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6 UNMASKING THE CHALLENGES CDC FACES IN REBUILDING

7 PUBLIC TRUST AMID RESPIRATORY ILLNESS SEASON

8 THURSDAY, NOVEMBER 30, 2023

9 House of Representatives,

10 Subcommittee on Oversight and Investigations,

11 Committee on Energy and Commerce,

12 Washington, D.C.

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16 The subcommittee met, pursuant to call, at 10:00 a.m. in
17 Room 2322, Rayburn House Office Building, Hon. Morgan
18 Griffith [chairman of the subcommittee] presiding.

19

20 Present: Representatives Griffith, Burgess, Guthrie,
21 Duncan, Palmer, Lesko, Crenshaw, Armstrong, Rodgers (ex
22 officio); Castor, DeGette, Schakowsky, Tonko, Ruiz, Peters,
23 and Pallone (ex officio).

24 Also present: Representative Dingell.

25

26

27 Staff Present: Sean Brebbia, Chief Counsel; Lauren

28 Kennedy, Clerk; Tara Hupman, Chief Counsel; Emily King,
29 Member Services Director; Chris Krepich, Press Secretary;
30 Molly Lolli, Counsel; Karli Plucker, Director of Operations
31 (shared staff); Gavin Proffitt, Professional Staff Member;
32 Emma Schultheis, Staff Assistant; John Strom, Senior Counsel;
33 Austin Flack, Minority Junior Professional Staff Member;
34 Waverly Gordon, Minority Deputy Staff Director and General
35 Counsel; Mary Koenen, Minority GAO Detailee; Will McAuliffe,
36 Minority Chief Counsel, Oversight and Investigations;
37 Constance O'Connor, Minority Senior Counsel; Christina
38 Parisi, Minority Professional Staff Member; Harry Samuels,
39 Minority Oversight Counsel; Andrew Souvall, Minority Director
40 of Communications, Outreach, and Member Services; Caroline
41 Wood, Minority Research Analyst; and C.J. Young, Minority
42 Deputy Communications Director.

43

44 *Mr. Griffith. The Subcommittee on Oversight and
45 Investigations will now come to order.

46 I now recognize myself for a five-minute opening
47 statement.

48 Today's hearing is the first opportunity for Congress to
49 hear testimony from Dr. Mandy Cohen since she was appointed
50 the CDC, Centers for Disease Control and Prevention, director
51 in July.

52 Dr. Cohen, congratulations on your appointment. You are
53 taking the reins of the CDC at a critical time in the
54 agency's history, and you have a heavy task ahead. As I said
55 at our June oversight hearing, the COVID-19 pandemic revealed
56 that we did not have the CDC we thought we had. I am looking
57 forward to hearing about how you plan to change that.

58 This hearing is also an opportunity for us to hear
59 firsthand about how the CDC is responding to the ongoing
60 respiratory virus season. I am particularly interested in
61 hearing about how CDC is helping to mitigate the shortage of
62 respiratory syncytial virus, or RSV, immunization for all
63 infants. We have already heard reports that RSV cases are
64 rising sharply in certain areas of the country and that some
65 hospitals are in surge mode.

66 With unprecedented demand for RSV immunizations this
67 year leading to supply constraints, I hope we will hear what
68 the CDC plans to do to ensure we have a sufficient supply of

69 product for the seasons to come. It is great that we have a
70 safe, effective RSV immunization to protect our children, but
71 it does us little good if we don't do a better job at
72 preventing supply constraints. Questions remain.

73 How is the CDC planning to rebuild public trust in the
74 agency?

75 Has the CDC learned from the mistakes it made during the
76 COVID-19 pandemic?

77 Is the CDC committed to making the hard and deep reforms
78 needed to avoid repeating those same mistakes?

79 While I am looking forward to hearing your testimony on
80 these points, I candidly haven't seen much outward evidence
81 yet that the CDC has taken the failings of the COVID-19
82 pandemic to heart.

83 Another area I have grave concerns about is the
84 detrimental effect extended school closures have had on our
85 kids' learning. According to a report by the National
86 Assessment of Educational Progress, the average testing
87 scores for U.S. 13-year-olds has hit the lowest level in
88 decades.

89 According to the New York Times report from earlier this
90 month, school closures led to 50 million children, including
91 my own, being out of the classroom, causing these students to
92 miss an extremely crucial time in their lives since they were
93 forced to attempt to learn from home. And let me assure you,

94 learning from home for school-aged children is not as
95 effective as being in the classroom. In the same report The
96 Times claims this may prove to be the most damaging
97 disruption in the history of American education. The damage
98 wrought by school closures was enormous, and our children
99 will be living with its consequences for decades.

100 As I have said before, for better or worse, CDC
101 recommendations and guidance carry great weight. They were
102 used to justify not only school closures, but prohibiting
103 nursing home visitations and vaccine mandates that would have
104 resulted in millions of Americans losing their jobs.

105 In addition, businesses, fitness centers, and worst of
106 all, churches and other places of worship were closed.

107 Further, the discovery of an illegal biolab in Reedley,
108 California exposed more problems at CDC. CDC's management of
109 the Federal Select Agent program has been subject to
110 criticism in the past for inadequate investigations in
111 response to biosecurity incidents, including investigations
112 from this very subcommittee. Reading the China Select
113 Committee's report showed how inadequate CDC's approach to
114 the Select Agent program is. CDC initially refused to even
115 investigate the lab, and only did so once they were contacted
116 by Democratic Representative Jim Costa of California.

117 The CDC even refused to test any of the thousands of
118 pathogen samples that may have contained, and could have

119 contained, unknown and dangerous pathogens.

120 The agency also failed to take meaningful action
121 regarding a refrigerator that was labeled "Ebola" during
122 their so-called investigation. CDC's response was totally
123 inadequate, and failed to provide any support for the local
124 government, and put the public at risk through indifference.
125 This is not acceptable, and the CDC must do better.

126 As we look to the future it is clear that the CDC needs
127 to do more than just a reset. There needs to be a seismic
128 shift. The agency announced in April of 2022 that they were
129 going to undergo a reform by starting to review their
130 processes and structures in place. Since, they have made a
131 handful of changes but more is needed. I know that you have
132 not been there long enough to implement a seismic shift, but
133 I hope we can start to see CDC guidance driven by the latest
134 science and robust evidence.

135 In closing, I hope your tenure as director will start
136 that process and reinvigorate this important agency. Thank
137 you.

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

139

140 *****COMMITTEE INSERT*****

141

142 *Mr. Griffith. And I yield back to myself, and now
143 recognize the subcommittee ranking member, Ms. Castor, for
144 her five-minute opening statement.

145 *Ms. Castor. Well, thank you, Mr. Chairman, and good
146 morning, everyone.

147 Welcome, Dr. Cohen. Thank you for your service as the
148 newest director of the Centers for Disease Control and
149 Prevention. The timing of your appearance here today is very
150 important, as we want to ensure that all Americans have all
151 necessary information to protect themselves from respiratory
152 disease as we head into the season of higher infections and
153 illness by -- driven by flu, COVID-19, and RSV.

154 This subcommittee held a hearing in July on how CDC can
155 improve its effectiveness in performing its core public
156 health missions, but they did so without having anyone from
157 the CDC who could provide a substantive update. So
158 thankfully, we can hear directly from Dr. Cohen today about
159 her priorities to help Americans stay healthy and to prevent
160 and fight disease.

161 One of the strengths of the CDC is that it works in
162 collaboration with states and local communities. Strong
163 public health partnerships and infrastructure are our best
164 line of defense against disease. Families, communities,
165 businesses, and policymakers like us rely on up-to-date
166 information to understand risks and to devise prevention

167 strategies. Working together, we can improve the lives and
168 health of Americans.

169 Earlier this week CDC released data showing that life
170 expectancy in America last year increased slightly after a
171 decrease in 2020 and 2021 due to the heavy toll caused by
172 COVID-19, where over 1 million Americans lost their lives.
173 Even with that slight improvement, we are struggling compared
174 to other wealthy countries.

175 Nevertheless, thanks to the historic emergency
176 legislation passed by Democrats in the last Congress and the
177 extraordinary efforts of communities and health professionals
178 across the country and the Biden Administration, we have put
179 the dark days of the pandemic behind us, and we can focus
180 anew on ongoing public health threats like heart disease,
181 cancer, maternal mortality, opioid addiction, suicides, and
182 gun violence.

183 For a country that is grappling with debts and deficits,
184 and for families looking to lower health care costs, it is
185 more important than ever that we ensure that all Americans
186 have access to good nutrition and lifesaving vaccines, and
187 that they don't start smoking cigarettes.

188 Unfortunately, nearly four years after the onset of the
189 COVID-19 pandemic, some of my Republican colleagues continue
190 to aggressively undermine cost-saving prevention work and
191 malign scientists performing lifesaving medical research.

192 The Republican majority has actively opposed strengthening
193 public health, and failed to use the lessons learned to
194 better position America to respond to a future health
195 emergency. Republican budgets in Congress tell the story.
196 Instead of working to keep our neighbors safe and avoid
197 higher health care costs, Republicans want to take us
198 backwards through harmful cutbacks, shutdowns, and budget
199 showdowns.

200 Meanwhile, Democrats are working to put people over
201 politics to keep our neighbors healthy and well, to prevent
202 unnecessary hospitalizations and deaths, and to be ready for
203 the next Ebola or Zika or coronavirus. You never know what
204 is going to happen.

205 For example, earlier this summer in Sarasota, Florida,
206 just south of me, they experienced a surprising outbreak of
207 malaria, with patients hospitalized. Thank goodness, CDC
208 experts jumped in to aid the community and develop a
209 containment and prevention strategy. See, there hasn't been
210 a malaria outbreak in the United States in 20 years, and that
211 is good, because malaria is one of the world's greatest
212 public health problems, and it infects approximately 219
213 million people each year with over 600,000 deaths.

214 So we are grateful for the strong response by CDC, but
215 it is also a great example of the importance of timely
216 information for the public. Access to timely health

217 information became entirely too political during COVID, when
218 some officials in my state and in other places concealed and
219 altered information that the public needed. So I hope we can
220 all work together to improve the availability of accurate and
221 timely health information for the public.

222 Even in the best of circumstances, CDC has a very
223 difficult job. While some politicians are intent on
224 discrediting CDC or actively spreading misinformation, as the
225 former President Trump did repeatedly in 2020 during the
226 height of the coronavirus pandemic, and as the governor and
227 surgeon general in my state of Florida continue to do so
228 today, gosh, the job gets so much harder.

229 So we can do better. We can come together to support
230 the public, improve the public health, make sure that all
231 Americans, our neighbors, stay healthy and well. So I look
232 forward to hearing from Dr. Cohen today about CDC's efforts
233 to strengthen prevention efforts and keep Americans healthy
234 and safe.

235 [The prepared statement of Ms. Castor follows:]

236

237 *****COMMITTEE INSERT*****

238

239 *Ms. Castor. Thank you, and I yield back my time.

240 *Mr. Griffith. I thank the gentlelady. I now recognize
241 the chair of the full committee, Mrs. Rodgers, for her five-
242 minute opening statement.

243 *The Chair. Thank you, Chair Griffith. And I would
244 also like to welcome and congratulate Director Cohen as
245 becoming the director of the Centers for Disease Control and
246 Prevention.

247 I believe that we must have a transparent and honest
248 conversation about the future of CDC, an agency that was
249 never _ and needs to be _ authorized by Congress. Director
250 Cohen, you might be the last appointed CDC director without a
251 Senate confirmation. And your actions and decisions can help
252 return the CDC back to its fundamental mission, or your
253 actions could allow the CDC to drift further away and worsen
254 public trust.

255 We want to hear from you today about CDC's preparedness
256 for the current wave of seasonal viruses such as flu, RSV,
257 and COVID-19. And at the same time we want to examine CDC's
258 past decisions and guidance to understand how you are taking
259 lessons learned from COVID-19 and Mpox, and other recent
260 public health threats to improve our current and future
261 public health strategies.

262 This is a chance to restore transparency and build
263 public trust in our health institutions, and ensure that

264 CDC's issued guidance is clear, practical, and consistently
265 relevant and up to date with the latest science. Sometimes
266 this may include telling the American people what the CDC
267 does and doesn't know.

268 To put this bluntly, your predecessors took bad advice.
269 They acted on bad advice due to political pressure, and
270 misled the American people. The institution you now run
271 influenced schools to remain closed by listening to non-
272 scientific stakeholders, namely the teachers unions. And
273 because of their guidance to keep schools closed for an
274 extended period, our children, the very future of our
275 country, now suffer generational learning loss and
276 devastating mental health conditions.

277 The gravity of the situation is clear. If we fail to
278 restore trust in public health institutions and correct past
279 mistakes, the consequences for our children and our country
280 could be dire. It is in this context of urgency that we must
281 consider the substantial investments made during the
282 pandemic. Congress provided schools with \$190 billion to
283 combat COVID, allocating the estimated 20 percent to mitigate
284 learning loss. And despite these efforts, students in grades
285 three through eight are lagging months, if not years, behind
286 in reading and math abilities. Nationwide, our children's
287 academic performance has suffered a historic decline, with
288 reading and math scores plummeting to the lowest levels in 30

289 years.

290 Further, school attendance is down, and students are
291 dealing with a crisis of loneliness. These facts are not
292 merely statistics. They are our children, our nieces and
293 nephews, our neighbor's children. They are the next
294 generation. And right now, this is a stark indication of the
295 broader fallout from actions taken during the COVID-19
296 response that we are only beginning to uncover.

297 As we reflect on the events that led us to this point,
298 we must acknowledge the weight of responsibility that comes
299 with being the director of the CDC. The agency's guidance
300 has far-reaching implications, affecting not just public
301 health, but our day-to-day lives and the overall well-being
302 of our children.

303 It is imperative that we see a commitment to cooperating
304 with Congress. Too many of our inquiries to your predecessor
305 went inadequately answered or wholly ignored, and I think we
306 all agree that being transparent with us and the Americans
307 that we represent is foundational to restoring trust.

308 I know this is your first time testifying before
309 Congress as director of the CDC, but this hearing is more
310 than a procedural formality. It is a pivotal moment for
311 accountability and reassessment. The insights shared today
312 will not only shed light on past decisions, but will also
313 take a step toward rebuilding trust. This hearing is an

314 opportunity to share how you will apply lessons learned to
315 the current respiratory illness season, as well as future
316 decisions by the CDC.

317 Director Cohen, you have an opportunity today to inform
318 the committee and the American people how you plan to lead as
319 director, and we look forward to your testimony and hearing
320 about how you are going to lead the CDC moving forward and
321 restore public trust. Thank you again for being here.

322 [The prepared statement of The Chair follows:]

323

324 *****COMMITTEE INSERT*****

325

326 *The Chair. Chair Griffith, I yield back.

327 *Mr. Griffith. I thank the lady for yielding back, and
328 now I recognize Mr. Pallone, the ranking member of the full
329 committee, for his five-minute opening statement.

330 *Mr. Pallone. Thank you, Mr. Chairman, and thank you
331 for being here, Dr. Cohen, and I look forward to your
332 testimony today and to working with you on all the important
333 issues that the Centers for Disease Control and Prevention is
334 tackling.

335 Particularly at this time of year it is critical that we
336 make every effort to extend access to vaccines against
337 seasonal respiratory illnesses to all Americans. With new
338 options and new methods of vaccine delivery, it takes a
339 coordinated effort between the CDC, local health departments,
340 and those who are on the ground distributing and
341 administering these vaccines. And right now, COVID-19
342 vaccines are being distributed commercially and not by the
343 government for the first time since the beginning of the
344 pandemic.

345 The RSV vaccine is also now available for the first time
346 for older Americans, and it is critical that we communicate a
347 clear message to Americans about where and how to get
348 vaccinated to protect themselves and their families from
349 respiratory illness.

350 Now, the CDC has produced a comprehensive campaign to

351 inform the American public about the availability of
352 COVID-19, influenza, and RSV vaccines. Providing clear
353 guidance based on the best available science is core to CDC's
354 mission, and it is encouraging to see you personally
355 contributing to this campaign, Dr. Cohen.

356 But Congress has to also do its part. We must ensure
357 that CDC has the resources and authorities needed to best
358 serve the American people and protect our health and well-
359 being. The COVID-19 pandemic exposed systematic shortcomings
360 in our public health infrastructure and preparedness that we
361 must address. But instead of coming together to advance the
362 Bipartisan Pandemic and All-Hazards Preparedness Act, or
363 PAHPA, reauthorization that applies the hard lessons learned
364 from the pandemic, our Republican colleagues pushed an
365 inadequate and partisan reauthorization through this
366 committee.

367 And I continue to be astonished and disappointed that we
368 still can't agree on the hard lessons learned during the
369 pandemic. The very title of this hearing shows that my
370 Republican colleagues have disdain for masks, which was an
371 important and effective tool in reducing the spread of the
372 deadly virus. It is unfortunate. It is unfortunate that a
373 rejection of science seems to have taken hold of House
374 Republicans, and this refusal to learn from the past makes it
375 very difficult to find a bipartisan path forward on necessary

376 and important legislation to protect the American people as
377 we go forward.

378 Over and over again, public health experts have told us
379 that having access to timely data during the pandemic was
380 critical to an effective response. Access to updated,
381 streamlined, and coordinated data is essential in order for
382 CDC to provide recommendations, guidance, and public health
383 information to the general public in a way that is useful and
384 timely. And better health information means better guidance
385 for the public.

