PRELIMINARY TRANSCRIPT

RPTR WARREN

EDTR ZAMORA

NO TIME TO LOSE: SOLUTIONS TO INCREASE

COVID-19 VACCINATIONS IN THE STATES

TUESDAY, FEBRUARY 2, 2021

House of Representatives,

Subcommittee on Oversight

and Investigations,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 11:00 a.m., via Webex, Hon. Diana DeGette [chairman of the subcommittee] presiding.

Present: Representatives DeGette, Kuster, Rice, Schakowsky, Tonko, Ruiz, Schrier, Trahan, O'Halleran, Pallone (ex officio), Griffith, Burgess, McKinley, Dunn, Joyce, Palmer, and Rodgers (ex officio).

Also Present: Representatives Dingell, Soto, Walberg, and Carter.

Staff Present: Kevin Barstow, Chief Oversight Counsel; Jeff Carroll, Staff Director; Austin Flack, Policy Analyst; Waverly Gordon, General Counsel; Tiffany Guarascio, Deputy

Staff Director; Perry Hamilton, Deputy Chief Clerk; Rebekah Jones, Counsel; Chris Knauer, Oversight Staff Director; Mackenzie Kuhl, Press Assistant; Kevin McAloon, Professional Staff Member; Kaitlyn Peel, Digital Director; Peter Rechter, Counsel; Tim Robinson, Chief Counsel; Chloe Rodriguez, Deputy Chief Clerk; Benjamin Tabor, Junior Professional Staff Member; C.J. Young, Deputy Communications Director; Sarah Burke, Minority Deputy Staff Director; William Clutterbuck, Minority Staff Assistant; Theresa Gambo, Minority Financial and Office Administrator; Brittany Havens, Minority Professional Staff Member, Oversight and Investigations; Nate Hodson, Minority Staff Director; Peter Kielty, Minority General Counsel; Bijan Koohmaraie, Minority Chief Counsel; Clare Paoletta, Minority Policy Analyst, Health; Brannon Rains, Minority Policy Analyst, Consumer Protection and Commerce, Energy, Environment; Alan Slobodin, Minority Chief Investigative Counsel, Oversight and Investigations; Michael Taggart, Minority Policy Director; and Everett Winnick, Minority Director of Information Technology.

Ms. DeGette. The Energy and Commerce Subcommittee hearing will now come to order.

I am very pleased to convene this first Oversight and Investigations hearing of the year. I believe it's one of the first in the U.S. Congress, and I want to welcome all of our new members. In particular, I want to welcome our new ranking member, Morgan Griffith, with whom I've worked on many, many issues, and I think will be a wonderful ranking member.

Before we actually go into business, Morgan, would you like to say a few words? I'll yield to you.

Mr. Griffith. I'm just thrilled to be the Republican leader on this subcommittee. It's a subcommittee I've served on since I first got to the committee and I love it and I think we're going to do some great work.

Ms. DeGette. Thank you.

As Mr. Dingell used to say, our charge is broad, rooting out waste, fraud, and abuse wherever we may find it, and I'm sure we'll have many opportunities in the 117th Congress.

Our hearing today is entitled, "No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States." The purpose of the hearing is to examine the distribution and administration of COVID-19 vaccines in the United States.

Due to the COVID-19 public health emergency, as I have said, today's hearing is being held remotely, and so all members, witnesses, and staff will participate via video conferencing. As part of the proceedings, we ask everybody to put their microphone on mute, unless you're speaking, so that for the purposes of eliminating inadvertent background noise. And every time, of course, you need to speak, then we will ask you

to unmute.

If at anytime during the hearing I'm unable to chair, the chairman of the full committee, Chairman Pallone, who I see on my screen, will serve as chair until I'm able to return.

Documents which are accepted for the record can be sent to Austin Flack at the email address we've provided to staff. All documents will be entered into the record at the conclusion of the hearing.

And the chair now recognizes herself for an opening statement.

Today, the Oversight and Investigations Subcommittee holds its first hearing of the 117th Congress on an issue that holds the promise to finally end this pandemic: The rollout of the COVID-19 Vaccination Program. This committee has conducted relentless oversight of the COVID-19 pandemic response from the very start. Last year, we saw endless dysfunction and chaos, as our country was adrift by the absence of strong, competent Federal leadership. But as bad as it was last spring, this winter has brought an even more dangerous stage.

In recent weeks, cases and hospitalizations have soared all over the country, and as many as 4,000 Americans per day have died from this awful virus. And now, as we're seeing, mutations of the virus are beginning to spread throughout the United States.

As the title of this hearing makes clear, we have no time to lose. We must act with a sense of urgency and use every resource available at the Federal, State, and local levels to fight the spread of this disease and to end suffering and death and to return to normalcy.

The Biden administration absolutely has its work cut out for it. Indeed, it faces the greatest and most immediate challenge of any Presidential administration in modern memory. But already we're seeing signs that the ship is beginning to turn around. The

administration recently announced a comprehensive national strategy for the COVID-19 pandemic, something this committee has long called for. The plan advances urgently needed solutions to mount a successful vaccination program, restore trust with the American people, and mitigate the spread of the virus, while at the same time providing the emergency relief that Americans desperately need. We will continue to engage with the administration on what the Federal Government needs from Congress to execute this plan and to get us back on track.

The key task that we're faced right now is the rollout of the COVID vaccines. The portion of Operation Warp Speed, the Federal-private partnership to research and develop the vaccines, test them in clinical trials for safety and efficacy, and get them authorized for use was an enormous undertaking, and it was a profound victory for our heroic scientists. But that was only the first step.

If we don't ensure that Americans also get vaccinated quickly, the efforts will have been in vain. Those charged with administering the COVID-19 vaccine program around the country, including our excellent witnesses today, have a tremendous opportunity and responsibility to ensure equitable and expeditious administration of these lifesaving vaccines. And that's why we're convened today, to hear from State leaders on the front lines about how we can significantly ramp up vaccinations.

As we will hear, States are mobilizing to expand who will be eligible to receive the vaccine next, with a special emphasis on ensuring equity for those most vulnerable to COVID-19 and historically marginalized communities. For instance, my home State of Colorado recently announced plans to hold pop-up vaccination clinics in 50 high-density, low-income communities of color, many in my congressional district.

Despite these efforts, we have already been seeing a lot of frustration and confusion. Since the rollout started in December, one consistent theme has been the

lack of transparency about how many vaccines are coming and when. Compounding matters, surveys indicate that while the majority of Americans want to get COVID-19, there are some who still have reservations. Thankfully, the Biden administration has committed to changes, like transparent data for the States and the public, that will address some of those issues so that we can build trust and work to get every available vaccine administered quickly and equitably.

In fact, the biggest challenge I'm hearing from States right now is simply a lack of supply. After some initial challenges in administering the vaccines, State and local communities are reporting that now the demand for the vaccine far exceeds the supply, and they stand ready to vaccinate many more Americans if we can just get them the doses they need.

As I said, we have an excellent panel today, representing five States that are aggressively working to end this pandemic. I want to thank each panelist for your efforts, and I'm grateful for the time you've committed to provide critical testimony on how we can improve our fight against this pandemic. I look forward to a candid discussion with the panel about what's working and what we can do better. And I hope that you will also elaborate on what more the Federal Government and Congress can do to improve the partnership in this fight. The end of this nightmare is in sight. Now is the time to double down on our efforts and finally turn the corner on this pandemic.

And with that, the chair is pleased to recognize the ranking member of the subcommittee, Mr. Griffith, for 5 minutes for the purposes of an opening statement.

[The prepared statement of Ms. DeGette follows:]

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Mr. Griffith. Thank you very much, Chair DeGette. And I look forward to working with you, and thank you for holding this important hearing.

I want to thank the State public health officials for taking the time to join us today as your vaccination programs are well underway. The Federal Government and States are in the middle of a monumental task to vaccinate everyone that wishes to be vaccinated. I appreciate you all attending today as we work together to discuss ways to increase COVID-19 vaccinations.

It was just 1 year ago when this country identified the first case of a new virus that would rapidly spread throughout the Nation. In this past year, the Federal Government and States have come together to fight the pandemic, from providing testing to therapeutics and, ultimately, a vaccine for Americans. Pfizer and Moderna continue to manufacture vaccines at full capacity by releasing between 12 million to 18 million doses a week to fuel the overwhelming demand from the States.

Ending the pandemic hinges on the efficacy of the national vaccine distribution efforts. This effort includes not only sending vaccines to States, but also getting shots into arms. To date, the Federal Government has shipped more than 49 million doses of COVID-19 vaccines to States. States have administered almost 28 million of those doses through their State vaccination plans, with 3.1 million doses administered to people in nursing homes or long-term care facilities. Last week, the U.S. averaged 1.2 million doses administered each day across the U.S. Sixty-two percent of the vaccine supply has been administered, and that continues to trend upwards each week.

This progress is the product of Federal and State collaboration, especially extensive planning and investment from the initiative Operation Warp Speed. Operation Warp Speed was launched in May 2020, to accelerate the development,

manufacturing, and distribution of COVID-19 vaccines, while maintaining safety and efficacy standards. This was a massive undertaking that combined science, government, the military, and the private sector to provide viable vaccines several years earlier than typical timelines.

The Federal Government created toolkits and resources to States for planning COVID-19 immunization programs. For example, the CDC released a playbook to guide both States and their local partners on how to plan and operationalize a vaccination response. Additionally, in the summer of 2020, the CDC and Operation Warp Speed conducted site visits to develop model approaches for vaccinations through five pilot programs in California, Florida, Minnesota, North Dakota, and Philadelphia. The Federal Government also instructed States on how to use vaccines to control the coronavirus.

Due to the limited supply of vaccine available, the CDC's Advisory Committee on Immunization Practices recommended priority groups for vaccination. This included healthcare personnel and residents of long-term care facilities to be in the front of the line, followed by older adults and frontline essential workers, all groups with a higher susceptibility to coronavirus. States incorporated these recommendations to execute a deliberate and measured approach for vaccinations. The Federal Government worked diligently to distribute millions of doses across the United States. Now States are working diligently to administer these doses into arms.

States have varied in their performance when it comes to administering the vaccine doses that have been allocated and distributed to their State. For example, Virginia, my home State, administers 8.49 doses per 100, with 1.2 percent of the population fully vaccinated. In contrast, in West Virginia, they administer 13.53 doses per 100, with 3.3 percent of the population fully vaccinated.

States are under criticism for how their vaccination campaigns are responding to

the demand for shots. States have noted the lack of resources and infrastructure for vaccinations, such as a lack of trained personnel to administer vaccines to eligibility groups. Additionally, miscommunication to States and providers on the number of doses available has created a chain of logistical issues. States appear to be addressing challenges as they learn lessons along the way, but there is work to be done to vastly improve the rate of doses administered. Additionally, 8.75 billion from the Consolidated Appropriations Act enacted at the end of last year with 4.5 billion specifically allocated to the States is on the way to the States and should be of some help.

As we continue to work on coronavirus stimulus packages, it is essential to hear State perspectives. As Justice Brandeis said: The States are the laboratories of democracy. By finding novel approaches to complex problems, a successful effort by a State can be a model for other States looking for solutions to similar problems.

I look forward to the testimony from these witnesses today and welcome them to the hearing.

And, Madam Chair -- excuse me -- Madam or Chair, I yield back. Trying to get it right.

[The prepared statement of Mr. Griffith follows:]

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Ms. DeGette. And you did.

The chair now will recognize the chairman of the full committee, Mr. Pallone, for 5 minutes for purposes of an opening statement.

The Chairman. Thank you. Thank you, Madam Chairwoman.

And let me also thank Morgan Griffith, our ranking member. And I see the ranking member of our full committee is here as well, and I also notice we have a lot of our new members on both sides of the aisle. I think the new members are probably going to be more active than some of the older members, unfortunately. But it's all right. We want you all to get involved as much as possible.

So, today, this is actually the first hearing of the Energy and Commerce Committee during the 117th Congress, and obviously the purpose of it is to examine the urgent need to increase COVID-19 vaccinations. This committee's top priority is to combat this pandemic, and in the coming months, we'll push an aggressive agenda that will ensure the Biden administration has all the tools and resources it needs to crush the virus.

The goal is more pressing than ever. Thousands of Americans continue to die each day from COVID-19, while new, more contagious strains are emerging in the United States. I'm afraid that we're now in a race to keep vaccines ahead of the new virus variants, and the stakes could not be higher.

The pandemic's toll on the Nation is tragic. To date, more than 440,000 Americans have lost their lives from COVID-19, surpassing the total number of U.S. soldiers killed during World War II. More than 10 million Americans are unemployed, while one in three households struggle to make ends meet. It's no wonder Americans' assessment of their mental health is worse than at any point in the past two decades. And experts, of course, warned of a dark winter and, unfortunately, they were right in

these dark days, but we're now seeing the rollout of some of the most powerful tools we have to contain the virus, that's a safe and effective vaccine.

But, unfortunately, the initial rollout during the Trump administration was marked by confusion and delays. It's no secret that the demand for a vaccine is outpacing supply, leading to canceled appointments, endless lines, and mounting concerns, and limited transparency into the Nation's vaccine supply, as well as conflicting accounts about a reserve held by the Federal Government, have all contributed to uncertainty and frustration.

But, thankfully, the Biden administration is already taking action to address these issues, including purchasing additional doses that will increase our vaccine supply by 50 percent by the end of summer. And I hope to learn today what more Congress and the Federal Government can do to provide more certainty and help accelerate vaccinations across the country but at the same time ensuring equitable access to the most vulnerable, for the most vulnerable to these vaccines.

And despite the issues we've encountered with the vaccine rollout and the painful road still ahead, I'm still optimistic, as I noticed Diana DeGette was, about that we can finally be on the path to beating the virus. We have to be optimists.

As I mentioned, there are currently two extraordinarily effective and safe COVID-19 vaccines authorized by the FDA, and more could be on the way soon, but States have stretched their limited resources to implement an unprecedented vaccination program, reaching 25 million Americans and counting. As you know, I've been very critical that during the Trump administration in the last year or so there really was no national strategy. States were forced to compete with each other, and that led to the confusion. There needs to be a national strategy.

But now, the Biden administration says they're going to be guided by science and

they're going to have a national strategy to beat the pandemic. This is what we've been long calling for. But this nationwide vaccination campaign, it really is historic, but it's going to require substantial support from Congress to succeed.

To that end, Congress must move swiftly to pass the American Rescue Plan, the comprehensive proposal from the Biden administration that would fund vaccination efforts and provide Americans much needed relief. This is the new COVID bill. Under that bill, we would invest an additional $20 billion in a national vaccination program to help ensure greater accessibility and availability of vaccines across the country. It includes critical financial support to State and local governments that have been pleading for more support from the Federal Government to assist in their efforts to combat this virus.

So I hope my Republican colleagues will join me without delay in supporting this new bill that the Biden administration is putting forward. I don't think there's any time to waste. And I welcome the State health officials with us. We're going to look forward to their assessments of the national vaccination effort. You are vital partners in this extraordinary campaign. You're being called upon to execute innovative solutions to unparalleled challenges, and I want to thank you. We understand that you should not have to do this without substantial help and a national coordinated effort, and we want to know what we can do to achieve that.

So thank you again, Madam Chairwoman.

[The prepared statement of Chairman Pallone follows:]

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Ms. DeGette. Thank you very much.

The gentleman yields back.

