the States desperately needed that
1883 information.

1884 Now, Dr. Walensky, what can CDC and other parts of the

1885 Federal Government involved in the distribution process do to
1886 increase transparency for the States?

1887 *Dr. Walensky. So we are working with the States to
1888 ensure where that supply goes, to demonstrate what is
1889 happening in our vaccination supply system through systems
1890 like Tiberius that show here the Federal pharmacy programs
1891 are getting distribution, to see where the community
1892 vaccination centers are going to land, as well as to work
1893 with the States towards vaccine confidence and to provide
1894 resources for health equity as well.

1895 *Mr. Long. Again, Dr. Walensky, it is critical that we
1896 ensure Americans have access to COVID-19 vaccines regardless
1897 of their geography, regardless of where they live. Dr.
1898 Walensky, what is the CDC doing to ensure that Americans who
1899 live in rural areas, such as I represent a lot of rural
1900 areas, in the United States have access to the COVID-19
1901 vaccine?

1902 *Dr. Walensky. That is such a key question. Thank you
1903 for that.

1904 We have put ten percent of the initial \$3 billion into
1905 issues related to health equity, as well as to outreach
1906 towards urban centers, as well as rural centers.

1907 The Federal Pharmacy Program is among those designs. So
1908 as you may know, the Federal Pharmacy Program is now
1909 distributing to 9,000 pharmacies with a goal to scale up more

1910 than twice that, and those pharmacies are actually placed,
1911 with the experience that we have from CDC and vaccine
1912 distribution.

1913 The pharmacies have chosen to reach these hard-to-reach
1914 populations, including rural populations, the community
1915 pharmacies, small chains, as well as large chains, and you
1916 know, 90 percent of Americans now live within five miles of a
1917 pharmacy.

1918 So that's among the ways that we are using that program,
1919 as well as federally qualified health centers to address, you
1920 know, marginally housed populations, non-English speaking
1921 populations.

1922 *Mr. Long. Okay. Well, thank you.

1923 And about a month ago I set out on a 3-day tour. I just
1924 cleared my calendar for 3 days and visited the six hospitals,
1925 two clinics, and one vaccination center in my district, and I
1926 wanted to sit down with the front-line workers, the doctors,
1927 nurses, people who had been dealing with COVID patients for a
1928 year now.

1929 And back at that time my phone lines were burning up.
1930 People were concerned where they could get the vaccine. I
1931 would go to one hospital, and they were supposed to receive
1932 the vaccine that day, and they did not, and other hospitals
1933 got Pfizer and then they said they couldn't get the second
1934 dose of Pfizer.

1935 But I just want to say, you know, and thank all of you
1936 that have contributed to this in any way, shape, or form,
1937 that my phone lines have settled down. People seem to be
1938 able to access the vaccine a whole lot better than they could
1939 1 month ago.

1940 And with that I yield back.

1941 *Ms. DeGette. I thank the gentleman.

1942 The chair now recognizes Mr. Tonko for 5 minutes.

1943 *Mr. Tonko. Thank you, Madam Chair.

1944 In less than 2 months in office, the Biden
1945 administration has moved swiftly to dramatically expand our
1946 vaccine supply, but as we all know vaccines sitting in vials
1947 do not protect people. Vaccines in arms do.

1948 I am appreciative of the leadership that all of our
1949 public health experts today offer, those that are here as our
1950 witnesses.

1951 When can we expect all American adults to be fully
1952 vaccinated?

1953 And when can we hopefully achieve herd immunity?

1954 So, Dr. Walensky, President Biden will direct States to
1955 make all adults eligible for the vaccine by May 1st. The
1956 Biden administration also believes that we will have enough
1957 vaccine doses for every adult by the end of May, 2 months
1958 earlier than initially forecasted.

1959 But it is unclear how long it will take to actually get

1960 those shots into arms. So we know that States are
1961 responsible for administering vaccines and for prioritizing
1962 vaccine allocations.

1963 What mechanism is the administration using to direct
1964 States to make all adults eligible for vaccines by May 1st?

1965 And how will that directive impact States' ability to
1966 prioritize certain populations?

1967 *Dr. Walensky. Thank you for that question.

1968 You know, yes, we have a goal of herd immunity, and we
1969 are working to get there. You know, when will everybody have
1970 vaccination? It really depends on how interested people are
1971 in getting vaccinated.

1972 So there has been a supply constraint until now. We are
1973 working through that supply constraint, and I think in the
1974 weeks ahead, that supply constraints will diminish, and then
1975 we are really going to need to do the hard work, as you know,
1976 to work towards getting vaccine in places that it has not
1977 touched yet, the places that have been hard to reach
1978 communities, hard to reach places, tribes, rural places,
1979 urban sites.

1980 So that is the work that we have ahead. It is hard work
1981 that we have ahead. We have to cross the digital divide and
1982 make sure that people are not just able to sign up through
1983 electronic systems. We need to make sure that people have
1984 phone banks.

1985 We need to spend resources and we are working this space
1986 with community-based organizations, faith-based
1987 organizations.

1988 We need an educational campaign, and so we have been
1989 actively working in that area, and that is among the
1990 resources that we are going to put forward in the American
1991 Rescue Plan.

1992 *Mr. Tonko. Thank you.

1993 *Dr. Fauci. If I might just mention one thing, if I
1994 could, with your permission. We really need to be careful
1995 about this illusive terminology of herd immunity because we
1996 really do not know what percentage that really is.

1997 And I think we should focus on the fact that whatever
1998 vaccine we can get into people will get us closer and closer
1999 to the protection of the community, doing between two and
2000 three million doses per day rather than concentrate on this
2001 arbitrary percentage that could be anywhere from 70 to 85
2002 percent.

2003 We just don't know yet. We should focus on getting as
2004 many people vaccinated as quickly as we possibly can.

2005 I just wanted to make that point because people get hung
2006 up on that terminology, which I think most of the time is not
2007 helpful.

2008 Thank you.

2009 *Mr. Tonko. Yes, and, Dr. Fauci, while you have made

2010 comment to that, what effect do we have on that herd immunity
2011 achievement when we consider that children under the age of
2012 16 are not currently eligible to receive any vaccine?

