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ONE HUNDRED EIGHTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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December 15, 2023

Dr. Mandy K. Cohen, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dr. Cohen,

Thank you for appearing before the Subcommittee on Oversight and Investigations on Thursday, November 30, 2023, at the hearing entitled, "Unmasking Challenges CDC Faces in Rebuilding Public Trust Amid Respiratory Illness Season."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on January 2, 2024**.** Your responses should be e-mailed in Word format to lauren.kennedy@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

H. Morgan Griffith
Chairman
Subcommittee on Oversight and Investigations

cc: Representative Kathy Castor, Ranking Member, Subcommittee on Oversight and Investigations

Additional Questions for the Record

Dr. Mandy Cohen, Director, Centers for Disease Control and Prevention (CDC)

The Honorable Cathy McMorris Rodgers

1. What specific actions will you take at the CDC to ensure that guidance and directives do not infringe upon Americans' personal freedoms?

2. Reflecting on the challenges and the lessons learned from the COVID-19 pandemic, particularly regarding school closures and mask mandates, how will you ensure that the CDC's future recommendations are proportionate, timely, and balanced, safeguarding both public health and the fundamental rights and well-being of all Americans?

3. Considering the disproportionate impact on students from low-income families and the prediction of future economic repercussions, what specific strategies will you implement to prevent such outcomes from future health-related school closures?

4. Given the prior Director's decision to continue to keep schools closed due to political pressure, resulting in substantial educational setbacks for low-income students, can you clarify the criteria under which you believe school closures are warranted?

5. Who are the experts and stakeholders you will consult to make these critical decisions, to ensure that we avoid unnecessary disruptions to our children's education?

6. In recognizing the vital role of education in shaping our nation's future, what comprehensive plan will the CDC implement to safeguard against the detrimental effects on children's academic and mental well-being, as seen in the pandemic, and what metrics will be used to measure the success of these interventions?

7. Understanding that you did not hire Dr. Howard Zucker, his hiring suggests that CDC doesn’t’ really plan to learn from its mistakes and overreach during COVID-19. His actions in New York, even allowing for the uncertainties at the time strike me as disqualifying for senior leadership at the CDC. He ordered, against CMS advice, that COVID positive seniors be sent back to nursing homes and then helped Governor Cuomo

cover it up, in part by blaming their caregivers. Do you have confidence in Dr. Zucker? Do you plan on retaining him?

8. The delay between scientific findings and CDC guidance updates has been a point of contention, leading to mistrust. What specific strategies will you implement to ensure that the CDC's guidance is timely, accurate, and in step with the latest scientific research?

9. Reflecting on instances where CDC guidance seemed to lag behind emerging scientific data, such as with mask efficacy and transmission modes of COVID-19, how do you plan to address this gap? What measures will be put in place to guarantee that CDC recommendations are promptly updated in response to new scientific insights?

10. The CDC's previous messaging sometimes conflicted with emerging scientific data, creating public skepticism. Moving forward, how will you address the challenge of conveying complex and evolving scientific information to the public clearly, and accurately, and maintain public trust in the CDC’s expertise?

11. Director Cohen, considering that half of the CDC's review was conducted by its own staff, how do you plan to ensure unbiased and rigorous self-evaluations in the future? [1]

12. Given the potential for internal biases in self-assessment, would you consider implementing independent external reviews to provide a more objective evaluation of the CDC's performance? [2]

13. How do you propose to enhance the transparency and accountability of the CDC's internal review processes to the public and other stakeholders?

14. What steps will be taken to ensure that self-evaluations at the CDC accurately reflect both successes and areas needing improvement, without succumbing to internal pressures?

15. In the interest of fostering trust and credibility, would you commit to regularly commissioning independent audits or reviews of the CDC's programs and policies?

16. Less than 5% of CDC staff are clinically active professionals, how will you address this gap to enhance the agency's preparedness for public health emergencies? [3]

17. With a similar proportion of staff being epidemiologists, critical for disease forecasting and response, what are your plans to strengthen this vital aspect of the CDC's workforce?

18. The predominance of administrative and grants-related roles at the CDC has been highlighted. How do you intend to rebalance the staff composition to prioritize public health preparedness and response?