The chair now is happy to recognize the ranking member of the full committee, Mrs. Rodgers, for 5 minutes for the purposes of an opening statement.

Mrs. Rodgers. Thank you, Madam Chair.

And the Republican leader, Mr. Griffith, as well as everyone, just I'm really pleased that we're coming together this morning to address the solutions to increase COVID-19 vaccinations in the United States. Welcome to our new members.

And to those that are on the front lines, the State health officials that are with us today, thank you for your continued vigilance.

The development and the approval of several COVID-19 vaccines in less than a year is one of the greatest achievements in American history and modern science. I'm also grateful for the work that has been done in Congress. The fact that Congress passed, in a matter of days, the CARES Act almost a year ago, and then just in December, an additional $900 billion dollars that was passed by Congress, overwhelming bipartisan support, again, to meet the needs of Americans.

The Trump administration and the public-private partnership of Operation Warp Speed set ambitious goals that many doubted could be achieved. Yet less than a year into this pandemic, we have vaccinated tens of millions of Americans. Our work is not over, however, and there are many challenges ahead of us. We must vaccinate as many Americans as quickly as possible so that we can save lives, get our economy and schools back open, and get our lives back.

The distribution of these vaccines should be approached with the same level of ambition as Operation Warp Speed. We absolutely must continue to act with a sense of

urgency. This is an extremely complex process involving a system of transportation, equipment, personnel, and 64 different jurisdictions, including all States and territories. We must recognize and appreciate that the distribution and administration of COVID-19 vaccines is one of the most ambitious, complex, and important logistical operations ever undertaken in the United States. Such an enormous operation was bound to run into difficulties.

But as we look at solutions, it's important that we not just look at new ideas, but also take a look at the remarkable foundation that we're building on, as well as the assets and resources already in place that can be part of the solution.

The foundation of Operation Warp Speed is amazing. This effort to have two vaccines with about 97 percent efficacy in response to a novel pandemic virus before the end of 2020 is epic and historic. Many skeptics said it couldn't happen. Actions by Operation Warp Speed and the Department of Defense also ensured the supply of syringes, needles, and other essential supplies, to support the vaccination efforts that are underway. This has been and will continue to be an all-of-government approach, and we're eager to hear from our witnesses representing State governments.

As an Oversight subcommittee, our job is to find out what's working, what isn't, and then find solutions to improve our COVID-19 vaccine distribution and administration efforts. E&C Republicans are committed to working on solutions to increased vaccinations, and we're ready to engage in a serious and credible way. I hope that the new administration, President Biden and the officials, will stop trying to rewrite history and stop, you know, saying that this was a dismal failure. Our goal needs to be continuing to build upon the great foundation.

President Biden's goal pace of 1 million doses administered a day was already reached. States such as Washington and New York are attempting to shift blame from their own significant shortcomings by complaining about the Trump administration and putting the entire onus for distribution and administration on the Federal response.

As we will hear from our witnesses today, a localized response can often best meet the unique challenges of individual States. West Virginia is very different from Washington State and has been successful.

Contrary to this administration and certain governors' assertion, vaccine distribution plans did exist. In fact, as of January 31st, more than 49.9 million vaccine doses have been distributed, 31 million administered.

President Biden says our country is at war with the coronavirus. I agree. When we fight wars and do it successfully, we have to do it united, not by using partisan political tactics like budget reconciliation. Let's work together on boosting our COVID-19 vaccine distribution efforts and prepare for future pandemics so this doesn't happen again. I hope this hearing puts -- helps put Congress on a constructive path with the President to deliver results.

Thank you, Madam Chair. I yield back.

[The prepared statement of Mrs. Rodgers follows:]

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Ms. DeGette. I thank the gentlelady.

The chair now asks unanimous consent that the members' written opening statements be made part of the record and, without objection, so ordered.

I would now like to introduce our witnesses for today's hearing. Dr. Ngozi Ezike, who's the director of the Illinois Department of Public Health; Dr. Joneigh Khaldun, who's the chief medical executive and chief deputy director for Michigan's Department of Health and Human Services.

If people can please put their mikes on mute.

Dr. Clay Marsh, the West Virginia COVID-19/coronavirus czar.

Mr. McKinley, I guess you guys have czars down there in West Virginia.

Dr. Courtney N. Phillips, the secretary of the Louisiana Department of Health; and Director Jill Hunsaker Ryan, who's the executive director of the Colorado Department of Public Health and Environment.

I want to thank all of our witnesses again for appearing in front of this committee. Every member of this committee appreciates it, because we know how busy you are.

I know all of you are aware that the committee is holding an investigative hearing and, as such, we hold all of our hearings under oath. Does anyone here have any objection to testifying under oath?

Let the record reflect that the witnesses have responded no.

The chair then advises you that under the rules of the House and the rules of the committee, you are entitled to be represented by counsel. Does any of our witnesses ask to be represented by counsel?

Let the record reflect that the witnesses have responded no.

If you would, please, could you please raise your right hand so that I may swear

you in? You can unmute and say, "I do."

[Witnesses sworn.]

Ms. DeGette. Let the record reflect the witnesses have responded affirmatively. And you are now under oath and subject to the penalties set forth in Title 18, section 1001, of the U.S. Code.

The chair will now recognize our witnesses for a 5-minute summary of their written statement. There's a timer on the screen right here that will count down your time, and it will turn red when your 5 minutes has come to an end. And so I will now recognize each of our witnesses.

Dr. Ezike, you are recognized first for 5 minutes, please.

TESTIMONIES OF DR. NGOZI EZIKE, M.D., DIRECTOR, ILLINOIS DEPARTMENT OF PUBLIC HEALTH; DR. JONEIGH S. KHALDUN, M.D., M.P.H., F.A.C.E.P., CHIEF MEDICAL EXECUTIVE AND CHIEF DEPUTY DIRECTOR, MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES; DR. CLAY MARSH, M.D., COVID-19/CORONAVIRUS CZAR, WEST VIRGINIA; DR. COURTNEY N. PHILLIPS, PH.D., SECRETARY, LOUISIANA DEPARTMENT OF HEALTH; AND JILL HUNSAKER RYAN, M.P.H., EXECUTIVE DIRECTOR, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

TESTIMONY OF DR. NGOZI EZIKE

Dr. Ezike. Thank you.

Chairwoman DeGette, Ranking Member Griffith, and distinguished members of the subcommittee, thank you for having me here today to speak about Illinois' response to the coronavirus pandemic.

Over the past year in Illinois, we've had more than 1 million cases of COVID-19 and, unfortunately, have lost more than 19,000 members of our Illinois family. But through efficient and effective distribution of the vaccine, coupled with a continued focus on masking, social distancing, and hand hygiene, we can suppress the spread of the virus and save many lives.

Within 24 hours of receiving our first allocation of over 40,000 doses, IDPH distributed the entire allocation to local health departments, with subsequent distribution to hospitals. We continue to build a statewide provider network to ensure vaccination occurs with both rapidity and equity.

From the outset, vaccination efforts in Illinois and throughout the States have

been limited by vaccine supply and sometimes complicated by inconsistent messages regarding allocations. Operation Warp Speed's promise to Illinois and the Nation of a steady cadence of vaccine oftentimes fell short, with reduced or postponed allocations, which left Illinois receiving fewer than expected doses.

After meticulous planning to vaccinate the target population for Illinois' Phase 1B, which was shaped by the Advisory Committee on Immunization Practices' recommendations, the previous administration did change the priority groups without forewarning, further complicating our efforts by confusing the public and nearly doubling the size of the target population that now heard that they were eligible.

Last month, Governor JB Pritzker activated the Illinois National Guard to assist local health departments in administering vaccinations. The Biden administration supported that move by approving 100 percent of the cost, but we continue to need assistance.

With our significant engagement, Illinois pharmacies in the Federal Pharmacy Partnership program have vaccinated many of our long-term care residents in nearly 1,700 facilities assigned to them. And as of January 25th, every resident and staff person in the Illinois skilled nursing facilities have been offered that first dose.

While we await additional vaccine supply, a multipronged approach supported by the Federal Government could help improve the effectiveness of nonpharmaceutical interventions, actions apart from getting vaccines and/or taking medicines that will slow the spread of the illness. Examples include aggressive expansion of genomic sequencing. That infrastructure is needed for accurate and timely assessment of the threat and the identification of new variants.

Another critical piece with heightened application in economically disadvantaged communities is the continuation of paid sick leave and direct financial support to

encourage compliance with distancing, quarantine, and isolation orders.

As of yesterday, the 1 millionth dose was administered into an Illinois resident. But to accelerate immunizations we need our Federal partners to align our efforts -- align their efforts with ours to help solve practical operational issues.

Of course, we need increased supply of vaccines as well as resources to quickly administer the vaccine. We need improved communication channels and fixes to tools provided to States. The Federal Government should provide States with clear, consistent projections for vaccine allocation to allow and enable planning weeks into the future, and continue to update the Tiberius system so that States are working with clear, accurate information and can make appropriate plans. We also need a robust IT solution connecting electronic medical records, pharmacy logs, and State registration tools so people can locate vaccines across the jurisdictions.

We're grateful for the influx of funding. And as you consider the next round of emergency supplemental funding, I encourage you to provide additional funds to support the ongoing vaccination campaign and address emerging funding needs for State, local, Tribal, and territorial public health systems.

Thank you for the opportunity to share Illinois' experience. We will continue to let data, science, and equity guide our approach. And I'm honored to work with Congress and the new administration to get to the other side of this pandemic.

Thank you for your attention.

[The prepared statement of Dr. Ezike follows:]

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Ms. DeGette. Thank you very much.

Our next witness is Dr. Joneigh Khaldun, who's the chief medical executive and chief deputy director of the Michigan Department of Health and Human Services.

Dr. Khaldun.

TESTIMONY OF DR. JONEIGH S. KHALDUN

Dr. Khaldun. Thank you.

Chairs Pallone and DeGette, Ranking Members Rodgers and Griffith, and distinguished members of the committee, thank you for the opportunity to speak with you today about Michigan's COVID-19 vaccination efforts. A focus on efficient and equitable distribution of these vaccines is the way that we are going to end this pandemic.

I have the honor of serving my State, not only helping to guide the battle against COVID-19 in my role as chief medical executive, but also as a practicing emergency physician on the front lines treating patients in Detroit, one of the hardest hit cities by the pandemic early on. I've seen the terrible impact this pandemic has had on patients, families, and on my clinical colleagues. In fact, two colleagues that helped train me in New York City lost their lives to this pandemic last year. I only wish these vaccines were available sooner so that they might be alive today.

For me, this vaccination effort is personal, for my community, for my colleagues, and for my patients. Michigan is working hard to distribute the vaccine quickly, efficiently, and equitably to the nearly 10 million residents across the State. We have a robust network of over 2,000 enrolled providers and have the capacity to administer up

to 80,000 vaccines a day. However, Michigan's biggest challenge with the vaccine rollout has been the limited supply of vaccine, lack of predictability regarding vaccine amounts week to week, and the lack of a national strategy until now.

Despite this, Michigan has made significant strides. Yesterday, we announced surpassing 1 million doses of vaccine being administered statewide, and we have jumped more than 20 places in the rankings over the past few weeks as it relates to our proportion of the population vaccinated.

Michigan has made this progress because we have been intentional and focused. We have set forth clear goals for our State and vaccinating partners, with the expectation that 90 percent of received vaccines are administered within 7 days.

We are also laser focused on equity. We have set the ambitious but attainable goal of having no disparity in vaccination rates across racial and ethnic groups. It is important that vaccination efforts move forward expeditiously without compromising equity.

It's a tragedy but not a surprise that COVID-19 has disproportionately impacted communities of color. This disparity is directly related to structural inequities and historical racism that has caused communities of color to have less access to the resources needed to achieve optimal health. Michigan has been a leader in fighting COVID-19 disparities, essentially eliminating the disparity between African Americans and Whites when it comes to COVID-19 cases and deaths. We did this specifically by engaging trusted community members, using data to identify testing locations, and developing strategic messaging in collaboration with communities of color.

We are building on this success in our vaccination efforts, prioritizing allocation to socially vulnerable groups, mobilizing a diverse network of vaccinators that can go into neighborhoods, and launching an aggressive communications and engagement effort to

address hesitancy and misinformation. What we need at the Federal level is a larger and consistent vaccine supply, as well as additional funding to specifically address barriers to access.

Data and reporting having been a challenge throughout this pandemic, with the vaccine rollout being no exception. States must manage multiple systems to understand, track, and report vaccines, and our providers are overburdened by onerous enrollment, tracking, and reporting systems. This has led to delays and inaccuracies in data reporting.

Additionally, the CDC website is often inaccurate, outdated, or does not fully reflect the work of States. Improvements in data reporting would ease the burden on States and allow us to focus on implementation of our vaccination strategies.

Finally, I'd like to thank Congress for passing emergency supplemental funding for the vaccination response which will help Michigan build out its vaccination infrastructure. We have also requested additional support from FEMA to expand mass vaccination sites as well as mobile clinics. We look forward to continuing to partner with the Biden administration on these efforts.

Overall, I'm pleased with the progress that we've made in Michigan. We have built out capacity and a strategy that will prioritize speed without compromising equity. I'm grateful for our Federal partners, encouraged by the leadership and engagement demonstrated by President Biden and his team, and look forward to continuing to work together to end this pandemic.

Thank you very much.

[The prepared statement of Dr. Khaldun follows:]

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Ms. DeGette. Thank you so much, Doctor.

I'm now very pleased to recognize our colleague, Mr. McKinley, to introduce our next witness.

Mr. McKinley. I have to unmute. There we go.

Thank you, Madam Chair. Did I say that properly? Madam Chair?

Ms. DeGette. That's perfect. Thank you.

Mr. McKinley. Madam Chair, I'd like to introduce Dr. Clay Marsh. Dr. Marsh is the current virus czar for the State of West Virginia. And along with his role, he's also the vice president and dean for Health Sciences at West Virginia University, and is considered to be a national leader in healthcare.

He's published more than 140 papers in peer-reviewed journals, but I first met his father 40 years ago. Don Marsh was a longtime editor of the largest newspaper in West Virginia, one, quite frankly, not particularly friendly to Republicans. But Don was always fair and objective. So I expect nothing less than that from Clay as we welcome him to his presentation today.

Thank you.

Ms. DeGette. I thank the gentleman.

Dr. Marsh, you're recognized for 5 minutes.

TESTIMONY OF DR. CLAY MARSH

Dr. Marsh. Thank you, and good morning, Chairman Pallone, Ranking Member Rodgers, Subcommittee Chairwoman DeGette, Subcommittee Ranking Member Griffith, and other members of the House Energy and Commerce subcommittee.

It is really a distinct pleasure and privilege to be here today, and I want to recognize and thank Congressman McKinley, who is unwavering in his support for West Virginia, and also to recognize Governor Justice, who's done a remarkable job as a leader.

What I'd like to do in my time here is to reflect what our strategies have been and talk a bit about the important components I believe could be shared, and certainly learn from other people.

I congratulate the other presenters.

In West Virginia, we recognize that ultimately it is culture that plays the most important role in outcome. We were very much impressed by a series of articles that we read at the beginning of the pandemic, one of which reflected four mathematical models, agent-based models, that demonstrated that doing nothing to mitigate the COVID-19 pandemic or doing things by force were not as effective as doing things collaboratively. And that's really been a hallmark of what we've tried to do is really move toward a level of committed purpose and service to people in our State.