386 Unfortunately, our Republican colleagues refused to
387 include such a provision in their extreme and partisan PAHPA
388 reauthorization bill. Democrats, on the other hand, are
389 committed to future preparedness, and will continue to work
390 towards that goal. We saw what happened during the early
391 days of the pandemic, and we should do whatever we can to
392 avoid relearning those horrible lessons.

393 And I certainly hope we can have a productive discussion
394 today with Dr. Cohen about her vision and priorities for CDC.
395 We understandably spent a lot of time talking about COVID,
396 but there are countless other health issues that CDC is
397 always addressing domestically and globally, such as maternal
398 mortality and morbidity, the opioid epidemic, mental health,
399 rates of sexually-transmitted infections, and shortages in
400 our health care workforce. And all of this work depends on

401 good data and a sound public health infrastructure that
402 enables effective communication between CDC and local
403 governments across the country.

404 We have to be able to spot threats early and evaluate
405 the effectiveness of interventions so that Americans can
406 receive the guidance and the assistance they deserve. But
407 Congress also needs to ensure that CDC has adequate resources
408 to do its work. You only need to look at the House
409 Republicans' extreme appropriations bill to see that they are
410 not serious about strengthening our public health system.

411 House Republicans want to cut 1.6 billion from CDC's
412 current funding level. This drastic funding cut would
413 seriously undermine CDC's ability to perform its vital
414 mission, and would endanger public health and safety. So it
415 once again shows how House Republicans continue to cave to
416 the extreme elements in their party who have no interest in
417 governing, in my opinion. So it is time for Congress to be a
418 partner, not an impediment to making important and necessary
419 reforms that make our nation safer.

420 So I thank you, Dr. Cohen, and I am pleased, Mr.
421 Chairman, that we are having this important hearing today.

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

423

424 *****COMMITTEE INSERT*****

425

426 *Mr. Pallone. Thank you again, I yield back.

427 *Mr. Griffith. I thank the gentleman for yielding back.
428 This concludes members' opening statements.

429 Members are reminded that, pursuant to committee rules,
430 all members' written opening statements will be made part of
431 the record. But be sure to provide those opening statements
432 for the record to the clerk promptly.

433 We want to thank our witnesses for being here today and
434 taking time to testify before the subcommittee. You will
435 have the opportunity to give an opening statement, followed
436 by a round of questions for members.

437 Our witness today is Dr. Mandy Cohen, director of the
438 Centers for Disease Control and Prevention.

439 We appreciate you taking your time to be here today, and
440 look forward to hearing from you. As you know, if you
441 testify in front of this committee, we generally _ I guess
442 always, I don't _ I can't recall a time we didn't _ we take
443 our evidence under oath. Do you have an objection to
444 testifying under oath today?

445 Seeing that the gentlelady has not objected, we will
446 proceed.

447 The chair also advises you you are entitled to be
448 advised by counsel, pursuant to House rules. Do you desire
449 to be advised by counsel during testimony today?

450 *Dr. Cohen. No, sir.

451 *Mr. Griffith. All right. Seeing that she has not
452 requested to have counsel present, would you please rise and
453 raise your right hand?

454 [Witness sworn.]

455 Seeing the witness answering in the affirmative, you may
456 now sit down. You are now sworn in and under oath, subject
457 to the penalties set forth in Title 18, Section 1001 of the
458 United States Code.

459 With that, we will now recognize Dr. Cohen for your
460 five-minute opening statement.

461

462 TESTIMONY OF THE HON. MANDY COHEN, M.D., DIRECTOR, CENTERS
463 FOR DISEASE CONTROL AND PREVENTION

464

465 *Dr. Cohen. Well, thank you, Chairman Griffith, Ranking
466 Member Castor, and distinguished members of the subcommittee.
467 It is an honor to appear before you today.

468 CDC is a critical national security asset, putting data
469 and evidence into action to protect this country's health and
470 safety, and I am privileged to lead this dedicated team. I
471 step into this role acknowledging the unprecedented
472 challenges the agency and the country faced during COVID, and
473 that the health threats are going to continue to impact the
474 security and safety of Americans. A CDC is that trusted and
475 has the tools to effectively and quickly respond to the next
476 public health challenges, and it's foundational to combating
477 these threats [sic].

478 This year's fall and winter respiratory season provides
479 an opportunity to see CDC's core capabilities in action
480 across three domains: first, rapidly detect and respond to
481 health threats; second, provide timely, common-sense,
482 evidence-based solutions to protect and improve health; and
483 third, build towards a broader, integrated, effective system
484 that protects the public's health.

485 So first, to be our national security asset that this
486 country needs to rapidly detect and respond to health threats

487 requires faster and more transparent information, and we are
488 already putting lessons learned into action through our
489 respiratory disease forecasts and a new respiratory season
490 website, and that, for the first time, we are giving a
491 combined view of COVID, flu, and RSV.

492 CDC is taking action to provide timely, transparent
493 updates to help people make informed decisions on how they
494 will protect themselves and their families against
495 respiratory viruses in their community. You can go to our
496 website right now and see that RSV season is in full swing.
497 The flu season is just beginning across most of the country,
498 though accelerating fast. And while we are seeing relatively
499 low levels of COVID, COVID is still the primary cause of new
500 respiratory hospitalizations and deaths, which about _ with
501 about 15,000 hospitalizations and about 1,000 deaths every
502 single week.

503 CDC is also leveraging innovative tools to more quickly
504 detect disease trends. For example, in collaboration with
505 state and local jurisdictions, CDC is utilizing wastewater
506 surveillance to rapidly detect spreading disease in
507 communities. Just this week CDC launched an updated
508 wastewater data dashboard providing public health
509 practitioners and the public early insights into the spread
510 of infectious diseases in communities. It is data that can
511 be translated into action.

512 Second, we are also applying lessons learned by
513 providing Americans with clear and timely solutions to
514 protect their health. And there is good news. With the
515 approval of new RSV immunizations for the first time, we now
516 have immunizations available for all three major fall and
517 winter respiratory diseases. Immunizations against COVID,
518 flu, and RSV remain the safest and most effective protection
519 for avoiding severe illness and death, and I have been
520 traveling around the country talking about the importance of
521 vaccination, answering questions, and meeting with our
522 vaccinating partners on the front lines.

523 Finally, as we build a stronger CDC, it's critical that
524 we build upon and strengthen the infrastructure and systems
525 developed during the pandemic response for a more integrated
526 and effective public health system. CDC must have the public
527 health data system that is integrated with health care and
528 our jurisdictional partners. Unfortunately, with the end of
529 the public health emergency, CDC is more limited in our
530 ability to show county-level information for COVID and for
531 other infectious diseases like flu and RSV.

532 Now, CDC is working hard and fast to put in place
533 agreements with our partners to improve access to data at the
534 jurisdictional level and to enable a robust national
535 situational awareness. But even with these agreements in
536 place and the important enhancements we have made to our data

537 capabilities, absent new policy levers and resources from
538 Congress there will continue to be a highly concerning
539 limitation in the information CDC can use to protect health
540 security.

541 Further, CDC recently launched the Bridge Access Program
542 to address gaps in vaccine access. The program provides no-
543 cost COVID vaccines to un and under-insured adults for a
544 limited time. This program is a temporary fix to
545 longstanding barriers to adult vaccination. Without a
546 permanent program, the next time there is a vaccine-
547 preventable outbreak, the country will need to build a system
548 to distribute and administer vaccines to adults who are un
549 and under-insured.

550 In closing, CDC is committed to protecting Americans
551 from emerging health threats. And to do this, we must be
552 transparent, provide clear communication, and collaborate
553 across government and with other public and private partners.
554 But even as CDC takes concrete steps to achieve these goals,
555 we know we cannot do it alone. We do need help from Congress
556 to support a CDC that has both the resources and the policy
557 levers to be the national security asset we all need.

558 I look forward to working with you on these important
559 goals, and I'm happy to take any questions. Thank you,
560 Chairman.

561

562 [The prepared statement of Dr. Cohen follows:]

563

564 *****COMMITTEE INSERT*****

565

566 *Mr. Griffith. Thank you very much for your testimony.
567 We will now begin the question-and-answer portion of the
568 hearing, and I will begin the questioning and recognize
569 myself for five minutes.

570 So we have heard a lot in the opening statements, you
571 know, people going back and forth. But even though we want
572 CDC and our health community to give us the data and the
573 science, that did not always appear to be the case during
574 COVID-19. So that brings up my first question.

575 I have concerns surrounding the potential conflict of
576 interest between the CDC and the CDC Foundation, which
577 accepts millions of dollars annually in private financing
578 with minimal reporting requirements or disclosures regarding
579 how these funds are to be spent, or whether there are strings
580 attached when those funds come into the Foundation. That
581 results in the concern that private donors may be influencing
582 public health policy at the CDC through the Foundation.

583 What assurances can you provide us that there are
584 appropriate checks and balances between the CDC and the CDC
585 Foundation, especially when it comes to transparency?

586 *Dr. Cohen. Well, thank you, Chairman. Transparency is
587 very important to me, and I am working hard to make sure that
588 we can collaborate with many partners.

589 As you likely know, the CDC Foundation is chartered in
590 law. So they exist because Congress asked them to exist.

591 And they are doing work in alignment with the CDC mission,
592 right, to protect the health of this country, though they do
593 have a separate board, and an independent way of raising
594 dollars, and do act independently from us. So we are trying
595 to accomplish the same mission of protecting health.

596 *Mr. Griffith. But I think it is fair to say that you
597 can assure us that you will not allow any donations from
598 individuals to the Foundation to affect your sound decisions
599 in making decisions as the head of the CDC. Yes or no?

600 *Dr. Cohen. I will continue to make sure that I am
601 making decisions on behalf of the CDC that are in accordance
602 with the data and the evidence _

603 *Mr. Griffith. Perfect.

604 *Dr. Cohen. _ from our _

605 *Mr. Griffith. I have got to move on because time is
606 limited, even for the chair of the sub.

607 So Dr. Cohen, since you have become the CDC director,
608 the level of cooperation from the CDC in response to this
609 committee's oversight has been a little bit disappointing.
610 CDC specifically has not responded to certain letters.
611 Instead, we have received letters signed by HHS Assistant
612 Secretary for Legislation. Even these responses did not
613 respond to all of our questions or provide a single document.
614 Instead, the responses recounted publicly-available
615 information.

616 Under your leadership, as you get your legs _ your sea
617 legs under you, I hope that CDC will work with us to do our
618 role as oversight. Will you commit to working with us and
619 having the CDC cooperate with our oversight for the
620 betterment of the nation, yes or no?

621 *Dr. Cohen. Chairman, I look forward to working with
622 you. I think it is really important, as I said in my opening
623 statement, that we work closely with Congress, and I look
624 forward to working with you personally.

625 I built relationships across the aisle in North
626 Carolina, and I look forward to doing that here in this new
627 role.

628 *Mr. Griffith. Yes, ma'am. Thank you.

629 With the current surge in respiratory disease in China,
630 this subcommittee sent a letter to you just yesterday _ so we
631 don't expect an answer yet _ but just yesterday regarding
632 this mysterious uptick in cases. Our hope is that _ you
633 know, and if you need us to help, we will, but we are hoping
634 that you can put some pressure in an attempt to try to get
635 China to not mislead the world as they did with COVID-19.

636 What steps is your agency taking, is CDC taking to
637 ensure that you can gather all the complete and accurate data
638 regarding this mysterious uptick in respiratory illnesses in
639 China?

640 *Dr. Cohen. Well, thank you, Chairman. On that,

641 obviously, it is really important that CDC continues to do
642 our global work and do this scientific diplomacy.

643 What we know as of right now, today, of what is
644 happening in China, they are having an increase in some of
645 their respiratory illness. They are seeing it in the
646 northern part of their country. They are seeing an uptick in
647 their pediatric population. What we do know as of, again, as
648 of today, is we do not believe this is a new or novel
649 pathogen. We believe this is all existing _ meaning COVID,
650 flu, RSV, mycoplasma and _ but they are seeing an upsurge.

651 You know, we do have an office, CDC does, in China. And
652 our officials have been in touch with our counterparts to
653 make sure that we're understanding the situation there, that,
654 you know, they were sharing back with us, again, not a novel
655 pathogen _

656 *Mr. Griffith. And you will keep us informed?

657 *Dr. Cohen. We will.

658 *Mr. Griffith. I appreciate that.

659 *Dr. Cohen. Thank you.

660 *Mr. Griffith. According to conversations the Select
661 Committee on China had with local officials of Reedley,
662 California, the CDC refused to take phone calls from city and
663 county officials about that biolab. Why wouldn't the CDC
664 prioritize a call on a serious and potentially deadly issue?

665 *Dr. Cohen. Chairman, we take very seriously working

666 with our state and local partners. We work very closely and
667 collaboratively. And I know in this case, when we were _
668 again, we did not lead the investigation, but when we were
669 invited to join and investigate related to select agents at
670 that lab, we did so. We went on site for two-and-a-half days
671 and completed that investigation.

672 *Mr. Griffith. Well, what can you tell me about this
673 Ebola refrigerator?

674 *Dr. Cohen. So we did a two-and-a-half day
675 investigation. We took 300 photos, looked at everything.
676 Our team did not see anything that said "Ebola" anywhere.

677 *Mr. Griffith. Okay.

678 *Dr. Cohen. When we heard, after the fact, that someone
679 said it was labeled "Ebola," we immediately followed up and
680 said, "Do you have a picture? Is there any evidence?" They
681 could not produce that. So I think that was an erroneous
682 inclusion in that report.

683 *Mr. Griffith. Okay.

684 *Dr. Cohen. We do not believe that there was any select
685 agents on premises at that lab.

686 *Mr. Griffith. Yes. It is a dangerous world. Be
687 careful out there.

688 I yield back and now recognize Ms. Castor for her five
689 minutes of questions.

690 *Ms. Castor. Thank you, Mr. Chairman.

691 Dr. Cohen, thank you for your testimony and the
692 important updates on what CDC is doing to educate the public
693 on influenza, COVID-19, and RSV during this season.

694 Having all three vaccines available represents great
695 progress in protection against these viruses, and it provided
696 me an opportunity to check in with health providers at home.
697 And they are quite enthused about having all of these tools
698 at their disposal, especially the new vaccine for RSV for
699 infants and pregnant women.

700 And I cannot agree with you more about the importance of
701 ensuring CDC has consistent access to timely public health
702 data. When a public health threat arises anywhere in the
703 country, communities cannot mount an effective response if
704 they don't know what is happening on the ground. Quick
705 action in a health emergency saves lives.

706 During the COVID-19 pandemic, Congress authorized and
707 CDC worked to efficiently collect and analyze data from
708 states and localities. But as we learned, spending a lot of
709 time on these processes during a pandemic was a distraction
710 from the missions that -- where we could have been preventing
711 the spread and treating the sick. So that is why I was
712 heartened to see a positive example of a quick and effective
713 CDC response recently in Sarasota on malaria.

714 Can you -- can you walk us through what -- how that
715 worked, and the importance of data gathering, and then what

716 you all were able to do on containment and prevention?

717 *Dr. Cohen. Well, thank you, Ranking Member Castor.

718 This was, you know _ working on the first domestically
719 acquired malaria in 20 years that our country has seen was, I
720 think, an example of how local, state, and Federal officials
721 work really well together.

722 And I think a good news story in that when we were _ we
723 identified, again, those first few cases of domestically
724 acquired malaria that we hadn't seen in 20 years, the local
725 leaders were very much on top of it, but were able to reach
726 back to state, and then to us at CDC to ask for assistance.
727 We were able to provide technical assistance related to how
728 to control the mosquitoes, how to think about treatment for
729 the individuals. We gave out guidance to the local
730 communities, as well as the health care providers in that
731 agency to make sure that they were looking for additional
732 cases. We provided some back-up laboratory capability for
733 the area, and we also made sure to look at all of the
734 mosquitoes in the area to make sure we weren't seeing further
735 malaria in those mosquitoes.

736 So a partnership here again, local, state, and Federal
737 together, and the good news story is we did not see any
738 continuation of malaria. It's really important to stop it
739 quickly. It was really important to have the data to put out
740 evidence-based guidance very quickly, and to take action,

741 right, to make sure we were spraying for mosquitoes, again,
742 making sure we were taking protective measures. And I think
743 a good news story of saying that's public health at work.

744 Now, public health sometimes, when it is a success, it
745 can be often invisible. Right? I bet most folks in Florida
746 don't even know that public health was working for them. But
747 it was, and I am very proud of the team's effort _ again,
748 state, local, and Federal together.

749 *Ms. Castor. And I bet a lot of members here weren't
750 even aware of it. And thankfully, no one lost their life.
751 And think about it. In a tourism-based economy, if something
752 -- if a public health threat gets out of control or takes
753 off, then it really hurts. It hurts a lot of people.

754 The -- talk a little bit about RSV. You know, we are
755 used to hearing about flu, and get your flu shot every year.
756 People are all too familiar with COVID. But RSV, why is it
757 more prevalent now, and why is it so important for pregnant
758 women and infants to get the vaccination?

759 *Dr. Cohen. Yes. So RSV is another virus, a
760 respiratory virus that circulates in the winter season. It
761 really impacts our older adults, our seniors, and our young
762 babies.

763 Babies, usually by the age, you know, two or three
764 years, have been exposed to RSV already. We know that
765 because of the pandemic we did stay home for a period of

766 time, and so there was a cohort of kids that did not get
767 exposed to RSV. And then when the _ we were all having
768 lovely Thanksgivings and Christmases again we did see higher
769 rates of circulation. And because children hadn't been
770 exposed to that before, then they were newly infected with
771 RSV. And we know young babies have little lungs and little
772 bronchioles, and sometimes get more sick from RSV.

