

OVERSEEING THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES'
COMPLIANCE WITH CONGRESS

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC

OF THE

COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY

U.S. HOUSE OF REPRESENTATIVES

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**OVERSEEING THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES'
COMPLIANCE WITH CONGRESS**

Wednesday, January 31, 2024

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC

Washington, D.C.

The Subcommittee met, pursuant to notice, at 10 a.m., in room 2154, Rayburn House Office Building, Hon. Brad Wenstrup (Chairman of the Subcommittee) presiding.

Present: Representatives Wenstrup, Miller-Meeks, Lesko, Joyce, Jackson, McCormick, Ruiz, Dingell, Mfume, Ross, Garcia, and Tokuda.

Dr. WENSTRUP. Good morning. The Select Subcommittee on the Coronavirus Pandemic will come to order. Welcome everyone, and without objection the Chair may declare a recess at any time.

I now recognize myself for the purpose of making an opening statement.

We are here today to examine the Department of Health and Human Services' compliance with the Select Subcommittee's oversight requests.

I am sorry we are even having this hearing today. It is unexpected because of the expectations that agencies will work with Congress openly and transparently on behalf of the American people.

It is time the Department answered some questions. We tried once before. As you know we issued a subpoena for your deposition, but the Department assured us things would improve and your testimony was unnecessary.

The Department's compliance has not improved. To this day, your Department continues to stonewall this Subcommittee. The Department has produced documents with unnecessary and some illegitimate redactions. As you can see on the screen, the Department redacted every name in this document, even foreign nationals. When asked why, we were told it was because of security concerns. When asked how the Department knew these individuals had security concerns, the Department was unable to provide an answer.

The Department has produced documents that are simply unrelated to our requests. You have produced documents that are not relevant to our requests or hundreds of pages of news articles. This is unacceptable and simply seems to be a tactic to inflate your production page count, which I am sure you will tell us about today.

And maybe most shockingly, the Department's failure to produce documents we know are in your possession. Again, on the screen is a document that the Oversight Committee made public 2 years ago. The email has yet to be produced to this Subcommittee. I can't understand why. You know it exists. You know how to find it. The fact this hasn't been produced raises serious questions and implies the Department is intentionally trying to withhold something or hide something.

Regarding interviews, we do appreciate that Department employees have chosen to voluntarily comply with our requests. I will state that the Subcommittee accepted every single date that the Department proposed. Despite this compliance, the Department and all your lawyers have routinely attempted to hinder witness testimony. The night before each interview, you personally issue a memo to the Subcommittee and the witness, instructing the witness as to what they can and cannot testify to.

HHS has blocked witnesses from discussing the EcoHealth Alliance grant reinstatement. We wonder why.

HHS has blocked witnesses from discussing EcoHealth's current grant status. We wonder why.

HHS has blocked witnesses from discussing COVID mitigation measures. We wonder why.

HHS has blocked witnesses from discussing internal communications. Why?

And HHS has blocked a witness from discussing anything he did through his official capacity at NIAID. Again, why?

This Select Subcommittee was formed with the intent of performing an after-action review of everything that happened during the pandemic, where 1.2 million American lives were lost. We want to know what we did well, what we could do better in the future, and how to prepare for the future. Hiding what was done does not help.

Is HHS funded by someone other than the American people's taxpayer dollars? No. I hope not. This is acting in bad faith at best and a violation of law at worst.

I have read your opening statement, and frankly it is somewhat insulting. There are no significantly relevant facts or data in there. There are no explanations for the questions you know we have. In fact, it raises more questions than it does answers.

In it, you boast about producing more than 30,000 pages to Congress during the 118th Congress. Curiously, during the 117th Congress, in a similar amount of time, the Department produced more than 43,000 pages to one Oversight subcommittee alone. What changed? What changed besides who is in the majority in the House? Was it no longer in the Department's interest to be overly compliant? And if not, why?

You say the Department has been "exceptionally responsive" to the Subcommittee. I think we could contest that assertion and perhaps we have a different definition of exceptional. That could be.

On February 13, 2023, we sent a letter regarding the origins of COVID-19. It has taken two follow-up letters, two staff meetings, subpoena threats, and scheduling interviews to begin receiving unique documents, documents that belong to the American people, and documents that Congress should have easy access to.

Out of the 10,000 pages produced, of which I would note more than 1,000 were produced last night, just last night, the majority of the documents are previously publicly available, some are more redacted than FOIA productions, others are non-responsive to the questions, or copies of press articles.

On March 10, 2023, we sent a letter regarding the process of approving the COVID-19 vaccine. We received fewer than 300 pages more than a month later and have not received any documents since. Common sense, in reviewing them, would suggest that there are more that we have not received.

On March 28, 2023, we sent a letter regarding the Biden Administration's school opening guidance. It took two follow-ups, a subpoena threat, and scheduling transcribed interviews before the Department was compliant.

On August 1, 2023, we sent a letter regarding the implementation of COVID-19 vaccine mandates. You have not produced a single document on that.

On August 2, 2023, we sent a letter regarding CDC Director Cohen's statement about annual COVID-19 boosters. Again, you have not produced a single document.

On August 23, 2023, we sent a letter regarding the illegal Chinese lab in California. You produced fewer than 100 pages that were all previously publicly available. Did you have no internal documents concerning this issue?

On September 6, 2023, we sent a letter regarding former CDC Director Walensky's override of booster recommendations. You have produced about 100 pages that are all already available on the CDC's website. You may as well just have sent us the link, as to the number of pages you sent us.

And on October 13, 2023, we were forced to subpoena records regarding a NIAID employee's use of personal email. You said you were prevented from producing documents because it was an internal investigation—an excuse that is not founded in fact.

We are conducting an investigation. We have oversight over HHS. Our investigation overrides your internal investigation. Understand that going forward.

This is not a track record of exceptionalism, in my mind. This is not a track record of competence. And this is certainly not a track record of compliance or transparency.

Dr. Egorin, compliance with Congress is not voluntary. Time and time again we hear the Department is providing witnesses or documents "voluntarily." And while that may be legally accurate, and appreciated when they do it, it provides the perception that you believe that you have a choice. You do not.

Congress created your agency. Congress funds your agency through the generosity of the American taxpayer, and that is who you serve. And Congress has the absolute right to oversee your agency on behalf of the American people, and they know that.

Barry Goldwater said, “The Constitution is not an instrument for the government to restrain the people. It is an instrument for the people to restrain the government.” I think that is where we are.

I hope we can get answers today and get back to the work on behalf of the American people, the same American people who lost 1.2 million loved ones because of COVID.

This is an after-action review of the government response to the COVID-19 pandemic. It should not be partisan. It should not be controversial. But it needs to be based on facts, facts that you have that we are not getting. And the Department’s honesty and cooperation is non-negotiable.

I would now like to recognize Ranking Member Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, Mr. Chairman. I respectfully disagree with the Chairman’s implied accusations and sentiment here.

I would like to begin by thanking Assistant Secretary Egorin for her participation in today’s hearing. I have had the pleasure of working with Assistant Secretary Egorin on numerous fronts, and she has been nothing but forthcoming and cooperative in all aspects of our work together.

Select Subcommittee Democrats are appreciative of your willingness to voluntarily appear today, which no doubt has required a significant dedication of time and resources, and for your continued engagement with the Committee.

It is evident to me that today’s hearing is not about enhancing our understanding of COVID-19’s origins, advancing our Nation’s pandemic preparedness, or addressing the public health challenges our Nation currently faces. It is not even about meaningfully resolving any of the issues that the Majority has alleged when it comes to the Department’s responsiveness to their requests. It is about political theater. It is about painting the Biden Administration as, quote/unquote, “stonewalling” the Committee in a venue that is better suited for soundbites than identifying a path forward and negotiations regarding document productions.

So, let’s just be clear about why we are here today, because the fact of the matter is over the last year the Department has operated in good faith with the Select Subcommittee, consistently providing documents responsive to the majority’s requests, and making Department officials available for more than 80 hours of voluntary transcribed interviews. In total, the Department has made more than 30 productions of internal documents, communications, and information responsive to the majority’s requests, including two dozen productions as part of the majority’s probe into Dr. Fauci alone. These productions have been made voluntarily, consistently, and with a demonstrated effort to satisfy the majority’s identified priorities.

For example, every week for 5 consecutive weeks the Department has made productions responsive to priorities identified by my colleagues on the other side of the aisle, with each production meeting an interim deadline set by the Majority. And over the course of the Congress the Department has also made significant accommodations for the Select Subcommittee, including providing copious details about its document collection process and arranging in-camera review of the information underneath the redactions.

Furthermore, all while constantly churning out productions, the Department has made 12 current and former officials available for voluntary transcribed interviews, totaling more than 80 hours of testimony. So, this doesn't exactly sound like stonewalling to me.

Look, I understand that in the oversight process there are disagreements between Congress and the executive branch, two co-equal branches of government, may arise. However, to characterize the Department's behavior as intentional obstruction when it has, time and time again, been responsive to this Committee's requests is a gross politically calculated mischaracterization.

Furthermore, by holding this hearing today the majority has made it clear that they are more interested in these political accusation soundbites than they are in reaching resolution on the issues they allege have taken place. Simply put, this hearing is little more than a distraction from the fact that the majority has failed to accomplish anything to improve the lives of the American people and has chosen politically motivated probes over advancing constructive policies that promote our Nation's public health and pandemic preparedness.

Under the guise of determining COVID-19's origins, the majority has pursued a politically motivated probe, vilifying our Nation's public health officials, and politicizing the intelligence community in the process. And at the end of the day our Nation is no better for it. In no way has this probe enhanced our understanding of how COVID-19 actually came to be, and in no way has it made our country better prepared for the next pandemic, and in no way has it promoted our Nation's public health.