We recognized early that this pandemic was a "black swan" event, a rare event that had catastrophic perturbation of all of our systems and, therefore, we knew we couldn't predict necessarily the future, but we wanted to become agile and be capable of changing and trying things and undergoing rapid learning.

We've created a team-of-teams kind of approach that's been led by our National

Guard, our logistics experts, choosing the most expert people to lead the part of the response meta that we could muster in West Virginia. And the great thing about West Virginia is, although people may represent different sectors, they all eventually wear the West Virginia hat.

As we started to focus and clarify our priorities, we agreed with the Advisory Committee on Immunization Practices, but also were informed by data from the United Kingdom and also from the CDC that demonstrated truly that older patients were the most vulnerable for death and hospitalization. And the governor gave us a directive to save lives, to improve well-being, and to maintain the capacity and the function of vital healthcare and industry sectors in West Virginia.

As we looked at our own data, we saw that the average age of death was 77 years old. 77.5 percent of our citizens who died were over 70, 92 percent over 60, 97 percent over 50. So we targeted this age group, along with the vulnerable populations outlined by the CDC.

And I'm really proud to say, as we started to look at our own State's needs, we figured out that we had about 250 pharmacies in West Virginia, half of which were privately owned. So instead of activating the Federal programs, we went a different direction and started partnering these pharmacies with nursing homes, and we were able to immunize all of our nursing home/assisted living residents before the new year and we just finished on our second dose, which has been great because we know half of our deaths come from this population.

And so as we start to work to move vaccines quickly, our goal is to move every vaccine within 5 days to somebody's arm in West Virginia, answering the risk of our State as predicted and projected by the Kaiser Family Foundation, the most vulnerable State moving into this pandemic. We're really proud to say that we have now immunized

80,000 of 350,000 over-65-year-old West Virginians and we're moving forward. And to try to reduce the confusion about vaccination, we have now started a preregistration system, and we're hoping to preregister every person in the state.

I would end by saying that we believe that we all shine brightest in the service to others, and the only way that we're going to succeed is together, not only as West Virginians, but as Americans, and I'm very proud to represent our State today. And thank you very much for what you're doing.

[The prepared statement of Dr. Marsh follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Thank you so much, Doctor.

I'm now pleased to recognize Dr. Courtney Phillips, the secretary of the Louisiana Department of Health.

Dr. Phillips.

TESTIMONY OF DR. COURTNEY N. PHILLIPS

Dr. Phillips. Good morning, Chairwoman DeGette, Ranking Member Griffith, and members of the subcommittee. As mentioned, I'm Courtney Phillips, and I have the pleasure of serving as the secretary for the Louisiana Department of Health. First, thank you all for the invitation to share our journey in the distribution of COVID-19 vaccines, both our successes as well as opportunities we have working together for continual advancement.

With our continued partnership, we are confident we'll be able to clear these initial hurdles, namely through increased COVID-19 vaccine allocations, advanced notice of allocation amounts for planning, and continued flexibility around the long-term care partnership program.

Although Louisiana has a strong track record of hosting mass vac events and is ready to employ them once vaccine availability increases, from the start of our planning we put our energy towards a low and wide strategy for vaccine distribution. We work with our partners to get local providers across the State enrolled and comfortable with the logistics of vaccine receipt and administration. This allowed us to build a vast network of diverse providers, which was time and labor intensive, but we do know it was fundamental in achieving equitable coverage, which has been a top priority in our

planning and rollout from the start.

Per CDC rankings, Louisiana currently ranks 14th for our first dose administering. While we're proud of the progress we've made over the past several weeks, we're not satisfied with where we stand, and we're determined to keep getting, better, determined to be our best selves. Louisianans not only desire it but they also deserve it. They're depending on us. Their lives are dependent upon all of us pulling together in getting this done.

To date, Louisiana has been allocated a little over 505,000 doses, first doses across our State. More than 93,000 of those first doses were diverted to the Pharmacy Partnership Long-Term Care Program, which left about 411,000 for instate allocation. Thus far, if you back out this week's allocation, we've allocated more than 90 percent of our doses within the community. And we aim to release at least 90 to 95 percent of doses on a weekly basis when it's received.

This week's allocation is being spread across 406 providers in every parish in our State. On average, we've increased the number of provider sites by 65 per week. Our provider sites include hospitals, outpatient clinics, federally qualified health centers, rural health clinics, independent and chain pharmacies, home health agencies, and other healthcare facilities.

Over the past week, we've tested additional distribution models, including providing Pfizer vaccines in nonhospital settings. We're preparing for when increased supply is available, and that preparation isn't limited to just distribution models, but it also includes increasing the number of providers enrolled and ready to receive.

Although supply does not yet support the need for additional providers, we want to be ready when the time comes. We initially began this with 701 providers enrolled in week one, and now have over 1,900 providers enrolled across our State. These

providers are spread out all across Louisiana in urban, rural, and underserved communities. They are ready to receive and administer vaccine.

That being said, currently only 32 percent of these providers have been able to receive vaccines because of the limited supply. And although we have more than 1,900 providers ready and waiting, we still recognize that we do have some areas across our State that are healthcare provider deserts. And to combat this we're working and gearing up with our local community partners to deploy mobile vaccine teams, and some of the recent funding will allows us to do this.

With additional supply, the proper time to strategically plan and continue flexibility as to where our vaccine doses go, Louisiana will be able to significantly increase the number of residents vaccinated each week. So your continual support in these areas are needed. And we relayed to you increased supply, we're ready. I think most States are. Our provider partners and residents are equipped to handle this increased allocation.

When we talk about the extremely high level of COVID across our Nation and here in Louisiana -- we recently surpassed 400,000 cases -- take a moment to step back and think about it. That's every person in the New Orleans, and then some, area having had COVID-19.

The narrative across the country has been that vaccines are going unused and sitting on shelves, so we've worked very hard in our State to ensure that the limited supply that we've received from our Federal partners is going into eligible residents' arms each week, and we've done well. We pushed to a point where we range from 90 to 95 percent of first doses vaccines in the arms of Louisianans within the week that they receive it. Our providers' weekly dose requirements requests top 150,000 doses each week. They are ready and asking for more, and we believe that an increased allotment

we can handle in our State.

Our second area, as mentioned, advance notice. Providing advance notice allocation notice would allow the State and our providers more time to strategically plan. Typically, our week begins on Tuesday when Louisiana receives an estimated allocation for the following week. Based on those numbers, the department works with local providers to determine the need for the coming week. This list is compiled on Wednesday. Once we receive firm numbers on Thursdays, we begin the order and load it into the system. We don't ever lock in before Thursday because there's been a couple of instances that those numbers have changed from Tuesday to Thursday.

Once our order is loaded and submitted, we work with our providers over Friday and Saturday to make them aware of what's coming. Monday is shipment, and we begin our process all over again. But providing States with greater visibility on what's expected in weeks in advance allows States time to plan and distribute vaccines more efficiently. This also allows providers time to adjust for staffing needs based on what they're going to receive and allow appointments to be scheduled further in advance.

We were definitely encouraged by the news last week from our Federal partners that States will be giving more notice on what they can expect to receive, and we do hope that this will continue. This will be a help.

A third ask that we have is continued flexibility in the long-term care partnership with both CVS and Walgreens. This flexibility will allow us to get shots in arms even faster.

Let me begin by expressing our appreciation for these corporate partners for their responsiveness on issues as they surface. But continual improvements and proactive communication, awareness, and the speed of vaccinations are going to be key.

In recent weeks, we've received approximately 58,000 first doses, and a large

allotment of that goes to a long-term care partnership. Fortunately, we requested and have received approval in the recent weeks to keep and utilize those doses that have gone to the partnership, which has allowed us to further expand our network within the community in vaccinations. We're grateful for this flexibility and ask that it continues.

Ms. DeGette. Doctor, if you could please wind up. Thank you.

Dr. Phillips. Yes, ma'am. Thank you.

As we continue to move forward, we just want to thank you all for the financial assistance. Financial burden has been key in our State. And so the assistance that's been provided in terms of the FEMA reimbursement, the 100 percent reimbursement to the National Guard, and the grants have allowed us to be able to move forward. We need this continued relief as we try to support the challenges we're up ahead.

Thank you, chairwoman and committee members, for this time and any questions, more than happy to once we wrap up. Thank you.

[The prepared statement of Dr. Phillips follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Thank you so much, Doctor.

And last but surely not least is my wonderful executive director of the Colorado Department of Public Health and Environment, Dr. Jill Hunsaker Ryan.

Doctor, welcome. Glad to see you here. And you're recognized for 5 minutes.

TESTIMONY OF JILL HUNSAKER RYAN, M.P.H.

Ms. Ryan. Thank you, Madam Chair.

And just to clarify, I'm not a physician. So you all may call me Director Ryan. My background is epidemiology.

But thank you Chairman DeGette, Ranking Member Morgan Griffith, and members of the subcommittee. I'm so happy to be with you here today, and thank you for all of your support so far.

I'm joining today from Eagle County in Colorado. In Colorado, we're very proud of our response to the COVID-19 pandemic. We currently have the fifth lowest rate of transmission in the Nation and are ranked eighth in terms of the percentage of vaccine supplies used. Part of our success is a whole-government approach with the Colorado Department of Public Health and Environment in unified command with the Colorado Department of Public Safety, the governor's office, and using the Colorado National Guard to support COVID-19 testing and vaccine distribution.

Colorado received the first shipment of vaccine on December 14th, with the governor signing for it himself. We are moving as fast as the Federal supply chain allows and are grateful for every vaccine we receive. When the pandemic began, if you would have asked me or if you would have told me that we would have not only one but several

vaccines would be in clinical trials within the year, with distribution starting before 2021, I would have been very sceptical, but here we are, and this is simply unprecedented.

Operation Warp Speed deserves our thanks and praise for the public-private partnership in developing these vaccines which will be a game changer in supporting the long-term health and well-being of our schools, our families, and our communities.

General Perna and his team deserve credit too for efficient distribution. General Perna has told me that the vaccine is going from the conveyor belt directly to States.

Colorado's currently receiving about 80,000 doses per week, and we hear that will increase to 96,000 in mid-February. We do have the capacity to administer 300,000 doses a week now, with the goal of 400,000 by the beginning of March.

So our main ask is for more doses and, if possible, greater predictability in our weekly allotment which simply helps our ability to plan. For example, if we knew our number of doses a month out, with increased supply, we could plan even larger additional clinics and PODs, or points of distribution.

I wanted to take a minute to put in another ask, and that is simply that the public health system has been so underfunded for decades. In Colorado, we have a State Department of Public Health and Environment and then each county is served by a county local public health agency, 55 in all, and of course with this response we've all had to scale it massively. My department has a 600 million-dollar-a-year budget. We've been awarded $1.2 billion in this response that we will push out.

But the problem is, if you can imagine having to scale up a workforce on the State and local level, trying to hire and onboard and train and get everybody an email address and coordinated during a pandemic is so hard. So we need to ongoingly support our public health system.

Back to vaccines, though, Colorado now has more than 770 providers to help

distribute vaccines, and nearly 465,000 people have been vaccinated. Because Coloradans age 70-plus account for 78 percent of deaths in Colorado, our goal is to vaccinate 70 percent of them by the end of February.

Hospitals have carried much of the weight in getting this done. They have dazzling efficiency in reaching a high number of people quickly. But also, our local public health agencies have been coordinating the so-called last mile of distribution, helping determine where vaccine goes in their community, and setting up mass vaccination clinics or PODs.

Long-term care facilities in Colorado, with the exception of about 20 rural facilities, are relying on the Pharmacy Partnership for Long-Term Care Program. We've largely overcome delays with that program in Colorado by providing staffing assistance.

And then finally, an important part of our vaccine distribution response is to make sure that no one is left behind. For example, we know people of color have been disproportionately impacted by COVID-19 in terms of number of cases, hospitalizations, and deaths. The pandemic has laid bare the societal disparities that have existed for generations but which COVID-19 has exploited.

Knowing the challenge, the State has a goal of ensuring there is a community-based clinic providing vaccines in 50 percent of the top 50 census tracts for high density, low-income, and minority communities. We'll achieve this goal through our community-based health centers, local public health agencies, statewide pop-up clinics in collaboration with community-based organizations and churches.

Coloradans are eager to get vaccinated, and we are eager to vaccinate everyone who wants to be vaccinated and in this crisis.

Thank you for your time today, and I appreciate being able to come before you to testify.

PRELIMINARY TRANSCRIPT

[The prepared statement of Ms. Ryan follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Thank you so much, Director.

And now it's time for members to have the opportunity to ask the panel questions. The chair will now recognize herself for 5 minutes.

So I would just like to start with you actually, Director Ryan. You said in your testimony, and this was echoed in several of our other panelists' testimony as well, that vaccine supply and predictability have been a challenge. How are those challenges impacting the vaccination efforts in Colorado, and what do you need from the Federal Government to improve the rate of vaccinations in our State?

Ms. Ryan. Thank you for the question, Madam Chair. We simply need more supply. As I mentioned, we're getting about 80,000 doses a week. We have the capacity for 300,000 doses now and are ramping up to 400,000 in the next month. So we need supply, and then we need better predictability in terms of the number of weekly doses we will be receiving to help with our planning efforts.

Ms. DeGette. Yes. And, Dr. Khaldun, you also said in your testimony, in your written testimony, that Michigan's, quote, "single biggest challenge with the vaccine rollout has been the limited supply of vaccine available week to week and the lack of a national Federal strategy until now."

I'm wondering, Dr. Khaldun, how you expect the Biden administration's national COVID-19 strategy to impact vaccination efforts in your State.

Dr. Khaldun. Yes. So I really appreciate the Biden administration's strategy. Last week, the State of Michigan actually updated our strategy that aligns with the Biden strategy, focused on getting shots in arms, building out a robust network, maximizing efficiency, personnel, and, of course, a mass communications effort.

And so what I'm pleased by -- and I've had several conversations with the Biden

administration -- they will be supporting us in our strategy. They will be supporting building out more of the public health workforce and supporting us with some of our efforts when it comes to equity, whether it be mobile clinics or supporting personnel that are getting out into communities.

Ms. DeGette. Dr. Ezike, would you agree that the lack of a national Federal strategy until now has hamstrung the efforts in Illinois? And what's the top suggestion for how we can go forward?

Dr. Ezike. Thank you for that question. I would say indeed it has. I think at the top of the list we could cite the confusing messages around the importance of masking. We need a focused, dedicated message that talks about the importance of masking. We know that there are other countries outside of ours that have controlled this virus even before a vaccine was in place. And so that attention and focus to masking, which I think I see that this administration absolutely puts at the top of its priorities, is very important and is one of the first steps, along with vaccination and promoting vaccination in all groups.

Also remembering that vaccination, there are lots of vaccine-hesitant groups. And so as we are in this period of still waiting for the supply to increase the demand, we want to also build that foundation, that community engagement for those who are vaccine-hesitant. And so we have seen the attention to that with this administration in the identification of an equity chair, a COVID equity chair, so that we can work on the vaccine hesitance as well so that we can bring all of us through this. We don't want to leave any group behind. And so as much as rapidity is important, equity is important. Rapidity without equity will result in continued disparity.

Ms. DeGette. Thank you. Thank you. I think those are important points.

Dr. Phillips, you talked about the need for continuing flexibility and visibility when

it comes to the doses allocated to the Federal long-term care pharmacy program. I want if you can just spend a few moments talking about that program and why flexibility is so important.