2013 *Dr. Fauci. Yes. Again, it gets back to what
2014 percentage do you mean as herd immunity. If you subtract the
2015 number of people, the number of children less than 16 from
2016 the population, and you make an arbitrary percent, you may
2017 not reach that percent until you get the children vaccinated.

2018 That is the reason why I say rather than focusing on
2019 that, let's just keep pushing to get as many people
2020 vaccinated as we possibly can, and as we do that, you will
2021 see the type of infection, the dynamics of the outbreak get
2022 less and less and less.

2023 So whatever that time is, middle of the summer, end of
2024 the summer, early fall, we'll be much, much better off than
2025 we are right now.

2026 *Mr. Tonko. Thank you, Dr. Fauci.

2027 Dr. Marks, the Biden administration has now purchased
2028 more vaccine doses than required for vaccinating the entire
2029 U.S. population. Experts believe we may soon have greater
2030 supply than demand.

2031 After every American is fully vaccinated, what are the
2032 administration's plans for the extra vaccine it has
2033 purchased?

2034 Is there a structured plan to reach out to others?

2035 *Mr. Marks. I'm going to have to defer that to the
2036 people who are actually distributing the vaccine at FDA. I
2037 can say that one piece of insight I can give you is that
2038 there may be some concern that we have enough vaccine and if
2039 we need to give boosters in the not too distant future, that
2040 we have sufficient supply to be able to do that because we
2041 still only know that the vaccine has a certain length of
2042 protection, probably at least 6 months, but we don't know
2043 whether that's a year or more.

2044 So there may be some wisdom to having some supply, but
2045 I'd have to defer to others in the administration about what
2046 will happen with additional supply, whether it will go
2047 overseas or whatnot.

2048 *Mr. Tonko. Okay. Thank you.

2049 Any comments from any others?

2050 *Ms. DeGette. The gentleman's time has expired.

2051 *Mr. Tonko. Okay.

2052 *Ms. DeGette. And I am trying to make sure that
2053 everybody can ask questions --

2054 *Mr. Tonko. I understand.

2055 *Ms. DeGette. -- before our panel has to leave. So
2056 thank you.

2057 Mr. Joyce, you are now recognized for 5 minutes.

2058 You will need to unmute, Mr. Joyce. Thank you.

2059 *Mr. Joyce. Thank you, Chair, and thank you, Ranking

2060 Member Griffith, for convening this group today.

2061 Dr. Fauci, it is great to see you again. Years ago I
2062 sat when Dr. Tom Provost, my chairman at Hopkins, brought you
2063 there to lecture us, and you continued a career that has had
2064 impact throughout the decades.

2065 Dr. Fauci, I have two separate questions that I think
2066 will really have you reach into the skill set of immunology,
2067 which is one of your many areas of forefront.

2068 As we continue to see advancements in second generation
2069 vaccines, do you believe that innovations such as
2070 intranasally administered vaccines, those that allow the
2071 development of IGA or mucosal immunity, do you think that
2072 those should be considered as we reach to the next step of
2073 vaccines?

2074 *Dr. Fauci. The answer to that is yes. I mean, there
2075 is a lot of interest and always has been about exposing
2076 mucosal surfaces for vaccines that are essentially
2077 transmitted through the respiratory route.

2078 So you're right. This will be the second and third
2079 generation vaccine, and there is research already going on
2080 that we are supporting at the NIH level. So I would image
2081 that you are going to be seeing after we get this under
2082 control.

2083 I don't think, as you probably know, it's not going to
2084 be ready to essentially get the pandemic under control, but

2085 we're going to have respiratory illnesses that are
2086 essentially emerging in pandemic form for years and years to
2087 come, and we may be having to deal with SARS-CoV-2 for more
2088 than just the next year or so.

2089 So you're quite correct, Congressman Joyce, that those
2090 type of innovative approaches towards vaccine are definitely
2091 on the table.

2092 *Mr. Joyce. Dr. Fauci, as we look to possibly address
2093 the lack of adequately immunizing pediatric patients and the
2094 risk-rewards with certain current vaccines, should we be
2095 looking at less invasive methods of vaccine administration,
2096 specifically the intranasal route?

2097 I mean, using an analogy, Jonas Salk developed the
2098 original polio vaccine in my home State of Pennsylvania, but
2099 I did not receive the Salk vaccine as a child. I received
2100 the Sabin, the oral vaccine, where we were lined up and taken
2101 to school and received it on sugar cube.

2102 So when we address parents' hesitancy to immunize their
2103 children, is there a role for the intranasal route as it
2104 continues to be developed?

2105 *Dr. Fauci. The answer is yes, the same answer to what
2106 you had mentioned to your first question. You recall that
2107 this is something that we faced with influenza when we
2108 developed the flu mist, which was originally designated for
2109 children, originally saying that you don't want to give

2110 children an injection because they may not like it.

2111 It turns out from an immunological standpoint, it also
2112 had some value added there.

2113 So the answer to your question is yes. We will be
2114 pursuing alternative methods of administration of vaccines
2115 both for SARS-CoV-2, as well as for other diseases.

2116 *Mr. Joyce. Thank you, Dr. Fauci.

2117 Dr. Walensky, my next question, and we have addressed
2118 this at some levels in earlier questions, but we realize that
2119 there is a vulnerable population, approximately a half a
2120 million individuals in the United States, who suffer from
2121 kidney failure and are going to hemodialysis three times a
2122 week on a regular basis.

2123 And a lot of these patients -- actually I think the
2124 estimates are close to 90 percent -- have multiple
2125 comorbidities, like diabetes and hypertension, and they face
2126 a 20-plus percent mortality rate if they contract COVID.

2127 Unfortunately, they remain largely unvaccinated, and
2128 considering these are high risk and we want attention to
2129 health equity, what further steps for bringing these
2130 vaccinations to these patients who are going to hemodialysis
2131 centers three times a week, have a great support staff
2132 providing that hemodialysis?

2133 What next steps should be taken to allow the
2134 immunization of these patients who have kidney failure and

2135 allow their workers, those who participate, the technicians
2136 who provide that three times a week hemodialysis?

2137 What steps should be taken? Should that immunization
2138 occur right at the dialysis centers?

2139 *Dr. Walensky. Thank you for that question, Dr. Joyce.

2140 Yes. We are actively working now. Of course, we had
2141 supply constraints early on so we couldn't roll out all
2142 programs that we wanted to early on, but right now we are
2143 actively working with dialysis centers.

