

REACHING THE LIGHT AT THE END  
OF THE TUNNEL: A SCIENCE-DRIVEN  
APPROACH TO SWIFTLY AND SAFELY  
ENDING THE PANDEMIC

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HEARING

BEFORE THE  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS  
CRISIS  
OF THE

COMMITTEE ON OVERSIGHT AND  
REFORM

HOUSE OF REPRESENTATIVES

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**REACHING THE LIGHT AT THE END  
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**Thursday, April 15, 2021**

HOUSE OF REPRESENTATIVES  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS  
COMMITTEE ON OVERSIGHT AND REFORM  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 10:47 a.m., 2154 Rayburn House Office Building, Hon. James E. Clyburn (chairman of the subcommittee) presiding.

Present: Representatives Clyburn, Waters, Maloney, Velázquez, Foster, Raskin, Krishnamoorthi, Scalise, Jordan, Green, Malliotakis, and Miller-Meeks.

Chairman CLYBURN. Good morning.

The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time. I now recognize myself for an opening statement.

This pandemic has taken a heavy toll on our Nation. More than 550,000 of our fellow Americans have died, more than in any other nation on Earth. Nearly one in 10 has been infected and millions have faced hardships like job loss, mental health struggles, and the loss of a loved one.

But today, more than a year into the pandemic, there is reason for hope. Our government's response to the coronavirus crisis is now driven by science and fact, not politics and wishful thinking.

After the previous administration failed to contain the virus, this new approach is already showing results. Since President Biden took office, we have seen a massive increase in the pace of vaccinations. Just look at the progress we have made since January 20 and is shown here on this chart.

We are vaccinating more than 3 million people each day with a record of 4.6 million shots this past Saturday. More Americans were vaccinated this past week alone than in the first six weeks of a vaccine rollout.

One-third of the United States population has now received at least one dose of the vaccine, and four days from now all adults will be eligible to receive a vaccine.

We are on the path to finally defeat this virus. Yet, challenges continue. To protect all Americans from this virus, we must ensure

that vaccines are distributed equitably, and that vaccine hesitancy is overcome.

Black and brown communities, rural communities, and low-income communities have all been ravaged by the pandemic, and we must take special care that they are not left out of our recovery.

Overcoming these challenges is especially urgent because we are now seeing more contagious and deadlier variants spread. These variants are driving a recent increase in new infections, especially among younger adults, who may feel less vulnerable to the disease and let their guard down.

In some states, new cases and hospitalizations have more than doubled in the last two weeks. Hospitals have begun to see more patients in their 20's, 30's, and 40's.

I look forward to hearing from today's witnesses about what measures we must continue to take to save lives before all can be vaccinated.

We are joined today by three of our Nation's top public health experts to help us understand how a science-driven approach will put us on the path to return to near normalcy that can be sustained.

Dr. Anthony Fauci is the director of the National Institute of Allergy and Infectious Disease and the most trusted voice guiding Americans through this crisis.

Dr. Fauci, I am glad to welcome you back to the Select Subcommittee. Your expertise has led us through some of the darkest days of the pandemic and I thank you for your candor and for your service and dedication to the American people.

Dr. Rochelle Walensky is the director of the Centers for Disease Control and Prevention. Dr. Walensky, under your leadership, the CDC is reaffirming its commitment to science rather than political interference of the prior administration and is being restored to its role as the world's preeminent public health organization.

I look forward to learning more about your work and how you and all of our Nation's scientists are working to protect our health.

Dr. David Kessler, the Chief Science Officer for the coronavirus response, is leading the Biden administration's vaccination efforts. He was previously appointed by President George H. W. Bush to serve as commissioner of the FDA.

Dr. Kessler, I thank you for being here today to update us on our progress toward vaccinating all Americans that.

Dr. Walensky, you recently said we are at a critical point in this pandemic, a fork in the road, where we, as a country, must decide which path we are going to take. As we navigate what we all hope will be the final months of the pandemic, we must take the path of science.

After so many have died, this is the path to preventing further loss of life. After so many have lost their jobs, this is the path to a strong recovery. After so long, this is the path to safely returning to normal activities as soon as possible.