773 The good news for this season, which we haven't ever
774 before had, is a vaccine for our older adults over 60 and an
775 immunization for our infants. It is a long-acting
776 monoclonal, which means we are giving antibodies directly to
777 babies to protect them from RSV. So we are in a different
778 place, but we know that there is a limited supply of that
779 immunization for our babies, so still need for parents to
780 take precautions.

781 And for our pregnant moms, we also have a vaccine
782 between _ for pregnant moms between 32 and 36 weeks pregnant,
783 where they can get vaccinated, build up antibodies, and pass
784 those along to their babies to be protected, as well.

785 *Ms. Castor. Excellent. Thank you.

786 I yield back my time.

787 *Mr. Griffith. I thank the gentlelady.

788 In regard to mosquitoes, the *Aedes aegypti* modified
789 mosquito by Oxitec, which I think is a great control, not
790 your jurisdiction, but NIH and FDA are working on that.

791 Dr. Burgess, I look forward to hearing your five minutes
792 of questioning.

793 *Mr. Burgess. Thank you, Chairman. I don't share your
794 optimism about the FDA and the Oxitec mosquito, but that is a
795 separate discussion.

796 Director Cohen, thank you for being here today.
797 Obviously, your first time before this committee in your role
798 as CDC director, but it is not your first time before this
799 committee. Your role in CMS in previous congresses. Thanks
800 for talking with us at the Doctors Caucus.

801 We all share the goal of rebuilding the faith and trust
802 in the CDC, because I think most of us recognize we need a
803 well-functioning and respected CDC in order to protect the
804 American people. And you have shared some of your vision
805 with us about how we travel that road, but one thing missing
806 is the _ to the degree that there has been self-reflection
807 and decisions made as far as governance and how things work
808 internally at the CDC, are you free to speak on that?

809 *Dr. Cohen. About the internal work of the CDC?
810 Absolutely.

811 *Mr. Burgess. Well, and what you have done internally
812 to change _ to modify the culture, improve the culture.

813 *Dr. Cohen. Yes. So this was work _ I want to give
814 credit _ that started before I came on board as CDC director.
815 They definitely have changed the structure of the agency to

816 make sure it is more operationally focused, so it is more
817 ready to respond. We have created programs like the CDC
818 Ready program, where we are training and keeping warm ready-
819 responders who are trained and ready to be deployed if we
820 would see any emergency.

821 But I think now what we are really focusing on is making
822 sure that we can turn data into action quickly, and making
823 sure that we are working as one team. At CDC there is a lot
824 of fantastic experts, but often siloed in their disease
825 states.

826 *Mr. Burgess. Sure. Let me just ask you, because we
827 are working on the reauthorization of the Pandemic All-
828 Hazards Preparedness Act, have you done an after-action
829 report strictly vis a vis the CDC, what happened, what went
830 right, what needed improvement that you could share with us?

831 I have asked Dr. Califf this same question. He has
832 promised to do so, but has not produced. Do you have such a
833 document?

834 *Dr. Cohen. Yeah. So before my tenure there was an
835 extensive review on how CDC should be reorganized. That was
836 put together as part of the _ what was labeled as the Moving
837 Forward Plan. So we would be happy to share with your team
838 more details on that.

839 *Mr. Burgess. But just as far as the details of what
840 could we have done better, do we have access to that?

841 *Dr. Cohen. Well, I think there has been many ways in
842 which we've been thinking about lessons learned, particularly
843 whether we think about the communication space or the lab
844 safety space and quality space, those are all lessons learned
845 we're already baking into our work. And I hope you're
846 already seeing us communicate differently, both more timely
847 telling folks what we know when we know it, and also what we
848 don't know. I heard that in some opening statements.

849 So I think we are both communicating differently, I
850 think we have many new procedures related to lab quality to
851 make sure we don't ever see the mistakes on the lab side that
852 we saw before, and we are making sure our workforce is ready
853 to respond.

854 But I will say there are still ways in which we need to
855 continue to work with Congress to make sure CDC is funded to
856 be that national security asset that we need for this
857 country. So there are resources and authorities, again, that
858 we look forward to working with you on.

859 *Mr. Burgess. Well, it always sounds odd coming from a
860 political figure arguing that someone should express humility
861 when talking about something that they are really not sure
862 what is going to happen. We know it is important, we know it
863 is dangerous, but we don't always know what is going to
864 happen next, or we changed our minds with new data that came
865 in. And that is what was really missing at the helm of the

866 CDC during the height of the pandemic. Again, it seems odd
867 for Members of Congress to be lecturing people about
868 humility, because it is a quality that we are not known for.

869 [Laughter.]

870 *Mr. Burgess. Just also on the Prestige Biotech that
871 the chairman asked about, have we developed a lessons learned
872 in how to prevent this from happening, or is there going to
873 be an effort created for surveillance of outside labs?

874 *Dr. Cohen. So look, we know we are in unprecedented
875 times with more health threats. And whether those threats
876 come from a lab, from an animal, from a weapon, we need to be
877 ready. And that is exactly why CDC needs to be well
878 resourced and funded, to make sure we are detecting those
879 threats, and that we are ready to deploy and respond.

880 *Mr. Burgess. Yes, but it is not the first time this
881 has happened. We had this thing here with Dr. Friedman many,
882 many years ago. So it is something that requires some
883 scrutiny.

884 Let me just ask you, I have got the life expectancy
885 increases produced by the Center for Disease Control. It
886 talks about the increases in life expectancy would have been
887 greater if not for the offsetting increases in mortality due
888 to influenza, pneumonia, perinatal conditions. Can you
889 expound upon the perinatal conditions that have contributed
890 to that?

891 *Dr. Cohen. You know, sir, I don't know that I could,
892 but I would be happy for our team to _

893 *Mr. Burgess. If you will share that with us, that is
894 important to me, and I would like to see the follow-up on
895 that.

896 *Dr. Cohen. Absolutely. Will do.

897 *Mr. Burgess. Thank you, Mr. Chairman.

898 *Mr. Griffith. I thank the gentleman for yielding back.
899 I now recognize the gentlelady from Colorado, Ms. DeGette,
900 for her five minutes of questioning.

901 *Ms. DeGette. Thank you, Mr. Chairman. Thank you for
902 holding this hearing.

903 Most members of this committee know every year about
904 this time I always say we should have a hearing on flu
905 preparedness. But like everything else in our lives now, it
906 has become much more complex because now we have three things
907 we are trying to prepare for. So, Dr. Cohen, we are happy to
908 have you where you are because we know you are taking this
909 seriously.

910 Back in February we had a hearing in this subcommittee
911 with some health officials from CDC, NIH, and FDA about the
912 government's COVID-19 response which, as you heard today, we
913 keep talking about over and over again, but which we really
914 need to move forward to try to be prepared to respond better
915 the next time instead of just whining about it.

916 At that hearing, your predecessor, Dr. Walensky, urged
917 this committee to provide CDC with new statutory authorities
918 so that it could fulfill its public mission.

919 *Voice. Ain't going to happen.

920 *Ms. DeGette. And some of those priorities were
921 priorities you discussed in your testimony today.

922 You need to turn off your mike, thanks.

923 So some of these priorities are ones that you provided
924 in your testimony today, and we were talking about it nine
925 months ago. So I am kind of disappointed that we haven't
926 made more progress as a Congress in giving CDC more data
927 authorities, because that is what we really need to be able
928 to identify the issue and then -- and then to alert the
929 public.

930 So you can't respond to a crisis if you can't measure
931 that crisis, or if you are seeing it in the rearview mirror.
932 And CDC doesn't have the authority to do that without
933 Congress. So, you know, there is this effort to transform
934 the agency that started, again, with your predecessor, CDC
935 Moving Forward. And I know you are trying to move this
936 forward and modernize the data and communication
937 infrastructure.

938 Can you give us an update as to your efforts and let us
939 know what you still need so we can work in a bipartisan way
940 to give it to you?

941 *Dr. Cohen. Thank you, Representative DeGette. Yes,
942 our data infrastructure is critical to making sure that CDC
943 is the national security asset that we need, and a lot of
944 work has been done, and I think there is a lot of success
945 stories.

946 You know, at the beginning of the pandemic we
947 transmitted information, you know, electronically, and only
948 about 200 hospitals were able to transmit that data
949 electronically to that _ now we are close to 30,000.

950 Right? So we are making significant progress.

951 You know, as a state official from North Carolina, that
952 data was incredibly important to us and, again, we wanted
953 both that information to be at the state level and the
954 national level, because I know that our borders were really
955 important. I needed to know what was happening in South
956 Carolina in order _ because Charlotte is right on the border
957 there, right?

958 So having information and visibility across borders is
959 really important. And so we need to make sure that we have a
960 national picture of what is going on. And that is the
961 importance of these data authorities. And we are working
962 closely with our states to do what we can, and make sure that
963 we can put all the authorities in place. But we _ but having
964 that infrastructure and the authorities and, importantly, the
965 resources are _

966 *Ms. DeGette. What authorities do you need us to give
967 you still?

968 *Dr. Cohen. Well, so I want to touch on resources
969 because I will say in the _

970 *Ms. DeGette. Okay.

971 *Dr. Cohen. In our current budget and the way it looks
972 in the House, they zeroed out investments in data
973 infrastructure that is just not going to be compatible with a
974 successful CDC.

975 But there is also authorities that allow for us to
976 collect data in a way _ from both our health care partners
977 and our state and local partners in a way that allows us to
978 have that visibility. So we are also happy to work with your
979 teams on how to structure that. We are always talking about
980 data in this case that is de-identified. We are very focused
981 on making sure we are protecting privacy as we make sure to
982 collect this data. But it is really important.

983 *Ms. DeGette. So if you and your team can get back to
984 us specifically with the legislative language -- first of
985 all, I agree with you about the resources. If we are going
986 to sit here and collectively say we need to do a better job
987 if there is a new pandemic, we can't zero out your budget for
988 data collection. That is insane. And I don't think that
989 will happen in the end. But in terms of the legal
990 authorities that you need, if your team can work with us on

991 specific legislative language, then we will try to work in a
992 bipartisan way to make that happen.

993 And I yield back.

994 *Dr. Cohen. Thank you.

995 *Mr. Griffith. I thank the gentlelady for yielding
996 back, and now recognize Mr. Guthrie for his five minutes of
997 questions.

998 *Mr. Guthrie. Thanks.

999 Thanks, Dr. Cohen, for being here, and thanks for
1000 hosting me in Atlanta and getting to meet your good team.
1001 And I will tell you, there are a lot of hard-working
1002 Americans in your building trying to make sure we are
1003 protected and safe, and we appreciate that. I enjoyed my
1004 time there.

1005 And as you know, as we discussed _ and it gets to _ you
1006 know, I wouldn't say that I am whining about COVID. I know
1007 my good friend from Colorado _ and she is my dear friend.
1008 But we have lessons learned. We lost some faith in a lot of
1009 institutions _ I am going to talk about WHO and some others _
1010 and I believe you are working to try to do that, and I think
1011 we have to work together to try to do that.

1012 But it is just instances that happen. And there is one,
1013 it is one of the letters that we had sent to you from the
1014 leadership of E&C about the COVID tracker data. I think
1015 there were 72,000 deaths that were removed from the CDC COVID

1016 tracker website. I think you said it was the _ not you
1017 personally, but it was a glitch.

1018 There was also CDC's National Vital Statistics System
1019 showed less COVID-19 deaths in kids than was previously
1020 reported. And so would you explain? I know those are two
1021 separate situations. Explain those, and then what you have
1022 done.

1023 Because what _ your group showed me what they wanted to
1024 do with the data. And I believe they, the people sitting in
1025 that room, were wanting to use it to give good information
1026 for them to protect the American people. The question we
1027 have when we talked about it and other things is how can we
1028 ensure data is being made private. And when you see some of
1029 these mistakes and lack of transparency, it is hard to make
1030 that case, and I think you want to make it.

1031 And so would you talk about those specific instances,
1032 and then what you have done to fix them?

1033 *Dr. Cohen. Yes. Well thank you, Representative
1034 Guthrie, and I really appreciated the visit down.

1035 You know, making sure that we have timely and accurate
1036 information is critically important. And this, I think, when
1037 we look at our mortality data or our death data, this is a
1038 success story over the course of the pandemic. At the
1039 beginning of the pandemic, the way we were able to report
1040 death data was quarterly. It wasn't quick, it wasn't in real

1041 time. But we know the pandemic was moving so quickly that we
1042 had to report more quickly, and so we used a different
1043 mechanism to report death data through case surveillance
1044 data.

1045 Essentially, the state and local folks were collecting
1046 that data and would give it to the CDC. We caveated at the
1047 time to say this was preliminary. The gold standard, which
1048 was not as timely at the time _ we were still reporting, but
1049 again, it was slower. We made a lot of improvements _ again,
1050 thank you to Congress for those resources _ where now we can
1051 almost get real time in that gold standard data, and that is
1052 what we are using. And we were able to sunset those case
1053 surveillance data that you were referring to. So we are now
1054 in a better place related to our timeliness and accuracy of
1055 the mortality.

1056 And look, we are still looking at 1.1 million adults
1057 that have lost their lives to the 1,700 kids that have lost
1058 their lives to COVID, so we do have to use all the tools at
1059 our disposal to make sure we are protecting folks.

1060 *Mr. Guthrie. Okay, thanks. And you talked earlier
1061 about the _ I was going to ask you about what is going on in
1062 China now. And you _ your assessment, from what you know, is
1063 that it is not a novel virus.

1064 *Dr. Cohen. Correct, not a novel virus. Again, we have
1065 been in close touch with our counterparts in China, and that

1066 information has been corroborated with other counterparts
1067 across the U.S. Government, but also with our European Union
1068 partners, as well. So we feel confident that that
1069 information has been corroborated.

1070 *Mr. Guthrie. Because one of the institutions that I
1071 feel really fell was that World Health Organization. They
1072 seem to defend _ this is my assessment of it _ defensive of
1073 China when this whole COVID broke out, when there was _ they
1074 were doing the indefensible, not sharing information so the
1075 rest of the world could react to it. And they have requested
1076 specific data from China for the _ for this current outbreak,
1077 and specifically in recent trends in circulation of known
1078 pathogens and so forth.

1079 Is China responding to the World Health Organization? I
1080 know you have people in China that are dealing with their
1081 Chinese colleagues. Do you think the World Health
1082 Organization is responding in a way that it should?

1083 And do you think China is working with them to
1084 forward _

1085 *Dr. Cohen. My _

1086 *Mr. Guthrie. From what you can corroborate.

1087 *Dr. Cohen. Yeah, I don't know firsthand about the WHO
1088 and China interactions. Our information is direct from our
1089 teams who are in our China office with our counterparts. But
1090 my understanding from WHO is that China has been sharing

1091 information related to this. And so, again, another way to
1092 corroborate.

1093 *Mr. Guthrie. Okay, thanks. You know, also, the World
1094 Health Organization asked China for information in December
1095 of 2022.

1096 So I guess, just to summarize _ I am about out of time _
1097 I know we have our own personnel in China for the CDC, and
1098 you feel confident that they have _ China is being
1099 transparent with them for the information that you have?

1100 *Dr. Cohen. Well, I think, you know, scientific
1101 diplomacy is incredibly important in that part of the world.
1102 We do have a small office, and we are trying to work on
1103 things that are mutually agreeable. But I am sure we would
1104 love to do more work, and I would be happy to talk more
1105 about _

1106 *Mr. Guthrie. If it was coming straight from
1107 scientists, you are probably different than _ I know they
1108 have to work through their government, as well.

1109 But thank you for your work, and I appreciate it, and I
1110 yield back.

1111 *Mr. Griffith. The gentleman yields back. I now
1112 recognize the ranking member of the full committee, Mr.
1113 Pallone, for his five minutes of questions.

1114 *Mr. Pallone. Thank you, Mr. Chairman.

1115 Dr. Cohen, thank you again for being here to talk to us

1116 about the CDC's important work, particularly at this time of
1117 year when respiratory illnesses are on the top of everyone's
1118 mind.

1119 As people are scheduling vaccines to ward against
1120 seasonal respiratory illnesses of flu, COVID-19, RSV for
1121 themselves and their families, I wanted to know what CDC is
1122 seeing in its data about rates of infections,
1123 hospitalizations, and deaths. So is CDC seeing a sharper
1124 rise in rates of infection or hospitalizations for one of
1125 these viruses compared to the others?

1126 And what does CDC project through winter in terms of
1127 cases, if you will?

1128 *Dr. Cohen. Yes. Well, thank you, Representative
1129 Pallone.

1130 So for the first time this season, you can actually see
1131 a consolidated view of COVID, flu, and RSV together on our
1132 website now. So you can see the relative impact.

1133 I would say that we are in full swing of RSV season. We
1134 are seeing a lot of RSV, particularly in the southern part of
1135 the country. So we are near peak is what I would say for
1136 RSV.

1137 With that, we are also at the beginning of flu season.
1138 So we are not having an early flu. We are actually having a
1139 pretty _ what I would say _ typical flu season. We do expect
1140 to see a lot more flu cases over the course of December and

1141 January, so please do make sure that you are getting your
1142 updated flu shot, and check what is happening in your
1143 communities.

1144 But that being said, even though those are both going up
1145 and we are at the peak of RSV, COVID is still the respiratory
1146 virus that is putting the most number of folks in the
1147 hospital and taking their lives. So it is about 15,000
1148 people in the hospital for COVID, and about 1,000 people
1149 dying per week across the country related to COVID. We are
1150 seeing an uptick in COVID. Remember, we had a late summer
1151 wave of COVID. We came down from that. We are going back up
1152 again, which we expect, again, after a lot of travel and
1153 gathering at Thanksgiving.