2144 As you note, not only is this a high-risk population,
2145 but it also is often a minority population, and so this is a
2146 key place where we could offer vaccine. It's a trusted
2147 resource. People come three times a week, and, in fact,
2148 we're actively working with these dialysis centers to roll
2149 out a plan for vaccination there.

2150 *Mr. Joyce. Thank you. I see my time has expired, and
2151 I thank you for yours, and I thank you for your
2152 presentations.

2153 *Ms. DeGette. I thank the gentleman.

2154 The chair now recognizes Mr. Ruiz for 5 minutes.

2155 *Mr. Ruiz. Thank you, Chair.

2156 We have been talking for months now about the importance
2157 of making sure that there is an equitable distribution of
2158 vaccine; that we need to make sure people are prioritized
2159 based on level of risk for contracting and dying from COVID

2160 and not solely based on their income or ability to purchase
2161 the vaccine.

2162 And while the guidelines put out by CDC do prioritize
2163 the higher risk groups, what we are seeing is that despite
2164 these efforts we have an access problem in the hardest hit
2165 communities that are traditionally underserved.

2166 Qualifying for a vaccine does not help if you cannot
2167 actually get one, and targeting populations who are at higher
2168 risk has not always translated to those populations getting
2169 vaccinated.

2170 Underserved communities with higher rates of infections
2171 have disproportionately low inoculation rates, as do
2172 individuals of color, despite the fact that they are more
2173 likely to contract COVID-19, transmit COVID-19, and die from
2174 COVID-19.

2175 According to a recent Keiser Family Foundation report
2176 examining data from 35 States, the vaccination rates among
2177 White people was over two and a half times higher than the
2178 rate for Hispanics and nearly twice as high as the rate for
2179 Black individuals.

2180 And I am seeing this play out in my own district. In
2181 Riverside County, California, where my district sits,
2182 Hispanics make up 47 percent of the population but 65 percent
2183 of COVID cases. Yet Hispanics have only received less than
2184 19 percent of the vaccine, which is why I applaud President

2185 Biden's focus on equity by getting vaccines into the
2186 communities that are hardest hit.

2187 First, the Federal Retail Pharmacy Program was a good
2188 move because they exist in almost every community.

2189 And, second, providing vaccines to FQACs ensures that
2190 medically underserved areas have vaccines for their high-risk
2191 residents.

2192 But we also need to make sure that the FQACs and the
2193 retail pharmacies are opening vaccine sites in the
2194 underserved communities. We need to make sure to address
2195 barriers like lack of Internet to make appointments, lack of
2196 transportation to the vaccine site, lack of time away from
2197 work, lack of information in a language people understand.

2198 Equity does not mean equal. It means providing
2199 resources proportionate to the need or burden of disease.
2200 Equity requires, one, prioritizing high-risk individuals and
2201 communities; two, allocating vaccines proportionate to those
2202 risks; and three, vaccinating people in the community with
2203 community partners or at the workforce.

2204 And because of President Biden's equity initiative, I
2205 was able to partner with Rite Aid and local community health
2206 workers or [speaking foreign language] that does a Health
2207 Care District and the Coachella Valley High School to
2208 inoculate over 700 people in 2 hours for the hardest hit,
2209 highest risk communities at a vaccination site at the high

2210 school.

2211 I also partnered with Eisenhower Health to vaccinate 577
2212 people at Coachella Senior Center, also a medically
2213 underserved area.

2214 Dr. Walensky, the Biden administration has taken steps
2215 to expand vaccine access through direct distribution to these
2216 retail pharmacies. What is the plan to ensure that the
2217 vaccines are mostly being offered in retail pharmacies
2218 located in communities hardest hit, like medically
2219 underserved areas or communities of color, and not just in
2220 low-risk, affluent cities as reward for their higher
2221 consuming customers?

2222 *Dr. Walensky. Thank you so much for that question, Dr.
2223 Ruiz, and thank you so much for your leadership and the
2224 inspiring work that you are doing to make sure that this
2225 vaccine is reaching these hardest hit communities.

2226 Our group at the CDC, our Pharmacy Group at the CDC, has
2227 really wonderful connections with these pharmacies through
2228 vaccine distribution and flu vaccine as well. They know
2229 where these pharmacies are, where the local pharmacies are,
2230 where the hardest to reach communities are, and which
2231 pharmacies are there.

2232 And we're collaborating with the administration to make
2233 sure that it's those pharmacies that are getting vaccines.

2234 I also want to comment on the community vaccination

2235 sites. We are collaborating with FEMA, and we pick the sites
2236 for these community vaccination sites, these 6,000 a day
2237 vaccination sites to ensure that they are in areas both of
2238 high census as well as high social vulnerability index,
2239 greater than .7.

2240 So we are actually specifically selecting these sites
2241 for exactly those reasons.

2242 Finally, I want to say that one thing I believe is
2243 really important is that our efforts here are sticky, and the
2244 way that I mean that is to say we cannot be one and done as
2245 we do this outreach because as soon as we get all of these
2246 communities vaccinated, we need to make sure and go back and
2247 get their children vaccinated for their next childhood
2248 vaccines, and we need to work on hypertension, and we need to
2249 do so many other things in these communities to address
2250 health equity after COVID-19.

2251 *Ms. DeGette. I thank the gentleman.

2252 The chair is now pleased to recognize Mr. McKinley for 5
2253 minutes.

2254 *Mr. McKinley. Thank you, Madam Chairman.

2255 And, Dr. Walensky, speaking of the misinformation being
2256 disseminated that Cathy McMorris Rodgers brought up earlier,
2257 my Twitter account has been lit up during this hearing by
2258 people posting that President Trump killed 500,000 Americans.

2259 So, Dr. Walensky, would you agree with that statement?

2260 Is that an accurate statement that Trump killed 500,000
2261 people?

2262 *Dr. Walensky. Thank you for that question,
2263 Representative.

2264 I came into this office in 2020, and on January 20th,
2265 came into this administration on --

2266 *Mr. McKinley. It is a yes or no, Dr. Walensky. Did he
2267 or did he not kill 500,000 people?

2268 *Dr. Walensky. I think the effect of this pandemic is
2269 multifactorial.