The Honorable Dr. Michael Burgess

1. How is the CDC leveraging advanced technologies and public sector collaboration not only to detect new and emerging biological threats but also to quickly evaluate the potential risks these pathogens pose to public health?

2. Valley fever (coccidioidomycosis) is an infection caused by the fungus Coccidioides. The fungus is known to live in the soil in the southwestern United States and has been documented to be spreading rapidly across arid regions. The illness is estimated to cost $3.9 billion annually due to Valley fever treatment, lost wages, and economic welfare losses.

   According to the World Health Organization, Valley fever is a top 15 fungal pathogen that deserves further research and policy interventions to strengthen the global response to fungal infections and antifungal resistance.

   As we take the lessons learned from COVID-19 and apply them to the future, how is CDC planning to address threats antimicrobial resistance, such as those seen in cases of Valley fever, in its pandemic preparedness plan?

   a. How will CDC work with stakeholders to develop countermeasures and preventatives for Valley fever?

The Honorable Kelly Armstrong

1. What specific legal or statutory authority empowers the CDC to purchase or otherwise obtain geolocation data on American citizens?

2. Did the CDC obtain legal advice concluding that the CDC has statutory authority to procure or otherwise obtain geolocation data on American citizens? I am specifically referring to the CDC purchasing or obtaining geolocation data?

    a. If yes, the legal justification explaining the statutory authority.

3. Does the CDC possess statutory authority to obtain and examine "mobility pattern data" in and around "places of worship?"

    a. If yes, do you believe that this does not violate the First Amendment's Free Exercise Clause?

    b. If yes, did the CDC obtain legal advice concluding that the data collection concerning "places of worship" did not violate the First Amendment's Free Exercise Clause?

    c. If yes, is it your legal opinion that this collection is legal under the First Amendment's Free Exercise Clause?

4. What specific appropriation program(s) provided funding for the purchase(s) of geolocation data?

5. What specific safeguards has the CDC put into place with vendors regarding the utilization and protection of this geolocation data?

6. Within the past ten years, has the CDC requested that Congress enact legislation that expressly authorizes the purchase or acquisition of geolocation data?

7. Please detail each instance of the CDC purchasing or otherwise obtaining geolocation data since 2013.

    a. For the data, include the following information:
        - What type of data was purchased?
        - What is the specific rationale for purchasing it?
        - Who was the data purchased from?
        - Where were the funds utilized to purchase or obtain this data appropriated from?
        - What is the amount of money spent on acquiring the dataset(s)?
        - What statutory authority granted the CDC the authority to purchase the data?

8. Are there any pending or completed regulatory investigations or legal challenges to the CDC's utilization of geolocation data? If so, list them.

9. What was the rationale for choosing the vendors where the CDC procured geolocation data?

10. Provide a detailed list of each instance in which the CDC's utilization of geolocation data targeted specific individuals or groups of individuals.

11. Director Walensky's letter dated July 8th, 2022 states that the geolocation data utilized by the CDC was anonymized. In a previous Energy and Commerce Hearing, Mr. Paul Ohm, a law professor and privacy researcher at Georgetown University Law Center, stated under testimony that "Really precise, longitudinal geological information is absolutely impossible to anonymize." This reidentification is especially true when collected on a rural population. Beyond my concerns about the CDC's ability to legally acquire this information, I have significant concerns about the CDC possessing the cyber security capability to manage and safeguard this information responsibly to prevent it from being accessed by bad actors.

    - Detail specific steps taken by the CDC to ensure this data is protected from being accessed by bad actors.
    - Detail specific steps the CDC took to ensure that reidentification is not possible on this data.

12. Has the CDC shared geolocation data with government agencies, law enforcement agencies, or third-party groups?

    a. If yes, what entity or individual was it shared with, and what data was shared?

13. Do you agree with Professor Ohm that it is impossible to anonymize precise longitudinal data?

    a. If not, please fully explain your understanding of reidentification and its practicality relating to the data procured or obtained by the CDC.

14. Did the CDC obtain mobility pattern data before January 21st, 2020? (The first documented case of COVID-19 in the US.)

15. As we take the lessons learned from COVID-19 and apply them to the future, how is CDC planning to address endemic fungal threats, such as Valley fever, in its pandemic preparedness plan? How will CDC work with stakeholders to develop countermeasures and preventatives for Valley fever?