1154 But to remind folks it's never too late to get that
1155 updated COVID vaccine, and as well as making sure that we are
1156 getting access to testing and treatment. Really important,
1157 because we have treatment for these diseases, to get tested.
1158 You know what you have. That treatment, in addition, could
1159 save your life.

1160 *Mr. Pallone. Now, what about the monitoring of vaccine
1161 uptakes across the country for the three: for flu, COVID-19,
1162 and RSV? What -- what are you -- trends are you seeing about
1163 the vaccine uptake?

1164 *Dr. Cohen. Yeah. So now that we are outside the
1165 official public health emergency _ this is one of the issues

1166 we were discussing related to lack of visibility with our
1167 data _ so we don't have the same level of data visibility
1168 that we had when the Federal Government was purchasing and
1169 distributing all the vaccines.

1170 What we have now is an imperfect tool to know how folks
1171 are or aren't getting vaccinated. We use a survey. It is a
1172 survey we have used for decades, so it is a validated survey.
1173 But we essentially ask folks, did you get an updated COVID
1174 vaccine? And from that survey data we see about 16 percent
1175 of Americans have gotten the updated COVID vaccine, and that
1176 is not enough. I will say that right now.

1177 I have been doing as much as I possibly can to be going
1178 around the country, again, meeting with folks, answering
1179 questions, explaining the importance of vaccination, but it
1180 is not enough, and I look forward to continuing to work with
1181 Congress and other partners to make sure that we can help
1182 folks know what tools are out there, and have them use them
1183 to protect themselves.

1184 *Mr. Pallone. Well, that gets into the communications
1185 issue. So I had two questions about that, and then we will
1186 probably be out of time.

1187 What kind of strategies is CDC employing to facilitate
1188 communications of your recommendations to the public and to
1189 health care workers?

1190 And how would a modernized data infrastructure or

1191 increased authorities to access more timely health data
1192 enhance your ability to make public communication more
1193 effective?

1194 *Dr. Cohen. So first, we are really concentrating our
1195 communications efforts with health care providers. We know
1196 doctors and nurses are some of the most trusted and most
1197 important folks who can talk to people about their
1198 vaccinations.

1199 One of the top reasons people don't get vaccinated is
1200 because their doctor or their nurse practitioner just didn't
1201 bring it up. So we are really focusing our effort in a time
1202 where there are limited funds on making sure that our health
1203 care providers have all the information they need.

1204 As I said, I am going around the country to answer
1205 questions. We are working through trusted providers, but we
1206 have more work to do. And yes, would real-time data help us
1207 to direct our resources? Absolutely. I will just say, as _
1208 when I led through the COVID crisis in North Carolina, we
1209 used data day to day to decide should we deploy teams here,
1210 should we increase, you know, media in a certain part of the
1211 state because we are seeing lower things? So that real-time
1212 data is really important to allow us to make sure that we are
1213 tailoring our operational work.

1214 *Mr. Pallone. Well, thank you so much.

1215 Thank you, Mr. Chairman.

1216 *Mrs. Lesko. [Presiding] I would like to recognize the
1217 chairwoman of the Energy and Commerce Committee, Cathy
1218 McMorris Rodgers, for five minutes of questioning.

1219 *The Chair. Much of your written testimony focused on
1220 CDC's response to the expected trifecta of respiratory
1221 diseases this season _ influenza, RSV, and COVID-19 _ as well
1222 as your goal to rebuild trust. I hope CDC will learn the
1223 right lessons from COVID.

1224 I am growing increasingly concerned about what we are
1225 hearing from China. The recent spike in respiratory diseases
1226 and clusters of pneumonia reported among children, images of
1227 hospitals and schools being overwhelmed with sick children,
1228 and it brings us back, sadly, to the early days of COVID-19.
1229 The lack of reliable information coming out of China is a
1230 troubling parallel to 2020. I, along with our Oversight
1231 Chair Griffith and Health Subcommittee Chair Guthrie, sent a
1232 letter yesterday to CDC asking about what, if any,
1233 interaction the CDC has had with their Chinese counterparts
1234 regarding this outbreak. And I appreciate the emails that
1235 CDC sent last night.

1236 I do want to urge you to respond to the letter
1237 completely and in a timely fashion, and understand we just
1238 sent it yesterday. While I look forward to your response, I
1239 would like to know today whether the Government of China is
1240 _ has been transparent, forthcoming. Have you spoken with

1241 your public health counterparts there?

1242 Do you have confidence in their accuracy and
1243 completeness of the information that they are sharing?

1244 And do you have confidence in the independence of the
1245 World Health Organization and its ability to accurately share
1246 information out of China?

1247 *Dr. Cohen. Well, thank you, Chairman Rodgers.

1248 First I just want to reiterate that the _ based on the
1249 information we have now, we believe there is no new or novel
1250 pathogen, that these are related to existing pathogens _
1251 COVID, flu, RSV, myco pneumonia _ and making sure that we are
1252 using our China CDC office. So we do have staff from CDC in
1253 touch with Chinese officials, our counterparts, and they have
1254 been in direct communication. They have shared _ the Chinese
1255 officials have shared with us that, again, no novel
1256 pathogens, that what they are seeing is this.

1257 And we were able to corroborate that information across
1258 other sources from our European Union partners and others to
1259 make sure that we were getting a complete picture.

1260 *The Chair. That is so important, because I have been
1261 concerned about CDC depending too much on official
1262 announcements from the Government of China or the World
1263 Health Organization that has proven to be ineffective.

1264 I also think it is safe to say that the pandemic broke
1265 CDC's guidance drafting process. And leaving aside the

1266 disgrace of CDC's collusion with teachers unions on the
1267 school reopening guidance, and the fact that CDC still won't
1268 tell this committee what outside groups it consults with when
1269 drafting guidance documents, throughout the pandemic the CDC
1270 struggled to produce timely, accurate guidance, and had to
1271 regularly revise guidance documents within days of issuing
1272 them. The process is clearly broken.

1273 Do you believe doing something similar to what the FDA
1274 does, which is to use a clear, transparent process for how
1275 recommendations are crafted, disseminated, and applied should
1276 be implemented at CDC?

1277 *Dr. Cohen. Well, so first I want to say that we want
1278 to make sure that we are getting feedback. And I have
1279 already talked to our team about how we need to make sure
1280 that we are marrying evidence-based solutions with what works
1281 on the ground.

1282 As a state official, I want to make sure that the
1283 guidance that we are providing from CDC works for our states.
1284 Stakeholder engagement is a core component of what we need to
1285 do.

1286 Right now we have guidance that is posted on our website
1287 for public feedback for all to do. But there are certain
1288 circumstances where we need to work quickly. Actually, the
1289 example of malaria that we responded to in Florida required
1290 us to move very rapidly and put out guidance for those

1291 communities in a rapid way.

1292 *The Chair. Okay.

1293 *Dr. Cohen. So there _

1294 *The Chair. Thank you, thank you. I have one more
1295 question I want to get to here, because I do believe that
1296 this is fundamental, that we need good guidance practices.

1297 The FDA did this over 25 years ago. I have a bill that
1298 would require CDC to enact good guidance practices, and it
1299 even includes a provision allowing the Secretary to waive
1300 those practices in an emergency. So unfortunately, the CDC
1301 is opposing this bill. So we have seen how CDC guidance can
1302 affect millions of American everyday lives. The FDA already
1303 uses a similar approach. Why shouldn't the CDC?

1304 *Dr. Cohen. Well, I don't think there is a one-size-
1305 fits-all for the kind of guidance that CDC offers.
1306 Sometimes, like this example for malaria, it wasn't an
1307 emergency, but we did need to move quickly to prevent the
1308 emergency. Other times, when we have the time like we have
1309 right now, we have some guidance up on our website for
1310 feedback.

1311 I hear the intent of what you want, which is to make
1312 sure we are hearing feedback both from Congress and other
1313 stakeholders. It is very important to me, as well. So we
1314 want to bake that in. I don't think there, like I said,
1315 there is a one-size-fits-all for that process, but I hear you

1316 on the intent, and very much hope we are already showing you
1317 that we are fulfilling that.

1318 *The Chair. Well, I want to work with you on this. I
1319 believe good guidance is really important, and it would go a
1320 long way toward building trust that has been broken.

1321 So I yield back.

1322 *Dr. Cohen. Thank you.

1323 *Mrs. Lesko. And now I recognize Mr. Tonko for five
1324 minutes of questioning.

1325 *Mr. Tonko. Thank you, Madam Chair.

1326 Seasonal RSV typically causes mild, cold-like symptoms,
1327 but in some cases the virus can cause serious illness and
1328 hospitalization. Infants and young children are at a
1329 particularly high risk of serious illness from RSV infection,
1330 as we heard here today. This is the first year there is an
1331 RSV vaccine for the youngest children, which is an incredible
1332 advancement.

1333 So, Dr. Cohen, what do parents need to know about the
1334 current RSV season, and what steps can they take to keep
1335 their kids healthy?

1336 *Dr. Cohen. Well, first we want parents to know that
1337 their _ our youngest can be impacted by RSV, but there is a
1338 new immunization. So also, if you are a pregnant mom, to
1339 know if you are between 32 and 36 weeks there is a new
1340 vaccine for you that allows you to pass on your antibodies to

1341 the baby and protect your baby, as well.

1342 So new tools that are out there, but remember to make
1343 sure you are in touch with your pediatrician about getting
1344 access to them.

1345 *Mr. Tonko. Thank you. In my district I know that
1346 parents have heard CDC's message to get their children
1347 vaccinated. They are attempting to respond, and there is
1348 high demand. Unfortunately, parents in my district are
1349 having trouble finding the vaccine due to shortages, which I
1350 know CDC is aware of.

1351 I also am hearing from many constituents about access
1352 issues for COVID-19 vaccines for children under three years
1353 old. For example, an individual I will name just as Heather
1354 from Delmar, New York contacted me and shared that she had
1355 been trying to find a vaccine for her two-year-old child, but
1356 that there were no such options available. The closest
1357 location that would offer the vaccine to children under three
1358 was nearly two hours away in Hartford, Connecticut.

1359 I am also hearing about access issues for the RSV
1360 immunization for children and pregnant individuals. A mother
1361 from Albany, New York shared that her toddler has asthma and
1362 is considered at a more severe risk for infection
1363 complications, yet the immunization is not available local --
1364 available locally for her soon -- for her son.

1365 In response to these calls from constituents, I reached

1366 out to two of our colleagues here in Congress who are both
1367 pediatricians, Congresswoman Schrier and Congresswoman
1368 Caraveo. They shared my concern for the health and
1369 well-being of many of our youngest and most vulnerable
1370 constituents. With that in mind, this week we joined
1371 together to send a letter to CDC on pediatric vaccine access.

1372 And Madam Chair, I ask that we enter this letter into
1373 the record, please.

1374 *Mrs. Lesko. Without objection.

1375 [The information follows:]

1376

1377 *****COMMITTEE INSERT*****

1378

1379 *Mr. Tonko. Thank you, and I look forward to a complete
1380 response to this letter.

1381 But in the meantime, I have a few questions for you
1382 specifically in regard to the RSV vaccine. Dr. Cohen, how is
1383 CDC working with FDA and manufacturers to respond to this
1384 supposed shortage of pediatric RSV vaccines?

1385 *Dr. Cohen. Well, thank you, Representative Tonko. We
1386 have been working very closely with manufacturers. I
1387 personally have been on the phone maybe dozens of times with
1388 the teams to work to accelerate the supply.

1389 The good news is we actually were able to have about
1390 70,000 additional doses accelerated. We do expect additional
1391 doses in the January timeframe, but there were manufacturing
1392 delays here. And so what CDC has done, in addition to
1393 working with the manufacturers, is to put out guidance to
1394 make sure we are using the supply that we do have, and we
1395 have many hundreds of thousands of doses, but that we do use
1396 those doses for the highest-risk children, and making sure
1397 that, for example, those who are under the age of six months
1398 are even at higher risk, and make sure that they are getting
1399 prioritized for these doses.

1400 *Mr. Tonko. Well, I appreciate that. And it is so
1401 important that you are taking it so seriously.

1402 In addition to what you have just indicated, is there
1403 anything that Congress should be doing now to help alleviate

1404 current and future pediatric RSV vaccine shortages?

1405 *Dr. Cohen. I appreciate that question. I would
1406 probably need to get back to you _

1407 *Mr. Tonko. Okay.

1408 *Dr. Cohen. _ on what would be most helpful. We are
1409 working through that right now, and, you know, as I shared
1410 earlier, the RSV immunization is a long-acting monoclonal.
1411 It is a different production cycle than a traditional
1412 vaccine. It takes longer.

1413 There are decisions needed right now to make sure even
1414 next season that we are in an adequate place that we are
1415 working with the manufacturers on. So let me take that back
1416 to the team, and see if there are other things we need to
1417 deploy here.

1418 *Mr. Tonko. I appreciate that. The work that CDC does
1419 every year to educate Americans and help them prepare for
1420 seasonal viruses like RSV is indispensable. It is
1421 encouraging to see such strong demand for a new vaccine, and
1422 I look forward to working together to make certain that you
1423 have the resources you need to continue CDC's important work.
1424 We appreciate the public information efforts, they are
1425 incredibly important.

1426 And with that, Madam Chair, I thank you and yield back.

1427 *Mrs. Lesko. And now I would like to recognize the
1428 gentleman from North _ South Carolina. Sorry, Representative

1429 Duncan.

1430 *Mr. Duncan. Thank you, Madam Chair.

1431 Today's hearing, Director Cohen, is fundamentally about
1432 understanding your priorities as director, and how you are
1433 going to lead CDC.

1434 Dr. Cohen, as secretary of North Carolina's department
1435 of health and human services during the COVID-19 pandemic,
1436 you mandated that students in K through eighth grade wear a
1437 mask regardless of their vaccination status, and threatened
1438 to sue school districts that refused to comply. You imposed
1439 the school mask mandate after Governor Cooper, whose
1440 administration you worked for, vetoed a bill that would have
1441 required in-person schooling.

1442 You have also spoken publicly that you made decisions on
1443 whether to allow fans to attend football games or whether to
1444 lift mask mandates based on feelings and what your friends at
1445 other state public health agencies were doing. None of this
1446 suggests that you will push for the much-needed changes at
1447 CDC, or help the agency break from its insular culture.

1448 I would like to ask you if you have any regrets about
1449 the school closures, the mask mandates, or any other
1450 restrictive measures you imposed in North Carolina.

1451 *Dr. Cohen. Well, thank you, Representative Denton
1452 [sic].

1453 You know, I am very proud of the work that we did in

1454 North Carolina. I feel like we did that in a way that was
1455 very inclusive. We listened. I had great partners on both
1456 sides of the aisle in North Carolina as we did that work.

1457 You know, you have to put yourself back in 2020, when we
1458 had very little information, we barely had any tests, we had
1459 very little PPE, we certainly didn't have vaccines or
1460 treatment. There were very few tools at our disposal to
1461 protect folks.

1462 *Mr. Duncan. Would you impose those type restrictions
1463 today?

1464 *Dr. Cohen. Well, the good news is we are in a new
1465 place, so _ right? And I am looking forward to turning this
1466 new chapter with CDC as we look forward. I want to make sure
1467 we are learning the lessons from the pandemic about
1468 transparency, and about creating those infrastructures that
1469 we need to make sure that we can detect and respond to
1470 diseases.

1471 But I want to make sure that we are in a place where we
1472 don't have to get into that place again, right? So we are
1473 a _

1474 *Mr. Duncan. We trust the science, and not the feelings
1475 and the opinions. A lot of it was subjective, you know, the
1476 six-foot social distancing and all this.

1477 But anyway, moving on, we had a hearing at CDC _ on CDC
1478 reform back in June, just after the COVID-19 public health

1479 emergency declaration was finally terminated. Some of the
1480 major takeaways I had from that hearing is that CDC is much
1481 too academic, too insular, and does too much.

1482 To be fair to you and the CDC, a lot of these failings
1483 have their roots here in Congress. CDC has never been
1484 authorized as a coherent agency. We in Congress have never
1485 told the CDC definitively what it is supposed to do and what
1486 it isn't supposed to do. This has led to a mission creep and
1487 a CDC that is an agency of all trades, but master of none.

1488 So I think the lack of underlying authorization is the
1489 root of a lot of CDC's problems. We in Congress need to
1490 revisit CDC's authorities and impose _ authorities to impose
1491 mask mandates and vaccine mandates. Some of these statutes
1492 date back decades, and were originally given to the surgeon
1493 general, who is now just sort of a glorified spokesman for
1494 the nation. These authorities are totally out of date, and
1495 prior to COVID-19 were thankfully seldom utilized and never
1496 at the scale we just experienced.

1497 *Mr. Duncan. Dr. Cohen, it is a tragedy that CDC pushed
1498 vaccine, mask, and distancing mandates on the constituents of
1499 the 3rd district of South Carolina and all across the nation
1500 that closed small businesses, schools, and places of worship.

1501 And it is worth noting that these same restrictions were
1502 not applied to protest and riots that we saw all across the
1503 country.

1504 We owe it to the American people to provide coherent
1505 direction to CDC. Congress owes that to CDC, as well. Set
1506 clear boundaries on your authority.

1507 And as I close I would encourage my colleagues to read
1508 the report I am going to request be entered into the record
1509 by the Heritage Foundation. It provides what I think is a
1510 realistic roadmap that we can _ that can set us on a course
1511 to fix the failures and over-reach we saw during COVID-19.