Dr. Phillips. Absolutely. As we know, very early on, week by week we increased the number of doses that we were allocating to that program based on the methodology from our Federal partners. But we do know based on the rate of speed that they've administered the vaccine that doses have been left sitting there, waiting. So the speed of distribution is not keeping up with the speed of allotment that States have allotted to their partnership.

And so utilizing the most recent clawback availability, so in recent weeks it's been announced that we're able to pull back some of that vaccine to match the actual administering rates, doing so has allowed us to be able to push more in the community and not have vaccines sitting anywhere. And So that flexibility been greatly appreciated.

Ms. DeGette. Thank you so much.

And last but surely not least, because West Virginia's efforts are a national model, Dr. Marsh, can you just tell us how Congress and the Federal Government can facilitate better collaboration between the Federal and State experts and how that would benefit your vaccination efforts for your State?

Dr. Marsh. Thank you, Madam Chair. Certainly, as the other experts have testified, that having more vaccine is very important for us as well. We get about 23,600 doses a week. Without expanding our infrastructure, we could handle about 125,000 doses a week. And we believe with a small increase in our infrastructure, it could go over 200,000 doses a week. So dosing is really important.

But I think also there's a really terrific opportunity for us to make sure that we're sharing our best practices and sharing our learnings, and right now I don't think that there

is an integrated portal or pathway to allow each of the leaders of the States, along with the leaders of the Federal Government response and perhaps the coronavirus task force experts, to be able to come together to be able to freely and quickly exchange information so that we can all undergo this rapid cycled learning opportunity and also learn the things that don't work, because it's just as important not to keep doing the things that don't work as well as trying to adopt the things that do.

Ms. DeGette. Excellent suggestions. Thank you so much. My time's expired.

And I know now that the chair -- or the ranking member of the full committee, Mrs. Rodgers, is going to go next.

And so you are recognized for 5 minutes.

RPTR GIORDANO

EDTR CRYSTAL

[12:01 p.m.]

Mrs. Rodgers. Thank you, Madam Chair.

And thank you all who have joined us as witnesses today. We thank you for your leadership, your commitment to the health of all in our communities. This is at a time when we need hope and healing in our country, and you're on the front lines. So thank you so much.

My first question is, it's a simple yes or no to all of our witnesses. I just wanted to ask, at the start of this pandemic did any of you anticipate a safe and effective COVID-19 vaccine to distribute and administer only 10 months later?

Dr. Marsh. No.

Ms. Ryan. No.

Dr. Ezike. No.

Dr. Phillips. No.

Mrs. Rodgers. Thank you.

Next question to everyone, has a vaccine distribution of this magnitude and complexity ever been attempted before in the United States?

Dr. Marsh. No.

Ms. Ryan. No.

Dr. Ezike. No.

Dr. Phillips. No.

Dr. Khaldun. No.

Mrs. Rodgers. Thank you.

I wanted to ask Dr. Marsh also -- and I think the last person was just talking about

the importance of best practices and learning from the other States, which I think is part of the goal today.

And I just wanted, Dr. Marsh, if you would just speak to what you believe has been important in West Virginia as we anticipate this, the challenges with the vaccine distribution, but a pandemic this large. I just wanted to ask you to speak to the importance of a localized approach to the response, because we've heard from so many about a Federal approach.

And I know, in Washington State, you know, I've been frustrated with a one-size-fits-all approach, not even taking into consideration as much my region or, you know, we've had the same responses and restrictions across the State regardless of the facts on the ground. And my Governor, Governor Inslee, has continued to say: Well, we need more Federal involvement.

I just wanted you to speak to the importance of a more State-by-State approach.

Dr. Marsh. Thank you, Ranking Member Rodgers. Well said. It's a pleasure to talk about our approach.

And I think that, you know, West Virginia, as a small State, 1.7 million people, that is very rural, largest city is 50,000, and as we start to look at our own needs in our State, we see that we have a very distributed location set of where people are in the State.

So we believe that, in order to best meet the needs of our citizens, we need to have local involvement at many levels, that we can share information, same way that we've talked about here, because as this is so complex and there are so many issues that you need to deal with, that you can't really predict the future, you have to be able to become agile and respond.

And we're scrappy and resilient, and we have created our own supply chain for things. We have partnered local pharmacies with the places we want to vaccinate.

We are controlling the supply chain of our vaccine. We believe pharmacists should be in charge of the vaccine because of the critical nature and difficulties in storing and transporting some of this.

But to me, without absolutely casting any aspersions on anybody else, we are creating the solutions that work for West Virginia, and we are all committed to serving our citizens. And I think that that --

Mrs. Rodgers. Thank you.

I have one more question I want to get to all the witnesses. And I just wanted each of you to speak briefly about, what did CDC do to assist you in developing and exercising your plan before the vaccine was actually delivered to your State?

Maybe I'll start with Dr. Marsh since I cut him off, and then I'll go with the others. If you could just speak very quickly.

Dr. Marsh. Yes. Quickly.

We've had a lot of conversations with CDC, but we created our own program.

Mrs. Rodgers. Okay. Thank you.

Colorado?

Ms. Ryan. Yes. We coordinated with CDC around creating our original plan in October.

Mrs. Rodgers. Very good.

Illinois?

Dr. Ezike. Yes. We did have multiple CDC, FEMA, HHS interagency meetings for our region to discuss our plans and hear of other States in our region to hear their plans as well.

Mrs. Rodgers. Thank you.

And who am I missing here? I'm sorry. Michigan.

Dr. Khaldun. Yes. We also had several meetings with the CDC and other Federal partners. We also worked very closely with our local health departments. We have over 45 local health departments across our very vast State, urban and rural populations. We worked very closely with them as well on our plans too.

Mrs. Rodgers. Very good. Thank you all again so much. This has been a tough, tough year, to say the least.

Ms. DeGette. Thank you so much.

The chair will now recognize the chairman of the full committee, Mr. Pallone, for 5 minutes.

The Chairman. Thank you, Madam Chairwoman.

I think I'm going to have to start out by saying that I definitely disagree with what our Ranking Member Rodgers said with regard to not having -- you know, looking at this State by State or localizing it versus having more Federal involvement. I mean, I didn't -- I have to take your word for what Governor Inslee said, but I think I agree with him that we need more Federal involvement.

I mean, part of the problem that I saw in the last 9 months under Trump was that States were essentially left alone, and they were competing with each other for gloves and masks and supplies and sometimes being gouged with prices.

And I do think, and I've said all along, that we need a national strategy, which is what Biden is trying to accomplish. So I understand this one size fits all, but I don't think that that necessarily works when you have a pandemic of this magnitude.

Now, that isn't to suggest that this isn't a Federal system where there is a national strategy and we still try to implement this, the response, State by State. But the fact that President Trump so much stressed that States were on their own and there wasn't a need for a national strategy, I think, was a huge mistake, and I think it was an ideological

approach that led to the fact that we didn't have an effective response under the Trump administration. But, you know, whatever. That's my spiel.

Let me ask this question. Let me go to Dr. Khaldun.

What's happening now, of course, is Biden implemented a three-prong strategy last week, or started a strategy, where he said that we're going to give you notice 3 weeks in advance so you know what's coming. That's the transparency. He increased the number of vaccines that were coming weekly to the States. And then he set out a plan to actually vaccinate 300 million Americans beginning in the summer and certainly by the fall.

So I wanted to hear -- I wanted to ask for your response to that, how that's going, and what you think about it.

And then, secondly, we have a bill. In other words, we have this bill, the American Rescue Plan, that we're going to try to do in the next few weeks that provides a lot more money for vaccines, for testing. And my understanding at the State level is that the States are still wanting with resources and need that additional money and need it soon, because many of them -- you know, we didn't provide any State and local aid in general directly, and many of them are still using their own money and need Federal help.

So those are the two questions. One's what about what happened with that three-prong Biden plan, and whether we need another COVID bill because you're lacking resources.

Dr. Khaldun. Thank you, Chairman, for that question.

So I have been very appreciative, actually, of the Biden administration, had several conversations with leadership.

We do for the first time have at least -- have 3 weeks of transparency as far as how much vaccine will be getting into the State. That's very helpful, because now I can

tell my providers that they get a certain amount of vaccine, and they can go ahead and schedule. So it's been incredibly helpful.

We also are very thrilled that potentially the American Rescue Plan will go through. We certainly need additional funding.

Right now, I'm at a point where I have contact tracers that are getting involved in my vaccination efforts. I have epidemiologists who work on lead and other things in the health department who are now being pulled into vaccine efforts. We absolutely need more funding to build our infrastructure, to bring in more staff to be able to support our vaccination efforts.

The Chairman. And then there is about a minute left. If I could ask the Colorado representative, Ms. Ryan, the same two questions about the last three-pronged Biden announcement and the need for another -- more resources through another legislative -- through another bill that we're planning.

Ms. Ryan. Thank you for the question.

I will say that the transparency and predictability is improving, as are the number of doses. We know those are slowly going to be increasing over the month of February.

Yes, we could absolutely use more Federal help. We are seeing the same things with our local public health agencies trying to decide do they put their staff as vaccinators or contact tracers, still lacking the resources, and pulling all the staff they have off of all their other duties as they've done all along.

So I think it speaks to the need for sustainable funding in addition to emergency funding. And we did just get some funds from the CDC and a new ELC grant and other funding, and we will be putting that to good use. But we anticipate, you know, this response is going to be with us for a long time, COVID is not going away, and we're going to need sustained dollars.

The Chairman. Thank you.

Thank you, Chairwoman DeGette.

Ms. DeGette. Thank you, Mr. Chairman.

The chair now recognizes the ranking member of the subcommittee, Mr. Griffith, for 5 minutes.

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

Dr. Marsh, if I remember your comments earlier, that you all did not go with the Federal plan but created your own plan to suit West Virginia needs. Is that correct?

Dr. Marsh. Yes, that's correct.

Mr. Griffith. All right, I appreciate that, because I think sometimes it's nice to have a Federal template, but some States need that ability to do what you all did in West Virginia.

Now, going on to the next question. Since distribution of COVID-19 vaccines -- and I'm with you still, Dr. Marsh -- since the distribution of COVID-19 vaccines started in December there has been confusion as to why there is such a discrepancy between the number of doses distributed as compared to the number of doses administered by the States. For example, the CDC website notes that, as of January 31st, over 49.9 million doses have been distributed, but only 31.1 doses have been administered.

Can you explain the reason, if you know, for this discrepancy in doses distributed versus doses administered?

Dr. Marsh. Well, thank you for the question.

Certainly in West Virginia, by working to have local control of the doses, we've followed every dose and understand that. Certainly other States have adopted different strategies, and there are a significant, as I understand it, number of doses that are not

accounted for in the current system. And whether those are some of the doses that have gone into various programs, like the Federal pharmacy program or others, I don't know off the top of my head, but certainly maintaining control and understanding where the doses are, are a critical component of success, I believe.

Mr. Griffith. You raised that you all track them. How do you all track the vaccine, where it's been sent and how it's being used and how quickly it's being used?

Dr. Marsh. We receive every dose into one of five hubs that are located around our State to bisect the State so that the shortest distance is required to move vaccine between places. We track each dose that's sent with a GPS tracker, and we then have an inventory. We know, if the vaccine is not administered in 7 days, then the vaccine is brought back into the central hub and reallocated.

Mr. Griffith. Thank you.

I mentioned the CDC website a few minutes ago. In addition, that website shows a map of the U.S. with COVID-19 vaccine administration data for each State and territory, including the total doses administered per hundred thousand. The States and territories range in their rate of total doses administered from 38,000 -- excuse me -- 3,826 per hundred thousand in the Federated States of Micronesia to 16,348 per hundred thousand in Alaska.

Since the Federal Government and its partners in the private sector have used the same process to ship vaccine doses to all of the States and territories in the U.S., what do you believe accounts for the variation among the States in what some have deemed the last mile in the vaccination administration efforts?

Dr. Marsh. Are you asking me again?

Mr. Griffith. Yes. Yes, sir. I'm sorry.

Dr. Marsh. Yes. So I think that, as we go forward, you know, it's -- it is easy to

point fingers, but, as was said earlier, this is the most complex program and distribution plan that we've ever experienced in our country. And certainly having vaccine is amazing, and we have amazing vaccine, so that's great.

And I think that, you know, for us, it's really a matter of all of us working together to get the right priorities, to follow the doses, and make sure that every American who needs to have a vaccine in their arm in a priority status gets that vaccine.

Mr. Griffith. Well, I appreciate that. And that's part of the reason that Madam Chair DeGette called this meeting.

Clearly there has been confusion about the safety and the efficacy of the shot and in some States confusion about the who, what, when, where details of getting the shot.

What methods of communication are you using -- and we'll start with you, Dr. Marsh, and we'll see how much time we have to get to the others -- but what methods -- hang on. I don't have my eyeglasses on, and I lost track.

What methods of communication are you using to provide this critical information to get the information to constituents? And, as a part of that, specifically how have you made an effort to reach seniors and other hard-to-reach populations, many in my district, not unlike West Virginia, who do not have reliable access to the internet?

And, also, in December the FCC made an allowance for State government officials to reach constituents on their mobile phone for relaying critical information, and have any of your States used that technology?

So what are you all doing to reach out to folks who may not be aware that they're on the list to get the shot now?

Dr. Marsh. Very briefly, we have internet. We have television briefings three times a week. We have a call center. And we have reached out on different community-based approaches to reach all the vulnerable people in our communities that

have -- that should have access to vaccine.

Mr. Griffith. And I appreciate that. And I will tell you, I get a mobile notification whenever schools are closed back home, and the government there is using it for that. I would think that would be a good technology for this as well.

I don't have time for everybody else to jump in, but if you all could provide a written response to that last question about what kind of technology you're reaching out to these communities that may not be getting the word and who may be a little bit hesitant, I would greatly appreciate it.

And, with that, I yield back. Thank you for your patience, Madam Chair.

Ms. DeGette. I thank the gentleman.

The chair now recognizes the gentlelady from New Hampshire, Ms. Kuster, for 5 minutes.

You need to unmute, Annie. Unmute.

Ms. Kuster. That's what I'm doing. Sorry. Trying to unmute.

Thank you very much, Madam Chair.

Well, it's taken a Herculean effort to get COVID-19 vaccines developed, authorized, and distributed around the country. As you've heard today, it will be for naught if we can't get the vaccines into the arms quickly. And that's why I'm concerned by the CDC data showing, as of yesterday, only about 65 percent of vaccines distributed have actually been administered.

And so I wanted to jump in to legislation that I've introduced to bolster manufacturing capacity and meet the challenge, known as the Coronavirus Vaccine and Therapeutic Development Act, to ensure that enough doses get in the arms of the American people.

The issue of supply does not account for this large gap in doses allocated but not

administered. And I understand there may be reporting delays and data challenges. But thousands of Americans are dying every day, and I believe it's unacceptable to delay getting the vaccine.

Dr. Phillips, according to CDC data, Louisiana has administered about 71 percent of the data. Can you confirm, is Louisiana still holding back vaccine for second doses?

Dr. Phillips. Yes. We do make sure we allot the second doses wherever the first doses went to ensure that we have adequate supply for when those individuals present.

I will say that, in terms of the CDC data, it does include the first and second doses. So when you look at what has been allocated for a State, it's combining that first and second dose.

So although I may have received my first dose and my second dose may have been shipped to the State, it may not be my 21- to 28-day timeframe. And so it does give the appearance that an available dose can be administered as a first dose when truly that is not the case. So I do think that is one of the asks that we have for some clarification on the CDC data for stratification for those modules.