2270 *Mr. McKinley. Oh, I can see where this is going to go.

2271 So, Dr. Fauci, if I could turn to you since she is not
2272 going to answer the question, while on the campaign trail we
2273 heard time and time again that then candidate Biden, that the
2274 President's words have consequences.

2275 Then on Monday, the National Review reported that
2276 President Biden proclaimed that Americans should wear masks
2277 until everyone is vaccinated. I am not aware of any health
2278 care professional expecting that 100 percent of the
2279 population will be vaccinated.

2280 So, Dr. Fauci, do you agree that Americans should wear
2281 masks? Do you agree with the President that Americans should
2282 wear masks until 100 percent are vaccinated?

2283 *Dr. Fauci. You know, I'm sorry, Congressman McKinley.
2284 I did not hear that statement, and I pretty much follow what

2285 the President says. I didn't hear him say that everyone
2286 should wear masks until 100 percent of people are vaccinated.
2287 I --

2288 *Mr. McKinley. It says until everyone, everyone is
2289 vaccinated. He did not say 100 percent. He said till
2290 everyone.

2291 *Dr. Fauci. Well, everyone is 100 percent.

2292 *Mr. McKinley. That is what I thought so, too. So I
2293 will tell you what, Doctor. I will send you a copy of that.
2294 It was on several news outlets about that, but it first broke
2295 on National Review.

2296 Let's go back to try to get a straight answer from Dr.
2297 Walensky.

2298 Dr. Walensky, regrettably, 288 children have died from
2299 COVID, according to the CDC, and that is a tragedy by any
2300 measure. But that number actually mirrors the annual death
2301 due to seasonal flu with children.

2302 So at the beginning of the pandemic, we closed schools,
2303 and we understand that. We did not know the effect COVID
2304 could have on children and teachers.

2305 But now we know. So the data suggests the spread of the
2306 virus is minimal in schools. They use safety precautions,
2307 even in communities with high disease prevalence.

2308 And teachers are being vaccinated. So college students
2309 can go on spring break and bars and restaurants can open up

2310 at full capacity, but children cannot go back to school and
2311 people cannot attend church services.

2312 Dr. Walensky, communities and States are looking to the
2313 CDC for guidelines. Will the CDC be updating their school
2314 reopening guidance this week, this week regarding giving the
2315 new data available?

2316 *Dr. Walensky. Thank you very much for the question.

2317 We recognize the challenges of having children home. I
2318 want to articulate that, you know, respiratory viruses
2319 frequently travel in schools, and I think we were cautious
2320 when we had a respiratory virus and we were worried, like
2321 influenza, that this virus might behave in the same way.

2322 We have published operational guidance to get children
2323 back. In fact, it was intended to have schools lean in to
2324 get the schools that were closed open, and we very
2325 specifically said that schools that are doing well should not
2326 close.

2327 And so now we have emerging science that looks at the
2328 three-feet versus six-foot rule --

2329 *Mr. McKinley. Okay. Thank you.

2330 So are you going to be -- I have got one last question
2331 that I do not need to be filibustered on.

2332 Dr. Fauci, last summer while the pandemic was raging, we
2333 also had social unrest, unfortunately, happening in the
2334 country. Thousands of people, understandably, were gathering

2335 to protest racial injustice. The media and some public
2336 health heralded these protests.

2337 In fact, 1,200 people, 1,200 public health professionals
2338 signed an open letter arguing that protests against systemic
2339 racism must be supported, quote, "even at the cost of
2340 spreading the virus."

2341 Dr. Jennifer Nuzzo of Johns Hopkins stated publicly,
2342 quote, "Public health risks of not protesting exceed the
2343 harms of the virus."

2344 Dr. Fauci, do you agree with that statement?

2345 *Dr. Fauci. My stance has always been that we should
2346 abide by the public health measures that we talk about all
2347 the time, which are avoiding congregate settings, wearing a
2348 mask, washing your hands.

2349 *Mr. McKinley. So you would think that they maybe were
2350 not justified?

2351 *Dr. Fauci. I'm not going to get into the justification
2352 or not of who demonstrates about what. I'm just going to
2353 give you the public health measures that we talk about all
2354 the time and not get into the background or basis of a
2355 demonstration or not.

2356 *Mr. McKinley. Thank you.

2357 *Ms. DeGette. The gentleman's time has expired.

2358 *Mr. McKinley. I yield back.

2359 *Ms. DeGette. The chair now recognizes Mr. Peters for 5

2360 minutes.

2361 *Mr. Peters. Thank you, Madam Chair.

2362 I wanted to follow up a little bit on my colleague Dr.
2363 Ruiz's questions about equity. Equity is a key tenet of the
2364 Biden administration's national COVID-19 strategy, and so I
2365 know that the Biden administration is taking great strides to
2366 expand distribution by setting up 20 high volume vaccination
2367 sites, which support 600 community vaccination centers,
2368 increase the number of community health centers and retail
2369 pharmacies as we were discussing before offering vaccinations
2370 of underserved communities.

2371 But I would like to ask Dr. Walensky maybe in a more
2372 open-ended way. Can you explain how the administration
2373 determines, first, the location of these vaccination centers
2374 and, second, the number of doses to deliver to each
2375 jurisdiction?

2376 What are the basic factors that go into those
2377 determinations?

2378 *Dr. Walensky. Thank you for that question,
2379 Congressman.

2380 You know, the CDC works collaboratively with FEMA to
2381 find areas of high census and areas of high social
2382 vulnerability as to the best places to place these
2383 vaccination centers, as well as what volume they need,
2384 whether that area would support a 6,000 dose a day or a 3,000

2385 dose a day vaccination site.

2386 As to how many doses and how that allocation happens,
2387 that happens at the operation level, and so, you know, I
2388 cannot speak exactly to how that occurs. We assist in the
2389 site selection.

2390 *Mr. Peters. Okay. Well, I appreciate that.

2391 I would like to ask you, Dr. Walensky, too, a little bit
2392 about data. I am very concerned about the quality of data.
2393 I think all sorts of Federal agencies touch the data that
2394 comes in that's reported from States, and there is no
2395 standardization for how you report data from State to State,
2396 maybe even from hospital to hospital.