1512 Mr. Chairman _ Madam Chairman, I would ask to enter that
1513 into the record, and thank you for your leadership and for
1514 holding this hearing.

1515 Dr. Cohen, Director Cohen, I wish you luck at CDC as you
1516 face these challenges. We are not here to thwart your
1517 efforts. We want to define your mission and help you to keep
1518 America safe, but do it in a very pragmatic, common-sense,
1519 science-based way.

1520 And with that, I yield back.

1521 *Mrs. Lesko. Without objection, we will put _ place
1522 that in the record.

1523 [The information follows:]

1524

1525 *****COMMITTEE INSERT*****

1526

1527 *Mrs. Lesko. And now I call on Mr. Ruiz for five
1528 minutes of questioning.

1529 *Mr. Ruiz. Thank you, Dr. Cohen, for being here and for
1530 taking on the incredibly important role of -- as CDC
1531 director. I serve as ranking member of the Select
1532 Subcommittee on the Coronavirus Pandemic, and I believe that
1533 the value of looking back at the government's response to the
1534 pandemic is to be more prepared going forward.

1535 So Dr. Cohen, what are the most important lessons to
1536 take away for CDC and the public health system from the
1537 pandemic, and how are you applying those lessons?

1538 And I know you have talked a lot about it, so if you --
1539 so let me ask it in a different way. If you were to choose
1540 one thing that could make the biggest difference, what would
1541 be on top of that list?

1542 *Dr. Cohen. Well, thank you, Representative Ruiz. It
1543 is always hard to choose just one, because, look, this is _

1544 *Mr. Ruiz. Of course.

1545 *Dr. Cohen. _ a hard amount of work. And I certainly
1546 bring a lot of lessons learned from North Carolina.

1547 Maybe I will focus on operational excellence. I think
1548 it is really important to pair the science and the evidence
1549 and the data with execution, meaning the ability for us to
1550 deliver for the American people a response effort, or a
1551 vaccine distribution that is effective. And so making sure

1552 that we have systems that work.

1553 Certainly, we have talked a lot about data, but having
1554 systems that coordinate between Federal, state, and local and
1555 that we have that _ the infrastructure to make sure that we
1556 are delivering for the American people. So I see CDC already
1557 moving in that direction. And what I mean by that, we are
1558 not just putting out recommendations related to vaccines. We
1559 are putting programs in place that allow people to get
1560 vaccinated.

1561 For example, the Bridge program, this is a program stood
1562 up, first time, very incredible, heavy lift for CDC to stand
1563 up this program so quickly, but is offering free vaccines for
1564 the un and under-insured across this country. And so that is
1565 the kind of work we need to pair with the good data to say
1566 that these vaccines are safe and effective. We also have to
1567 break down barriers of cost and access at the same time.

1568 *Mr. Ruiz. And so, as you begin your tenure at CDC,
1569 what should our priorities be in Congress to improve the
1570 nation's readiness for a future health emergency?

1571 *Dr. Cohen. Well, thank you for that. I think a
1572 partnership with Congress is so important.

1573 We have talked a lot about the _ needing the resources
1574 and authority to be the national security asset that we need.
1575 But I will also say it is really important that we align to
1576 share good information about tools folks can use to protect

1577 themselves.

1578 We know that folks want to leave COVID in the rearview
1579 mirror, but it is still here with us, and it is important to
1580 have a shared voice saying, hey, use these tools that are
1581 safe and effective. I am certainly going around the country
1582 doing that. I would love to have more voices join that
1583 chorus.

1584 But again, the communication is important, but we need
1585 those resources and authorities that allow us to do our job
1586 well.

1587 *Mr. Ruiz. And some of our Republican colleagues have
1588 raised concerns about CDC's Federal Select Agent Program and
1589 CDC's inspection of a facility in Reedley, California. Can
1590 you explain the role of the Federal Select Agent Program in
1591 biosafety?

1592 And is there anything you would like to clarify on the
1593 CDC's response to reports about the Reedley facility?

1594 *Dr. Cohen. Well, thank you, Representative Ruiz. You
1595 know, the report that was put together on this did have a
1596 number of inaccuracies, and I do want to make sure we are
1597 clarifying that the investigation was run by state and local
1598 officials in California. It was run by FDA, FBI. CDC was
1599 brought in, to your point, around select agents. We were
1600 asked to join on site to investigate could there be select
1601 agents on site.

1602 Our team was there for two-and-a-half days in an
1603 extensive review, took hundreds of pictures. We looked at
1604 invoices, we looked at freezers, and what was actually very
1605 notable was the absence of equipment that you would normally
1606 see if there were select agents. So whether it was
1607 protective equipment or safety hoods, or what have you, none
1608 of that existed at this lab.

1609 And after that extensive review, you know, our team did
1610 conclude that there were no select agents on that property
1611 and then, again, turned the investigation back over to the
1612 FBI and others who were in charge.

1613 *Mr. Ruiz. Thank you. You know, we face challenges in
1614 rural and underserved communities in getting public health
1615 information to them. What are some of the most persistent
1616 obstacles the CDC faces in getting public health information
1617 to hard-to-reach communities, and what strategies does the
1618 CDC employ to try to overcome these obstacles?

1619 *Dr. Cohen. So we _ it is very important that we are
1620 reaching every community. I believe no matter what zip code
1621 you live in, you should have the opportunity for health.

1622 I think our most important tool here is partnership and
1623 trusted partners. So there are trusted partners that we work
1624 closely with who already are known by their community,
1625 trusted by their community. And again, we are focused a lot
1626 also on making sure our health providers have the information

1627 and tools. We know that they are trusted doctors and nurses,
1628 and those are folks that we want to make sure we are
1629 partnering with.

1630 *Mr. Ruiz. Thank you.

1631 *Dr. Cohen. Thank you.

1632 *Mrs. Lesko. Thank you, and now I call on myself for
1633 five minutes of questions.

1634 Thank you, Director, for coming to testify, and thank
1635 you for meeting with me in my office the other day.

1636 In addition to this committee, I also serve on the
1637 Select Subcommittee on the Coronavirus Pandemic.

1638 The CDC is, obviously, important to the health and
1639 safety of Americans. And unfortunately, I think all of us
1640 know that the confusing and inconsistent recommendations
1641 coming from the CDC during the COVID pandemic have really
1642 damaged Americans' trust in the CDC, and we want to rebuild
1643 that.

1644 Vaccine and mask mandates implemented by the Biden
1645 Administration and states have caused long-lasting distrust
1646 in the "Trust us, the government knows best what is for you" `
1647 [sic] mentality. I have been told that while you served as
1648 the secretary of the North Carolina department of health and
1649 human services, you were a staunch proponent of vaccine
1650 mandates, extending school closures, and business lockdowns
1651 and closures.

1652 Is what I have been told accurate? And if so, how do we
1653 know you won't support government mandates at the Federal
1654 level?

1655 *Dr. Cohen. Well, thank you, Representative Lesko. And
1656 you know, I appreciate that we are looking forward. We want
1657 to turn that new chapter. I think there are a lot of lessons
1658 learned from the pandemic. We have been talking about them
1659 today.

1660 And you have to remember at different moments in time we
1661 needed different solutions. And the good news is we are in a
1662 different place, and we can look forward as we go to make
1663 sure that we are building the national security asset that we
1664 need. And so we are _ want to use tools that protect folks'
1665 health. Vaccines are a very important tool to protect folks'
1666 health. It is why I have been traveling around the country
1667 sharing that, but I am trying to take those lessons learned
1668 and apply them, and move us forward.

1669 *Mrs. Lesko. Well, hopefully you will take those
1670 lessons if another pandemic breaks out while you are still
1671 the director, because I oppose government mandates. I myself
1672 took the vaccinations, but I don't think it should be forced
1673 on people.

1674 And with that in mind, do you think that the government
1675 mandating vaccine mandates, it actually did the opposite
1676 effect, it made people more hesitant to take them?

1677 *Dr. Cohen. Well, I think vaccines are a critical tool
1678 to keeping folks healthy and safe. And it is not just the
1679 COVID vaccine, it is flu, it is all of the vaccines that have
1680 kept children and people safe for many, many decades.

1681 I think they are _ continue to be really important
1682 tools, and I look forward to working with Congress to make
1683 sure that we can get good information to folks so that they
1684 can make the choices for themselves to use tools to protect
1685 themselves.

1686 *Mrs. Lesko. Well, I can tell you from personal
1687 experience, talking to many constituents, the mandates
1688 actually had the opposite effect on people. Less people want
1689 to take vaccines. I think it is a better approach to
1690 encourage people to take vaccines, not to force it on them
1691 from the government, because then people just will distrust
1692 it. Not all people, but a lot of people.

1693 My other question is, do you believe that wearing cloth
1694 masks or the surgical masks _ I am not talking about the N95
1695 masks _ the surgical masks prevented people from getting
1696 COVID?

1697 *Dr. Cohen. Well, thanks for that question. We know
1698 that masks work. They do work. The surgical masks work to
1699 make sure that you are protecting you, the individual, from
1700 circulating viruses. So they do work.

1701 And again, at different points in time they were some of

1702 our only tools that we had before we had reliable tests or
1703 treatment or vaccines. But they are still a tool that we can
1704 use. But don't forget washing hands, ventilation. We
1705 learned a lot during the pandemic. We need to use all those
1706 tools.

1707 *Mrs. Lesko. So you believe that some of those cloth
1708 masks that people had, where the openings in the cloth is
1709 bigger than the molecules of the COVID vaccine, actually
1710 prevented people from getting COVID?

1711 *Dr. Cohen. Well, so surgical masks are certainly
1712 better, N95s, you know, even better than that. But cloth
1713 masks still provided some barrier to folks. But that is not
1714 _ you know, when CDC makes its recommendations about what
1715 kind of mask to wear, we say wear a well-fitting, appropriate
1716 mask, yes.

1717 *Mrs. Lesko. I hope that the government balances the
1718 benefits versus, for instance, in school children, having all
1719 school children mandated to wear masks when perhaps those
1720 masks _ benefit did not outweigh the negatives of children
1721 not being able to see lips moving, or expressions, and that
1722 type of thing.

1723 Thank you.

1724 *Dr. Cohen. Well _ thank you.

1725 *Mrs. Lesko. Go ahead.

1726 *Dr. Cohen. Oh, I was going to say that is where, you

1727 know, we relied on the American Academy of Pediatrics related
1728 to safety of masks for kids. And they continue to say that
1729 that continues to be a tool that we can use to make sure
1730 folks are protecting themselves.

1731 *Mrs. Lesko. Thank you. And now I call on
1732 Representative Schakowsky for five minutes of questioning.

1733 [Pause.]

1734 *Ms. Schakowsky. Thank you, Madam Chair.

1735 I am so happy to welcome you, Dr. Cohen, at your first
1736 hearing right now. And I want to wish you the best of luck.

1737 And I want also say that I am so grateful that you have
1738 hit the ground running. I know that you have been all around
1739 the country, that you have been encouraging people to get
1740 vaccinated, and that you have been fighting vaccine
1741 misinformation. I know that you were in my city of Chicago.
1742 I appreciate that very much.

1743 I have focused on older Americans and their health care
1744 needs throughout my career, and I am concerned about what is
1745 happening right now in nursing homes and in assisted living
1746 places, where we see, according to the -- according to your
1747 agency, that, in fact, that the numbers of seniors who are
1748 being right now being vaccinated is quite low. And in fact,
1749 there was a study that found that only 20 percent of the
1750 people in nursing homes right now have gotten the vaccines
1751 that they need.

1752 Before I turn to you, I just want to say that we also
1753 rely on staff, and the CDC does require staff to understand
1754 more about vaccines, about being vaccinated and to pass that
1755 on. But we are concerned that some of the staff are not
1756 encouraging people to get the vaccines. Could you reply to
1757 that?

1758 *Dr. Cohen. Well, first, thank you, Representative
1759 Schakowsky. We too share your focus on seniors and making
1760 sure that they are vaccinated. We continue to see in our
1761 data that those over 65 are at the highest risk of
1762 hospitalization and death from COVID, flu, and RSV. So it is
1763 important that folks are getting access to these tools.

1764 I want you to know that we have been very focused on
1765 engaging the long-term care community and leaders. We had a
1766 summit at the White House bringing folks together to
1767 understand barriers, and we continue to have weekly calls
1768 with folks to say, "How can we help and overcome any
1769 challenges?"`

1770 And I have spent my time as I have traveled around the
1771 country to visit some nursing homes, a particular few that
1772 have really high rates of vaccination, to understand what are
1773 those best practices that we can share around the country.

1774 I was in a nursing home outside of the Philadelphia
1775 area, Statesman Nursing Home, where they really used their
1776 love of the football Eagles to be _ to help them with their

1777 vaccination efforts, right? They made it a little fun
1778 because, look, we understand that folks are a bit fatigued
1779 from vaccines. And so by thinking about creative ways to get
1780 folks vaccinated _ and I appreciate you bringing up the
1781 staff, because it is important for the staff themselves to
1782 get vaccinated.

1783 So we need to be working not just to get, of course, the
1784 _ our vulnerable seniors, but also those who are working
1785 closely with them. So we have been working closely to make
1786 sure we are thinking about both communities to get
1787 vaccinated.

1788 *Ms. Schakowsky. Thank you so much for that. In the
1789 remaining time I wondered if you could tell us, looking
1790 forward, what your priorities might be. I am not just
1791 talking about the issues that you want to confront, but
1792 perhaps also the management of the -- of the CDC.

1793 *Dr. Cohen. Well, thank you for that opportunity to
1794 talk about the future.

1795 You know, I shared that we really need to make sure,
1796 again, that we are identifying and responding to health
1797 threats, that we are making sure that we are giving evidence-
1798 based, but common-sense solutions for folks to protect
1799 themselves. But I want to spend a little time on how we
1800 create a system that brings health delivery and public health
1801 closer together.

1802 I think silos were not our friend during the pandemic,
1803 and I am working hard to make sure that we are bringing CDC
1804 and public health, state, and local closer to our health
1805 delivery system.

1806 Now, we _ I want to make sure I don't lose the
1807 opportunity to talk about the importance of the public health
1808 workforce and needing people to be experts and do this work
1809 as we go forward, so making sure that we are training the
1810 next generation of experts in public health. But that does
1811 require us to continue to work with Congress to make sure we
1812 have the right authorities to bring in the talent that we
1813 need as we go forward.

1814 So a lot of work ahead to build an integrated way in
1815 which we are bringing health delivery and public health
1816 closer together, that we tie that together with data and
1817 other mechanisms, but we need the people who are the experts
1818 to make sure we're _ we can carry out our mission.

1819 *Ms. Schakowsky. Thank you so much, and I yield back.

1820 *Dr. Cohen. Thank you.

1821 *Mrs. Lesko. Thank you.

1822 And Dr. Bucshon, just so that you know, our rules say
1823 that Mr. Peters has to go first.

1824 [Laughter.]

1825 *Mrs. Lesko. So I call on Representative Peters for
1826 five minutes of questioning.

1827 *Mr. Peters. I love going in front of Larry.

1828 [Laughter.]

1829 *Mr. Peters. Thank you, Dr. Cohen. I have to say we
1830 had a really great conversation the other day, and I was
1831 excited about, you know, I think I was frustrated with a lot
1832 of people about CDC's communication. And I am very indulgent
1833 because I know that, gosh, we didn't know anything, we didn't
1834 have any tools. And I thought that throughout the whole
1835 process, looking back, it would have been useful to share
1836 more of the uncertainty along with people as we went along.
1837 I think they would have appreciated that.

1838 And I think you just made a mistake in this testimony in
1839 that I wanted a clear answer to a question, "Do cloth masks
1840 work," and you gave me an answer, as a lawyer, that I had a
1841 hard time understanding. And I think it is a fair question.
1842 And I guess I wish that you had just said, "Don't use cloth
1843 masks, use the surgical masks." Don't we have enough
1844 information to ask -- to answer the question like that?

1845 *Dr. Cohen. Well, so I want to make sure that we are
1846 saying that cloth masks are a barrier, meaning that they do
1847 work in some _ but do surgical masks work better?
1848 Absolutely, right? Would I wear a cloth mask? No, I
1849 wouldn't, I would wear a surgical mask.

1850 *Mr. Peters. It is still pretty complicated. My
1851 district is, I think, the 10th best educated congressional

1852 district in the country. My neighbor would say, "Should I
1853 wear a cloth mask?" I don't know from your answer of what I
1854 should tell them. What I would say is, you know -- I don't
1855 know -- I don't know what to tell them. So I guess I am a
1856 little bit frustrated with the still-a-little-bit unclear
1857 response from you about a simple question.

1858 But let me ask about complicated thing, which is data.
1859 What would you tell my neighbor about the importance of
1860 having good data at the Federal level to help us inform how
1861 to prevent something like this from happening again, or how
1862 to -- how to address it as it happens?

1863 *Dr. Cohen. Sure. But I want to be clear. Wear a
1864 surgical mask. So wearing a well-fitting surgical mask.

1865 So _ but on the data side, it is really important to
1866 have a national picture of what is going on. I think we have
1867 made a ton of progress in that way. I mentioned, actually, a
1868 new data visualization around our wastewater data. I think
1869 that is going to give us some really interesting look at some
1870 early signals about what is happening in communities all
1871 across the country.

1872 And the reason we need a national picture, I mentioned,
1873 you know, I led the COVID response for North Carolina.
1874 Charlotte, one of our biggest cities, is on the border with
1875 South Carolina. It was really important for me, as a public
1876 health official, to understand what was happening in South

1877 Carolina to understand what would happen in Charlotte.

1878 *Mr. Peters. Back that up a couple of steps. Why is
1879 that important? You say it is important. I think I agree
1880 with you. Why don't you explain why? Why is it important
1881 for you to have information like -- and what information did
1882 you need to have to make a response?