Ms. Kuster. But how do you feel about the change in direction that the Biden administration is considering due to the urgency and due to the various COVID variants that are coming along with getting the doses into the arms immediately knowing that we will have sufficient vaccine for those second doses?

Dr. Phillips. Yeah. Until we know for sure that we're going to have sufficient vaccine for those second doses, that would be a worry.

And so, again, this is our first time being able to even get advanced notice, 3 weeks advanced notice of what our allotment is going to be. Until that is confirmed and can be substantiated for some time, that would be a worry in terms of availability of

the supply.

Ms. Kuster. Dr. Ezike, could you respond to the similar question?

Dr. Ezike. Yes, ma'am.

Ms. Kuster. Would you consider giving those second doses now as first doses knowing that the remaining second doses would be manufactured and distributed within the 3- to 4-week timeframe?

Dr. Ezike. Yes, we are understanding the very difficult and delicate balance between getting ahead of the variants and getting ahead of this virus as well as ensuring that we will have the vaccine 3 to 4 weeks later.

We are -- that is the reason that we were able to take advantage of the ability to take doses -- borrow doses from the long-term care facility and not at all interrupting the vaccination that would happen in the next 3 to 4 weeks, but borrowing from there to get more doses in the arms today.

We do know that two doses are required for full efficacy, as demonstrated in the trials, but even getting that first dose we know offers some protection, confers some protection, and so getting as many first doses as well.

So we have been striking this balance between promoting the first doses as well as the second doses, and we want to use as many available doses as quickly and effectively as possible.

Ms. Kuster. Dr. Khaldun, maybe you could jump in here. How will increased transparency and improved data make sure that we can quickly administer the doses that are available?

Dr. Khaldun. That's very important. Again, I speak to my local health departments and our healthcare systems frequently. Knowing ahead of time how much they can expect to receive will be incredibly helpful. It will actually make it go quicker,

because they can schedule appointments. They can know they don't have to cancel appointments and they'll be able to plan for those first and second doses.

So that transparency and knowing ahead of time how many doses entities will receive is incredibly important.

Ms. Kuster. Thank you.

My time is just about up, but I'll put in a plug for my bipartisan bill with Congressman Bucshon on this committee, the Immunization Infrastructure Modernization Act, to provide Federal support and guidance to the healthcare departments and providers at the State and local levels, and, most importantly, to improve our healthcare information framework.

Thank you very much. I yield back.

Ms. DeGette. Gentlelady yields back.

The chair now recognizes the gentleman from Texas, Mr. Burgess, for 5 minutes.

Mr. Burgess. I thank the chair.

You know, it's interesting to me that, just a little less than a year ago, we had a committee briefing -- we didn't have hearings on this in a timely way, but we did have a briefing. All of the experts of public health were at that briefing, names that you would recognize. And Dr. Fauci was asked, "How long before we can get a vaccine?"

And he said, "Listen, if everything goes perfectly, 18 months. But I must caution you, everything never goes perfectly."

Now, I don't believe Dr. Fauci was misleading us a year ago. I think he was speaking as to the way the world was a year ago. But this became a priority, and the previous administration appropriately recognized that priority and began what we now know as Operation Warp Speed.

And, realistically, this vaccine was available -- the emergency use authorization

came right at the middle of December. So we're just talking 6 weeks ago.

Now, prior to the time, during September and October, various talking heads on the various television shows would talk about how the vaccine -- it was not possible to deliver the vaccine in that timeframe. In fact, people were talking against accepting the vaccine because it's being developed so fast, it can't possibly be any good, or there may be problems.

And now there has been a massive shift of gears because, good news, 2 weeks after election day, there was not one, but two vaccines that were on their way to the FDA. And then, a month later, the FDA, which truly was lightning speed for them, provided the emergency use authorizations to bring us to the discussion today of, how can we do a better job about distribution?

But I would remind you that a year ago we were told that that distribution problem would still be 6 months in the future. So, really, we have to be grateful for where we are today.

My home State of Texas, the most recent data I received -- and I will submit this, Madam Chair, for the record -- but there's about 2 million doses have been administered in Texas. Now, I recognize we're a big State, we've got a lot of people, and we've got a long way to go, but that is a good start.

In fact, I participated with several of my State counterparts to encourage the creation of a vaccine hub in one of my counties, Denton County, and this replicated a hub, a vaccine hub, that was actually started in 2009 with the H1N1 epidemic, and it is now up and functioning. And, in fact, 32,000 doses allocated for Denton County this week, and they are setting up a drive-thru vaccination site in the parking lot of Texas Motor Speedway because, after all, that is one of the biggest locations where you have a big parking lot, one of the biggest in the country, so they're well set up to do that.

But how grateful we should be to be able to have not just the vaccine, but now, within such a short period of time, that level of distribution.

Several of the witnesses testified that they had worked with CDC. And, again, I need to stress this, because the approach in the previous administration was, yes, let's work on the vaccine, but let's also work on the manufacture of said vaccine even in advance of the emergency use authorization of the FDA. And the CDC was working with some local health departments to formulate the plans for administration of the vaccine when it did become available.

So I think those things were forward leaning and, in fact, if I recall correctly, quite different from the activity we saw in 2009 where the manufacture of the vaccine did not begin until the FDA had, in fact, issued its approval.

So we are several steps ahead of where we could be. That doesn't mean we're doing good enough. And I appreciate so much everyone on this panel who is working so hard to make certain that we do get the amount of vaccine out in the right amount of time.

Now, let me just ask -- and I'd like to ask Doctor -- Director Ryan from Colorado -- I worked with your Governor when he was here at the House of Representatives on the House Rules Committee. My best to your Governor when you see him again. But how do you feel that you're doing with the visibility of the vaccine doses that are going to be coming your way? Are you hearing about it in a timely fashion?

Ms. Ryan. Thank you for the question.

The transparency is getting better. I think, you know, part of the issue is that, because it's going from conveyor belt to States, there is just not a lot of time to tell us the type of doses or the amount of doses that we're getting. But we know it's -- we do have visibility into the next 2 or 3 weeks now.

Mr. Burgess. And that's great.

And, Madam Chair, just if you'll indulge me for one second. A little bit of good news, reading in Barron's just the other day where Sanofi was going to begin to manufacture the Pfizer product to assist in getting doses out. Sanofi's own exercise with getting a vaccine was a bit delayed, and so they are joining the manufacturing side of a competitor's vaccine. And that's good news, too. That's the type of cooperation we're seeing out there in industry, and I think that's important, and I believe it will continue.

And I'll yield back.

Ms. DeGette. I thank the gentleman.

The chair now recognizes the gentlelady from New York, Miss Rice, for 5 minutes.

Miss Rice. Thank you, Madam Chairwoman.

Much of the confusion surrounding the rollout of COVID-19 vaccine seems to be driven -- and I'm hearing this throughout this hearing -- by poor communication. And we know that that, in the final weeks of the Trump administration, that was particularly acute.

And obviously what I'm hearing -- what all of us are hearing here today is how important that communication is between Federal, State, and local health officials. In fact, GAO has repeatedly noted that coordination and communication are critical to the successful implementation of COVID-19 vaccines.

So to you, Director Ryan. In the past your Governor has been critical of the Trump administration's lack of communication and maybe miscommunication with Colorado, particularly in the first months that the vaccines were being shipped to the States. How would you describe the communication and coordination that Colorado has had with Federal officials related to vaccine program planning and implementation in recent weeks, and have you found it to be more effective, less effective? How would

you rate it?

Ms. Ryan. Thank you for the question.

I have to tell you, you know, General Perna, who has been the tip of the spear for the vaccine distribution, has been very supportive from the start. He got on a call with States. He called me personally and said, "Here is my number. You tell me if things aren't going well."

So, while I, you know, do have a list of complaints from the last year around communication issues, I have to tell you that was the first time that I felt like I had someone in charge that I could go to and that was keeping us updated, and there was a lot of transparency.

So I can't say -- I can't complain too much about the vaccine rollout and our communication with the general and Operation Warp Speed. I actually think that's gone pretty well, and, as they've gotten more visibility, they've given it to us.

Miss Rice. Great.

Dr. Phillips, would you agree? Is there more that can be down to improve communication between the Federal Government and the States at this critical time of vaccine distribution?

Dr. Phillips. I think ongoing continued communication is what we need. I mean, I think you've heard it from everybody in the hearing today and other States who are not present, is what we've been asking for, and I think we're continuing to see that increase, and we're thankful for that.

That allows us to be able to communicate with our local partners, our local providers, who are asking for the same information, so, when we get it, we're able to share with them. And if we have to do it with a caveat that this is a draft, this is the model of it, then we can put those caveats on it. But the more information we have on

the front end, the better we are in terms of the planning purposes.

Miss Rice. So, you know, we've heard that many cities and local health departments have been left in the dark by both Federal and State officials when it comes to distribution of vaccination plans, relying instead on local hospitals or providers to confirm if vaccines are available in their community. I know in New York State, where I'm from, there have been people who it takes forever for them to get an appointment, and then, you know, a week or sometimes days before, their appointments are canceled because of this lack of communication about how many vaccines were available, when they're going to arrive, et cetera.

Dr. Ezike, what is your State doing to communicate with local leaders and public health agencies? And is there room for greater coordination across all levels of government? And, if so, what would you recommend?

Dr. Ezike. Yes. Thank you for that question.

Of course collaboration and communication against all levels of government, from Federal to State to local health departments, is key to overcoming this pandemic. You know, between the State and the local health departments, we understand that those local health departments are literally our hands and feet. They, the 97 different local health departments, are actually the boots on the ground that are getting this work done as we support them with the funds that are provided and the additional State resources that we may have.

So communication -- and overcommunication, if there even is such a thing -- is the name of the game, and their success is directly tied to how much they understand about their future allocations. We have a rule at the State that anything that we are doing in their State, whether if we are directly supporting their efforts or trying to do additional efforts to augment their existing efforts, that we have to let them know.

If we're coming into your backyard, we're going to let you know so that you can make sure you direct us in the best way that it can be done. We want that same kind of partnership and collaboration, we want to be at the table as decisions are being made, so that we can help inform things that might not be top of mind.

I am actually very encouraged with the current administration as they have actually taken one of the State health officers, they've taken one of the State health officers to be a part of the administration, and I think that will help establish the importance and the communication between the State health officials as well as with the Feds, which, in turn, creates better communication, we have appropriate, accurate, timely information to share to our boots on the ground, our local health departments.

Miss Rice. Thank you, Dr. Ezike.

And, Madam Chairwoman, I see that my time is up. I had one more question, but I will yield back. Thank you.

Ms. DeGette. I thank the gentlelady.

The chair is now pleased to recognize the gentleman from West Virginia, Mr. McKinley, for 5 minutes.

Mr. McKinley. There we go. Thank you, Madam Chair.

Look, we've heard a lot of criticism today of the Trump strategy, but I want to remind people that on September 16th the States were given a 57-page guidance document, 57 pages in how to set up a program, and they were asked to respond by October the 16th, just a month later. So for people to say there are no plans, that just means the States didn't create one that works.

So for those of you that can't resist the temptation to criticize the former administration and even going so far as to say that the Biden administration was starting from scratch and there was no national strategy, Dr. Fauci has refuted that very clearly.

So take a deep breath.

Look, Operation Warp Speed created the vaccine. The State, it's the job of the States to put it in people's arms. But it seems that States can't even get that right.

Here is a chart, unfortunately, that the majority party had rules that we had to submit this 24 hours prior to this, but this chart indicates that there were some States that can't get it right. Some of you, some States have been complaining they need more vaccines, but have only given out more than 50 percent.

Look at Illinois. Illinois' vaccination rate is half of what it is in Alaska at 8.3 people per hundred. But Alaska is 16.8. Or West Virginia is almost 15 per 100, and Illinois, 8; Colorado, 10; Michigan, 10.

But then they don't -- they're not using it. Their use of the vaccine in Illinois is only 62 percent as compared to North Dakota, 91 percent.

So apparently they didn't develop a plan that it was flexible enough to work. So I'm just concerned about that.

Now, unlike New York -- and that's a key thing -- unlike New York's Governor, who ignored the vulnerable in their long-term facility and recommendations of his public health experts, West Virginia prioritized its long-term care residents and their staff. West Virginia also finished vaccinating all of their long-term care facility and staff. Meanwhile, States like Michigan won't even -- won't finish until the end of this month.

So, interestingly enough, no one has given -- and no one really, I think, has given proper attention to Operation Warp Speed.

Remember, Dr. Fauci testified before the Senate committee in May of last year that it would take a year to 18 months before a vaccine could be developed -- think about that -- a year to 18 months in May that, through the hard work of the pharmaceutical companies, researchers and scientists, a vaccine was available in December, just

7 months later. So just 7 months after the creation of Warp Speed we had a vaccine.

So I guess what I want you all to take away is complaining about not getting enough vaccine is like complaining about the size of your meal when you should be grateful to having food on the table.

So, Dr. Marsh, I'd like to turn to you, and just in the remaining time that we have here can you expound just a little bit more about what was the magic in West Virginia, being not only at a rate of 15 per hundred vaccination rate, but also at almost 87, 88 percent used of the vaccine? What can we say to the other States how they can improve on that?

Dr. Marsh. Well, thank you, Congressman.

Ultimately West Virginia made a plan that worked for us, and it was really a matter -- and we've talked about this at this testimony -- it's a matter of clear communication, breaking down parallelisms and sectors. Everybody wore the same hat. We were operating for a higher purpose. And as we go forward, we constantly iterated and are iterating our approach so that we are moving in a most expeditious and quick way possible.

I just want to reinforce one thing that the Congressman said as well, and I say this in as an apolitical way as I can. The fact that we have these vaccines are game changers. This is the most complex, you know, problematic response probably in the history of modern day America and the world. And so staying together and working together and sharing with each other best practices is really key for our global and country's success.

Thank you.

Mr. McKinley. Thank you. I yield back.

Ms. DeGette. The gentleman yields back.

The gentleman from New York, Mr. Tonko, is recognized for 5 minutes.

Mr. Tonko. Thank you, Madam Chair. Can you hear me?

Ms. DeGette. We can hear you, sir.

Mr. Tonko. Okay. Thank you so much.

Since the start of the vaccine rollout, the challenges and issues facing State and local health departments have been endless. Whether it's a lack of transparency in how much vaccine will be allocated to States each week, shifting guidance on who to prioritize for vaccinations, questions about vaccine reserves, or just a simple lack of vaccines, it seems there has been one constant throughout this process -- that being confusion.

Dr. Phillips, in my district in upstate New York we are currently seeing more COVID infection cases than we've had at any time during the pandemic, and the rate of spread is faster than the rate of vaccinations. At the current rate, it will take New York State roughly 7 months to vaccinate all eligible individuals in its phase 1 priority group.

My question to you, is your State facing similar concerns? And, if so, how can we get more people vaccinated more quickly?

Dr. Phillips. Thank you for that question, sir.

Yes, we do see the rate in terms of the vaccine and the extended time period and the worries around that. One of the things that we are doing is looking at the available doses, first doses that are in the long-term care partnership, and pulling those back to push into the community so we have an increased availability in the community, in addition to the increase announcement that was made last week for vaccine doses.

But that is going to be a big help to our State, being able to pull some of that back and utilize it immediately so it's not sitting there.

Mr. Tonko. Thank you.