I have repeatedly and earnestly called for this Select Subcommittee to change course because I am deeply concerned that we are wasting critical hours, days, months, years, failing to adequately protect our Nation from the next public health crisis. Six months ago, I wrote a letter expressing my concern about the directions we were heading in, and now, as we sit here today, we have pandemic prevention and preparedness programs expiring under PAHPA. We have a debilitating distrust in our Nation's public health systems as manufactured, and we have childhood vaccination rates at an all-time low. And at the very same time we have a majority in the House trying to make extreme cuts to vital public health programs at the very time we need them most.

So, I hope that going forward the Majority will set aside their efforts to distort the facts and create a false narrative for partisan gain. Only then will we be able to get to work that really matters, putting people over politics to save lives and reduce harm, both now and in the future.

Thank you, and I yield back.

Dr. WENSTRUP. Our witness today is Dr. Melanie Egorin. Did I pronounce that correctly?

Dr. EGORIN. You did, sir.

Dr. WENSTRUP. I did. OK. It is E-GOR-in.

Dr. Egorin is the Assistant Secretary for Legislation at the Department of Health and Human Services.

Pursuant to the Committee on Oversight and Accountability Rule 9(g), the witness will please stand and raise her right hand.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Dr. EGORIN. I do.

Dr. WENSTRUP. Thank you. Let the record show that the witness answered in the affirmative.

The Select Subcommittee certainly appreciates you for being here today, and we look forward to your testimony.

Let me remind the witness that we have read your written statement, and that will appear in full in the hearing record. But please limit your oral statement to 5 minutes.

As a reminder, please press the button on the microphone in front of you so that it is on, and the Members can hear you. When you begin to speak the light in front of you will turn green. After 4 minutes the light will turn yellow. When the red light comes on your 5 minutes has expired, and we would ask that you please wrap up.

I now recognize Dr. Egorin to give an opening statement.

**STATEMENT OF THE HONORABLE MELANIE EGORIN
ASSISTANT SECRETARY FOR LEGISLATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Dr. EGORIN. Chair Wenstrup, Ranking Member Ruiz, and Members of the Subcommittee, I appreciate the opportunity to testify on behalf of the Department of Health and Human Services. I am Melanie Anne Egorin, the Assistant Secretary for Legislation at HHS. Prior to coming to HHS, I spent more than 15 years working in Congress and at the Government Accountability Office, including almost a decade as professional staff for the Committee on Ways and Means.

I have a deep appreciation for the important work of Congress and the critical role that oversight plays in the effective functioning of our government. I believe it is vital for Congress to ask questions about current policies and programs to improve their integrity, our health care system, and the overall health of the Nation.

HHS's mission is to enhance the health and well-being of all Americans. We accomplish this mission every day by providing effective health and human services and by fostering sound, sustained advances in the sciences underlying health, medicine, and the social services.

HHS provides access to health care coverage for more than 100 million Americans through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplaces. We also provide vital services through Indian Health Service, federally qualified health centers, and the U.S. Public Health Service. We protect Americans from health, safety, and security threats, both foreign and domestic, and we oversee the safety, effectiveness, and quality of foods, drugs, vaccines, and medical devices.

I also appreciate the opportunity to highlight the hard work of the Department, health care professionals, essential workers, and everyone involved in the whole-of-government approach to combating COVID-19. We are using everything that we have learned during the emergency to strengthen our public health infrastructure, to be better prepared for future emergencies.

HHS will continue to work to ensure Americans are safe and have access to care and support they need. Under the Biden-Harris Administration, we have administered more than 7 million COVID vaccines, launched the 9-8-8 lifeline, and a record-breaking 21.3 million Americans enrolled in affordable health care through the ACA's Marketplace just this year. As you can see, the HHS programs touch the lives of all Americans.

HHS regularly interacts with Congress and responds to congressional requests. This includes a wide array of work in support of Congress' legislative agenda. The Office of the ASL provides technical assistance to support policy and legislative developments, facilitates thousands of grants, assists Members of Congress and their staff with constituent services. And to that end, my office serves as the primary link between the Department and Congress, which includes facilitating responses to congressional oversight.

HHS recognizes and appreciates the importance of congressional oversight, and we are committed to continuing to work with Congress in good faith. Given the breadth of the programs we administer, HHS receives inquiries from virtually every Member and regularly receives a variety of oversight requests from multiple committees in both the House and Senate.

Since the 118th Congress began, the Department has sent more than 100 letters responding specifically to oversight inquiries, produced more than 30,000 pages of documents in response to oversight requests, and responded to a number of other congressional requests for information and assistance. Department officials have testified at multiple oversight hearings and provided briefings in connection with a wide range of oversight inquiries. We are also actively responding to over 140 ongoing GAO engagements, and committed to improving by closing 120 GAO recommendations this Congress alone.

In responding to the substantial volume of congressional oversight requests we engage in the constitutionally mandated process of accommodation, seeking to balance Congress' interests consistent with executive branch interests, while working within and being very mindful of the inevitable resource constraints facing the Department.

As you know, we have been actively engaging with this Subcommittee regarding multiple oversight requests. We have worked to identify and produce documents and information prioritized by the Subcommittee as effectively as we are able. In all instances, the Department has worked to understand Subcommittee's priorities and target our efforts effectively. To date we have produced 35 productions totaling more than 10,000 pages, including a production just this week, as you noted, Dr. Wenstrup. We have facilitated participation of more than a dozen current and former employees, and produced nearly 100 hours of briefings, interviews, and testimonies before the Subcommittee, all touching on a wide variety of topics.

I believe my testimony today reflects that HHS has a demonstrated record of working diligently across a broad range of oversight requests from Congress, including this Subcommittee, and is committing to continuing to engage in good faith.

I would be happy to answer your questions.

Dr. WENSTRUP. Thank you. I now recognize myself for questions, and I want to start with some overarching questions regarding your office and your procedures. I have a number of questions. Just a yes or no will suffice.

But during the 118th Congress have there been any discussions, written or verbal, about not responding to congressional oversight?

Dr. EGORIN. Congressman, we have been responsive to congressional—

Dr. WENSTRUP. Just yes or no. Have there been discussions, written or verbal, about not responding to congressional oversight? I know what we have received from you, but have—

Dr. EGORIN. So, Congressman—

Dr. WENSTRUP [continuing]. There been discussions.

Dr. EGORIN. There have been discussions on how to respond and how to meet the priorities of the Subcommittee.

Dr. WENSTRUP. Have there been any discussions about providing only previously public documents?

Dr. EGORIN. There have been conversations about how to respond to the Committee in an effective manner and what we can do to be—

Dr. WENSTRUP. Well, obviously you are not going to answer my question specifically, and let that be seen for the record that you are really not answering.

I hope you have had conversations. I really do.

Dr. EGORIN. We—

Dr. WENSTRUP. But I am asking specifically, have there been any discussions about providing only previously public documents?

Dr. EGORIN. There have been conversations about how to be responsive to—

Dr. WENSTRUP. Previously public documents.

Dr. EGORIN. Congressman, it is about what documents—

Dr. WENSTRUP. Thank you. I am going to move on because clearly you are not going to answer the question.

Have there been any discussions about delaying production to run out the clock of this Congress?

Dr. EGORIN. Congressman, we continue to produce documents every 10 days, on average.

Dr. WENSTRUP. Still not answering my questions. Thank you.

I want to run through a few of our letters and attempts to get a better understanding of your process in action. And let me explain something to you. I consider this the most important thing I have done in my now 12th year in Congress—1.2 million American people died. The process of our government is very, very important. I will tell you that Dr. Fauci, when he came in for his transcribed interview, gave us some information about the process concerning grants, for example. It was very revealing, and I appreciate his openness and honesty in that, because we are going to recommend a better process for the next time. That is how important this is. So, if you don't want to answer my questions about process, that is fine, but I am going to continue to ask them, and the record will show that you are not answering.

But let's go to this. On February 13, 2023, we sent the Department our first letter regarding COVID-19's origins. We then sent

follow-ups in October and November. When did the Department first identify responsive custodians?

Dr. EGORIN. Congressman, we produced our first set of documents to your request in February, within 2 weeks.

Dr. WENSTRUP. When did the Department first identify responsive custodians?

Dr. EGORIN. Congressman, we produced documents responsive to your request within 2 weeks.

Dr. WENSTRUP. OK. I am sure I will get this same answer in my next question. When did the Department first conduct custodial interviews?

Dr. EGORIN. Congressman, we produced documents that have been ongoing and responsive to your request.

Dr. WENSTRUP. Thus far, in 12 months, the Department has produced about 10,000 pages, of which a significant portion are simply unresponsive to the questions, previously publicly available, or just news articles. Is this the entirety of responsive documents in the Department's possession?

Dr. EGORIN. Congressman, we have worked to continue to produce, as you noted, producing documents even within the past 24 hours, to make sure we are being responsive, and we continue to work with your staff to prioritize documents, to make sure we are being responsive to the priorities of the Subcommittee.

Dr. WENSTRUP. Pursuant to the Subcommittee's letter, how many potentially responsive documents has the Department identified?

Dr. EGORIN. Congressman, we continue to produce documents in a timely manner, and as you noted, being mindful of the taxpayer, and making sure we are producing documents based on the priorities, effectively and—

Dr. WENSTRUP. OK. Well, how about this, Doctor. Would you like to take that question for the record and get back to us?

Dr. EGORIN. Congressman, I am happy to take that question.

Dr. WENSTRUP. OK. Let me repeat it. Pursuant to the Subcommittee's letter, how many potentially responsive documents has the Department identified?

Dr. EGORIN. Congressman, I do not have that number in front of me. I am happy to continue that conversation.

Dr. WENSTRUP. OK. And maybe the next one can be for the record. Let's just go down this, rather than you giving us the same answer that doesn't answer the question.