1883 *Dr. Cohen. Yes. So having that information allows us
1884 to deploy different _

1885 *Mr. Peters. What information?

1886 *Dr. Cohen. I am sorry?

1887 *Mr. Peters. What information?

1888 *Dr. Cohen. It depends on what we are talking about,
1889 whether it was how many people are vaccinated in an area, how
1890 many tests were we seeing people get access to. If I could
1891 see certain neighborhoods that weren't getting as much
1892 testing or as much vaccination, I could deploy at the state
1893 level different kinds of teams.

1894 We also had information, you know, at the height of the
1895 pandemic where ventilator use was. And, you know, that was
1896 an important point related to South Carolina, because there
1897 were multiple times where North Carolina had to share some of
1898 our ventilators with South Carolina. So knowing where our
1899 ventilators were, and how we could be sharing resources was
1900 really critical.

1901 *Mr. Peters. So I have been long wondering what we

1902 could do in Congress to support better data at the national
1903 level. I know the Administration has taken on a data
1904 modernization initiative. I think that is great. It needs
1905 to be funded. What is -- what is left to be done in that
1906 initiative?

1907 And what do you need from Congress in addition to
1908 funding?

1909 *Dr. Cohen. Thank you for that. The funding is
1910 critical, and we want to make sure we are moving forward.

1911 But in terms of authorities, we have really scoped out
1912 something that I think allows us to do _ even a pilot is a
1913 step forward here. So we have some concrete language, and I
1914 am happy to have our team share with you what we have been
1915 working on, particularly with some of our Senate partners,
1916 about how we can think about data authority that allows for
1917 collection of data beyond COVID, to make sure that we are
1918 getting the information we need to respond quickly, to your
1919 point, to deploy different kinds of tools based on what we
1920 see in the data.

1921 *Mr. Peters. Do you have legislative ideas for us that
1922 we --

1923 *Dr. Cohen. Absolutely.

1924 *Mr. Peters. Okay. I would love for you to share that
1925 with us. I think we all want to make this work better.

1926 I want to say again, look, we started this, we were

1927 really vulnerable as a country. We didn't have even PPE. We
1928 didn't have a lot of science. I think one of the ironies of
1929 this whole discussion is that one of the great, great
1930 achievements of the Trump Administration was the warp speed
1931 creation of a vaccine really fast. They don't want to talk
1932 about it now, because they are sort of anti-vaccine. It puts
1933 them in a tough spot. But I would like to know what lessons,
1934 positive lessons, we can learn from that to make sure that we
1935 get these -- that we are ready the next time.

1936 And I hope that you will be very forthcoming about the
1937 funding needs that you have, which will be smaller at the
1938 front end than they are in the middle. We lost a lot of --
1939 we spent a lot of resources dealing with this. I think that
1940 was the right thing to do in the circumstances. But let's
1941 make sure we are not caught unprepared next time and have to
1942 do that again.

1943 *Dr. Cohen. Thank you.

1944 *Mr. Peters. I yield back.

1945 *Mrs. Lesko. Now I recognize Dr. Bucshon for five
1946 minutes of questions.

1947 *Mr. Bucshon. Thank you, and thank you, Director Cohen,
1948 for being here today. And thanks for recently coming to the
1949 GOP Doctors Caucus. I very much appreciate it.

1950 Your job isn't an easy one. You knew that coming here,
1951 though, right? Yet you have taken on the challenge, and I

1952 have a great deal of respect for that.

1953 *Dr. Cohen. Thank you.

1954 *Mr. Bucshon. I want to quickly follow up on what Mr.
1955 Peters said about data. The key is making it clear to the
1956 American people this is de-identified, non-person-specific
1957 data.

1958 *Dr. Cohen. Okay.

1959 *Mr. Bucshon. That is the challenge I have in rural
1960 America. People just don't trust the Feds on this. And we
1961 have to make sure that we do that. And I agree that we need
1962 better data.

1963 As I have discussed with your predecessor, Dr. Walensky,
1964 as a physician myself, political influence must be removed
1965 from the decision-making at the CDC. And I have mentioned
1966 that to you at Doc Caucus. This has happened recently under
1967 both Republican and Democratic administrations.

1968 We are all aware that a substantial percentage of the
1969 public has lost trust in the CDC, and we can agree or
1970 disagree on how exactly that happened or what the
1971 implications may be. But I believe all of us looking forward
1972 can agree that something needs to change if the agency is
1973 going to be effective at combating the spread of communicable
1974 diseases, as was its original mission.

1975 Let me remind everyone the CDC was established in 1946
1976 as the Communicable Disease Center, the CDC. It was born out

1977 of the goal of preventing malaria and typhus in southeastern
1978 states. The CDC has been the preeminent organization in the
1979 world on these issues for decades, and still is, in my view,
1980 even with the challenges created by what I consider
1981 overbearing political influence.

1982 With that statement, I want to talk about specific
1983 communication and how we communicate and convince the
1984 American people that we are making progress here. On the
1985 communications side, do you have specific actions you have
1986 taken or do you plan to take to get to the American people
1987 what the CDC is doing and why?

1988 *Dr. Cohen. Well, thank you, Dr. Bucshon, for that.
1989 And yes, I hope you are already seeing the CDC communicate
1990 differently.

1991 First, we have overhauled our website where people do
1992 come, and there is more to come with that as we continue to
1993 consolidate the information so it is more usable, people can
1994 access it more quickly.

1995 But we are also communicating in different mechanisms.
1996 So for example, when there was a new variant that we saw in
1997 August, we immediately put something out to say, "Here's what
1998 we are seeing, here's what we know, and here's what we don't
1999 know," and I think that was brought up earlier. So we are
2000 trying to rapidly communicate, and we're trying to use
2001 different mechanisms to communicate.

2002 So we're trying to make sure that we are meeting folks
2003 where they are getting their information. They are not
2004 coming to our website necessarily for information. We have
2005 to go to where folks are, whether that is using social media
2006 or others. So you are seeing me post a lot more videos. So
2007 we recognize that some folks want to watch a short video to
2008 understand a complex topic.

2009 *Mr. Bucshon. Sure.

2010 *Dr. Cohen. So I think there is a lot of ways in which
2011 we are changing up how we are communicating, but we are still
2012 going to make sure that we are focused on bringing the best
2013 evidence and data to that, but _

2014 *Mr. Bucshon. Sure.

2015 *Dr. Cohen. _ make sure that it is simple and timely,
2016 as well as work on the ground for real people.

2017 *Mr. Bucshon. Yes, because, as you know, as political
2018 people like ourselves, communications is key. And that has
2019 changed dramatically over the last 10 years, right? And if
2020 we are behind at an agency, you just don't reach most of the
2021 people. You have to be on social media. You have to do, to
2022 your point, go to where you can reach people.

2023 I have adult children. None of them watch the regular
2024 news. None of them. They get alerts on their phone, whether
2025 that is on Snapchat, whether that is on Instagram, X, all of
2026 those. And I am hopeful that we can do that.

2027 Who do you seek guidance on to help you do this? I
2028 mean, who is helping? Is it _ you know, I mean, I would
2029 argue that maybe it should be Madison Avenue.

2030 *Dr. Cohen. Well, first, you can already follow me on
2031 Insta.

2032 [Laughter.]

2033 *Dr. Cohen. But we have brought in, you know,
2034 additional folks to make sure that we are modernizing how we
2035 are thinking about communication. And so I think we still
2036 have work to do, but yes, important.

2037 *Mr. Bucshon. Do you have an internal _ does the CDC
2038 have a robust, internal communications and public relations
2039 department specifically to address this?

2040 *Dr. Cohen. Yes, sir. We have a communications
2041 department. We have _ it is under new leadership. I think
2042 they are doing good work, but we are not all the way there.
2043 We have more work to do.

2044 *Mr. Bucshon. Okay, I appreciate that. And you are
2045 aware of the CSIS report on _

2046 *Dr. Cohen. Oh, yeah, the _

2047 *Mr. Bucshon. You know, the _

2048 *Dr. Cohen. CSIS, yeah.

2049 *Mr. Bucshon. This report.

2050 *Dr. Cohen. Yes, sir.

2051 *Mr. Bucshon. Yes, there is a lot of good things in

2052 there. It was a bipartisan commission.

2053 *Dr. Cohen. Yeah.

2054 *Mr. Bucshon. I know that Dr. Walensky and I talked
2055 about that. We actually had a meeting over at CSIS here in
2056 town.

2057 *Dr. Cohen. Mm-hmm, I _

2058 *Mr. Bucshon. Dr. Walensky was there. There is a lot
2059 of good ideas in there, bipartisan. I would just encourage
2060 you to use this as a resource with _ along with your internal
2061 Moving Forward program. Thank you.

2062 *Dr. Cohen. Thank you.

2063 *Mrs. Lesko. Now I recognize Representative Dingell for
2064 five minutes of questioning.

2065 *Mrs. Dingell. Thank you, Madam Chair.

2066 It is good to see you here, and thank you for coming in
2067 and testifying on this important topic. As you know, the
2068 coronavirus pandemic did upend our nation, and it strained
2069 our health care system, stunted our economy, disrupted
2070 children's learning, and no community was left untouched. It
2071 was the worst public health crisis we have experienced in a
2072 century. And you have come into the CDC at a time of
2073 turmoil, unrest, et cetera.

2074 And even as we continue emerging from the pandemic,
2075 COVID-19 is still with us. I say to everybody, we may be
2076 done with COVID-19, but it is not done with us, and we

2077 continue to see infections. It has fundamentally changed our
2078 nation, and we are still dealing with many of the
2079 consequences.

2080 Today one of the problems we still have is we continue
2081 to witness significant distrust of our public health
2082 institutions like the CDC, unfortunately. So one of the
2083 questions I keep asking myself, how can we expect Americans
2084 to make the best decisions to protect themselves and their
2085 loved ones if they don't have confidence in our leading
2086 public health institutions?

2087 So I was going to ask some of the same questions my
2088 colleague just did on some of the communication issues. I
2089 know you are making this a priority, and I am going to
2090 reinforce and maybe do a few more for the record, that that
2091 -- it becomes really, really important because one of the
2092 things that I am very concerned about, we are hearing an
2093 uptake in respiratory cases. People aren't getting any of
2094 their -- there is a distrust of all shots, of all -- not only
2095 the COVID-19 vaccine, but the flu and the RSV.

2096 Why is it so important for people to get the latest
2097 COVID-19 vaccine and these other immunizations, as well?

2098 *Dr. Cohen. Well, thank you, Representative Dingell.
2099 You know, I have been traveling around the country sharing
2100 with folks about why to get the updated COVID vaccine.
2101 Really, three reasons.

2102 One, the virus has changed. So in the same way that the
2103 flu virus changes year over year, we have seen the COVID
2104 virus change. And you want to make sure that the protection
2105 you have is matched to the way the virus has changed.

2106 Second, whether you have had COVID before or you have
2107 been vaccinated before, that protection decreases over time.
2108 And you want to make sure you are boosted up to the highest
2109 level of protection you can going into a time when we know we
2110 will see more COVID circulating.

2111 And third is about reducing the risk of long COVID. We
2112 are still seeing one in seven adults have extended symptoms,
2113 even from a mild case of COVID. No one wants to be sick for
2114 a short time, certainly not for a long time.

2115 And so for those reasons we are encouraging folks to get
2116 the updated vaccine. It is why, you know, when we look at
2117 the data, there is not an age group that doesn't have some
2118 increased risk from the COVID virus. Certainly, our seniors
2119 are at the highest risk, so those who are over 65 are at the
2120 highest risk of hospitalization and death. But our vaccines
2121 can prevent them.

2122 And I know we have been focused a lot on vaccines, but I
2123 just want to mention treatment again. We do have treatment
2124 for COVID and for flu, but you have to know you have it,
2125 which means you need to get tested. We are offering free
2126 COVID tests at [COVIDtest.gov](https://www.covidtest.gov). We want folks to make sure

2127 they are ordering those tests so that they can get treatment.

2128 *Mrs. Dingell. So let me ask you a quick question on --
2129 there is a lot of misinformation out there, and a lot of
2130 people are still afraid to get all of these different
2131 immunizations. Getting back to the communication issue, how
2132 are you combating misinformation?

2133 *Dr. Cohen. Yes. So in order to combat misinformation,
2134 one, you just have to get a lot of the good information out
2135 there, and that means we have to partner with folks who are
2136 trusted. So whether that is doctors and nurses _ and that is
2137 where we have been focusing a lot of our efforts, is to make
2138 sure our doctors and nurses and other health care
2139 professionals have what they need _ but also whether it is
2140 the faith community or others to help get good information
2141 out _ and I include Congress in that, as well, to help us get
2142 good information out to communities to make sure that they
2143 hear the good information, the accurate information, so they
2144 can make choices for themselves.

2145 *Mrs. Dingell. So you are almost out of time. I might
2146 do some questions for the record. But since we only have a
2147 few -- less than a minute, is there anything else you want to
2148 add about the work you are doing?

2149 *Dr. Cohen. Just that I think the CDC is on the right
2150 path, but we have more work to do, and I recognize that we do
2151 need help from Congress to make sure that we are well

2152 resourced and have the authorities related to data and
2153 workforce.

2154 We talked earlier about the importance of making sure
2155 that we have a vaccines for adults program, as well. We have
2156 a vaccines for children's program, but do not have something
2157 similar for under or uninsured adults. So all of those
2158 things I look forward to working with Congress on.

2159 *Mrs. Dingell. Thank you.

2160 *Dr. Cohen. Thank you.

2161 *Mrs. Dingell. I yield back, Madam Chair.

2162 *Mrs. Lesko. Well, Director, you are so popular that
2163 more people have showed up to ask you questions. So now I
2164 recognize Representative Palmer for five minutes of
2165 questioning.

2166 *Mr. Palmer. I thank the gentlelady.

2167 Director Cohen, can you name three things that you would
2168 do differently from the former director of the CDC?

2169 *Dr. Cohen. Thank you so much for that question. As I
2170 was sharing earlier, I led the COVID response for North
2171 Carolina, and I think the lessons that I bring from that are
2172 three of them.

2173 One, a focus on transparency. I think transparency is
2174 really important to build trust. I think sharing what you
2175 know when you know it, and also what you don't know. I hope
2176 you see that already under my tenure and how we are

2177 communicating differently. So that is one.

2178 Second is a focus on operational excellence. We can't
2179 just recommend a vaccine. We have to make sure that we are
2180 making access possible for folks. We need to marry the
2181 evidence with the operations. We are an operation response
2182 agency, as well. So that is number two.

2183 And then the third is about relationships. It is really
2184 important that we are working as one team. We have to build
2185 relationships before a crisis hits so that when we get into
2186 those crises we can make sure to use those. Sometimes public
2187 health finds themselves siloed away from the traditional
2188 health care system. I think it is really important that we
2189 bring health care and public health closer together.

2190 *Mr. Palmer. Well, if the CDC had a sales department,
2191 that _ those would all be fine. I am talking more about
2192 actual policy. And specifically, would you have shut down
2193 the schools? Would you have closed the schools? Is that
2194 what you did in North Carolina?

2195 *Dr. Cohen. Well, sir, yes. Back in 2020, all the
2196 schools across the entire country were shut down, including
2197 North Carolina. But I did work across the aisle with the _

2198 *Mr. Palmer. Would you shut them down _ had you been in
2199 charge, would you have shut down the schools if this were to
2200 happen again? If we had another major respiratory outbreak,
2201 would you shut down the schools?

2202 *Dr. Cohen. Well, the good news is we are in a
2203 different place than we were before. We both have different
2204 tools and different mechanisms to respond. So I can't really
2205 address a hypothetical, but I do think we have learned a lot
2206 about how to approach things.

2207 *Mr. Palmer. Did it harm our students by shutting down
2208 the schools?

2209 *Dr. Cohen. Well, look, we always knew in-person
2210 instruction was incredibly beneficial, not just for _

2211 *Mr. Palmer. You would be great in the sales
2212 department, but I am trying to get to policy. And that is
2213 one of the key things that troubles us about the CDC is that
2214 we have to address policy. You know, there is a saying that
2215 if you are explaining, you are losing. So we need to get
2216 down to policy. We need to talk about the things that went
2217 wrong, and what we need to do.

2218 Masking, you know, you keep _ the CDC insisted on
2219 masking kids as young as two years old, and made the argument
2220 that there was no disagreement. I think the word is
2221 equipoise. I have a study here that clearly shows that there
2222 was widespread disagreement in Europe, even here, yet the CDC
2223 insisted on masking kids as young as two years old. What
2224 would be your position on that?

2225 *Dr. Cohen. Well, I would say it is good that we are in
2226 a different place and we are able to turn a chapter forward.

2227 We have a lot of different tools to protect our children now,
2228 vaccines and treatment. Masks continue to be one tool
2229 amongst many that we can use to protect ourselves.

2230 *Mr. Palmer. So you would continue to require masking
2231 for two-year-old kids?

2232 *Dr. Cohen. So again, we are in a very different place,
2233 and _

2234 *Mr. Palmer. I know that. But I am asking you. This
2235 is a policy question. There have been no randomized
2236 controlled trials on masking. And I can't help but think
2237 that the CDC didn't want the randomized controlled trials
2238 because it didn't fit the narrative, didn't fit the position
2239 they wanted to take.