2397 So it makes it very hard for you and for us as policy
2398 makers to really understand what are the facts on the ground
2399 from which we can make policy decisions and how you can
2400 respond to this pandemic and any future health crises like
2401 this.

2402 So I want to know, first of all, what guidance have you
2403 developed for State and local governments on like what data
2404 to report, where they would standardize that, and how are you
2405 dealing with the various silos in the Federal Government?

2406 And then also maybe you could touch on how the Federal
2407 Government protects the privacy of the data that's reported.

2408 *Dr. Walensky. Thank you for that question.

2409 I think among the things that you are highlighting is

2410 that our data on infrastructure was actually not well
2411 supported when this all started, and in fact, we are working
2412 hard on data modernization efforts so that we can ensure that
2413 data is coming.

2414 We have to provide independence to the States so that
2415 they can report as they are able, but then also some
2416 uniformity of data so that we can actually receive that data
2417 and report at a national level.

2418 So we are working closely with the States to unify the
2419 data coming in and as well as data modernization efforts in
2420 the context of this pandemic.

2421 I want to articulate that CDC does not receive
2422 individual line-item data from individual persons. So the
2423 privacy is held at the State, and we get data on aggregate
2424 unidentified.

2425 *Mr. Peters. Sure, but you would agree that if you do
2426 not standardize the reporting and we do not have an
2427 understanding about hospitalizations and preexisting
2428 conditions for all the various people who are experiencing
2429 it, it makes it very hard for us to judge what is really
2430 going on on the ground with accuracy; is that right?

2431 *Dr. Walensky. I think, you know, a lot of individual
2432 States have had to develop their individual data systems, and
2433 we need to provide some independence for them to be able to
2434 do that and some uniformity in reporting.

2435 *Mr. Peters. Yes. I am trying to help you with the
2436 uniformity side. We have actually introduced a bill called
2437 the Health Statistics Act in consultation with a lot of the
2438 statisticians in Washington who think this is really
2439 important. I would urge you to ask about it.

2440 A lot of this can be implemented by the administration
2441 without Congress, but part of our effort is to provide
2442 financial support to local and State efforts to report these
2443 data to the extent they have to change their systems for
2444 reporting.

2445 So we would like to help you with this at the committee
2446 and hope that you will take us up on that.

2447 I guess finally just to follow up on one more equity
2448 issue, since opening the Health Center Program, has the
2449 administration observed an increase in the rates of
2450 vaccination among Black and Hispanic Americans?

2451 And how does that look going forward?

2452 *Dr. Walensky. Right. We know that the Black and
2453 Hispanic population had a larger life expectancy loss, a
2454 larger or higher death rate, and so we are working actively
2455 to make sure, you know, we have ten percent of resources, of
2456 vaccine distribution resources going to ensure health equity.

2457 We have worked on vaccine confidence consults. We're
2458 working with NGOs and community-based organizations to make
2459 sure that the message gets to trusted messages. That is

2460 exactly the hard work that we have ahead.

2461 *Mr. Peters. My time has expired, but I would ask
2462 whether you have seen the vaccinations go up among those
2463 populations.

2464 *Dr. Walensky. Yes, we are dedicating a whole lot of
2465 effort to that. So I would be surprised if that is not the
2466 case. We are fully engaged in that activity.

2467 That is what we need to do.

2468 *Ms. DeGette. I thank the gentleman.

2469 The chair now recognizes Mr. Palmer for 5 minutes. Mr.
2470 Palmer, you seem to be muted.

2471 Let's see if that works. No. Mr. Palmer, we still
2472 cannot hear you. I am going to go to the next member, and
2473 then we will come back to you.

2474 So, Ms. Schrier, you are now recognized for 5 minutes.

2475 *Ms. Schrier. Thank you so much, Madam Chair.

2476 First, thank you to all of our witnesses for your
2477 tremendous leadership.

2478 Now, today I am not speaking as a member of Congress. I
2479 am speaking as a doctor. I told my own parents that when
2480 they go for their coronavirus vaccine, they should take
2481 whichever one is offered because they all prevent
2482 hospitalization and death essentially equally.

2483 So just to be very clear, Dr. Fauci, doctor to doctor,
2484 would you agree?

2485 *Dr. Fauci. I would agree totally with what you told
2486 your parents, absolutely. We have three highly efficacious
2487 vaccines, and importantly, as you correctly told them, they
2488 are all three of them superb at preventing hospitalizations
2489 and death.

2490 So whatever you told your parents was correct, Doctor.

2491 *Ms. Schrier. Thank you very much.

2492 Now, I have a lot of concerns about where we go from
2493 here. Like as long as this disease is circulating anywhere
2494 in the world, we remain at risk, and I am worried that with
2495 variants popping up pretty quickly, this virus could get
2496 ahead of our vaccines.

2497 And so far we have been lucky, but we do not want to end
2498 up playing whack-a-mole every time there is a new variant.

2499 And so I want to make sure that we do not get caught off
2500 guard by some new variant and without the tools we need from
2501 a public health standpoint. I want to make sure that our
2502 return to normalcy is sustained and that we do not have to
2503 fully close down our economy or our schools again.

2504 So if COVID is going to be with us for a while,
2505 vaccination is critical, but I also believe we need a much
2506 greater ability to test asymptomatic people, test them early,
2507 catch them early, and prevent outbreaks that could land us
2508 right back in this same situation.

2509 So, for example, if we had widely available, inexpensive

2510 home testing, people could test themselves and stay home if
2511 they are infected. I am thinking schools, workplaces, and we
2512 could catch the disease early and prevent outbreaks.

2513 So, Dr. Fauci, do you agree it would be useful to add
2514 some degree of routine home testing in addition to
2515 vaccinations to our public health toolbox?

2516 *Dr. Fauci. I not only agree with that, Dr. Schrier, I
2517 actually have been saying that for months and months and
2518 months, that we should be literally flooding the system with
2519 easily accessible, cheap, not needing a prescription, point
2520 of care, highly sensitive, and highly specific, that we could
2521 do just what you are saying.

2522 And in fact, you're going to be seeing more of that
2523 soon.

2524 *Ms. Schrier. That is great. You and me both, Doctor.

2525 And, Dr. Walensky, our children will not be vaccinated
2526 for many months. Could you just comment briefly on how home
2527 testing could help schools not only open safely, but stay
2528 open?