How many have gone through review?

Dr. EGORIN. Congressman, I do not have that—

Dr. WENSTRUP. Do you want to take that for the record?

Dr. EGORIN. Congressman, I am happy to continue to answer your questions.

Dr. WENSTRUP. Thank you. Would you take that for the record? Yes or no.

Dr. EGORIN. Congressman, if it is submitted as a question for the record, we are happy to be responsive.

Dr. WENSTRUP. It will be. Do you commit to produce every responsive document in the Department's possession?

Dr. EGORIN. Congressman, what I commit to you is to continue to work with the Department—to work with the staff's priorities, and to continue to do productions as long as the Committee is—

Dr. WENSTRUP. So, you don't commit to produce every responsive document in the Department's possession, because that is not an answer.

Dr. EGORIN. Congressman, I commit to continue to work with you to make sure that we are producing documents based on the priorities of the Committee, of the Subcommittee, and that we will continue to produce documents and continue to have this conversation.

Dr. WENSTRUP. But you don't guarantee that every responsive document in your possession will be produced.

Dr. EGORIN. Cong—

Dr. WENSTRUP. Thank you. No, you have answered it. You can say it over and over again. The record is going to reflect your answer. That is fine.

On March 10, 2023, we sent the FDA a letter regarding the approval of the Pfizer COVID vaccine. To date, we have received only 274 pages. Is this the entirety of responsive documents in the Department's possession?

Dr. EGORIN. Congressman, as you noted we did produce documents, and we are happy, if that is a priority for the Subcommittee, to go back and continue to work with your Committee to respond to that request.

Dr. WENSTRUP. So, there may be more documents that you could produce.

Dr. EGORIN. Congressman, with the limited resources that we have, and being mindful of the taxpayer dollars and priorities of the Subcommittee, we can come back and reevaluate the priorities.

Dr. WENSTRUP. Well, so pursuant to that letter from March 10, 2023, how many potentially responsive documents has the Department identified and maybe you would like to take that one for the record, as well.

Dr. EGORIN. Congressman, I am happy to take that back.

Dr. WENSTRUP. OK. And how many have gone through review? I would imagine that would have to be something that you will get back to us on.

Dr. EGORIN. Congressman, I am here to speak about our responsiveness across the Department, consistent with my role, and—

Dr. WENSTRUP. I am here to ask you about process and where you are in the process. If you can't answer it, that is fine. If you have to take it for the record, then please do so.

Dr. EGORIN. Congressman—

Dr. WENSTRUP. But you should be able to do that because it should be documented, filed, et cetera.

Do you commit to produce every responsive document in the Department's possession?

Dr. EGORIN. Congressman, what I can commit to you is to produce documents based on the prioritization. And I do want to set the record straight, that some of the requests that we got were incredibly broad and included search terms such as "lab," "nature," "teleconference." If you think about the breadth and depth of an organization that has 90,000 employees, that is boiling the ocean. So, that is why we worked with your staff to prioritize and understand—

Dr. WENSTRUP. Doctor, we limited it to 12 employees, so that makes a huge difference from what you were just telling the American people. And you should know that, and I think you do know that.

On October 13, 2023, we issued a subpoena to the Department after it failed to produce requested documents relating to Dr. David Morens' potentially illegal deposition—disposition, excuse me—illegal disposition of Federal records and evasion of transparency laws. You sent a letter in response. In your letter you state that the release of documents pertaining to this internal investigation would jeopardize the Department's investigation.

What is the current status of the Department's investigation of Dr. Morens?

Dr. EGORIN. Congressman, I cannot speak to internal investigations and timelines, but I am happy to get back to you with that—

Dr. WENSTRUP. Who can speak to the internal investigation?

Dr. EGORIN. Congressman, internal personnel investigations, or investigations, are not something I can speak to in this forum.

Dr. WENSTRUP. Who can?

Dr. EGORIN. Congressman, I am happy to get back to you.

Dr. WENSTRUP. Please do, because we are conducting an investigation as well, and we override your investigation.

Does Congress have the authority to investigate potential Federal records violations?

Dr. EGORIN. Congressman, Congress has a right to investigate and oversee Federal law.

Dr. WENSTRUP. Yes, thank you. You just answered my next question. Congress has jurisdiction over this.

Can you produce the Department policy that says you are unable to produce these records while there is an internal investigation?

Dr. EGORIN. Congressman, I can take that back and see what materials will be responding to that request.

Dr. WENSTRUP. Thank you. Thank you. I appreciate that.

Final topic I want to ask about is regarding the Department's authorization memos prior to transcribed interviews. When did this practice begin, that the Department had to authorize?

Dr. EGORIN. Congressman, it is a longstanding practice of the Department, going back multiple administrations, to provide authorization memos to current and former employees, reflecting the conversations and accommodation process between the Committee and the Department.

Dr. WENSTRUP. Do you approve each memo?

Dr. EGORIN. I review and sign each memo.

Dr. WENSTRUP. Thank you. Prior to issuance, does this Subcommittee have the opportunity to agree with the memo?

Dr. EGORIN. Congressman, the memos reflect the communications between the Committee and the Department, and the authorization memos reflect the accommodations and serve as guidance, and that is why they are shared with both the employee as well as with the Committee.

Dr. WENSTRUP. OK. The screen shows the memo prior to the interview with Dr. Morens. In it you instruct Dr. Morens not to

provide any information regarding his official work at NIAID. You signed this memo. Did you personally approve it?

Dr. EGORIN. Congressman, anything coming out with my signature reflects the Department's position, and I read everything I sign.

Dr. WENSTRUP. According to Section 7211 of Title 5 of the U.S. Code, the rights of employees, individually or collectively, to petition Congress or a Member of Congress, or to furnish information to either House of Congress or to a Committee or Member thereof may not be interfered with or denied.

Are the instructions in these memos advisory or are they mandatory for the witnesses to follow?

Dr. EGORIN. Congressman, these memos reflect the guidance based on the scope that is agreed to between the Subcommittee or Committee and the Department. So, they are advisory, reflecting the conversations, so that the employee understands the conversations that happened between the Department and the Committee regarding the scope of the conversation.

Dr. WENSTRUP. Well, I would tell you that regardless, it seems the Department counsel treats these memos as mandatory, and I think there is an argument to be made that even by issuing them the Department is intimidating witnesses and interfering with their testimony, in violation of the law. And I hope this practice, regardless of administration, no matter which administration, no matter which party, I hope that that comes to an end.

I now recognize the Ranking Member, Dr. Ruiz, from California, for questions.

Dr. RUIZ. Thank you. Once again, I respectfully disagree with the implied accusations through these assumptions.

Assistant Secretary Egorin, to ensure that it is abundantly clear for the record, I would like to quickly walk through the efforts you and your colleagues at the Department have made to work cooperatively and constructively with the Select Subcommittee this Congress.

Could you briefly explain how many productions of internal documents and communications you have made to the Select Subcommittee during the 118th Congress?

Dr. EGORIN. Yes. During the 118th Congress we have made 35 productions. That is 1 approximately every 10 days, for a total of over 10,000 pages.

Dr. RUIZ. So, 1 out of 10 days you have been working with this Committee and producing these productions, and that is a total of how many pages?

Dr. EGORIN. Ten thousand pages.

Dr. RUIZ. Ten thousand pages. And you made these productions on a wide range of topics, spanning from federally funded research to the process of reopening schools to the authorization of COVID-19 boosters. Isn't that right?

Dr. EGORIN. That is correct.

Dr. RUIZ. The Department has also worked to make a dozen current and former Federal officials available for more than 80 hours of testimony. Correct?

Dr. EGORIN. That is correct.

Dr. RUIZ. And in this Select Subcommittee your staff has worked to facilitate the testimony of former CDC Director Rochelle Walensky, Assistant Secretary for Global Affairs Loyce Pace, and your testimony here today. Isn't that correct?

Dr. EGORIN. That is correct.

Dr. RUIZ. OK. And just to confirm, you made all these efforts on a voluntary basis. Correct?

Dr. EGORIN. Yes. All of these have been voluntary.

Dr. RUIZ. As Ranking Member of the Select Subcommittee I have called for a focus on the forward-looking work of preventing and preparing for future pandemics since the outset of the Congress. But instead of doing this work our first hearing of the new year is focused on creating a false narrative, the implied accusations based on these assumptions that we hear of obstruction for Republicans' partisan gain.

So, let me be clear. This is not putting people over politics. This is putting politics over people and the critically important work of preparing for future pandemics.

So, Assistant Secretary Egorin, while we have you, I would like to discuss this work, including the Department's ongoing efforts to implement provisions Democrats passed in the 2023 Consolidated Appropriations Act. What steps has HHS taken to strengthen biosafety and address national security threats in biomedical research?

Dr. EGORIN. Thank you for that question because we are working diligently across the Department and across the government to implement those provisions. That includes making sure we are looking at education, we are looking at coordination, and we are focusing on the investments that Congress gave the Department, and we are greatly appreciative of.

Dr. RUIZ. And what steps has HHS taken to prevent, control, and respond to the emergency of zoonotic diseases?

Dr. EGORIN. Congressman, we have followed similar steps, and one of the things coming out of the COVID pandemic and other lessons learned is really looking at how we do better at data collection and coordination across the Department.

Dr. RUIZ. You know, I think that is very important to really emphasize here, because again, right now the truth of the matter is, is that there is no consensus as to whether this leaked from a lab or whether it was a zoonotic origin. And the point is that we should be focusing on what the Administration is doing to help prevent a future pandemic, whether it is a lab leak or whether it is zoonotic, and that we should really systematically bolster our efforts to really prevent the spread of emerging viruses that can cause devastation like COVID-19.

So, let me ask you, are there additional ways, thinking forward looking, concrete, pragmatic, solutions-oriented ways that Congress could support the Department's ongoing efforts to prevent and prepare for future pandemics?