Dr. Marsh, one of the main concerns we've heard from States is the need for greater transparency from the Federal Government into the vaccine supply chain. Now,

I heard your talk of coordination and communication, but the Biden administration has taken a crucial first step in promising a 3-week allocation forecast. But transparency alone will not get shots in the arms.

So, Dr. Marsh, aside from increased supply and greater transparency, what would you change to make this process run more smoothly?

Dr. Marsh. Well, thank you for that question, Congressman.

You know, certainly we are very grateful to the administration before and this administration for their work to move vaccines in a more rapid way, to produce more vaccinations.

A question was asked earlier, which I think is a critical question for our country, if we could be guaranteed that we will see more vaccines in the future. Emerging data is suggesting that a single dose of Pfizer, Moderna, and apparently Johnson & Johnson may have a significant protective effect on severe illness and death from COVID-19.

So ultimately we would like to move forward in immunizing first doses in as many Americans and as many West Virginians as we can, as FDA and CDC have recommended, that we want to make sure that that supply is there for the second doses, even if they're a little bit later than the 21 days for Pfizer and the 28 days for Moderna.

And so I think that a strategy once we see sufficient supply chain will be to get as many vaccines in the arms, first vaccines in the arms as we can, because we are racing with the variant forms of the virus that look like that they're going to have a lot more problems for the immediate future coming up.

Mr. Tonko. Thank you, Doctor.

In the capital region of New York, like many places across the country, the number one challenge is a consistent, adequate supply of vaccine. The Biden administration is increasing weekly supply by 16 percent and has purchased enough vaccine to ensure 300

million Americans could be vaccinated by the end of the summer.

Dr. Khaldun, in your testimony you state that Michigan has the short-term goal of administering 50,000 shots a day but could be administering up to 80,000 vaccinations per day. So my question is, will the 16 percent increase in supply be enough to meet that $80,000 -- excuse me -- 80,000-count-a-day projection?

Dr. Khaldun. Yes. Thank you for that question.

So we certainty appreciate the increase in the supply that's coming into the State. It will absolutely help us to meet our goals. Actually, our data on our website over the past couple of days, we've actually had about 50,000 shots in arms per day, so we are really pleased with that.

What that increase also does, though, is help us to really target and focus based on equity. We are actually -- we have a pot off the top that we take and target towards areas that have a higher Social Vulnerability Index so we can really make sure minority populations and those who are living in poverty have access to the vaccines, so when we have more, we are more easily able to allocate based on that.

Mr. Tonko. Thank you.

Madam Chair, I see that my time has run down, and I yield back.

Ms. DeGette. Okay. I thank the gentleman for yielding.

The chair now recognizes and welcomes Mr. Dunn to the committee for 5 minutes.

Mr. Dunn. Thank you very much, Madam Chair. It's an honor to be here. And I appreciate the opportunity to evaluate the solutions and ideas to improve vaccine distribution at the State level.

I think we're all acutely aware of the challenges accompanying distribution of these vaccinations. It's important to acknowledge that each State faces a set of

challenges that are unique to its characteristics and demographics, and that requires flexibility and creativity to approach that, not one size fits all. The needs of Florida are not the same as the needs of Illinois, for example.

I also want to echo the panel's comments that Operation Warp Speed produced effective vaccine in record time, and volumes of those vaccines at a speed logarithmically faster than ever in history. In fact, the entire universe of virology research and treatment has experienced a quantum leap forward.

We just this last day or two reached an important milestone where we have now vaccinated with at least one shot of the series more people in America than have been tested positive since the beginning of the pandemic.

And, with that, I'm going to turn to my questions.

Dr. Marsh, I will try to be brief with my questions. I encourage you to do the same with your answers.

Do you believe that public-private partnerships allow States to use their own resources more effectively than might have been possible with a far-reaching Federal mandate?

Dr. Marsh. Thank you, Congressman.

I do believe that these types of relationships could be very useful. I think that the optimal circumstance is a top-down meets a bottoms-up approach related to shared governance in this way.

Mr. Dunn. Thank you. So do you believe, in general, that there are areas where private industry can meet the needs of a State better than the Federal Government?

Dr. Marsh. Is that to me again, Congressman?

Mr. Dunn. Yes, sir. Yes, sir.

Dr. Marsh. Yes. Certainly I think that there are circumstances where private partnerships can meet the needs of a State in unique ways.

Mr. Dunn. Excellent. So what is your assessment of the Federal vaccination reporting requirements and infrastructure currently in place for States to relay information to CDC? Is it good, bad, or adequate?

Dr. Marsh. I think that, as all of the responses, this is an evolving issue. I think that it is improving and probably needs to continue to improve to make it easier on the States to be able to report more easily.

Mr. Dunn. I was impressed that you got your community pharmacists on board so quickly with the infrastructure. That says real planning on your part. Congratulations.

Do you believe that all the shots that have been put in arms of the people in West Virginia or nationally -- opine on either -- do you think that all of those shots have been properly recorded and submitted to the CDC?

Dr. Marsh. Thank you again for your question.

I don't know the answer to that. Certainly I hope that we have an accurate reporting system, because documenting and following each dose of vaccine is critical for our country.

Mr. Dunn. Yeah, I don't know the answer either. I just thought you're so much closer to the delivery than I am, you would be able to point me there. And I don't fault you for that. I'm curious to know what it looks like, because I've been on the other end of that, I'm a physician as well, so I know how hard sometimes it can be to live up to the burdens of reporting to the Federal Government.

Is there anything we can do here in Congress to reduce the burdens on those providing the vaccinations? Any recommendations you have on that?

Dr. Marsh. I think that certainly, Congressman, part of what we need to do is to continue to work with our Federal Government and States to make sure that we build the capabilities for appropriate logistics and supply chain management. This is such a complicated sort of issue, and each State needs to keep track, in my opinion, of their own vaccines and their own reporting, but we need to have a coordinating function that is very much professional as we are going forward.

Mr. Dunn. Well, I'd like to associate myself with those comments. Very good, sir.

So your independent pharmacies really leaned in and helped you a lot. West Virginia has a mostly rural population. I have a rural part of Florida is my -- where I represent, and I think it actually mirrors West Virginia in a lot of ways in terms of its rural nature.

Do you think that the system you set up can work well in other areas, perhaps like my district?

Dr. Marsh. Thank you for the question.

Certainly I think that each State can come up with their own strategies. But I do believe that the idea about setting clear expectations and priorities, making sure you have open communication and working as a single team, and making this a learning mode, not something where it's top down, but you're inviting the creativity of your team.

Mr. Dunn. I appreciate that very much.

Do you think that there are some specific successful strategies for reducing vaccine waste? And I don't know how much -- as we've said, some of this isn't waste. It's just second doses being held, appropriately or inappropriately. But how do we reduce waste if, indeed, waste is as bad as we think?

Dr. Marsh. Thank you, Congressman.

I know we're over time, and I would just say I think there are some strategies we could pursue together to be able to accomplish that goal.

Mr. Dunn. Thank you very much.

Madam Chair, I yield back.

Ms. DeGette. Thank you.

Dr. Marsh, we'd love to hear your ideas for how to improve if you'd like to submit them to our committee.

The chair now recognizes the gentleman from California, Mr. Ruiz, for 5 minutes.

Mr. Ruiz. Thank you, Madam Chair.

Health disparities are symptoms of a failed healthcare system, and this pandemic has highlighted those inequities and failures.

We see disparities with Latinos, African Americans, Native Americans, high-risk essential workers having a disproportionate burden of infections, hospitalizations, and deaths from COVID-19. And we are seeing disparities in who has access to care.

We saw it with access to testing. I have been sounding the alarm on this issue for months, long before a vaccine was available for use. I warned that, without aggressive intervention and strategic planning, we would see the same disparities play out with access to vaccines.

And now we are seeing the inoculation process unfold exactly as I feared it would, where the highest-risk individuals do not have proper access to the vaccines, even if they qualify. A good public health approach prioritizes groups according to risk of contracting and dying from COVID-19.

Last year, multiple efforts focused on how to determine a fair and equitable way to prioritize who should have initial access to COVID-19 vaccines. This planning was crucial. We know the disease affects some communities at higher rates and with more

severe consequences than others: Black and Latino communities, high-risk essential workers, such as farm workers, the elderly, and people with underlying medical conditions.

Yet, despite those efforts to prioritize the highest-risk groups, there are stark disparities among who has been vaccinated so far. A Kaiser Family Foundation analysis found that, among the 17 States reporting race and ethnicity vaccination data, the share of vaccinations among Black and Hispanic people is significantly less than these communities' respective share of COVID-19 cases in their States.

And despite having disproportionate more infections and deaths compared to their White counterparts, they are disproportionately vaccinated less than their White counterparts.

In Mississippi, Black people account for 15 percent of vaccinations despite having 45 percent of deaths. In Nebraska, Hispanics account for only 4 percent of vaccination even though they represent 25 percent of cases.

Furthermore, prioritizing high-risk groups on paper is not effective if those individuals are not able to actually access the vaccine. Underserved, hardworking communities in my district lack clinics and providers. Many people in my district don't have access to broadband to schedule a vaccine online. They don't have hours to spend on the phone trying to get an appointment. They don't have transportation to the vaccine site. They don't have access to information in a language they understand to help them navigate the system.

I saw those issues firsthand yesterday when I went to a collaborative, nonprofit grower and public health collaborative farm worker community vaccination clinic in the fields to make sure that the people tasked with protecting our food supply chain were getting vaccines. And I know I'm not alone. I hear similar stories from communities all

across our Nation.

Dr. Ezike, you and Governor Pritzker have committed to putting equity at the forefront of Illinois' COVID-19's response efforts, crafting the State's plan while keeping in mind, quote, "the very structural inequalities that allowed COVID-19 to race through our most vulnerable communities in the first place."

Dr. Ezike, how has focusing on equity influenced the State's decision on vaccine eligibility and ways to reach those vulnerable communities?

Dr. Ezike. Thank you, sir, for that thoughtful question.

So of course we know that to get past this pandemic and to eliminate disparities that equity lens has to be at the forefront. We know that the CDC has put out information that Black and Brown communities are three times more likely to die than their White counterparts. And so that's why we have had an equity focus, and that has looked in -- that has been carried out by having lots of virtual townhalls, partnering with minority communities to have innumerable number of virtual townhalls in Spanish as well as English, working with Telemundo and Univision, many --

Mr. Ruiz. Dr. Ezike, I have 10 seconds left.

I want to ask Dr. Khaldun, who in their State have been partnering with Federal Qualified Health Centers, mobile clinics, local department, school-based health centers, and other community vaccinators. How will you monitor these efforts to ensure they actually result in increased vaccinations among vulnerable communities? And what can the Federal Government do to encourage the exchange of best practices across State lines?

Dr. Khaldun. Yes. We are really proud of our strategy in Michigan, that we have set out a goal publicly of having no disparities when it comes to vaccination rates.

We are working very closely with our partners on the ground. They do -- they

are going to be sharing with us how they are vaccinating in areas that have higher Social Vulnerability Index. And we are holding all of our partners accountable for how they are not only receiving the vaccine, but what they're doing with it as far as addressing these disparities.

Mr. Ruiz. Thank you.

Ms. DeGette. I thank the gentleman.

The chair is now pleased to recognize another new member of our committee, Congresswoman Schrier, for 5 minutes.

Ms. Schrier. Thank you, Madam Chair.

Well, we've heard repeatedly that the biggest concerns across the country are the lack of COVID vaccine, and also the confusion caused by the Trump administration's lack of guidance for States in the early days of their vaccination campaign. And I am hopeful that the Biden administration's national COVID-19 strategy and the steps it's already taken will get this country back on course. And despite all these challenges, public health leaders, like our witnesses today, have been able to vaccinate tens of millions of Americans, and I want to thank you.

Now, Kittitas County in my district has proven to be a great model for rural communities, much like in West Virginia, Dr. Marsh. They have administered 98 percent of their vaccine doses, have not wasted a drop, and they have a solid second dose set of appointments already booked.

But here is the thing. Kittitas County is successful because Dr. Larson, their public health official, designed a nimble distribution system from the ground up, keeping specific community needs in mind. And I asked Dr. Larson whether he got any specific guidance from the Federal Government in setting up this vaccination program, and he said he had not. That 57-page document didn't have the specifics that he would have

appreciated.

Now, in my pediatrics practice, we, over time, designed a fine-tuned system for immunization so there would be no wait times. But this is the largest vaccination program the world's ever seen, and we shouldn't be asking each city, county, State to dream up their own plans and manage their own supply chains. It was a disaster when States were bidding against each other for PPE at the start of the pandemic, and we still have these supply chain issues.

Now, I personally have had the opportunity to experience two community vaccination sites. Both got the CDC manual. One ran like a finely tuned machine. The other was limping along terribly. And this is a place where I feel like every community should have access to best practices, and those can evolve over time. The Federal Government could facilitate that.

Now, because of our experience and the sheer scale of this operation, Dr. Larson is now concerned about the supply chain. He is concerned that we won't have enough of the low dead space needles that squeeze that sixth dose out of a Pfizer vial and an eleventh dose out of a Moderna vial. And this is not a trivial problem.

And so the question is for Director Ryan. Given that the vaccine supply will hopefully be increasing in the upcoming months, there's more approved, and the whole world needs the same supplies, which supplies are you most concerned about? And, in your opinion, how can Congress help stabilize the supply chain?

Ms. Ryan. Thank you for the question. And it's a good point about the specialized needles, because we absolutely are counting those sixth and eleventh doses in our planning.

You know, I would say we worry about the supply chain in general, not just vaccines, but all the equipment that goes along with it. And it's probably, you know,

from the beginning of the pandemic when we were absolutely choked by the lack of PPE and testing.

And so I think, you know, a great role of the Federal Government is just ensuring that those supply chains don't seize up, as everybody around the world needs the same supplies, that, you know, we are doing additional manufacturing where we can, because it's one thing to have the doses and then, to your point, if you don't have all of the other supplies that go with it, then it just absolutely slows down or hampers your response.

Ms. Schrier. Thank you.

RPTR WARREN

EDTR ZAMORA

[1:01 p.m.]

Ms. Schrier. And, Dr. Marsh, the country has marveled at how well your State has rolled out its vaccination program. Are you also concerned about the availability of PPE and needles and, you know, testing equipment and the like, and what would you suggest for Federal support?

Dr. Marsh. Well, thank you, Congresswoman. I think that's a particularly important point to make. Certainly in West Virginia, we have tried to become more self-sufficient, but we are actually making our own PPE. We've designed our own N95 equipment masks, our own PCR testing, our own antibody testing. We're working on doing molecular virology testing for the mutant viruses.

But I think that, as you point out, as the governments of South Korea and others learned through their SARS, MRSA experience, the more self-sufficient we get as a country, the more we start to make our own stuff so we don't have to rely on other supply chains, the better off we'll be throughout not only this pandemic but I believe in the future.

Ms. Schrier. Thank you. I completely agree. Yeah, to vaccinate 300 million Americans by the end of the summer, the availability of all supplies is going to need to keep up with the supply vaccine. That means we have to be manufacturing here. I am just so grateful that this administration's already taking actions to make sure that our supply chains are solid.

Thank you. I yield back.

Ms. DeGette. The gentlelady yields back.

The chair now recognizes the gentleman from Pennsylvania, Mr. Joyce, for 5

minutes.