2529 *Dr. Walensky. Thank you for that, Dr. Schrier.

2530 I, too, have been saying that and writing about it as
2531 well. You know, we know in schools we know now -- that we
2532 didn't know then -- that children, there's less transmission
2533 in schools among children as there are among adults, between
2534 adults.

2535 And so I do believe once we have teachers vaccinated
2536 that we can use testing in the schools, serial testing,
2537 cadence testing to identify potential infections,
2538 asymptomatic infections, shut down clusters, and be able to
2539 keep our schools open.

2540 *Ms. Schrier. That is right. I am even imagining that
2541 you would not have to quarantine a whole classroom. You
2542 could just test everybody every day and root out the ones who
2543 were infected.

2544 So finally, I know there are a lot of these tests that
2545 are in the pipeline. I saw yesterday that there is a new
2546 path for evaluating these kinds of tests to use at home, but
2547 we have not seen the same sort of push to get them produced
2548 in expensively and at scale and into everyone's hands the way
2549 we saw with vaccines.

2550 And so I would just ask the three of you, you know, one
2551 at a time. Would the three of you commit to working together
2552 in kind of a whole of government approach to get these tests
2553 into every home as quickly as possible?

2554 Dr. Fauci?

2555 *Dr. Fauci. Absolutely, Dr. Schrier, and in fact, in
2556 one of those tests that recently came out, we are investing a
2557 couple hundred million dollars to really scale up the
2558 production to do just what you are saying.

2559 But I agree with you we need to do it on a broader

2560 scale, not just for individual product.

2561 *Ms. Schrier. Right. Dr. Walensky?

2562 *Dr. Walensky. Indeed, and we are working towards
2563 imminent release of guidance that will facilitate that.

2564 *Ms. Schrier. I love it.

2565 Dr. Marks?

2566 *Dr. Marks. Indeed, yes. Although I'm not responsible
2567 for devices, I can tell you that our Center for Devices is
2568 doing whatever they can to expedite the availability as much
2569 as they can.

2570 *Ms. Schrier. Fantastic. Well, thank you very much. I
2571 really appreciate all of you being here.

2572 And I yield back the rest of my time.

2573 *Ms. DeGette. I thank the gentlelady.

2574 Mr. Palmer, welcome back, and you are recognized for 5
2575 minutes.

2576 *Mr. Palmer. Can you hear me now?

2577 *Dr. Fauci. Yes.

2578 *Mr. Palmer. You are nodding. Okay. I expected a
2579 verbal response.

2580 Dr. Fauci, during Dr. Joyce's comments, the two of you
2581 discussed the flu mist for young children, and there is
2582 research that the preclinical trials were done at the
2583 University of Alabama at Birmingham with a company called
2584 Altimmune that is developing an intranasal delivery that I

2585 think has tremendous potential because it is not only a
2586 vaccine. It also prevents transmission or at least it is in
2587 a clinical trial to determine whether or not it would prevent
2588 transmission.

2589 My question to you is what do you know about that
2590 approach and the potential for helping us to reopen our
2591 schools, not only our schools, but our whole country.

2592 *Dr. Fauci. Well, intranasal application of vaccines
2593 for respiratory illnesses does have an advantage, as I
2594 mentioned in my answer to a prior question.

2595 You bring up a very good point. If you induce a high
2596 degree of mucosal immunity, that since viruses are
2597 transmitted from the nasal passage and the lung and the
2598 mucosal surfaces, that could have the advantage.

2599 We have been investing at the NIH not only in products
2600 such as you described, but a number of our grantees are
2601 working on alternative methods of vaccine delivery, and the
2602 mucosal presentation of the vaccine either through a nasal
2603 spray or even an oral version of it is being pursued by a
2604 number of investigators.

2605 So the answer to your question, Congressman Palmer, it
2606 is a very favorable and promising area of research.

2607 *Mr. Palmer. I think, too, particularly because it does
2608 not require cold storage, it really helps us with the
2609 distribution in rural areas and to some of these

2610 disadvantaged communities, and then there are people out
2611 there who are needle adverse.

2612 *Dr. Fauci. Right.

2613 *Mr. Palmer. I resemble that remark. But I think this
2614 could be a very effective program.

2615 My question is, and you may not know the answer to this,
2616 are these trials a part of Operation Warp Speed?

2617 *Dr. Fauci. The Operation Warp Speed is not one that,
2618 in essence, is doing additional trials other than the group
2619 that we put together, the six companies' three platforms.
2620 The trial that you are talking about would fundamentally be
2621 funded at the NIH level or the CDC level in certain
2622 circumstances.

2623 *Mr. Palmer. I would think though, given the potential
2624 efficacy for this drug or preventing the transmission, that
2625 it ought to be part of some type of Operation Warp Speed
2626 program to get this done as quickly as possible, and
2627 particularly for getting kids back in school.

2628 The last thing that I want to point out, I do appreciate
2629 the fact that I do not know if you were a part of the study
2630 or supported the study that was done in Massachusetts that
2631 showed that allowing the students to sit three feet apart and
2632 the staff three feet apart did not increase the rate of
2633 transmission.

2634 And I think that is a very important study. More people

2635 need to know about it in terms of getting our schools
2636 reopened.

2637 *Dr. Fauci. Yes, the CDC is very well aware of that.
2638 In fact, Dr. Walensky just commented to that a little bit
2639 ago.

2640 So, Rochelle, why don't you repeat that?

2641 *Dr. Walensky. Yes, thank you for that question,
2642 Congressman.

2643 You know, when we put out our guidance, one of the
2644 hardest things that we recognized for schools to be able to
2645 do was the six-foot distancing, and whenever there are
2646 challenges, that's when science emerges.

2647 So right after that guidance came to, then there were
2648 studies that were ongoing to looked exactly at the six feet
2649 versus three-foot question, when people were 100 percent
2650 masked as they were in Massachusetts.

2651 That study was released just late last week. I am aware
2652 of several other studies that are emerging, and when we have
2653 concise and consistent evidence that we are actively
2654 reviewing actually right now, we will update our guidance.

2655 Thank you.

2656 *Mr. Palmer. Thank you.