Dr. EGORIN. Congressman, thank you for that question, and I think one of the best things Congress could do is reauthorize PAHPA and the support that that provides to states and local governments for response, as well as the investments that it makes

and lessons that are learned from COVID and other pandemics on how we can be better prepared in the future.

Dr. RUIZ. Thank you. I hope that in the remaining time, which is actually less than half of the time we have left this Congress, the Select Subcommittee can change course and focus on the constructive, bipartisan work of fortifying our Nation from future public health threats.

And with that I yield back.

Dr. WENSTRUP. I now recognize Dr. Miller-Meeks, from Iowa, for 5 minutes of questions.

Dr. MILLER-MEEKS. Thank you, Mr. Chair, and thank you for this very important Committee. Thank you, Ms. Egorin, for testifying today.

I am going to echo the Chairman's frustrations with HHS's lack of compliance in requests from this Committee. To reiterate, you and the Department are accountable to the Oversight Committee, period. As a side note, I sent you a letter pertaining to colorectal cancer screening tests, I would say something very important, on September 1st of last year, and have yet to receive confirmation of my letter, let alone a response. It is both unfortunate and unacceptable that you and HHS do not take your accountability to Congress, and by the extension, to the American people, seriously.

As I am sure you know, during the early days of the pandemic there was a massive shortage of personal protective equipment, which highlighted the need to bolster our capability to produce PPE domestically rather than relying on foreign countries, especially China. In response, the Federal Government committed almost \$600 million to bring production back to the United States.

I have heard concerns, however, that HHS is dragging its feet on these contracts and is being unresponsive to grantees. Oversight Committee staff reached out to your office on January 2d of this year to ask for a briefing on this issue, specifically regarding one surgical glove manufacturer whose contract may be in jeopardy and has been stonewalled by HHS. If just one contract falls through, tens or even hundreds of millions of dollars in taxpayer funds already spent on onshoring efforts will have been wasted. While I am not advocating for one company's products over another, I believe that HHS has a responsibility to be responsive and communicative with grantees for all initiatives.

Are you aware of this request on January 2 of this year, and do you know why this seemingly simple request has not been granted?

Dr. EGORIN. Dr. Miller-Meeks, I am aware of that request, and it is my understanding that there was a conversation even yesterday between the staff about making sure we have that briefing and that we find the right subject matter experts to provide that briefing and work with them to make sure we are not pulling them away from mission critical work but also being responsive.

Dr. MILLER-MEEKS. So, then you are committing to this Committee that you will have a briefing on the topic.

Dr. EGORIN. Yes. We are working on coordinating a briefing on the topic.

Dr. MILLER-MEEKS. To follow up where my colleague on the other side of the aisle just mentioned, and you had mentioned in response to Dr. Wenstrup, that this Committee had asked for very

broad topics—lab, nature, teleconference—are you aware of this article in the Wall Street Journal from January 15, 2024, “Chinese Lab Mapped Deadly Coronavirus Two Weeks Before Beijing Told the World, Documents Show.” In it you are quoted.

Dr. EGORIN. Congresswoman, I am aware of that article, and I believe the quote comes from a letter of response that we sent back as part of an oversight inquiry.

Dr. MILLER-MEEKS. And you are aware that this Committee has been meeting now, this is the second term that this Committee has been meeting, and that we are researching origins of COVID-19 and trying to prepare for the next pandemic, is it not important if a genetic sequence was released on December 28th, that that would be important to developing vaccines, important to developing testing, and why was that information shared? When did you know about the sequence, when did HHS know, and why wasn't the Committee informed or Congress informed?

Dr. EGORIN. So, Congresswoman, the documents related to this and the letter that you quoted was when we informed Congress, when we came across a responsive document. I believe, and I need to double-check, that that was provided, hence the letter with that. And as we continue to look at documents that are responsive, we do come across new information, and that is part of the reason we continue to do rolling production.

Dr. MILLER-MEEKS. So, you mentioned in this article that you wrote last month to the Committee's Chair, Cathy McMorris Rodgers, that Ren submitted—Dr. Ren of Chinese—the virus sequence on December 28, 2019, to a genetic data base, GenBank, run by the U.S. National Institutes of Health.

NIAID, as we know, funded EcoHealth, who is mentioned in this article. Are you covering for EcoHealth and for NIAID?

Dr. EGORIN. Congresswoman, I am not covering for EcoHealth or NIAID. As I said when we came across a responsive document, we provided it to, as you know, the Chairwoman of the Energy and Commerce Committee, and we—

Dr. MILLER-MEEKS. But you have yet to say when you had access to the document, when HHS knew of this, and why it was not reported. I would say this is extraordinarily important to preparing for the next pandemic. We know that there is immediate disclosure of viruses that can lead to a worldwide pandemic. This affected worldwide nature, 2 weeks before the Chinese Communist Party released information, and they had already alerted their own CDC. So, I find your response to be lacking, and I think it, in fact, creates impediments to us, going forward, to prepare for the next pandemic.

With that I yield back.

Dr. WENSTRUP. I now recognize Mrs. Dingell, from Michigan, for 5 minutes of questions.

Mrs. DINGELL. Thank you, Mr. Chairman. I am just going to start by commenting on the Chairman's opening statement, where you said that the Department has blocked testimony about the reinstatement of the EcoHealth Alliance grant. I really want to correct the record on that matter.

The facts are that we have heard nearly 80 hours of voluntary testimony from 11 current or former HHS officials, all who testified

about the EcoHealth Alliance grant reinstatement to the extent that they had knowledge about it. We have interviewed the program officer responsible for overseeing the grant, interviewed the two senior-level officials responsible for reinstating the grant, and we were briefed by two senior-level officials about the grant's reinstatement months before conducting the transcribed interviews.

So, I have got to say to you, I love my colleagues and I want to work with my colleagues, but I am disappointed that we are even having this hearing today because I keep repeatedly hearing, over the course of this hearing how responsive the Administration has been to the Select Committee, rather they are not, and rather than working on real issues that could improve the health and lives of the American people some on this Select Subcommittee just want to score political points rather than strengthening our Nation's health and safety. And I really want to work with my colleagues on strengthening our Nation's health and safety. We are going to get another pandemic, and we need to be ready for it.

The reality is the COVID-19 pandemic upended our entire nation and exemplified the importance of Americans having access to quality health care. These are real, serious issues we should be entirely focused on.

So, I am going to use my time today to discuss how we can meaningfully lower health care costs for families across the country. Just last week, President Biden announced that a record-breaking 21.3 million Americans have enrolled in health care coverage through the Affordable Care Marketplaces. This has resulted in our Nation's uninsured rate reaching a historic low. Thanks to lowered premiums under the American Rescue Plan and renewed under the Inflation Reduction Act, more families than ever before will be able to access the care that they need, when they need it.

So, Assistant Secretary Egorin, how does expanded access to health insurance coverage make for an overall healthier population?

Dr. EGORIN. Congresswoman, thank you for that question, and those numbers last week were a really wonderful set of news, especially as I think back toward my tenure when I worked as a staffer and the threats that were placed before the Affordable Care Act.

Having health insurance, having the knowledge that people could access care, is essential, and it is important. One of the things that we worked bipartisanly on at the beginning of the COVID pandemic—Dr. Wenstrup, as you mentioned, 1.2 million people lost their lives—but one of the things we really focused on during that period of time, and Congress bipartisanly came together on, was how to make sure people continued their health insurance during those days of uncertainty, and it is nice to see us continue to build on those accomplishments that we had.

Mrs. DINGELL. So, if Congress were to make these lower costs permanent, as my Democratic colleagues and I are pushing for, how would that impact overall health outcomes in the United States?

Dr. EGORIN. Congresswoman, anything that can be done to help people access care, to not delay care, to make sure that they have the care that they need, when they need it, will lead to better health outcomes.

Mrs. DINGELL. I am going to—well, I am going to ask you one more question. What would the consequences be if Congress were to repeal this policy that was enacted under the Inflation Reduction Act?

Dr. EGORIN. Congresswoman, the ability to make health care more affordable, to make people that are entrepreneurs and working in jobs where the marketplace is the best source of health care coverage for them, affordable in a similar way that many of us benefit from job-connected health insurance, really does show our commitment to making sure that people have health care. And if it is not there, people will make the choice about where their dollars go, and we might see uninsured numbers increase.

Mrs. DINGELL. Well, I thank you. Unfortunately, we know that there are some who are all too eager to repeal these health care plans without a plan to keep costs low and coverage high for millions of people who rely on the marketplace for coverage. I am very concerned that the negative consequences could become a reality if some were to get their way in rolling back these programs. We should be looking to build on this progress, not turn back the clock, because at the end of the day more expensive and less accessible health care would put us at risk if we have another public health crisis like COVID. People will not go to the doctor. It will spread.

Thank you, Mr. Chair, and I yield back.

Dr. WENSTRUP. I now recognize Mrs. Lesko, from Arizona, for 5 minutes of questions.

Mrs. LESKO. Thank you, Mr. Chairman. Assistant Secretary Egorin, Chairman Wenstrup is a very respected, rational legislator, and he is not one to exaggerate. So, I have seen him probably the most upset that I have seen him in this Committee hearing. And when he says to me and the public, that your Department of Health and Human Services has not been responsive, I believe him, and I think everybody should believe him because he is not somebody that just says things for exaggeration. He is a very serious person.

My question to you, ma'am, is on August 23, 2023, this Committee sent the Department of Health and Human Services a letter regarding an illegal biolab in California. However, the Committee received less than 50 documents after sending this letter, all of which were already publicly available.

Were you aware that the Committee was seeking documents responsive to biosafety, in particular labs in California?