Mr. Joyce. Good afternoon. Good afternoon. I'd like to thank Madam Chair DeGette, Ranking Member Griffith, as well as Chair Pallone and Ranking Member McMorris Rodgers and the witnesses for appearing here today. Truly, it's an honor to be serving on Energy and Commerce Committee in the 117th, and I look forward to continuing this strong bipartisan tradition of Energy and Commerce.

The COVID-19 outbreak and the global spread has created public health challenges unlike anything we've ever seen in our lifetime and, as a physician, unlike anything I had ever seen. President Trump, and along with Congress, worked together in a bipartisan manner to pass several relief packages last year to respond to the pandemic, including billions of dollars in support of a vaccine. This includes nearly $30 billion that was passed at the very end of last year in the Consolidated Appropriations Act.

Last year, the partnership of Operation Warp Speed started by President Trump produced multiple safe and effective vaccines in record time, and millions of doses were shipped across our country. These vaccines are the silver bullet out of this pandemic, and we must act now to ensure their quick distribution.

This is why it is so disturbing to me that in my home State of Pennsylvania, we remain behind the national average for doses administered, in a lowly 37th in doses administered as a percentage of population. Furthermore, I hear from my constituents every day, who are eligible to receive the vaccine, but they simply cannot find a dose.

Dr. Marsh, thank you for appearing today. As a doctor myself, I am concerned about the Pennsylvania's vaccine rate of less than one-half of what you've achieved in West Virginia. West Virginia's success story should be applauded and needs to be replicated across our country.

Could you please elaborate -- and I know that you've been asked this previously

but ran out of time. Could you please share what are committee's efforts that need to be made to ensure that the vaccine deployment occurs, especially like in rural communities where I represent?

Dr. Marsh. Thank you, Congressman. I will try to be brief. I do think that there's three parts to your question that are really, really important.

So, number one, I think that everybody needs to get on the same page and be committed to a single team's efforts. Just really briefly, CDC's data from August says that in comparison to 18- to 29-year-olds who get COVID, that if you're 50 to 65, your risk of death is 30 times higher; risk of hospitalization 4 times higher. If you're 65 to 75, risk of death 90, 9-0, times higher; risk of hospitalization 5 times higher. 75 to 85, risk of death 220 times higher; risk of hospitalization 8 times higher. Over 85, your risk of death is 630 times higher; risk of hospitalization 13 times higher.

Once you understand what your purpose is, once everybody throws together on the team and sacrifices to make sure you can push doses to the most vulnerable parts of your population, what saves lives, reduces hospitalizations, then things start to work well. So I think open communication. You know, everybody on the same page, clear and where we're going.

And then I think that having the logistics expertise is so important. We've turned to our National Guard because they're our experts, but I think federally starting to think about supply chain and logistics will be very important.

Mr. Joyce. Dr. Marsh, continuing on that all-hands-on-deck attitude that you've brought forth in West Virginia, are there additional good samaritan safeguards for qualified volunteers that could help augment the administration of the vaccine?

Dr. Marsh. Absolutely. We're vaccinating our students as well, who are becoming part of our vaccination team. We've called it "vaccinate the vaccinators,"

because we want to continue to expand our infrastructure. So when additional vaccine comes available, we'll be able to turn that very quickly and expand our capacity to vaccinate more West Virginians.

Mr. Joyce. And I'd like to conclude by asking each of the panel today, do you feel that additional vaccine and their administration is the light at the end of the tunnel?

Dr. Marsh, I'll ask you to answer first.

Dr. Marsh. Yes.

Mr. Joyce. Dr. Phillips.

Dr. Phillips. Yes.

Mr. Joyce. Dr. Khaldun.

Dr. Khaldun. Yes.

Mr. Joyce. And, Director Ryan, do you agree that the light at the end of the tunnel is being implemented by the administration of the vaccine that was developed during Operation Warp Speed?

Ms. Ryan. Absolutely.

Mr. Joyce. Thank you all for participating.

Chair, Madam Chair, I yield back.

Ms. DeGette. Thank you.

The chair now recognizes another new member of the committee, Congresswoman Trahan, for 5 minutes.

Mrs. Trahan. Thank you, Madam Chair.

And it's wonderful to hear from all of you to make contagious the successful programs that you've led in your respective States.

I fully share the sentiment that we all need to be on the same page, on the same team, when it comes to battling COVID. And as we celebrate the miracle of having two

highly effective vaccines, we must be focused on dramatically accelerating distribution, while also addressing the fact that we've fallen behind on developing treatment and therapies. We've fallen behind on innovating and creating capacity and testing, which is integral to our opening of schools and businesses. And we've fallen behind on investment in genomics research, specifically sequencing surveillance that identifies new variants, ceding our leadership to other countries.

I suspect that all of us would agree that as we accelerate vaccination, it's essential for us to close the gaps in access, especially among our communities of color. And I associate myself with every syllable that Dr. Ruiz spoke in his remarks about equity.

Additionally, we mustn't allow the well-being of residents at long-term care facilities to fall behind. As everyone knows, these folks are especially vulnerable to COVID-19. In the State of Massachusetts, of the 14,000 COVID-related deaths, nearly 8,000 have been reported in these facilities. And the disproportionate impact of COVID-19 isn't limited to the residents of these facilities. A considerable share of our long-term care services workforce is composed of immigrants, some of whom have limited English proficiency and lack access to internet-only vaccine sign-up systems.

So I'd like to use my time to discuss the challenges you're facing and the best practices you're using to protect not just the residents of long-term care facilities but also the staff.

Dr. Marsh, as Ranking Member Griffith mentioned, West Virginia elected not to participate in the Federal Pharmacy Partnership, and yet you completed second-dose vaccinations in long-term care facilities in West Virginia last week. Why did West Virginia opt out of the Federal program, and how were you able to vaccinate your long-term care facility residents so quickly? Are the staff also vaccinated as well? And are there any lessons that other States and pharmacy partners can take from your

success?

Dr. Marsh. Well, thank you for the question, Congresswoman. That is a very important one. We know in West Virginia 50 percent of our deaths are from residents of nursing homes. And so as we went forward, we wanted to understand what was the most rapid, expeditious way that we could move vaccine to the arms of, as you've mentioned, not only the residents, but the staff and the support folks there.

And what we did is we turned, as I said, in our joint interagency task force, in our open team-of-teams mode, we turned to the leader of the long-term care association and our member from the pharmacy board and we asked them what was the best way to go, and they came back and told us we have 250 pharmacies located all over the State, half of which are privately owned and that the Federal program would not get us to where we want to go as quickly.

And so we went with this approach: We met with General Perna, with Dr. Patel from Operation Warp Speed. We told them what we planned to do. They said, Good. That sounds great for West Virginia. And, ultimately, we did not get rid of the Federal program; we just didn't activate it.

When it came to immunizing our residents, 85 percent or more agreed to get immunized, but only about 65 percent of the staff. And what's really heartwarming is, after we've been through this round of vaccines, first and second round, we have a lot of staff now that are coming back and saying, We want to be vaccinated now. So that makes me feel really good about the future for vaccine hesitancy.

Mrs. Trahan. That's helpful. Yeah, the recent data from the Federal Pharmacy Partnership shows that roughly 37 percent of staff participating in long-term care facilities, a workforce that is disproportionately comprised of people of color, decided to get vaccinated.

And so, Dr. Khaldun, what is the State of Michigan doing to address the equity and hesitancy concerns among healthcare workers, including staff at nursing homes and other long-term care facilities?

Dr. Khaldun. Yeah, absolutely. So we, of course, prioritize our most vulnerable residents of our skilled nursing facilities, our long-term care facilities, and, of course, the staff. We actually had over 4,400 facilities that were enrolled, are enrolled in this long-term care program. And so we similarly were challenged with the speed of the program. We had to take doses out of the allocation, engage additional pharmacies as well.

But we've also been challenged by hesitancy. We actually have a robust paid media effort. We're engaging with members of the community. We just, last week, launched our Protect Michigan Commission, which includes more than 60 people who are distributed across the State that are really going to be the messengers that have that information about the safety and efficacy on the vaccines.

So we are using something similar to what we did with our Racial Disparities Task Force and how we were able to actually essentially eliminate the disparity between African Americans and Whites for COVID-19 cases and deaths.

Mrs. Trahan. Thank you. I appreciate your time. Appreciate your efforts.

I'm out of time. I yield back.

Ms. DeGette. I thank the gentlelady.

The chair now recognizes the gentleman from Alabama, Mr. Palmer, for 5 minutes.

Gary, we can't hear you. It says you're not muted. Try again.

You have headphones on, I think. We still can't hear you. I'm going to go -- Gary, I'm going to go on to the next person, then we'll get you in. Okay?

Great. Thanks.

I'll now recognize Mr. O'Halleran from Arizona for 5 minutes.

Mr. O'Halleran. Thank you, Madam Chair and Ranking Member, for having this meeting.

There's an urgency on the ground into getting vaccine doses out. Over the past several weeks, I've heard consistently from Arizona public health officials that we need more vaccine.

You know, back in December, I asked Dr. Fauci and the head of the CDC and the logistics head, "Are we ready, going to be ready in the fall? In the winter?" They said, "We hope so."

In September, I asked Dr. Fauci, "Are we going to be ready soon?"

"I hope so."

We are still hoping, because of the lack of a coherent national plan.

And, you know, I've heard testimony today about transparency, data systems, the public education campaigns, none of which are where they need to be at this point in time for this vaccine program to work at all.

As of yesterday, only 65 percent of shots have been used nationally. My home State of Arizona lags behind at just 61 percent. Notably, these numbers have improved in recent weeks and are trending upwards.

I'm trying to understand where the disconnect is here. With such a large demand for shots, we need to understand why more than one-third of shots distributed nationally have been unused. And I believe hesitancy from priority individuals needs to be discussed. Just today, it was reported that only 37 percent of nursing home staff have received their COVID-19 vaccine, in spite of what was going on in West Virginia.

But I think that we have -- solving the second shot issue, I don't know where we're

going to be with that. Six weeks, eight weeks, elderly people, not elderly people, who. Recent developments regarding the variants of COVID-19, including those from South Africa and the United Kingdom, have emphasized the importance of being vaccinated.

When it comes to these more easily transmitted strains, using every available dose as soon as possible will help ensure that these variants do not continue to evolve in a way that may cause vaccines to become less effective. However, this will prove problematic if delays in getting these second shots happen. But protection against these variants will be even worse if individuals do not get their second shot of the vaccine within the recommended time or soon afterwards. We have cases of the second shots being delayed up to 6 weeks already. I hope that this does not continue.

Many rural communities, which have been talked about, Tribal communities and communities of color, often have been hit the hardest by COVID. Tribal communities like Navajo, White Mountain Apache Tribe, and others in my district have had some of the highest rates within the United States. Likewise, our healthcare resources in rural and underserved communities have been stretched thin, to say the least.

To overcome systematic and long-term standing trust issues, the roots of which we have seen -- yet to see again during this pandemic, we must work with these communities in an educational process, as well as a professional, medical process.

Dr. Ezike, you have touched a bit on resources needed to promote confidence in the COVID-19 vaccines. What resources can the Federal Government provide to help States in overcoming the hesitancy with COVID-19 vaccines? What would you like to see in a national public education campaign?

Dr. Ezike. Thank you, sir, for the points raised and that important question.

So these things, as you said, predate COVID but have been highlighted by COVID. And so one of the things that is pretty fundamental is in the area of health promotion and

health education, making sure that even from very young ages we talk about the importance of vaccines, explain vaccinology, the science of vaccines, relate even to youngsters how they don't know about measles, even chicken pox now, polio. No children are doing double Dutch with braces on their legs, because polio and so many diseases have been eradicated by vaccines. Many people don't understand where we've come from to be able to appreciate the vaccines that they have been able to receive or not receive in some cases.

So starting with that, again, that's a long -- that's a long haul. That's infrastructure building that may not give us the full fruits for this vaccine -- for this pandemic but actually will help us towards the next.

Mr. O'Halleran. Thank you, Doctor. My time is up. I'm sorry. I just want to point out we're still hoping, and I hope that we are able to get some of the basics done in a short time.

Thank you very much, Chairman.

Ms. DeGette. I thank the gentleman.

Okay. Mr. Palmer, back to you. Let's see if your sound is working.

Mr. Palmer. Can you hear me now, Madam Chairman?

Ms. DeGette. Yes. You're recognized for 5 minutes.

Mr. Palmer. Thank you.

Dr. Marsh, part of your State's success in vaccine distribution, as has been pointed out already, is due to the decision not to participate in the Federal Pharmacy Partnership Program. How did you guys arrive at that decision?

Dr. Marsh. Well, thank you, Congressman. As I mentioned earlier, we tasked our leadership from our long-term care association, along with our pharmacy leadership. As I mentioned, we had made the initial decision to have all of our vaccine run through

our pharmacists and pharmacies because of the critical nature of the storage of the Pfizer vaccine as we started. And so those two individuals went out and gave us the information that having an arrangement network of local pharmacies with long-term care facilities that were located throughout the rural parts of our State were the best strategy, and that's how we came to that decision.

Mr. Palmer. I want to go back to a point raised by my colleague, Mr. Ruiz, about the number of minorities that are not getting the vaccination. And some of my own research into that area indicates that there is a reluctance on the part of minorities to get vaccinated, and it's particularly true among Hispanics and Blacks. I think there was a Pew study from last fall that showed that only 42 percent of Black Americans were willing to get vaccinated, and among Whites and Hispanics, it was 61, 63 percent, somewhere in that range.

And I just wonder what your experience, Dr. Marsh, has been in West Virginia in terms of being able to get the vaccination to minorities.

Dr. Marsh. Well, thank you, Congressman. As perhaps people on this call recognize, West Virginia is primarily Caucasian, 95 percent, but we recognize that we have underserved communities of color, African American, Hispanic, Latino, even Native American Indian, and we have created a task force that meets under the Department of Health and Human Resources weekly. And we have funded now faith-based community members and professionals of color to be able to administer testing and vaccination into the communities of color where there is perhaps some distrust that exists, from, you know, Tuskegee and other experiences, so that we are trying to make sure that we are giving folks the comfort and the trust of the providers to be able to reduce hesitancy and to enhance the uptick of testing and vaccination.

Mr. Palmer. Well, I grew up in rural northwest Alabama, dirt poor, and I

remember as a child when they were rolling out the polio vaccine and they were taking us to the -- to get vaccinated, and I was deathly afraid of needles, something that has persisted to this day, I'm ashamed to admit.

But I also want to point out a couple of other reports, another group had done a study and they said that -- and NBC News reported that particularly among Blacks it's a -- a high percentage are unwilling to get the vaccine, while others said they want to wait and see how the rollout, the first wave goes before they choose to get vaccinated.

But my concern is, as my colleague pointed out, a disproportionate number of minorities are really suffering from this disease. And maybe this is a question for the entire panel. What is being done to educate people, first of all, about the dangers that they face? It should be very apparent by now and the necessity of going ahead and getting vaccinated. And this is true not just of minorities, because when you look at among the White population and you consider that only about 61 or 63 percent are willing to get vaccinated, that's still, I think, a shockingly high number of people who are unwilling to be vaccinated.

That's for the entire panel, if anyone wants to take a shot at that.

Go ahead.

Dr. Khaldun. I can start. Thank you for that important question. I can say it's important when we talk about hesitancy that we understand that the history in why communities of color may be hesitant, it's Tuskegee, but it's also when communities of color engage with the health system today and what they experience in the lack of diversity in the healthcare system and the bias that exists still in the healthcare system.