2240 And there is a lot of people _ I mean, a lot of people _
2241 that felt like this was more about power than it was
2242 medicine. And if you are going to continue to try to do a
2243 sales job, you want to continue to try to explain positions,
2244 it is going to be difficult to get us on board with the CDC
2245 because people don't trust you anymore. And there has been
2246 enormous damage done to science and medicine by the policy of
2247 the CDC and the National Institutes for Health and others,
2248 Dr. Fauci being the lead candidate for disinformation.

2249 So you can continue to come in and do a sales job. You
2250 can try to explain. But if there aren't significant policy
2251 changes, I think it is going to be very difficult going

2252 forward.

2253 I yield back.

2254 *Mrs. Lesko. Thank you, and now I call on
2255 Representative Crenshaw for five minutes of questioning.

2256 *Mr. Crenshaw. Thank you, Madam Chairwoman.

2257 Thank you, Dr. Cohen, for being here. I echo what my
2258 friend, Mr. Palmer, said. If the CDC wants its credibility
2259 back, you have got to have a mea culpa moment. You are in
2260 the perfect position to do it, because you had nothing to do
2261 with their decisions at the time. So there is no reason to
2262 defend it. The data is the data. The data is very clear
2263 now. You can blame it on hindsight. You can blame it on,
2264 you know, we didn't know as much as we know now at the time.
2265 You can do all sorts of things, but you can tell the truth,
2266 and then the public will start trusting the CDC again. You
2267 can say _ it is okay to say that it didn't make any sense to
2268 shut down schools. The data shows that now. It didn't make
2269 any sense to do major lockdowns. The data shows that now.
2270 It doesn't make sense to mask kids. Data shows that now.
2271 You could _ it is okay to say it, and the public will reward
2272 you for it.

2273 Because it is pretty dangerous, thinking about the
2274 future, when maybe we do have a disease that spreads through
2275 America that has a 50 percent kill rate of eight-year-olds.
2276 Then you had better mask up. Then you had better really

2277 start thinking about things. But you know what? They are
2278 not going to trust you, because you refuse to even say that
2279 you were wrong. And you weren't even wrong, so you might as
2280 well just say that others were wrong. That is just some
2281 advice unsolicited.

2282 You know, I have major questions. I can read a long
2283 list of agencies that kind of seem to do the same thing _
2284 BARDA, ASPR, CDC. There is, like, a defense-bio something,
2285 NIH. There is a lot of overlap here. I mean, what is the
2286 difference between ASPR and CDC?

2287 *Dr. Cohen. Well, thank you, Representative Crenshaw.
2288 So CDC does provide the scientific evidence and technical
2289 expertise particularly related to infectious disease and
2290 other health threats.

2291 ASPR provides emergency response. So I would say to any
2292 kind of threat, a hurricane to an infectious disease threat.
2293 So they can bring in resources, whether it is people or
2294 stockpile resources.

2295 But it is really CDC and that technical expertise that
2296 decides, well, where do you deploy it, how, for what purpose?
2297 So it is a partnership. You can't have one without the
2298 other. And we do work very, very closely together to make
2299 sure that we are coordinated.

2300 *Mr. Crenshaw. It seems like a lot of overlap. And you
2301 know, there is a ton of academic research that happens at

2302 CDC. And I think we have real questions. The CDC has never
2303 been authorized. That is another fun fact. But that
2304 academic research also happens at NIH. You know, it is very
2305 duplicative. How do we justify that?

2306 *Dr. Cohen. So I do think that they are separate types
2307 of portfolios. NIH is doing evidence generation. The kind
2308 of work that CDC is doing is detection. Are we detecting
2309 threats and then responding to them and understanding what
2310 best practices work to make sure that we are keeping folks
2311 healthy?

2312 So that is the work that we are focused on in CDC and in
2313 public health. Again, NIH, incredibly important research
2314 portfolio.

2315 *Mr. Crenshaw. Yes, and I appreciate your intent to
2316 more _ to create a more operational CDC. But, you know,
2317 because it is not there right now, you know, we have really
2318 no bio detection system. I know you want more of it. I know
2319 we talked about wastewater in our previous conversations, and
2320 that is all good. I like that a lot.

2321 But I do have more questions. I know Mr. Griffith asked
2322 about this, but there was a hidden biolab out in California,
2323 Reedley, California. Local officials discovered the Chinese
2324 national was running an illegal biolab with 1,000 transgenic
2325 mice modified to be similar to humans infected with nasty
2326 stuff like dengue, COVID, HIV, malaria, tuberculosis. I

2327 won't get into a ton of details here.

2328 I think the main problem here is why did it take so long
2329 to actually respond to that lab, and for the CDC to go test
2330 it?

2331 The American public believes in their minds, like, this
2332 is exactly what the CDC is for. Locals can't deal with it.
2333 The state is _ the human _ health and human services of
2334 California is asking CDC to do it. What was the timeline
2335 from that ask to actual response?

2336 *Dr. Cohen. Well, thank you so much. I was able to
2337 share some information earlier that there were a number of
2338 inaccuracies in the report that was put together from this.

2339 Again, state and local authorities are, as you were
2340 saying, are in charge, as well as FBI, FDA. CDC's role was
2341 to come in and do an investigation related to select agents.
2342 When we were invited and asked to do that, we did respond.
2343 We sent a team. They were there for two-and-a-half days, did
2344 an extensive review. What we found was no select _ no
2345 evidence of select agents.

2346 And really, what was compelling as I reviewed that
2347 information, was it wasn't that they didn't have any
2348 equipment that would have allowed folks to work with select
2349 agents. So not only did we see the freezers and the
2350 paperwork _

2351 *Mr. Crenshaw. How long did it take from the request

2352 for CDC to actually come? Because I thought it took, like, a
2353 congressperson from California to get the CDC there.

2354 *Dr. Cohen. My understanding is that when we were
2355 asked, we deployed.

2356 *Mr. Crenshaw. Okay. Select agents. Very specific. I
2357 am under the understanding that if a vial of something is not
2358 labeled, that you don't test it.

2359 *Dr. Cohen. So we do have limited authority in some of
2360 this space. But what we did was go on premises, again, do a
2361 two-and-a-half-day investigation. We did not see any
2362 evidence of select agents at this lab.

2363 *Mr. Crenshaw. You are using words very carefully, and
2364 I am out of time. But you need to tell us what law that is
2365 that _ so if it says Gatorade on it, and you are like, I
2366 mean, it could be Ebola, it could be _ it says Gatorade,
2367 don't test it, the law says don't test it. I have a hard
2368 time believing the law says that.

2369 *Dr. Cohen. Well, so I _

2370 *Mr. Crenshaw. But I am out of time. But if the
2371 chairwoman will let me keep going, I will be happy to let you
2372 answer.

2373 *Mr. Griffith. [Presiding] Well, and I wish I could,
2374 but that would not be appropriate behavior by the chair.

2375 *Mr. Crenshaw. It was a woman a second ago.

2376 [Laughter.]

2377 *Mr. Griffith. But the gentleman wants to, you know,
2378 bring up issues of the old false flag in naval combat, just
2379 because it flew an American flag didn't necessarily mean it
2380 was an American ship, and I understand that.

2381 I now recognize the gentleman from Florida, Mr. Dunn,
2382 for five minutes of questioning.

2383 *Mr. Dunn. Thank you very much, Mr. Chairman.

2384 Dr. Cohen, I appreciate you being here today. In
2385 addition to being a member of the Energy and Commerce
2386 Committee, I serve on the Select Committee on China, and I
2387 have experience as a bench scientist at Usamriid. I am sure
2388 you are familiar with it, it is the Army's Biological Warfare
2389 Headquarters, a BSL-4 facility.

2390 The Select Committee recently published a bombshell
2391 bipartisan report _ you are aware of it, you have said _ on
2392 the illegal biolab that was discovered in Reedley,
2393 California. This warehouse was located in the center of a
2394 small town just across the street from an elementary school
2395 and a block down from the city hall. The clandestine _ they
2396 are calling it a bio lab, it was more like a warehouse _ was
2397 a disaster waiting to happen.

2398 The CDC's response _ or rather, the lack of response _
2399 clearly endangered millions of Americans. And there were a
2400 couple of things that really stood out to me. The first is
2401 that the CDC's select agent program completely failed the

2402 people of Reedley, California. The CDC literally refused,
2403 they did not respond when they were requested. They
2404 responded months later, and only when Congressman Costa made
2405 that request to come to the town and assess the situation.
2406 The discovery, I remind you, was made by a housing code
2407 inspector who was tracing a garden hose that was _ went in a
2408 window. That is how this was found. It took a phone call
2409 from Costa to get there finally.

2410 Once the CDC arrived, months after the first request,
2411 the investigation you conducted was completely unprofessional
2412 and inadequate. And I say that as a professional in the
2413 field. The CDC didn't test one vial, even the ones that were
2414 labeled tuberculosis, SARS-CoV-2, and Ebola. An entire
2415 refrigerator listed _ labeled "Ebola'" _ that is a select
2416 Federal agent, by the way _ and HIV was there.

2417 This is _ this facility is a completely unlicensed
2418 warehouse, no licensing whatsoever. Over 20 potential
2419 pathogens, 1,000 transgenic mice, humanized. There was zero
2420 isolation facilities that would be necessary to either
2421 legally or safely handle these agents.

2422 And perhaps most egregious and simple-minded, the agency
2423 didn't even bother to translate the Chinese labels. There
2424 were some vials that had only Chinese labels, didn't even ask
2425 for a translation on this. Amazing.

2426 When local officials started to dispose of these

2427 materials, they asked CDC what to do with the Ebola _ again,
2428 a Federal select agent _ and a CDC branch chief _ I have
2429 these emails I would like to submit for the record.

2430 *Mr. Griffith. Without objection.

2431 [The information follows:]

2432

2433 *****COMMITTEE INSERT*****

2434

2435 *Mr. Dunn. Thank you.

2436 The CDC branch chief belatedly responded, saying, "We
2437 don't see an urgent need to test these samples at the moment.
2438 Most of the material we identified was not considered a
2439 serious threat to public health.'" HIV, SARS-CoV-2,
2440 hepatitis, malaria, and Ebola not considered a serious threat
2441 to public health.

2442 You know, the conclusion made by the experts at CDC that
2443 a refrigerator labeled Ebola was unlikely to contain Ebola,
2444 and you look at the totality of this situation, it reads like
2445 a nightmare, a horror story. In what world is this okay?

2446 You know, and I refer to my colleague Gary Palmer's
2447 remarks on trust. How do you expect the American people to
2448 take our public health institutions seriously when this is
2449 their reaction to a very real situation?

2450 The CDC should not ignore pleas from local public
2451 health. And by the way, the California Public Health Service
2452 asked them to sample this stuff, too. The CDC should test
2453 substances if requested by local governments. Surely that
2454 meets a threshold test.

2455 And I would like you to explain. I am giving you a
2456 chance to answer some questions here with the minimal time
2457 that is left. Is the CDC supposed to be the first line of
2458 defense for human infection agents in the United States?

2459 *Dr. Cohen. Well, thank you, Congressman, for the

2460 opportunity to respond.

2461 There were a number of inaccuracies in that report. And
2462 so I want to make sure you know that when we were asked and
2463 invited by the leaders of that investigation _ FBI, FDA,
2464 state and local officials _ we did deploy. We did look at _
2465 we were there for a two-and-a-half-day investigation. And we
2466 did not see any evidence of select agents. Not only did we
2467 look at all of the paperwork, the vials, the freezers, we
2468 also _

2469 *Mr. Dunn. Well, let me just _ because we are running
2470 out of time, let me reclaim it.

2471 Yes, they responded, but they did not respond when they
2472 were first requested. They responded months, months later.

2473 *Dr. Cohen. So that _

2474 *Mr. Dunn. I mean, and we have that on _ I mean, we had
2475 that examined by the FBI. They came to our committee and
2476 told us that. That is who we got that information from. If
2477 you have better information than the FBI, you need to let us
2478 know.

2479 *Dr. Cohen. Great. We would be happy to share the _
2480 more about the timeline. But when we were asked, we did
2481 deploy. No select agents on site there. And we _

2482 *Mr. Dunn. How do you know? You didn't test for
2483 anything.

2484 *Dr. Cohen. Well, so, right, this is where our experts

2485 did a two-and-a-half day review.

2486 I want to address what you were talking about related to
2487 Ebola. When we heard after the fact that someone said
2488 something was labeled "Ebola," we took 300 pictures. We did
2489 not see one bit of evidence related to _

2490 *Mr. Dunn. It was on the front of a refrigerator.

2491 *Dr. Cohen. We didn't see that. We asked folks to say,
2492 "Do you have a picture of that? Could we validate that for
2493 someone else?" No one could validate that for us. So, you
2494 know, we did not _

2495 *Mr. Dunn. So we just blow off the California Public
2496 Health Department and say, oh, we don't believe you.

2497 You know, obviously, my time is expired, Mr. Chairman.
2498 I have to tell you, though, in my professional career in
2499 biological warfare, I have never seen anything like this.

2500 By the way, the worst concern I have, this may not be
2501 the only one. This is one that a housing code inspector
2502 found. Let's martial all the housing code inspectors _

2503 *Mr. Griffith. The gentleman _

2504 *Mr. Dunn. _ in the country, turn them loose to find
2505 these things.

2506 *Mr. Griffith. I appreciate the gentleman's passion.
2507 The gentleman's time is up. I now recognize Mrs. Cammack of
2508 Florida for her five minutes of questioning.

2509 *Mrs. Cammack. Thank you, Mr. Chairman. I appreciate

2510 you hosting this today. So important.

2511 Thank you to you, Dr. Cohen, for appearing before the
2512 committee. Without a doubt, public confidence in the CDC has
2513 been tremendously damaged by the actions of multiple
2514 directives, directors, and choices made within CDC
2515 leadership.

2516 For example, at one point in time CDC Director Redfield
2517 said that masks could offer more protection than vaccines.
2518 And of course, we now have scientific evidence that proves
2519 masks do very little to prevent transmission of COVID-19.
2520 And certainly, we can dive into vaccine efficacy issues and
2521 questionable studies that were used to justify draconian
2522 lockdowns. But it is clear that the CDC has a very long road
2523 ahead to reestablish credibility and regain the trust of the
2524 American people. And I am hopeful that your answers today
2525 will determine if you are, in fact, serious about taking on
2526 that challenge.

2527 Mr. Chairman, for the record, I would ask unanimous
2528 consent to submit statistical numerical errors made by the
2529 U.S. Centers for Disease Control and Prevention during the
2530 COVID-19 pandemic.

2531 *Mr. Griffith. The gentlelady has requested a document
2532 to be recorded into the record?

2533 *Mrs. Cammack. Yes, sir.

2534 *Mr. Griffith. Is there any objection to her document?

2535 I believe that is one that was presented to you all 20
2536 or 30 minutes ago.

2537 Okay, hearing no objection.

2538 [The information follows:]

2539

2540 *****COMMITTEE INSERT*****

2541

2542 *Mrs. Cammack. Okay, I appreciate it, thank you.

2543 Dr. Cohen, your predecessor, Dr. Walensky, overruled the
2544 CDC's own external scientific advisory committees regarding
2545 vaccine recommendations. Now, at times she even refused to
2546 convene the external advisory group at all. So one of the
2547 most glaring examples of this was when the CDC Director
2548 Walensky pushed for a third vaccine shot, a booster for
2549 health care workers. This recommendation was rejected by
2550 CDC's advisory group, and in response she overruled the
2551 advisory council, moved forward with her own recommendation
2552 for a third shot.

2553 My question to you, Dr. Cohen, is this: Have you
2554 convened the external advisory committee since assuming this
2555 role?

2556 *Dr. Cohen. Yes, ma'am.

2557 *Mrs. Cammack. Okay, perfect. With that being said,
2558 there has been \$250 million on top of the 8.75 billion spent
2559 in COVID promotion, marketing, et cetera from the CDC for
2560 this. Sometimes those external advisory councils give
2561 recommendations that are contrary to the administration's
2562 political agenda. Have you adopted any of the external
2563 committee's recommendations, or have you gone against those
2564 recommendations?

2565 *Dr. Cohen. Well, thank you so much. The _ under my
2566 tenure the _ I believe you are referring to our external _

2567 *Mrs. Cammack. Yes.

2568 *Dr. Cohen. _ ACIP committee. Yes, they have met a
2569 number of times. We actually have new vaccines for the first
2570 time in history, so they had to meet for that. They met for
2571 the updated COVID vaccine, the RSV vaccine, and all made
2572 recommendations for the vaccines that we then adopted.

2573 *Mrs. Cammack. So certainly there have been some
2574 troubling things coming out in recent years, particularly at
2575 the height of the pandemic, where members of that external
2576 advisory committee were fired for presenting an opinion that
2577 was contrary to the political agenda of the White House.

2578 In a situation where one of your advisory members
2579 presents a divergent opinion, are you taking that into
2580 consideration, or are you simply firing these people?

2581 *Dr. Cohen. So I am not familiar with the situation
2582 where folks were fired. The way the ACIP works, they have a
2583 certain tenure, they serve for that tenure, and they do roll
2584 off, and we do choose additional new members.

2585 And we appreciate, you know, that these independent
2586 advisory committees advise CDC on this work. And I think
2587 they are an important component of how we are reviewing
2588 vaccines and our recommendations.

2589 *Mrs. Cammack. Okay. I was actually referencing Dr.
2590 Martin Kulldorff. He was let go. This was very recent,
2591 again, at the height of the pandemic. And I think that there

2592 should be a formal review of how that all transpired, because
2593 I think that has a direct impact on the guidance that then
2594 becomes issued in public from the CDC.