Dr. EGORIN. Congresswoman, I am aware that the Committee sent a letter on August 23d, and then a subsequent letter in September, and we produced documents in response to both of those letters.

Mrs. LESKO. Did you ever identify responsive custodians, and if so, when?

Dr. EGORIN. Congresswoman, we produced responsive documents to that request.

Mrs. LESKO. Can you answer the question?

Dr. EGORIN. I am happy to take that question back.

Mrs. LESKO. How come you don't know anything? Aren't you in charge of this? I mean, when the Chairman asked you questions

you don't know. You just say you will take it back. You don't have a whole staff behind you that can give you the answers?

Dr. EGORIN. Congresswoman, I am here in my role as the Assistant Secretary for Legislation to talk about the responsiveness, overall, of our—

Mrs. LESKO. Right, so you would think you would be prepared. I would think you would be prepared. Obviously not.

When did the Department first conduct custodial interviews?

Dr. EGORIN. Congresswoman, the documents were produced within 2 weeks of the—I will double-check my math. I am sorry. We produced within a month of receiving the first letter, within 2 weeks of receiving the second letter.

Mrs. LESKO. Is that an answer to the when did the Department first conduct custodial interviews?

Dr. EGORIN. Congresswoman, what I am saying is we have been responsive to this request and this information.

Mrs. LESKO. So, you don't know when you first did custodial interviews?

Dr. EGORIN. Congresswoman, I do not know the specific date. I am here to talk about how we have been responsive and how we have made sure that we have met the—

Mrs. LESKO. How many documents have you identified as responsive?

Dr. EGORIN. Congresswoman, I do not have that number before me, but again, we have been responsive.

Mrs. LESKO. How many have gone through the review?

Dr. EGORIN. Congresswoman, again we have produced responsive documents.

Mrs. LESKO. I find it very hard to believe that somebody that is in charge of this, that knows that they are coming in front of the Committee that has, for a year, requested information, knows nothing and will just get back to us, even though you probably won't get back to us because you haven't for a year.

And with that I yield back.

Dr. WENSTRUP. I now recognize Mr. Mfume, from Maryland, for 5 minutes of questions.

Mr. MFUME. Thank you very much, Mr. Chairman. Ms. Egorin, I hope we don't have you yearning for the days of the Ways and Means Committee and the kind of bipartisanship that you saw and worked with through the pandemic. Sometimes, as you know, having worked here on the Hill and having worked specifically for a major committee, our balance is usually found in the middle. It is not on either side, either extreme. So, I would ask you to take today's questioning with a grain of salt, even as my colleagues have barraged the Department of Health and Human Services with inquiry after inquiry after inquiry.

In fact, this ongoing probe, which is a probe also of Dr. Fauci, has provided more than 10,000 relevant documents, which is an enormous amount of information, literature, and documentation. And yet it does not ever seem to be enough. And I understand your role, particularly on the legislative side, but maybe we are better served by just having the Secretary in and not putting you through this.

These questions are important. You know, the interests here are very important. But it is not and should not be the role of this Committee to berate witnesses, particularly after we have received 10,000 documents of information, and I might add, of which none of us have read all of them.

So, I am going to argue that we try to find a way to put politics aside, that we prioritize supporting agencies, and allow you a moment to talk to all of us about what you have tried to do, over and over again, in response to the requests and the admonitions of the Committee that you provide more and more and more and more. I think there is another side to this, and I would like to hear yours.

Dr. EGORIN. Thank you very much, Congressman, and I want to start by saying I loved my time on the Hill and being a congressional staffer and working with Members. I love being the Assistant Secretary for Legislation. It is a unique place where I really get to serve both the executive branch and the legislative branch. It is a unique intersection in policymaking, and it is a chance to further the policy and legislative goals of Congress.

One of the essential functions that the Office of the ASL does is provide technical assistance for Members of Congress, as they develop policy. So, in addition to the oversight requests and in addition to the hearings that we take a lot of time and consideration in preparing for, we also talk daily with Members of Congress and their staff about how to make legislation better, about how to make sure policymakers' intent become those words that are passed into law, that then we are implementing. And think about the bipartisan Safer Communities Act. You can think about the Infrastructure and Jobs Act.

I am still very excited that we are implementing laws that were passed when I was a congressional staffer, and doing it in a way that is thoughtful, and receives the feedback not just of Congress but of the stakeholders and partners that really are impacted by the legislation that Congress passes and the President signs into law, regardless of party.

In terms of our oversight responsiveness—and I want to sort of draw back that this Subcommittee is part of a larger body of oversight—we have 150 oversight letters that we have been responsive to in just the 118th Congress. We have done over 100 productions across both the House and the Senate. We have done innumerable briefings and conversations with staff to make sure that in response to oversight inquiries that Members have the information they need to make policy better. And I want to go back to that.

I started my career in D.C. at GAO, working on behalf of Congress, getting to spend the time to really dig into how to make health care programs work better for all Americans. It is what brought me to the Hill and now brought me to the Administration. So, I really hope nobody questions my commitment to serving the American people and to serving this body.

Mr. MFUME. Well, thank you. No, I don't think it is your commitment that is being questioned. I do question, however, the commitment of some Members of this body, the U.S. Congress, that have proposed a \$7.6 billion decrease in funding for the Centers for Disease Control in the upcoming appropriations package, and \$3.6 billion cut in strategic preparedness, even though we are talking

about being prepared strategically for another pandemic. So, sometimes we have to kind of make sure that we are in line, our actions, with many of the questions and the criticisms that we raise.

Thank you very much. I have exceeded my time. I yield back, sir.

Dr. WENSTRUP. Thank you. Just a point of order, respectfully, Mr. Mfume. You said no one has read the 10,000 pages. Actually, our staff director has read all 10,000 pages, except for maybe the records we got last night, and you have read those as well.

I now recognize Dr. Joyce, from Pennsylvania, for 5 minutes of questions.

Mr. MFUME. Mr. Chairman, point of clarification. I meant no one on this Committee, those of us who are asking the questions and hurling the accusations, has read all 10,000 documents.

Dr. WENSTRUP. I appreciate that, and that is very factual, I am sure, but our questions are coming from, in many ways, the staff director who has read them all.

Dr. Joyce, you are recognized.

Dr. JOYCE. Thank you, Chairman Wenstrup and Ranking Member Ruiz, for holding today's hearing.

First and foremost, let's make it clear that Congress does, in fact, have the authority over and oversight of executive agencies. HHS exists because Congress created it, and continues to fund it. Therefore, investigating this agency, and others, and analyzing the manner in which they carry out United States policy, during a pandemic, is paramount to the mission of this Select Subcommittee.

The establishment of this Select Subcommittee is in direct response to pandemic-era policies and the gross mishandlings of them by unelected bureaucrats across those various agencies. When those policies had adverse or harmful repercussions on the American public it became the responsibility of this body to seek accountability. When agencies like HHS refuse to cooperate with request from Congress you are not only insulting this institution, you are insulting and disrespecting the American people. When agencies like HHS continuously express a wanton disregard for the authority of this Congress it further degrades what it means to have an open and a transparent government. We cannot begin to move forward for the American people until we have a clear place to start.

As the elected public servants, we are beholden to the American people. It is the responsibility of this Select Subcommittee to investigate, to learn, and to further establish a path forward when agencies refuse to comply. By doing this you have set an unacceptable standard for what might follow. The American people want, and the American people deserve answers from this Subcommittee and from executive agencies, and they deserve to know what we intend to do to safeguard our Nation and protect our citizens from the next global and public health emergency.

And it is not just this COVID Select Subcommittee that HHS has been stonewalling. I have the unique obligation and responsibility of serving on this Select Subcommittee, but I also serve on the Committee of Energy and Commerce. Both this Select Subcommittee on the origins of COVID and Energy and Commerce have been ignored repeatedly by requests to HHS. The American

people want that transparency. So, my questions are going to be straightforward and very simple.

Assistant Secretary Egorin, yes or no, do you believe that the Department of Health and Human Services is immune to any requests for information by this conference?

Dr. EGORIN. Congressman, we have shown a good faith accommodation to work with this Subcommittee and the Committee on Energy and Commerce.

Dr. JOYCE. A simple yes or no. Do you feel that we have the answers to the requests for information that for the last 13 months we have been reaching out to you? Yes or no. Have those been provided?

Dr. EGORIN. Congressman, we have provided documents to all of the requests.

Dr. JOYCE. We, on this side, do not see that responsiveness. We have repeated requests, we have repeated outstanding questions, and we look forward to a productive relationship, but to date we have not seen that.

Assistant Secretary Egorin, are you aware that congressional oversight is backed by the full force of the U.S. Constitution?

Dr. EGORIN. Congressman, I am aware of—

Dr. JOYCE. Thank you. I will take that to be a yes.

On August 1, 2023, we sent the Department a letter concerning the development in implementation of vaccination policies and mandates. However, this Select Subcommittee received no responsive documents after sending this letter

—no response, and yet you told me that you had been responsive. Is there a reason why this information has not yet been produced to this Select Subcommittee on the origins of the COVID virus?

Dr. EGORIN. Congressman, the August 1st letter, I believe on vaccine mandates, went to the Center for Medicare and Medicaid Services. We did provide a response, and if it is a priority for the Subcommittee, I am happy to continue to work with you and work with the staff.

Dr. JOYCE. I look for the ability for that work to be initiated. I look for that ability for that work to be developed. Because to date we feel that that stonewalling has occurred on the Select Subcommittee, and from my position on Energy and Commerce I feel that as well. I feel that there needs to be an open dialog, but HHS has not provided us with that. We look for that stonewalling to end.

With that my time has expired. Mr. Chairman, I yield back.

Dr. WENSTRUP. I would like to submit for the record, on behalf of Dr. Miller-Meeks, since she made the request, that this article by Warren Strobel, January 17, 2024, entitled, “Chinese Lab Mapped Deadly Coronavirus Two Weeks Before Beijing Told the World, Documents Show,” that this article be submitted for the record, and without objection.