I think it's important that we recognize that and we not shame people for being hesitant. And so what does that mean? That means creating spaces for conversations, using trusted community members. We have a large cohort of people, faith-based

community leaders, leaders who are community members who are of color who are writing op-eds and leading conversations in the community to make sure people have a space to ask their questions and get those questions answered.

Ms. DeGette. The gentleman's time has expired, and I want to thank the gentleman and also the witness.

The chair now recognizes Ms. Schakowsky from Illinois for 5 minutes.

Ms. Schakowsky. Thank you so much, Madam Chairman, and thank you so much for holding this hearing.

You know, there's been a lot of talk about what could be done at the Federal level. Well, fortunately, our new President, Joe Biden, announced right away a whole package of things that the Federal Government could actually do.

And I just want to say State and local governments are having a hard time. Yes, some are doing better than others in terms of the COVID pandemic, but the truth of the matter is that in the big COVID relief package, I'm happy to see that the President of the United States has understood the plight of State and local governments who have lost their revenue because of the economy virtually shutting down, who have had trouble just making the trains go and helping their healthcare workers and their first responders to have enough money.

All of the costs of the -- or most of the costs, anyway -- of the pandemic have fallen on local -- local governments, not-for-profits. And, fortunately, our President has said that the big package, the $1.9 trillion, is going to address the needs of State and local government. And what have we seen from the Republicans? No, a fraction of that and to take out all the money to help State and local governments.

And so I wanted to ask Dr. Ezike -- and thank you. I want to thank you, Doctor, for coming today, for the work that you're doing to try and help all of the people in the

State of Illinois and to get vaccine where it needs to go.

If we were able to get more State and local help, how do you think that that would alleviate some of the problems that we have been -- that we have been seeing?

Dr. Ezike. Thank you so much, Congresswoman, and thank you for your continued support along this pandemic journey.

So we know that the expansion of the network will increase the reach. That means that more people will be able to access. That will give opportunities for, you know, mobile vans to go to hard-to-reach populations. That will allow people to focus and have a specific POD for seasonal workers or migrant workers. So the expansion of efforts, the expansion of the network just allows the reach to get more corners, every nook and cranny of our State, and to get it quickly, and also apply that equity lens so that we're clear and intentional about the groups that are often let behind -- that have been left behind to intentionally go after them, both with the appropriate messaging, the appropriate messenger, and the appropriate language, to be able to get those people on board as well.

Ms. Schakowsky. Thank you.

You know, I have focused a lot on the elderly since I've been in Congress, and it is so important that we're able to get the vaccine to older Americans. And I know that in Illinois now we're in 1B, that is, that people 65 years old and older. But we have seen some difficulties, and I've certainly heard calls at my office of people of that age and way more that are having a hard time just navigating the system. And I'm just wondering what kinds of things that you are doing and that the State is doing to make sure that our older population is having access to the vaccines.

Dr. Ezike. Thank you, Congresswoman, for that important issue as well. We know that everyone is not able to use the internet and to access vaccines doing that way,

and so all of the local health departments are being encouraged to use resources, to expand the phone lines, so that there can be people that can call and have that warm hand to help them through it. People are creating waiting lists of people who are trying to get the vaccine and then reach out personally and help schedule that vaccine so they can call back with an actual time.

So we need more people, not just vaccinators, but navigators and community organizations, that can help with identifying people who have to get the vaccine that can't do it through the traditional methods that have been established and can be led to the vaccine, and including using the additional resource that are needed for even transporting people who want to get vaccinated to the site.

So all of those things are part and parcel for getting our most vulnerable populations vaccinated as well.

Ms. Schakowsky. And all of those things cost money to do, and I'm looking forward to some help from the Federal Government as well.

Thank you, and I yield back.

Ms. DeGette. I thank the gentlelady.

I believe all the members of the subcommittee have now asked questions, and so we will -- we want to thank the members of the full committee who have joined us for this important hearing. And as per committee practice, we will now call on them to ask questions.

Congresswoman Dingell, I will call on you first. Thank you for coming.

Mrs. Dingell. Thank you, Chairman DeGette. I have Michigan in the house -- it's important -- and Ranking Member Griffith for convening this important hearing.

And, you know, we all [inaudible] are right now into three categories. One, which is what I'm going to get more into detail, is just a shortage of the supply. We had

good news today from the Biden administration [inaudible].

Ms. DeGette. Debbie, we're having some trouble hearing you.

Mrs. Dingell. Can you hear me?

Ms. DeGette. Yeah, okay. Let's try that.

Mrs. Dingell. Can you hear me?

Ms. DeGette. You're freezing. I'll come back to you. I'll come back to you. Let's go to Mr. Walberg for 5 minutes.

Mr. Walberg. I thank the chair for waiving us on. This is an important hearing that we have here today. And I thank each of the panelists for being here as well, and for the work that you are charged with doing in States. It's not an easy time. We understand that, whether we have disagreements or not or whether this sometimes feels a bit like Groundhog Day as we talk about things going wrong.

Director Marsh, I appreciate so much your testimony of how you took control and found creative ways, working with pharmacies and getting things done.

And, Director Ryan, I appreciate your testimony of how well the rollout process went in getting the logistics and then the ability for the State to do what it needs to do.

But I think there are other things that come into play as well as we look forward to the fact that a million doses per day has already been achieved as a result [inaudible]. So that goal is not necessary anymore. We need to expand beyond that. The fact that we're able to produce the doses before even approval has taken place. Just think, if that forethought hadn't been put in place to work with public and private sector to say, we're going to let you produce doses before we give you the final approval just in case it might work, and thank God it did and we are getting those doses out.

Dr. Khaldun, I have the benefit, I guess, of representing a district that has its southern border which borders the northern borders of Indiana and Ohio. So I have the

opportunity to see the difference in the way Michigan has handled it as compared to those two States. It gives me a little perspective. Allows my wife to take me out to dinner in Ohio on Friday night when I couldn't do it in Michigan. It allows me to see what's taking place in keeping things closed in our State as opposed to what took place in Indiana and Ohio and the impact on our economics as a result of that. So those are all good things.

Let me ask you a question. Just a couple of weeks ago, the CDC ranked Michigan in the bottom ten among all States in vaccines administered per 10,000 residents. In early January, we were ranked in the bottom five. Weeks after, the State received more than 500,000 doses of the Moderna and Pfizer vaccine. Only 27 percent of available doses had been administered, with the State data showing a substantial lag between doses shipped out and those injected. And according to the State's own dashboard, there were more than 500,000 doses of vaccine sitting on shelves unused while Governor Whitmer repeatedly said the State was ready to administer as many as 50,000 doses per day.

Now, in all honesty, it's good to hear. The numbers have improved in the last week or so, but State health officials have not been able to tell us why Michigan has fared so much worse than others, including the bordering States.

Dr. Khaldun, can you explain to me why Michigan in particular lags so far behind other States in getting the vaccine out? And was this the reason for the resignation of the Michigan Department of Health and Human Services Director Gordon?

Dr. Khaldun. So thank you for that question. I'm very proud of the work that we've done in Michigan. We're actually one of the top-tier States today when it comes to vaccinating our population. I'm quite proud of that.

I think there are a couple of reasons why in the beginning it appeared that

Michigan was one of the bottom ten States. One of those things was actually data. There was data that actually was not coming into the CDC, and we found more than 30,000 doses that actually we were not getting credit for. So we actually found those, submitted those to the CDC. So we were actually doing better than what it appeared.

We also -- and we had more than 4,400 facilities in the Federal long-term care program. There were no doses sitting on shelves in the State of Michigan that were in the long-term care program. So we, just like other States, were able to take out of that allocation, put those shots in arms across the State, while adding additional pharmacies to be able to vaccinate our individuals in long-term care facilities.

Mr. Walden. Now, adding to that specifically, as we're looking at rolling out the doses for teachers, we want to open our schools and schools that are open. I think of one. I was talking with a superintendant yesterday who has opened his school for testing, as well as administering of the vaccine, and yet he's been unable to get his teachers registered to be put on the list to get the vaccine. Why is that?

Dr. Khaldun. So thank you for that. We're actually pleased that we were able to move forward with having our childcare staff and our teachers to be part of this 1B population right now. We think it's incredibly important for our students to be back in school. We are actually working very closely with our local health departments to be able to vaccinate our teachers across the State. And so those superintendents are working closely with their local health departments.

Mr. Walberg. My time has expired. I yield back. Thank you.

Ms. DeGette. I thank the gentleman.

I don't -- I think we lost Mrs. Dingell. And so -- are you there, Debbie?

Okay. We're going to go to Mr. Soto for 5 minutes.

And I will say, for those of you who are new on this committee, Mr. Soto

frequently waives onto this committee and he waits till the bitter end, and I so appreciate it, because your input is very valuable. You're recognized for 5 minutes.

Mr. Soto. Thank you, Madam Chair.

First, I want to thank the Biden administration for increasing Florida's weekly allocation, 16 percent, up from 266,000 to 307,000 for our weekly allotment. That's key. I want to thank our colleagues who supported the COVID-19 relief so far. FEMA just awarded $245 million to our State to pay four 100 percent of vaccine costs for the next 90 days, but we need to keep it up. Florida is 25th per capita in vaccinations -- and we need the help -- 2 million shots in arms and counting.

I do want to set the record straight. Pfizer was the first vaccine approved. It was approved on December 11th, 2020. It was not part of Operation Warp Speed. I'm going to repeat that. Pfizer was not part of Operation Warp Speed. So it's really important to keep the record corrected.

The real lesson, I think, is we've had bipartisan support for NIH funding for years. And that created the health technology for making these new vaccines, like with Pfizer, like with Moderna eventually. Really important for us to make sure that record's clear.

And outreach is critical, particularly rural communities, many of them rural Anglo communities in my district, as well as communities of color. We know the history of distrust. It was mentioned briefly, but it's important to discuss.

The Federal Government last century deliberately infected Black men with syphilis in the Tuskegee experiment. It sterilized Puerto Rican women during the thirties and forties. So we know that this distrust is there from history, which is all the more reason why each of us as Members of Congress need to work with the bipartisan effort with the Biden administration to do our own outreach.

Local hospitals in Central Florida, such as AdventHealth, Orlando Health, and

BayCare, Osceola Regional, have given me a list of concerns, hospitals from Central Florida, like retaining and recruiting expert nurses, concerns of mental health for healthcare workers, patient Medicare admission criteria for nursing and ALF patients, and citizens in rural areas and communities of color. We see retail sites like Publix that are doing their best, but it's not present in every community across Florida.

So we've seen uneven allocations like in east Polk County. Local African-American cities have been left behind. In Osceola County, a majority Hispanic county, has been left behind in allocations. So I look forward to working with Biden's equity task force.

I want to first ask Dr. Khaldun. In your testimony, you state, we cannot simply assume our existing healthcare workforce, many of whom have been working nonstop, will have enough for this massive undertaking.

Dr. Khaldun, what does your State need for the Federal Government to help address these workforce issues?

Dr. Khaldun. All right. So one thing I'd say -- and thank you for that question. One thing I'd say is that I'm incredibly grateful for the support of the Michigan National Guard. They have been partners throughout this pandemic supporting us with testing and now with our vaccination efforts across the State. I think we also need to bring in more community vaccinators. We need to be using clinical students, and that's what we're working on as well, just like Dr. Marsh from West Virginia. So those are the types of things that we are working on to be able to support our healthcare workforce.

Mr. Soto. And, Dr. Ezike, we know you've mentioned workforce capacity challenges. How are you addressing those challenges, and how can Congress help you with these workforce issues?

Dr. Ezike. Thank you. So we are expanding the pool, as my esteemed

colleagues have mentioned. We've increased the ability to vaccinate to EMTs, emergency medical technicians. We're working to expand to -- you know, we have pharmacists, of course. We're looking to put phlebotomists in this as well. Dentists can be part of this. So we're trying to use as many vaccinators. And we're looking even at our partners in other countries that are just doing just-in-time trainings and trying to bring even nonhealthcare professionals and see if that is a possibility under direct supervision.

So we do need the ability to expand training programs that we might be able to have no limitation on the number of vaccinators and then just be waiting for the vaccine.

Mr. Soto. Thank you.

We saw President Biden bringing up the National Guard, enlisting FEMA, 100 percent reimbursement, 100 vaccination sites throughout the Nation.

Dr. Phillips, will this additional workforce help Louisiana's COVID-19 program? And what other resources will you all need to make sure your residents are eligible for the vaccine?

Dr. Phillips. I think, as mentioned, the National Guard has been a critical partner here in Louisiana from the start to the end. As we faced COVID, we also faced several hurricanes this past year, and they were lockstep with us as we went about those efforts. And the 100 percent funding is going to be critical as that continues. They are our logistical arm, our planning force, and our operational specs on the ground. And so having that has been extremely critical.

The other thing that's helpful is that 100 percent FEMA funding which will allow us to tap into those community mobile strike teams that are able to go into underserved communities using our Social Vulnerability Index tool. Those are going to be important to have the funding to be able to support the needs that we've identified, in addition to

volunteers who are retired clinical workers. They've already mentioned students and faculty of allied health schools. Looking at our first responders, including EMT and fire personnel. Making sure we have access to all available individuals who are medically trained to be able to provide a vaccine.

And that flexibility. As we learn more, we may have to adjust to what we need to do. And having the guidance and the funding to be able to support that flexibility is going to be critical.

Mr. Soto. Thank you. My time's expired.

Ms. DeGette. I thank the gentleman.

I still don't see Mrs. Dingell.

So, Mr. Carter, we're going to go to you for 5 minutes.

Ms. DeGette. Mr. Carter, we can't hear you.

Mr. Carter. I'm here on the side of the --

Ms. DeGette. Okay. You're frozen.

Mr. Carter. I'm sorry.

Ms. DeGette. Okay. You want to try?

No. Okay. We've lost Mr. Carter.

If the panel doesn't mind, we will allow Mr. Carter and Mrs. Dingell to submit any questions for the panel that they might have by written questions, and we would ask you to submit your answers to those questions.

Is that agreeable to you, Mr. Griffith?

Mr. Griffith. Yes, it is, Madam Chair.

[The information follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Okay. In that case, I believe that all of the members have asked questions.

And I really want to thank all of the witnesses for participating in this hearing today. Your testimony and your ideas are really helpful and instructive as we try to move forward to get the entire population of the United States vaccinated.

I want to remind members that pursuant to the committee rules, they have 10 business days to submit additional questions for the record to be answered by the witnesses who have appeared today. And I ask that the witnesses agree to respond promptly to any such questions, should you receive any.

We only had one document request today in this hearing. It was the request by Mr. Burgess for the Texas data generated by the Data Strategy and Execution Workgroup dated January 31, 2021.

And without objection, that document will be entered into the record.

[The information follows:]

******** COMMITTEE INSERT ********

Ms. DeGette. Again, thank you to all of our witnesses and members.

Mr. Griffith. Madam Chair, if I might correct my one point, just so we've got it all down.

Ms. DeGette. Sure.

Mr. Griffith. It is true that Pfizer did not receive any R&D money as a part of Operation Warp Speed. But as they stated in November, for communication purposes and for logistics and obviously because they got a giant contract, they did consider themselves a part of Operation Warp Speed, although they received no money for R&D.

Ms. DeGette. All right. Thank you for your comments, Mr. Griffith.

And with that, this subcommittee is adjourned.

[Whereupon, at 1:49 p.m., the subcommittee was adjourned.]