16. Valley fever (coccidioidomycosis) is an infection caused by the fungus Coccidioides. The fungus is known to live in the soil in the southwestern United States and has been documented to be spreading rapidly across arid regions. The illness is estimated to cost $3.9 billion annually due to Valley fever treatment, lost wages, and economic welfare losses. According to the World Health Organization, Valley fever is a top 15 fungal pathogen that deserves further research and policy interventions to strengthen the global response to fungal infections and antifungal resistance. What is CDC doing to protect against Valley fever?

The Honorable Dan Crenshaw

1. Can you provide a written response detailing, from start to finish, when you first received communication regarding the Reedley, CA biolab, and what the timeline for response was? You mention limitations under the current Select Agent Program for testing samples. Can you explain the following:

    a. why did the CDC fail to test – and reportedly refuse to test — samples containing potentially infectious agents;

    b. why did the CDC DSAT fail to test – and reportedly refuse to test — samples in containers and storage areas with labels naming select agents (despite having that remit);

    c. why did the CDC fail to forward requests for testing to NBACC or NBFAC;

    d. and what steps have been taken to prevent similar failures in the future.

2. CDC data released last Friday confirm that flu season is underway in the US, yet flu vaccination rates have decreased from last year, remain low overall, and CDC no longer has funding for vaccine confidence. Now that flu season is underway, what steps is CDC taking to continue to encourage the public to get vaccinated for flu?

3. Does CDC believe it understands the multifactorial causes of reduced trust in public health that occurred during the pandemic? Is the agency studying this issue, and employing data-driven approaches to rebuilding trust? How are CDC's real-time learnings about rebuilding public trust reflected in public guidance and communications this season? How will CDC continue to incorporate these learnings in planning for future guidance and communications?

The Honorable Neal Dunn

1. You testified that there "were a number of inaccuracies in that (SCC report) report". Please list the inaccuracies of the report.

2. Please provide the timeline of notifications to the CDC, the dates the CDC responded, and the outcomes of the responses.

3. What was the date CDC physically deployed to Reedley lab?

4. Is it the standard practice of CDC to rely solely on the labels found in clandestine laboratories to ascertain what pathogens were present in the laboratory?

    a. If so, please explain why this is an acceptable practice.

5. If not, please explain why the CDC refused to test pathogens in this case when Congress has documented evidence that local officials (a) had legal possession of the pathogens and (b) asked CDC to test the samples.

6. The CDC website defines select agents as: "biological agents and toxins that have been determined to have the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal or plant products". Does HIV, tuberculosis, ebola, or malaria fit into that category?

7. Is it the CDC's position that it has no authority to test potential pathogens that are not Select Agents?

8. Did the CDC perform any analytic tests to determine the true contents of the vials listed "covid" and/or "ebola"?

9. Is it the CDC's position that dangerous pathogens that are not Select Agents (such as MERS, AIDS, and antibiotic resistant tuberculosis) are outside of its authority? If so,

what agency is the lead on responding to unlicensed or clandestine laboratories that contain these pathogens?

10. Congressman Costa and Reedley, California officials have stated at Congressional events that Reedley, California local officials notified CDC of this lab a significant time before Congressman Costa. The CDC Director stated at our hearing that CDC responded promptly to the Reedley, California request.
    a. What CDC official records did the CDC Director rely upon when making this assertion? Please provide this document to the committee for review.

11. Does CDC maintain a record of requests made over the phone to the CDC for assistance?

12. Does the CDC have a training and compliance program instructing its officials on how best to respond to requests for assistance regarding clandestine laboratories? If so, please provide this training to the committee for review. If not, does one need to be implemented?

13. Are you satisfied that CDC response was adequate to protect the California public from the threat of major biocontagion?

The Honorable Kat Cammack

1. Dr. Cohen, one of the many lessons learned from COVID is the importance of modernizing the way we detect infectious diseases, so that we can spot outbreaks earlier and respond more effectively. I heard you talk about the critical role of wastewater monitoring and see CDC rolling out a new Website this week to make this data more accessible. Can you give us a sense of the role that wastewater monitoring will play during this respiratory illness season--and when the sites you fund will start broadly testing wastewater for RSV and influenza and sharing that data publicly?