2657 I do want to say something. I rarely do this, but I was
2658 offended and extremely disappointed that you could not give a
2659 straight yes or no answer on whether or not the claims that

2660 President Trump was responsible for 500,000 COVID deaths when
2661 you have got over half of the deaths in Pennsylvania are in
2662 long-term facilities.

2663 I mean, there are people that would blame Governor Cuomo
2664 for the 15,000 deaths in long-term facilities.

2665 I just think that is unfair, and it is, in my opinion,
2666 beneath the office that you hold, and I would really
2667 appreciate it if you could give a straight answer yes or no.
2668 Is President Trump responsible for 500,000 people dying from
2669 COVID?

2670 *Ms. DeGette. I am going to intercede right here. I am
2671 going to let Ms. Walensky answer, but as chair, we are going
2672 to let her answer that question that has now been asked by
2673 two people if you can do it quickly because we are running up
2674 against your time frame.

2675 Go ahead.

2676 *Mr. Palmer. Thank you, Madam Chair.

2677 *Dr. Walensky. Thank you. Thank you, Congressman.

2678 I think we have to look back. We will look back at this
2679 pandemic and recognize that there are many, many reasons why
2680 we as a country were ill prepared to tackle this pandemic
2681 that resulted in over 500,000 deaths.

2682 *Mr. Palmer. That is not an answer.

2683 *Ms. DeGette. Okay. That --

2684 *Mr. Palmer. I yield back.

2685 *Ms. DeGette. Thank you so much.

2686 And we are not going to have any more badgering of the
2687 witnesses.

2688 Mrs. Trahan, you are now recognized for 5 minutes.

2689 *Mrs. Trahan. Thank you, Chairwoman DeGette and
2690 Chairman Pallone, for holding this critically important
2691 hearing.

2692 My thanks to each of the witnesses for your steadfast
2693 leadership and dedication in combatting this pandemic has
2694 been critical to our crushing the virus and a comfort to our
2695 constituents that better days are ahead for our country and
2696 for the world.

2697 I so appreciate you taking the time to appear before
2698 this committee.

2699 So as a mother of six- and ten-year-old daughters, I
2700 would like to continue to understand the impacts of COVID on
2701 America's children. Although they may be less likely to
2702 experience severe symptoms from COVID, we should not minimize
2703 the fact that many have suffered very real harm over the past
2704 12 months.

2705 And to no one's surprise, the same COVID related health
2706 disparity suffered by Black and Hispanic adults have also
2707 befallen children of color.

2708 It was indicated earlier in this hearing that high
2709 school age children will be able to start getting

2710 vaccinations this fall, and younger children will get
2711 vaccinated by the first quarter of 2022.

2712 In the meantime, many families across the country are
2713 anxious to return to pre-pandemic activities and as a goal
2714 point that could be a vaccination. They are craving guidance
2715 on how to live, work, and socialize while we wait for our
2716 children to get vaccinated.

2717 Dr. Walensky, let me just start by saying that we are so
2718 proud back home to have you at the helm of the CDC. Thank
2719 you for your tremendous service to all of us in Massachusetts
2720 and the entire Nation during these unprecedented times.

2721 As the vaccine's clinical trials among children
2722 continue, more adults become fully vaccinated and States
2723 begin to loosen restrictions, what do parents need to know
2724 about the ongoing risks to their kids from the virus?

2725 Specifically, is there guidance other than mask wearing
2726 and social distancing that you can give or that might evolve
2727 for vaccinated parent and grandparent interactions with
2728 children under 18 awaiting the vaccine?

2729 *Dr. Walensky. Thank you for that, Congresswoman.

2730 You know, our initial guidance about what can you do
2731 when you're vaccinated was really a first step into
2732 recognizing that, in fact, there are going to be relatively
2733 low risk children who want to see their vaccinated
2734 grandparents, and those children are going to be

2735 unvaccinated, and our guidance actually permits that as long
2736 as children don't have a high-risk condition and the family
2737 members don't have a high-risk condition.

2738 Among the things that we really need to recognize is as
2739 we want to lean into more of our day-to-day activities --
2740 school sports is a really common one to discuss -- that so
2741 much of how we are able to do that depends on how much
2742 disease is in the community.

2743 Because, in fact, that disease comes in from the
2744 community into the schools. We have numerous MMWRs that have
2745 been published on football outbreaks, on outbreaks that are
2746 happening in these extracurricular activities, and they
2747 happen when there is enough disease in the community and
2748 we're not taking these mitigation efforts.

2749 So I think what's going to happen is as more and more
2750 adults get vaccinated, we will see, I hope, and as we do it
2751 quickly, the community rates come down, and our ability
2752 layered on top with screening strategies as was previously
2753 noted by Dr. Schrier, to be able to engage in some of these
2754 day-to-day activities in our children.

2755 *Mrs. Trahan. Great. Thank you.

2756 I also wanted to touch on the mental health of our
2757 children. Others have mentioned already today that there is
2758 an urgent need to invest in mental health resources and
2759 services to our youth, and the pandemic has only exacerbated

2760 this.

2761 The CDC recently found that compared to 2019, mental
2762 health related emergency room visits increased 31 percent for
2763 children between the ages of 12 and 17 from March to October
2764 of last year.

2765 I recently partnered with Congressman Cardenas to
2766 introduce the Youth Mental Health and Suicide Prevention Act,
2767 which sends funding directly to school districts to support
2768 positive mental health promotion and suicide prevention
2769 efforts in high schools.

2770 But the numbers show our children need help right now.
2771 So, Dr. Fauci, with our remaining time, what efforts are
2772 firmly underway within NIH and across the broader Federal
2773 Government to understand and respond to youth mental health
2774 challenges that have been brought on or worsened by the
2775 pandemic?

2776 *Dr. Fauci. Yes, thank you for that question.

2777 In fact, the Infectious Disease Institute that I direct
2778 is by no means the only institute that's involved in
2779 addressing a comprehensive response to the pandemic. The
2780 National Institute of Mental Health is now getting deeply
2781 involved not only in recognizing this problem, but by also
2782 trying to study its intensity and how we might respond to it.

2783 Your point is extremely well taken. We consider this
2784 one of the most serious issues related to spinoffs of the

2785 outbreak that really were not anticipated when you just think
2786 in terms of an infectious disease.

2787 *Mrs. Trahan. Well, thank you.