Dr. WENSTRUP. I now recognize Ms. Ross, from North Carolina, for 5 minutes of questions.

Ms. ROSS. Thank you, Mr. Chairman, and also thank you for the additional time. It is much appreciated. I want to thank the witness for both her patience and her commitment to the health care of the American people. It is not easy being a public servant. It is

not easy testifying before Congress, and you have done it with grace.

We have heard allegations throughout today's hearing that the Department has slow-walked documents of informational interest to the Committee, and I would like to set the record straight. The Department has consistently worked to address the majority's requests and expedite their stated priorities.

However, whether intentionally done or not, Select Subcommittee Republicans have repeatedly moved the goalposts on their requests to the Department. For example, in a letter from the Majority to the Department, dated June 1, 2023, regarding the COVID origins probe, Select Subcommittee Republicans alleged that the Department refused to provide certain documents to the Select Subcommittee.

The truth is that the Department, in fact, had already provided the documents to the Committee at that point and was simply working to first produce documents that the Majority identified as priority requests. Select Subcommittee Republicans at that point had not even identified the documents in question as being a priority.

Mr. Chairman, I would like permission to enter into the record a letter from the Department to the Majority dated June 8, 2023, which provides these details as well as a commitment from the Department to produce the requested documents to the Select Subcommittee Republicans that same day.

Dr. WENSTRUP. Without objection.

Ms. ROSS. Thank you very much, Mr. Chairman.

Now I would like to turn my attention to how things have been provided. My colleagues on the other side of the aisle have misleadingly suggested that HHS has not cooperated in good faith with the Select Subcommittee's probes, including, as we saw at the beginning of this hearing, using redactions as a tactic to stonewall congressional oversight. I would like to correct the record on this point.

First, to be clear, a number of the redactions have been to protect personally identifiable information so that individuals are not subject to threats if and when documents have been released. I serve on the Judiciary Committee. We have not just seen that in HHS. We have seen that throughout government. Threats on government officials are on the rise, and we have seen it repeatedly, and it is a huge concern.

Assistant Secretary Egorin—is that how we say it?—Egorin—

Dr. EGORIN. Yes.

Ms. ROSS [continuing]. Why is it important that the Department take steps to protect the personal information of individuals that it employs?

Dr. EGORIN. Congressman, thank you for acknowledging the risks and the increased threats to government officials and to public servants. Part of the reason that we are so diligent about protecting personal information is we actually want to prevent having to do threat assessments, having to prevent asking people to shut down their Facebook accounts, which they use to communicate with friends and family, asking people to do other actions for their personal safety because they chose to serve the American people.

Ms. ROSS. Thank you for that answer. As in the case in any congressional investigation there is a process for congressional attorneys and agency counsel to negotiate redactions, and it is my understanding that these negotiations actually have been productive, with HHS making opportunities available for Subcommittee staff to review material underneath redactions in camera, to satisfy Congress' informational interests as well as protect employees. Is that correct?

Dr. EGORIN. That is correct.

Ms. ROSS. And, as I understand it, information from these in-camera reviews has been used in staff questioning at transcribed interviews of HHS officials, which suggests that the Department's accommodation on redactions have, in fact, advanced the Select Subcommittee's informational interests and facilitated its oversight work. Do you agree with this assessment?

Dr. EGORIN. Congresswoman, we have worked with Subcommittee staff to produce underneath the redactions through in-camera review, yes.

Ms. ROSS. And regarding accommodations HHS has made to work cooperatively with the Select Subcommittee, I would also like to discuss efforts to provide transparency into the Department's document collection process. As you know, specific details regarding the internal processes and search parameters for document collections generally implicates separation of powers concerns. You have worked both in the executive and in the legislative branch. As such, they are not typically provided to Congress in order to prevent a chilling effect on executive branch internal deliberations. However, on November 9th, HHS sent a letter to the Select Subcommittee containing comprehensive information about the collection process for nearly 20 of its prior productions, including search terms and custodians.

I would like to enter this November 9th letter into the record, outlining what I have just shared.

Dr. WENSTRUP. Without objection.

Ms. ROSS. Thank you so much, Mr. Chairman.

And at a staff-level meeting 1 week later, representatives of the Office of General Counsel and the Office of Legislative Affairs answered detailed questions from the majority staff about aspects of the document collection process, including the prioritization of custodians, the mechanics of search terms, and the targeted date ranges.

Assistant Secretary Egorin, is it the case that far from stonewalling, the Department has taken each of these significant steps and is continuing to take steps voluntarily to be responsive to the Select Subcommittee's oversight interests?

Dr. EGORIN. Congresswoman, the Department continues to work with Subcommittee staff to be responsive to the requests.

Ms. ROSS. Thank you very much.

Mr. Chairman, it is clear that the Department has made a robust effort to engage in good faith with the Select Subcommittee and accommodate its oversight interests. To claim that HHS is simply stonewalling is a distortion of the facts, and I am confident that today's record will show precisely that.

Thank you very much, and I yield back.

Dr. WENSTRUP. I now recognize Dr. Jackson from Texas for 5 minutes of questions.

Dr. JACKSON. Thank you, Chairman Wenstrup.

Assistant Secretary Egorin, we have heard a lot of excuses as to why HHS has not provided documents repeatedly requested by this Subcommittee, and we have heard lots of empty claims that you and your team are doing everything you can to cooperate with our requests.

In your testimony, you state that HHS has produced more than 10,000 pages of documents in response to this Subcommittee's oversight requests. However, that is not entirely true. The documents that your Department has provided this Subcommittee included hundreds of publicly available news articles, not even authored by HHS officials. To make matters worse, the documents that are actually from HHS are heavily redacted or do not have anything to do with the topic at hand.

It is evident that you and/or your team are simply trying to wait out the existence of this Subcommittee and are using every possible tactic to seem prompt and responsive when in reality you are stonewalling and interfering with this investigation. Your inability to provide the pertinent information is either deliberate or it is complete incompetence, and you have mentioned that you have 90,000 employees available to you, and I would suspect that you have a cadre of people that could get together and provide us pertinent information related to these questions.

My first question is on August 2, 2023, this Subcommittee sent the Department a letter regarding a potential new guideline on COVID-19 booster shots. Mr. Chairman, I would ask unanimous consent that this August 2d letter from last year be entered into the record for the purposes of this hearing.

Dr. WENSTRUP. Without objection.

Dr. JACKSON. Assistant Secretary Egorin, the Committee simply wanted to review the science in the supported statements made by the CDC Director to the media regarding the boosters. However, no response and no documents have been received after sending this letter. Were you aware that this letter was sent to Dr. Mandy Cohen, the director of the CDC?

Dr. EGORIN. Congressman, I am aware that letter was sent to Director Cohen. I am also aware that there was a briefing based on that letter providing information to staff within a month of us receiving that letter.

Dr. JACKSON. Did you identify points of contact in the CDC to get us a written response to this?

Dr. EGORIN. Congressman, we provided a briefing to the staff, and based on the prioritization we have continued to work on other priorities of the Subcommittee.

Dr. JACKSON. Did you ever intend to send any documents that we have requested regarding the CDC booster guidance?

Dr. EGORIN. Congressman, we continue to work on productions across all of the inquiries—

Dr. JACKSON. How many documents have you provided so far regarding this topic?

Dr. EGORIN. Concerning that topic, we have provided a briefing. We have provided—

Dr. JACKSON. How many documents have you provided? This was a request for documents.

Dr. EGORIN. Congressman, we have provided a briefing with the information. If there was follow-up—

Dr. JACKSON. How many documents?

Dr. EGORIN [continuing]. We are happy to work with you.

Dr. JACKSON. This is not a follow-up. This is something we have already requested. We have already requested documents. We didn't request a briefing to explain why we can't have the documents.

Dr. EGORIN. Congressman, it was not a briefing to explain why you could not have the documents. It was a briefing to provide the information and to help—

Dr. JACKSON. But were the documents provided?

Dr. EGORIN. Congressman, we are happy to work with the staff—

Dr. JACKSON. So, the answer is no, you did not provide the documents that we requested. You still have not provided those documents.

Over the course of this hearing, it is apparent that HHS has willfully ignored direct requests from this Subcommittee and deliberately sent documents that are intended to obscure the truth rather than uncover it. You know, I just hope that we get ourselves in a situation pretty soon here, as Members of Congress, where we can do something to make you take the oversight of Congress seriously. I hope that we can find a way to restrict your travel funds, to restrict your pay, to fence off some money to your organization, something. We are going to have to do something drastic. It is apparent that you have thumbed your nose, your organization has thumbed your nose at this Committee with regard to the oversight responsibility that we have, and you have done everything you can to make a joke of our oversight.

So, I hope that your attitude will change. I hope that we can get more response from your organization when we ask for stuff that we need for oversight, as a bipartisan committee, to answer the questions. We cannot even get to the point where we answer the questions or we have a debate between the two sides here, between the Democrats and the Republicans, on the issues that are the topics of these Committee hearings that we are having if we can't get the information in order to support that. And this is just an obvious attempt to stop that process.

With that I yield back my time.

Dr. WENSTRUP. I now recognize Mr. Garcia, from California, for 5 minutes of questions.

Mr. GARCIA. Well thank you, Mr. Chairman, and I want to thank the Assistant Secretary for being here as well, and thank you for your service.

I think this hearing, obviously, I am sure, tells you, and it certainly tells us here how pointless these House Republican investigations are that happen in this Committee over and over again. These investigations into the Biden Administration and our public health officials are really quite shameful. We have been at this now for almost an entire year of these hearings, and with very little to show for it, which is why we are sitting here arguing back and

forth about whether or not HHS has been responsive enough to requests for information.