2595 [Slide]

2596 *Mrs. Cammack. At this time I would like you to take a
2597 look at the screen for me. There is a screenshot. We have
2598 here a sampling of dozens of errors within the data that the
2599 CDC was using to justify their positions during the pandemic.
2600 These errors excessively exaggerated the COVID risk to
2601 children, for example.

2602 One of the most damning errors was that the CDC repeated
2603 for over a month that COVID was a top five cause of death for
2604 children. It took months for the CDC to correct this
2605 statistical error. Now, during the course of those months,
2606 millions of taxpayer dollars were spent to promote the
2607 vaccine for children just because a basic data point was
2608 incorrect.

2609 Now, how do you plan to rectify this? Because, quite
2610 frankly, if the CDC can't get basic data points correct, the
2611 credibility will never be restored within this institution.

2612 And also, children who really _ there was no scientific
2613 justification for them receiving the vaccine, could
2614 potentially _ and we have seen documented cases where they
2615 have vaccine injuries as a result of that being pushed on
2616 them, and their parents fearing _ feeling pressure from the

2617 CDC.

2618 So can you speak to these errors and how you plan to
2619 address these basic errors that have been documented over the
2620 past three years?

2621 *Dr. Cohen. Well, Congressman, I appreciate _ this is
2622 the first time I am seeing. So let me review, and we can _
2623 and follow up.

2624 But what I would say is 1,700 kids have died of COVID.
2625 But let me tell you what I have done for my own daughters who
2626 are 9 and 11. I got them the original COVID vaccines, and
2627 just a few weeks ago they got the updated COVID vaccine.
2628 Because I have looked at the data, and I think that these are
2629 vaccines that _ the safety profile is there in terms of
2630 safety, and they are very effective at making sure that our
2631 kids are protected. I don't want them to either get into the
2632 hospital, nor do I want them to get long COVID. So I got my
2633 own kids vaccinated.

2634 And so I am happy to look at this data, but I want to at
2635 least share how I made a decision as a mom for my own kids.

2636 *Mrs. Cammack. Well, and I know my time has expired,
2637 but I would love to have in writing from you a detail of the
2638 threat that COVID presents to children and young adults under
2639 the age of 18. I am sure you probably have that off the top
2640 of your head. If you can, provide us that number.

2641 *Mr. Griffith. You can get that to us later. I would

2642 appreciate it. The gentlelady's time is up.

2643 *Mrs. Cammack. Thank _

2644 *Mr. Griffith. I now recognize Mrs. Miller-Meeks of
2645 Iowa.

2646 *Mrs. Miller-Meeks. Thank you, Mr. Chairman, for the
2647 opportunity to waive on to this important hearing.

2648 Dr. Cohen, it is nice to see you again, and thank you
2649 for testifying today before the subcommittee. As you know, I
2650 am a physician, and I was the director of the Iowa department
2651 of public health before coming to Congress. I have not only
2652 served in this domain, but I value it and believe that robust
2653 public health infrastructure nationwide is crucial to the
2654 health and well-being of our country. That is why I released
2655 a request for information earlier this year on how to
2656 strengthen and reform the CDC to ensure that our nation's
2657 leading public health agency is performing as it should.

2658 Part of evaluating CDC and agencies in general is
2659 realizing when mistakes are made, when programs should be
2660 eliminated or altered, and when people need to be held
2661 accountable.

2662 During the pandemic, in place of clear, reasonable
2663 guidance backed by the best scientific evidence available at
2664 the time, Americans were faced with confusing inconsistencies
2665 at best, and clear bias at worst. Whether this bias under a
2666 Democrat administration was politically motivated or not, it

2667 took public health backwards.

2668 Politics aside, there is a near collective recognition
2669 that the CDC failed to execute its primary mission of
2670 protecting America from health, safety, and security threats
2671 by conducting critical science and providing health
2672 information that protects our nation against expensive and
2673 dangerous health threats, and responding when these arise.
2674 This includes numerous core operational failures, as you
2675 mentioned, as well as total lapses in reliable communication.

2676 The CDC's sprawling bureaucracy of siloed and
2677 uncoordinated administrative, research, and academic programs
2678 with disease condition or issue-specific programs was also
2679 put on full display.

2680 The CDC was originally created in 1946 as a communicable
2681 disease center with the mission of preventing the spread of
2682 malaria, but has since grown into a massive bureaucracy with
2683 a \$9 billion budget that supports research and initiatives
2684 which are not within the communicable diseases landscape.

2685 Additionally, the inability to translate research or
2686 real-world published data and evidence rapidly into public
2687 health recommendations during the pandemic was detrimental.
2688 As a result, trust in public health and faith in our public
2689 health agencies and leaders has been decimated.

2690 I don't say this lightly or with any satisfaction.
2691 Public mistrust of the CDC and health care professionals is

2692 not good, and it presents a multitude of challenges for the
2693 health and well-being of our nation. Unfortunately, however,
2694 the CDC has given people many reasons to not trust its
2695 recommendations. And given some of the answers you have had
2696 just in this hearing, specifically in response to
2697 Representative Palmer, it gives me pause that _ this failure
2698 to acknowledge certain things: infection-acquired immunity
2699 for COVID-19, its failure to communicate where the agency was
2700 getting information that was used to make decisions regarding
2701 masking, social distancing, school closure guidance, who to
2702 mask, when to get a booster, how to get a booster, even the
2703 types of adverse events and adverse outcomes, and denial of
2704 adverse events and outcomes.

2705 I think, you know _ to be clear, I vaccinated. I gave
2706 vaccines in all 24 of the counties in my district. But when
2707 the CDC inserted itself between the patient and the doctor,
2708 people rightfully became wary of the agency's
2709 recommendations, which we are seeing in this current
2710 respiratory illness season now.

2711 Dr. Cohen, you didn't lead the CDC during the pandemic,
2712 but you did lead North Carolina's department of public health
2713 and human services, where you were an ardent supporter of
2714 restrictive public health measures such as school closures
2715 which proved to be detrimental not only to the students'
2716 academic success, but also to their mental health and social

2717 development. Do you acknowledge that the CDC has given
2718 Americans good reason to question the agency's
2719 recommendations?

2720 And can you please highlight how the agency is working
2721 to rebuild public trust, and why we should review [sic] these
2722 efforts as genuine?

2723 *Dr. Cohen. Well, thank you, Representative Miller-
2724 Meeks. I do look forward to this new chapter to turn
2725 together, and I want to partner with you as we do that.

2726 So there are a lot of lessons learned from the pandemic.
2727 Nothing goes perfect in a crisis. I learned a lot of those
2728 in North Carolina. I was sharing earlier around
2729 transparency, around operational effectiveness, around
2730 partnership. So those are all things I bring to the work at
2731 CDC.

2732 I think we do need to make sure we are learning those
2733 lessons. There were mistakes related to our lab test when
2734 that first came out, so we had to put processes in place to
2735 make sure that would never happen again. We are
2736 communicating differently. We are operating differently.
2737 But there is still more work to do here. But it is going to
2738 take a partnership with Congress and others to make sure that
2739 we are all moving in the same direction, that folks can feel
2740 confident in vaccines, in the treatments that can save their
2741 lives. So I look forward to working with you on that.

2742 *Mrs. Miller-Meeks. Well, thank you very much, but I am
2743 just going to end with, regardless of how transparent you may
2744 be, or operational excellence and relationships that you may
2745 build, if we continue to put recommendations that don't show
2746 to the public the risks and the benefits in a transparent
2747 manner, we will continue to have a lack of trust in the CDC.

2748 Our local public health nurses and doctors did not deny
2749 infection-acquired immunity as the CDC and its public health
2750 professionals who testified before Congress did. And it was
2751 embarrassing.

2752 With that, I yield.

2753 *Mr. Griffith. The gentlelady yields back. I now
2754 recognize the gentleman from Georgia, Mr. Carter, for his
2755 five minutes of questioning.

2756 *Mr. Carter. Thank you, Mr. Chairman, for allowing me
2757 to waive on to this committee and to this important hearing.

2758 Dr. Cohen, thank you for being here. It seems that
2759 there has been a shift in the CDC toward addressing broader
2760 societal issues like climate change and social detriments of
2761 health, and I am very concerned about that. You know, you
2762 have heard today the trust in CDC not only from Congress, but
2763 the general public. And you know this. You haven't been
2764 living in a shell. You understand that the trust, the public
2765 trust is lacking right now.

2766 We want to help. We are not here to pile on. We are

2767 not here to beat you up. We need to help. But I am
2768 concerned now that you are biting off more than you can chew.
2769 What is up with this? What is up with these _ you know, what
2770 is _ has your mission changed all of a sudden now, you are
2771 going to bite off more than you can chew and talk about these
2772 issues?

2773 Like, I mean, your mission beyond _ has it expanded
2774 beyond communicable disease detection, investigation,
2775 outbreak control into areas such as non-communicable
2776 diseases, injury prevention, climate change, social
2777 determinants of health?

2778 *Dr. Cohen. Well, thank you, Congressman Carter, and
2779 thank you for, you know, obviously, CDC being located in
2780 Georgia. I appreciate your support of CDC and our work.

2781 And look, we have a number of health threats that are at
2782 our doorstep. Many of them are infectious disease. Many of
2783 them are not. I look at too many suicides, too many
2784 overdoses. We _ the heat _

2785 *Mr. Carter. No, I would call those mental health
2786 issues. So I beg to differ on that. So I am not _ that is
2787 not what I am talking about.

2788 *Dr. Cohen. Okay, sorry. Then please _ happy to have
2789 you clarify.

2790 *Mr. Carter. Well, I mean, which agency in the Federal
2791 Government that you _ do you think is more qualified or more

2792 prepared to deal with climate change, the EPD or the EPA, the
2793 Environmental Protection Agency, or the CDC?

2794 *Dr. Cohen. So, well, specifically related to health
2795 and heat, I mean, there are many health impacts of heat that
2796 we are understanding more and more. And, you know, what CDC
2797 is great at is bringing data and evidence and best practices
2798 to some of this.

2799 Again, whether it is suicide or whether it is how things
2800 like heat or wildfires are affecting people's health, we need
2801 to have that data and evidence so that our health delivery
2802 system and others know how to react to protect _

2803 *Mr. Carter. Well, do you think the CDC has got too
2804 many missions, or not enough? Or are you looking for more,
2805 or what?

2806 *Dr. Cohen. Well, we do need to make sure we have the
2807 resources _

2808 *Mr. Carter. I mean, my hope, and I think the hope of
2809 the committee and the hope of Congress and the hope of the
2810 public, is that you focus on what you need to be doing, and
2811 that you do it well. I mean, obviously, if we have another
2812 pandemic, we don't want to see the same mistakes that we saw
2813 during this last one.

2814 *Dr. Cohen. Well, Representative Carter, we agree on
2815 that. We need to learn the lessons from the pandemic.

2816 I agree on focus and prioritization. I think we need to

2817 make sure we have risk-based prioritization of what we are
2818 doing. There are so many health threats out, we can't
2819 possibly tackle them all. We have to be prioritized in
2820 doing that.

2821 But those are infectious and non-infectious in those
2822 health threats. We don't want people in our country dying
2823 sooner than _ seeing early deaths _

2824 *Mr. Carter. Okay, look, I am not trying to belabor
2825 this, but what about deforestation? I mean, that is
2826 affecting the environment. How many foresters have you got
2827 at CDC?

2828 *Dr. Cohen. I don't know the answer to that.

2829 *Mr. Carter. You think you have any?

2830 *Dr. Cohen. I don't know. I don't think so, but I
2831 don't know.

2832 *Mr. Carter. I hope you don't.

2833 *Dr. Cohen. I don't know.

2834 *Mr. Carter. Well, you know, I hope you understand my
2835 point. My point is that we want you to focus. We want you
2836 to get it right. And we want you to make sure that you are
2837 fulfilling your mission, and not trying to expand beyond your
2838 mission.

2839 I mean, obviously, we want you to do well. We want you
2840 to succeed. But at the same time, you are not going to be
2841 able to do that if you broaden into these other things that

2842 are getting so much criticism.

2843 *Dr. Cohen. Well, I appreciate wanting to work together
2844 on that important mission.

2845 And again, some of the things we have been talking about
2846 to make sure we have the infrastructure needed, workforce
2847 response, our lab capacity, I think we are all talking about
2848 the same things.

2849 I do want to make sure, though, we have the ability to
2850 address some of these health issues upstream. I know, you
2851 know, particularly your clinical background, you know, we
2852 spend a lot of time in different committees talking about the
2853 expense of chronic diseases and how much money we spend in
2854 Medicare and others on diseases that we know can be
2855 prevented. We need to do the research and know the best
2856 practices so that we can be preventing these diseases like
2857 diabetes before _

2858 *Mr. Carter. Okay, fair enough, fair enough. One last
2859 question before I let you go, okay?

2860 Next to getting to move to the State of Georgia, where
2861 the CDC is located, what is the greatest thing that ever
2862 happened in your life?

2863 *Dr. Cohen. Thank you. Well, I am grateful to be in
2864 the State of Georgia. I do miss North Carolina. That will
2865 always have my heart. But it has been great to be at the CDC
2866 campus, and thank you for your support.

2867 *Mr. Carter. Thank you, and I yield back.

2868 *Mr. Griffith. The gentleman yields back, and we are
2869 hopeful that Mr. Armstrong is in another committee. And he
2870 wanted to ask some questions. He may have to do those
2871 questions for the record. But in the meantime, we will have
2872 _ Ms. Castor wants to make a few comments, and then I will
2873 make a closing comment. And we will _

2874 *Ms. Castor. Great, yes. I just have a --

2875 *Mr. Griffith. _ be done, unless Mr. Armstrong _

2876 *Ms. Castor. -- a few unanimous consent requests.

2877 *Mr. Griffith. Yes.

2878 *Ms. Castor. And one was to submit a Politico article
2879 about the malaria in Florida.

2880 And just for my colleague, Mr. Carter, the reason it is
2881 very important for the CDC to be focused on the changing
2882 climate, it is hotter. So in Florida we have longer wet
2883 seasons during the summer that -- where it breeds mosquitoes.
2884 So that is very important to combat malaria, dengue, Zika.

2885 So that is one of -- one article for the record.

2886 Another is the recent LA Times story that has the
2887 unfortunate statistic that more people died in the State of
2888 Florida out of the most populous states in the country. And
2889 we have talked a lot today about misinformation. A lot of
2890 that came -- a lot of the deaths in Florida came after the
2891 vaccine was available, and it is attributed to a lot of the

2892 misinformation from our governor and surgeon general that
2893 downplayed the effectiveness of vaccines. So that is another
2894 for the record.

2895 And then two other -- one, a Center for American
2896 Progress and the House Appropriations Committee reports
2897 because today we -- I have heard a lot of concern about
2898 learning loss and children during COVID, which was a concern
2899 for everyone. But it rings hollow, the concern that comes
2900 from my Republican colleagues on this, when they have
2901 proposed an appropriations bill that decimates investments in
2902 public education.

2903 If you believe that children need support, that they
2904 need good teachers and strong schools, you would never pass
2905 these appropriations bills out of the House of
2906 Representatives. But yet that is what is on the table.

2907 Thank you, and thank you, Dr. Cohen, for your appearance
2908 here today.

2909 *Mr. Griffith. And for the record, that bill did not
2910 pass out of the House of Representatives.

2911 All right _

2912 *Ms. Castor. Let's hope it never will.

2913 *Mr. Griffith. I don't see Mr. Armstrong. I will say a
2914 couple of closing things in regard to the vaccine hesitancy.
2915 It created a lot of mistrust when current-President Biden,
2916 during the campaign of 2020, cast aspersions on the vaccines

2917 before he became President and became an advocate.

2918 Also, I would say that, if CDC is going to weigh in on
2919 climate, let's make sure we are taking a look at all aspects,
2920 and hopefully you can put some guardrails on the EPA, because
2921 you are right, heat and cold can be a serious problem. And
2922 representing a district that take-home pay is 409th out of
2923 435, one of my big concerns is we make the cost of
2924 electricity, we make the cost of heating your home and
2925 cooling your home much higher with some of the policies of
2926 the Administration. We are actually affecting health for the
2927 poorest of Americans who can't afford to heat their homes
2928 properly.

2929 And as you know, sometimes what they will do is they
2930 will bring in an inappropriate kerosene heater, or they will
2931 bring in some other heat source that is not suitable for
2932 their particular living structure, and we end up with deaths
2933 because of a house fire or carbon monoxide poisoning. So
2934 these are things we have to take into consideration.

2935 I see no one else here to ask questions. I am sorry
2936 that Mr. Armstrong is unavailable, he has another committee
2937 where he is stuck in the chair. I get it, but seeing that
2938 there are no further members wishing to ask questions, I
2939 would like to thank our witnesses _ witness again for being
2940 here.

2941 Thank you, Dr. Cohen.

2942 We have a document list. Many of them have already been
2943 mentioned, but I will ask unanimous consent to insert in the
2944 record the documents included on the staff hearing document
2945 list, which includes Mr. Palmer's, Mrs. Cammack's, and your
2946 documents, along with a couple of others, Ms. Castor.

2947 Without objection, that will be the order.

2948 [The information follows:]

2949

2950 *****COMMITTEE INSERT*****

2951

2952 *Mr. Griffith. Pursuant to committee rules, members
2953 have 10 business days to submit additional questions for the
2954 record, and I ask that the witnesses respond to those
2955 questions _ that the witness respond to those questions
2956 within 10 business days upon receipt of the request.

2957 And without objection, the committee is adjourned.

2958 [Whereupon, at 12:28 p.m., the subcommittee was
2959 adjourned.]