2788 The effects of the pandemic will be far-reaching and
2789 long-lasting, and I appreciate your being with us here today.
2790 We must be able to not only meet their needs now but also in
2791 the future.

2792 Thank you. I yield back.

2793 *Ms. DeGette. I thank the gentlelady.

2794 The chair now gives the last word to Congressman
2795 O'Halleran, who is recognized for 5 minutes.

2796 *Mr. O'Halleran. Thank you, Madam Chair. I appreciate
2797 your time and the work that went into this, bringing this
2798 together.

2799 And I appreciate the panel not just for coming here
2800 today but for all the work that they have done over the last
2801 year to get us to where we are at today.

2802 The authorization of safe and effective COVID-19 vaccine
2803 gives America hope, but we must continue to follow the CDC
2804 guidelines in the United States.

2805 The variant first identified in the United Kingdom is
2806 spreading quickly, even as we have seen a reduction in
2807 overall cases.

2808 I want to be looking forward in the coming months as to
2809 how we can be prepared to respond to future variants and

2810 future diseases with the potential to tear into global
2811 pandemics.

2812 In the American Rescue Plan, Congress allotted \$1.75
2813 billion that will be provided to the CDC for SARS-CoV-2
2814 genomics sequencing and surveillance. And there is a real
2815 urgency to this project, and we must become better at
2816 attacking new COVID variants and assuring that variants that
2817 are potentially more contagious, deadly and even resistant to
2818 variants do not spread.

2819 You know, I have a number of tribes. They got
2820 tremendously impacted, and there are a lot of disparities
2821 going on both with tribes and throughout our country. We
2822 have to also address those issues quickly.

2823 And I want to thank Dr. Walensky on the work that she
2824 had remarked on on the Navajo Tribal Utility Authority and
2825 the Navajo Energy and Construction Authority. Permanent
2826 solutions are needed in these areas.

2827 I was going to ask a series of questions of different
2828 folks, but I want to use my time to identify. We have to
2829 address this issue, but at the same time there are other
2830 viruses in the world or that may be coming that are not going
2831 to stop because we are working on just this issue.

2832 So I want to ask each of the panelists starting with Dr.
2833 Fauci. What do we need to do as Congress? We cannot afford
2834 to wait 2 years to start looking to the future. We have to

2835 do it now.

2836 So starting with Dr. Fauci, can you tell me, identify
2837 what do we need to do, how are we going to get there, and
2838 what does Congress need to do?

2839 *Dr. Fauci. Well, one of the things that Congress has
2840 already done, Congressman O'Halleran, with the American
2841 Rescue Act and the extraordinary generosity of money that was
2842 put into that is that there are components of that that are
2843 directed specifically to SARS-CoV-2 but will have spinoffs
2844 for long-term, durable preparedness for pandemics of the
2845 future.

2846 In fact, as you continue to prepare and respond to
2847 what's going on right now, you're giving the building blocks
2848 of what we're going to be doing to have the structure and the
2849 capability of responding in the future.

2850 So they really are joined. So I want to just express my
2851 appreciation and all my colleagues at the NIH for the fact
2852 that this has been done, and this money will be extremely
2853 well spent looking forward.

2854 *Mr. O'Halleran. Dr. Walensky, can you take that up?

2855 But I also want to say that is what we expect now, but
2856 what are we going to be looking for in the future? We just
2857 cannot afford, just like a military process, we cannot afford
2858 to be caught the way we were ever again.

2859 So how do we get to where we need to be.

2860 *Dr. Walensky. Thank you so much.

2861 So let me echo the gratitude for the resources that we
2862 have received to jump start things now for the \$1.7 billion
2863 for the variant genomic sequencing as you know.

2864 What we need to do is lay the foundation now, and then
2865 we need longitudinal resources to ensure that we can keep
2866 that foundation both in the public health infrastructure in
2867 epidemiology and data modernization, as well as in global
2868 health leadership and global security so that we can support
2869 global efforts, we can take global leadership, and we can
2870 create in-country capacity for our global health partners.

2871 *Mr. O'Halleran. Thank you.

2872 And just quickly, how do you feel about the fact of
2873 where we need to go?

2874 What is the time issue here as far as how soon do we get
2875 the World Health Organization to work with us continuously,
2876 the other countries of the world to do that, and to make sure
2877 that we recognize the Third World countries and the
2878 disparities in America and what has to be brought about?

2879 *Dr. Fauci. Yeah, sorry. We're doing it already
2880 because that's the reason why we went right back into the
2881 WHO. We're going to be giving the resources that had been
2882 held back, and we're doing COVAX. So we are already doing
2883 that.

2884 Dr. Walensky, you were going to say something.

2885 *Dr. Walensky. I was going to echo, Doctor, what you
2886 said.

2887 We're already working in 60 countries with over 150
2888 projects. We're actively engaged with the WHO, and we have a
2889 longstanding partnership with them.

2890 *Mr. O'Halleran. Madam Chair, I would just wish that
2891 everybody would bring the continuing work back to us, please,
2892 and on a regular basis.

2893 Thank you, Madam Chair. Sorry for going over.

2894 *Ms. DeGette. I thank the gentleman. That was the
2895 perfect ending segment for our questions because it leads me
2896 to thank all three of our witnesses for being here and your
2897 wonderful testimony, your leadership on confronting this
2898 terrible, terrible pandemic in the last year, and your
2899 leadership as we go forward to vanquishing this foe and also
2900 to looking to be able to address anything that comes forward.

2901 So we appreciate it. We know we will see you back again
2902 in front of this subcommittee.

2903 I want to remind members that pursuant to the committee
2904 rules, they have 10 days to submit additional questions for
2905 the record to be answered by witnesses who appear before the
2906 subcommittee.

2907 And I know all of the witnesses will respond promptly to
2908 any questions if you receive any.

2909 We do have one request for unanimous consent on a

2910 document. That is Mr. Burgess' request to insert an op-ed
2911 from the New York Times, dated June 8, 2020.

2912 And without objection, it will be ordered.

2913 [The information follows:]

2914

2915 *****COMMITTEE INSERT*****

2916

2917 *Ms. DeGette. And with that, thanks again to our
2918 witnesses and all the members who stayed, and this
2919 subcommittee is adjourned.

2920 [Whereupon, at 12:33 p.m., the subcommittee was
2921 adjourned.]