And Mr. Chairman, I would like to note that this is the epitome of a hearing that could have been an email. And there is no reason that we need to sit here and participate in this hit job on our Nation's health officials. It seems to be the case every time we have one of these hearings.

If House Republicans were not so desperate to find a shred of evidence for their Members' unhinged conspiracies, they could be using this time and resources to actually save lives and prevent the next pandemic. But the majority is not interested in any of that. They are only interested in forcing their extreme ideology on the American people, whether it is kicking low-income families off their health insurance or gutting the right to abortion care across the country.

And let's also be really clear. These policies have been proposed not by the Republican majority but also by their supreme leader, Donald Trump. We know that Donald Trump has already vowed to roll back health care in this country. He has vowed to roll back women's rights to reproductive health. He has vowed to appeal Obamacare. He has vowed to kick people off their health care. He has vowed to eliminate and actually destroy the way we actually have Medicare in this country. And let's also remind ourselves that many of the Committee folks on this Committee have also spent a large part of the last decade trying to actually dismantle Obamacare and kick millions of Americans off their health insurance plans. And again, we know Donald Trump, just last week, said he would like to repeal Obamacare.

So, the point of many of my colleagues on the other side of the aisle is essentially to kick people off health care, roll back Obamacare, attack our health care officials across this country, and do whatever they can to elect Donald Trump President again. And by the way, if you have a preexisting condition your health coverage could be gone under some of these Republicans' plans.

And to that extent, before I was in Congress and certainly before I was in elected office, I was a faculty member at a university, and the attack, of course, on students and preexisting conditions and young people having access to their parents' plan is also a consistent theme with the Majority.

Now on top of this we all know that Obamacare was critical to people's access to care during the pandemic and during the horrific period of loss of life that we had in this country. The pandemic has cost us more than 1.3 million Americans and certainly had a huge impact on my city.

Can you share for my colleagues what the COVID would have looked like for the American health care system and the American people if Obamacare had actually been repealed as most of the majority wanted to, back when they made that last attempt?

Dr. EGORIN. Congressman, I actually want to be forward thinking, and what I will say is I am very glad that the ACA was available, and the marketplaces were available, for as people had job loss there was coverage options, whether that was Medicaid, COBRA, or the ACA for coverage. And the support for individuals allowed us to recover from the pandemic and the economic impact

at a much more rapid pace than probably what would have happened had there not been that coverage.

Mr. GARCIA. Great. Thank you very much, and I think you are absolutely right. We should be thinking about ways to expand health care coverage across this country, not take health coverage away.

Also, I just want to note that one thing that is really discouraging is this consistent attack on public health officials, on you, on all of our witnesses that come forward. This is the same majority that encourages skepticism, as we know, not just attacks on our health care system but even our COVID vaccination process and vaccines in general. They have encouraged, as you know, followers on social media to ignore recommendations of doctors, to ignore vaccinations for children, comparing getting vaccines to essentially causing mass harm to the American public, which we all know is both shocking and incredibly irresponsible.

During my time as mayor, getting supplies, getting vaccines, getting masks, getting PPE to the public was incredibly important. Last year I introduced the FLASH Act, which helps HHS cut through red tape and get critical medical supplies like PPE, tests, and vaccines during emergencies.

Last, how do you think the FLASH Act would affect HHS's ability to get these supplies?

Dr. EGORIN. Congressman, I do not want to speak to a specific piece of legislation but what I can say is investments in PPE, investments in supplies, the ability to make sure people have the health care they need and the protection they need when they need it is critically important. And we are happy to work with you or any Member of Congress on legislation to meet those goals.

Mr. GARCIA. Thank you very much, and with that I yield back.

Dr. WENSTRUP. I now recognize Dr. McCormick, from Georgia, for 5 minutes of questions.

Dr. MCCORMICK. Thank you, Chairman, for holding this hearing, and thank you for this opportunity to talk about this very important topic.

I think it was somewhat hilarious that our colleague on the side of the aisle talk about how we have politicized this and used this to dupe the American public that you are not doing your job, and then spend most of their time on their points talking about anything but COVID, as if they are not politicizing this very topic.

Today's hearing not only highlights the Department of Health and Human Services' blatant noncompliance but also brings to attention something much larger, and that is that we believe that bureaucracies now have more power than the people themselves.

In our Doctors Caucus we had the Secretary come before us, and could not answer questions because he was in legal hearings. Now, I want to point out the fact that he actually lost those legal hearings on the Surprise Act, which he has stonewalled a lot of people on it and taken sides on it, in my opinion. And I think it is probably an insult to the people that we have picked a lawyer who loses his law cases, as the head of Health and Human Services. That is just my opinion. But I think we have an overgrown, unacceptable, and unaccountable bureaucracy right now.

You mentioned that we are overtaxed in this Department, but you also, in the same breath, mentioned you have 90,000 employees. Ninety thousand employees. There are 435 Congressmen who ask questions, and we have 90,000 employees that don't put priorities on giving the questions that we are asking specifically from this Department. If that is not your priority, I do not know what is.

When we have a congressional investigation it is not merely a burdensome task when we ask a bureaucracy a question. It is your priority. Ninety thousand employees getting a question back to—I would assume less than half of Congress ask questions, specifically—90,000 employees, with a very large budget for one reason, to be accountable to people. We are the people.

Dr. EGORIN. So, Congressman—

Dr. MCCORMICK. So wait. I haven't asked a question yet. Thank you. I think Congress needs to kind of take our power back.

I will ask you a question here in a second. When I believe that you haven't answered these specific questions—you have answered questions—You have given us a ton of information, just not specific to what the Chairman has asked specifically. I have seen the Chairman get more upset today than I have seen in a very long time. He is a pretty mellow-mannered guy. But I feel like there has been this slow rolling of information and avoiding, so I will ask you a couple of questions and I will allow you to answer.

The first one, yes or no if you please, has anyone in the Department of Health and Human Services ever told you or implied that you should not comply with our specific investigation questions?

Dr. EGORIN. No. We have always worked to—

Dr. MCCORMICK. OK, good.

Dr. EGORIN [continuing]. Accommodate—

Dr. MCCORMICK. OK. Then how do you explain when the agency doesn't comply with a specific request on a specific question, with those 90,000 employees working in compliance with our specific requests for information?

Dr. EGORIN. So Congressman, I want to speak to the 90,000 employees, and I will answer your question. Those 90,000 employees serve all of the functions of HHS.

Dr. MCCORMICK. I understand.

Dr. EGORIN. So, that makes sure that 64 million Americans have Medicare coverage, that we are partnering with 50 states, D.C., and territories for Medicaid, that we are making sure we are training medical students and paying for graduate medical—

Dr. MCCORMICK. How many people are on your staff?

Dr. EGORIN. Congressman, the Assistant Secretary for Legislation has a staff of approximately 27 that serve all of the functions, including letting you know about the grants—

Dr. MCCORMICK. So, 27 employees that specifically answer to you, and you specifically answer to the Secretary, and the Secretary specifically answers to us. OK. Thank you. And I am sure they are very qualified individuals. I am sure the people sitting behind you have lots of answers to our specific questions, and that is our frustration right now.

Congress and Federal agencies are supposed to serve the American people, and this is what frustrates us when we don't get an-

swers. I am running short on time, but do you believe you have upheld the duties and provided the answers specifically that we have asked? The specific questions we have asked that the Chair pointed out at the beginning of this, do you think you have answered those?

Dr. EGORIN. Congressman, we have responded to the priorities—

Dr. MCCORMICK. OK, I disagree. I think you have responded but not to the specific questions.

So, this is the noncompliance that we are frustrated with, all of us here. I think it sends a message, not only about HHS but also about the Biden Administration in general, that we don't have the accountability we want. I don't think we can ignore Congress' direct questioning. If you can't provide these answers to Congress, with your staff, which I think is very well funded, specifically to answer questions for us, then that kind of leads me to believe that either you can't justify your budget or because you are either duplicitous because you are supplying stuff that we can get anywhere else besides your Department, or you are just not being honest. And that is what disturbs us, and that is what I wanted to address with our time.

I think you guys need to answer some very specific questions very quickly or there is going to be a bigger problem.

With that I yield.

Dr. WENSTRUP. I now recognize Ms. Tokuda, from Hawaii, for 5 minutes of questions.

Ms. TOKUDA. Thank you, Mr. Chair. Before I get started, I would like to take a moment to clear some things up for the record. We have heard accusations that the Department has intentionally devoted minimal resources toward handling congressional oversight and inquiries, but let's also remind people that every day your primary responsibility is the health and wellness of 340 million Americans, keeping them alive and well.

Assistant Secretary Egorin, would you like to clarify anything briefly regarding this claim?

Dr. EGORIN. I want to just acknowledge the mission of the Department is to make sure we are taking care of the welfare of the American people and that that is a very broad set of activities.

Ms. TOKUDA. Thank you and mahalo also. You have done much of that for my community personally on the island of Maui, in Lahaina. I have seen your men and women on the ground every day since the fires.

You know, over the last year Select Subcommittee Republicans have leveraged their majority to advance politically motivated probes that do nothing to improve the lives of everyday Americans, do nothing to ensure that we are better prepared for the next pandemic, and do nothing to protect our constituents from future public health threats. And under the guise of investigating COVID-19's origin this Select Subcommittee has squandered valuable time and taxpayer dollars to probe simply for the purpose of scoring political points. And despite all of that time and resources they have wasted on their inquiry, the question for me is what do they have to show for it? In fact, the only thing they have achieved is further politicization of the greatest crisis of our time by pointing fingers

at public health officials like yourself and sowing distrust in our Nation's intelligence community.

Before they took the majority last Congress, Republicans were already plotting their probe against Dr. Fauci, and tens of thousands of documents, more than a dozen transcribed interviews, three congressional hearings later, we have not seen or heard so much as a shred of evidence substantiating their claims of a coverup of the pandemic's origins or suppression of the lab leak theory on the part of Dr. Fauci.

Instead, we have witnessed the Majority repeatedly rely on speculation and distortion of the facts to fit their narrative. For example, they have baselessly accused Dr. Fauci of playing semantics with the regulatory definition of "gain of function research," despite all documents and testimony, including his 14-hour closed-door interview, plainly demonstrating otherwise. And they have alleged that Dr. Fauci visited the CIA's headquarters to skew its inquiry into COVID-19's origins on the basis of whistleblower testimony that they refused to make available to the Minority for months. Without a single shred of evidence substantiating this claim, the Majority released these allegations publicly. And yet 3 weeks after Dr. Fauci told us that he hasn't been to the CIA's headquarters in decades, they have neither issued a correction.

And now they are trying to accuse the Biden Administration of stonewalling because their probe into Dr. Fauci is not getting them anywhere. It is all just theater.

As we have seen today, the majority's desperate fishing expedition to seek a scapegoat rather than the facts does not put us on a path forward to meet the supposed mission of this Subcommittee. The fact is the Majority's oversight and investigations have in no way enhanced our understandings of how COVID-19 came to be.

So, Assistant Secretary, I would like to discuss with you the ways in which this Administration has constructively worked toward garnering a better understanding of the COVID origins pandemic. Can you please speak to the steps the Biden Administration has taken on this front?

Dr. EGORIN. Congresswoman, as the President and many other officials have noted, understanding the origins of COVID and understanding the science and how to make sure we are looking forward to better response to future pandemics is essential. And that has included work by the intelligence community but also, as this Subcommittee has heard, conversations among our own scientists about understanding what lessons we have learned and how to move forward.

Ms. TOKUDA. Thank you. And in their efforts to construct this extreme narrative, Select Subcommittee Republicans have actually undermined the intelligence community, individuals that would be critical, really, to taking on the next potential pandemic and its origins assessment. These hard-working men and women who serve our country, they have insinuated that they and the Biden Administration have been withholding information due to a classified annex of the report. And let me just say that they have done so in spite of witnesses coming before our very Committee, warning about the dangers of politicizing intelligence.

Assistant Secretary, yes or no, is there any reason for the American people to doubt the validity of the intelligence community's origin assessment?

Dr. EGORIN. Congresswoman, I have not read the report myself, but we are taking this seriously and there is no reason people should doubt the validity of the hard work of the intelligence community.

Ms. TOKUDA. Given the individuals on the Intelligence Committee, the process in which they go through, would there be any reason why they should doubt an assessment brought forward by them?

Dr. EGORIN. No, I would not see why.

Ms. TOKUDA. Thank you. I bring this up today because a purposeful undermining of public trust in the IC puts our very national security at risk. It prevents all of us from getting the objective information. We need to make sound policy, and it is a gift to our adversaries, quite frankly, who want nothing less than our Republicans to continue tearing apart the national security institutions that keep our very country safe and free.

Thank you, Mr. Chair. I am out of time, and I yield back.

Dr. WENSTRUP. I would now like to yield to Ranking Member Ruiz for a closing statement if he would like one.

Dr. RUIZ. Thank you, Mr. Chairman. Before we close today's hearing I would just like to again reiterate for the record the ways in which the Department has engaged with the Select Subcommittee, in good faith, by consistently producing documents responsive to the Majority's requests on a rolling basis, including more than 30 productions comprising more than 10,000 documents, making Department officials available for more than 80 hours of voluntary transcribed interviews, and offering accommodation to the Select Subcommittee on several matters such as meeting with staff to prioritize the Majority's informational interests and offering in-camera review of redacted material in several documents. These actions in no way amount to stonewalling nor do they necessitate threats of compulsory action.

So, now that we have spent hours debating the mechanics of document production and redactions and custodians and search terms, I hope that we can all move on and get to the actual work that matters for the American people, work like enhancing our Nation's pandemic preparedness or strengthening our public health systems or getting state and local governments the tools they need to care for their patients. Because at the end of the day we, as a Nation, are facing real challenges that cannot and will not be solved by political prose or backward-facing policies.

So, with that I hope that we can focus on advancing constructive policies that improve people's lives, promote our public health, and enhance our Nation's pandemic preparedness.

Thank you, Mr. Chairman, and I yield back.

Dr. WENSTRUP. I will now seek time to myself to make a closing statement.

Look, this is not a hearing I was excited to hold. Not at all. The Ranking Member discussed the desire to spend his time talking about other issues associated with the pandemic, and I agree with him. I am disappointed too, that this is necessary.

See, I would have the same reaction here today, regardless of any political affiliation an agency may have, regardless of who was in the White House. The risk of a pandemic and the lives lost going forward is not a Republican or Democrat issue. None of this ever has been or should be. And I have never approached it that way, in spite of the accusations that you have heard today and that we hear throughout the press. It is simply not true, and it is not how I have conducted this process during the pandemic.

I am not the one that talks about political affiliations. Republican or Democrat, this is an American concern of the American people, and whose government it actually is as we are here today.

So yes, we are a little off when it comes to specifically focusing on the pandemic, but this is a government process that is really inhibiting us from coming forward, as best we can, with a future process that will benefit all of the American people. And if we don't know how our government acted and the decisions they made, good or bad, we have to own up to them, or be grateful for the good decisions that have been made.

There was so much we didn't know. It is understandable. At the beginning, this virus, it is called novel for a reason. We didn't know what to do. We didn't know what was even happening to people at the very beginning, physiologically.

So, you respond on hypotheticals or based on the evidence that you have. We want to see that process. We want to see how it was conducted. It is not necessarily an extreme guilt of anything, but if there is, then we need to know that too. And when we are not being transparent there is an assumption that something must be wrong. Something must be wrong within that agency, that agency that belongs to we, the people of the United States of America.

We should not have needed this hearing today. This time could have been better spent. But the Department's efforts seem to be less than adequate. I didn't say run out the clock or stonewall, per se. I asked if there was any conversation about that. That is all I asked.

The Department's goal is to improve the health of all Americans. I am with you, 100 percent. The primary responsibility is the welfare of the American people. We need that. That is why the agency was created. We need that. But the welfare of the American people is jeopardized, and their anxiety is produced, is increased when it is proven that there is a lack of transparency taking place.

The facts speak for themselves. Helping people is one of the reasons I became a physician. If I can't help all people, let me help some. It is one of the reasons I joined the military, as a surgeon. It is one of the reasons I left private practice to run for Congress and to come here, with the hope that I could serve more people and benefit the welfare of the American people. I am with you. But there are different ways of going about it.

You know, I see there seems to be this, "Hey look, we did things voluntarily, producing documents, responding to requests." As though there is another choice. It should be matter-of-fact business, not a pat on the back because you did what you are supposed to do.

You argue that they have been responses. You know, responses are not the same as answers. If I asked my child, "Did you take

that cookie?" and the child says, "Well, I know there used to be a cookie there," that does not answer my question. That is how this felt today.

So, you argue there have been responses, evidence of 10,000 pages you produced to the Select Subcommittee. That does not necessarily mean that answered a question. And you continue to argue that despite the fact that vast quantities of documents is either irrelevant, useless, previously publicly available. You could just as soon hand us a physiology book or something and say, "This is my response."

And despite the fact that the predecessor of this Committee received more than 40,000 pages, you claimed that you produced documents for every single request from the Select Subcommittee, and plainly that is not true. You argue that our search terms are too broad, despite the fact that you have continually negotiated with your staff to scope these requests. And we have.

You mentioned to Dr. Miller-Meeks a response you sent to my staff last night. So, you know, if you believe your efforts to scramble together responses to weeks-or months-old requests 1 day before this hearing are reflective of your compliance, that is a little hard to swallow.

On the eve of his interview, the Department directed Dr. Morens, who served as Dr. Fauci's senior scientific advisor before and during the pandemic, to not testify regarding matters within the scope of his duties. And when Dr. Morens presented to testify, HHS lawyers blocked it, much to the inconvenience of all of those working in this effort to know what happened, why it happened, and what can we do better. That is blocking.

I am sorry but it does not appear you were prepared to answer our questions today. We got responses but not answers, and those non-answers are concerning. They are concerning to a government that wants to function efficiently and on behalf of the American people. So, those responses are simply not good enough. We put some things forward for the record today, which I had hoped you would be prepared to answer today, but now they are a take-back. That happens. We want those answers.

This Committee has not been provided with a substantive explanation regarding the document explanation, and I think you know that. And if you do not have these answers, that is fair enough. It is a big organization. But somebody does, and we are relying on you to find that somebody and give us those answers to our questions.

So, in that regard the buck does stop with you. And at this point, if we do not receive explicit answers for the record, unfortunately we will be forced to evaluate a subpoena to receive the outstanding documents and further testimony. We should not have to be subpoenaing the agency that we have oversight over and that we fund. We are responsible for the American taxpayer dollars and how they are spent, and when you are doing good things on behalf of the American people Congress is more than willing to spend those dollars. But you have to be able to answer to the American people.

I will say one of the things I heard today is this could have all been done in an email. We've sent hundreds of emails. It could

have been done by email. It could have, but it wasn't. And we sent emails without complete answers.

I am not doing this to embarrass any individual or to put threats on any individual, but I want to know the process that took place within our government agencies so that we can continue to do better. In America the beautiful we ask God to mend our every flaw. We have to admit to our flaws and work to mend them.

With that, and without objection, all Members will have 5 legislative days within which to submit materials and to submit additional written questions for the witnesses, which will be forwarded to the witnesses for their response.

If there is no further business, without objection, the Select Subcommittee stands adjourned.

[Whereupon, at 11:51 a.m., the Subcommittee was adjourned.]