I now recognize the distinguished ranking member, Mr. Scalise, for his opening remarks.

Mr. SCALISE. Thank you, Mr. Chairman, and appreciate you holding this hearing. Welcome, our guests, and look forward to your testimony.

America is at an important inflection point. The COVID-19 pandemic hit our shores just over a year ago. Too many families mourn the loss of loved ones. Too many children have lost a year of school.

Many felt depression and millions lost an irreplaceable year of their childhood. Too many family-owned businesses are permanently shuttered.

Far too many low-income Americans have been thrown out of work because of selective ineffective lockdowns. And now, we are finally starting to see a light at the end of the tunnel, as the title of this hearing suggests.

American ingenuity has led the way. Operation Warp Speed, which President Trump put in place, delivered the fastest vaccine in history. Investments by this U.S. Congress over the past 25 to 30 years in biomedical research have provided the platform to deliver these vaccines.

The American pharmaceutical industry, who are world innovators, as well, Dr. Fauci, is your team at the National Institute of Health, deserve tremendous credit for the work that has been done to deliver those vaccines and the American people are starting to benefit.

Through President Trump's leadership and his refusal to be told no, that led to extraordinary speed, warp speed, to use his term, in getting the vaccines from the lab into the arms of over 100 million Americans, 112 million people to be specific.

More than 33 percent of the U.S. population have received at least one dose of vaccine. About 70 million people, 20 percent of the U.S. population, have been fully vaccinated.

I commend President Biden for accepting the challenge that House Republicans issued at the beginning of this year to not just accept what was already in place—the 100 million vaccine goal—but to, in fact, double that to 200 million shots. We are now on pace to reach that goal that we set.

But, Dr. Fauci and Dr. Walensky, the question that I get asked the most these days is pretty simple: if I got the vaccine, why can't I resume my normal activities? Why can't my kids go back to school? Why can't I go to a restaurant with my friends again?

Neither the CDC nor NIH nor the White House have provided a satisfactory or consistent answer to that question. In the absence of logical guidance, Americans have done what Americans do better than anybody in the world. They have taken the initiative to safely get back to their everyday activities and lives as best as they can.

I know we have learned a lot along the way and are still learning about this virus. But the data now shows that the harshest lockdowns did not work. School closings did not work.

In fact, they have done devastating damage to these young kids and still, in many states, are destroying future opportunities for millions of young children across America when all the science says schools not only can be reopened safely, but should be reopened safely.

Despite the evidence, some local communities, especially in northeastern states, have chosen to remain locked down. Some communities, more so in the South, have chosen to lift mandates and safely reopen schools as well as local businesses.

Yet, as of today, the 10 states with the highest infection rates are all northern states: Michigan, New York, New Jersey, Connecticut, et cetera. Florida gets a lot of media attention, much of it unfairly harsh because the people of that state made an early decision to follow the science to get kids back in school and to make life as normal as possible while confronting this challenge of the virus.

Their results, certainly, appear better than those of lockdown zealots in New York or California. But just last week, YouTube took down a video of a roundtable that Governor DeSantis of Florida led talking with doctors about kids and schools and masks.

YouTube has cited CDC guidance as the reason they took down that video. Why would anyone want to silence a governor of a state on the front line of this pandemic holding a roundtable with doctors about best practices regarding their own experiences in the real world and sharing what they have learned?

The American people also deserve better answers about the Federal Government's response to the unprecedented surge of illegal migrants crossing our southern border.

Last week, I led 10 of my colleagues to the U.S.-Mexico border to see firsthand the devastating national security, humanitarian, and health crisis that President Biden has created at our southern border with his disastrous open-border policies.

All Republicans on this subcommittee have made that trip to the border to see what is going on. At the data processing facility, we encountered thousands of migrants cramped into makeshift shelters in overcrowded rooms that were more than 10 times the capacity limits that have been set.

We saw children in tears, who simply wanted to go back home to be with their families. But, instead, they were here in these federally run holding cells, with at least a 10 percent COVID positive rate, many being held for longer than three weeks, well over the legal limit.

President Biden also is not fully enforcing Title 42 of the Public Health Safety Act designed to prevent migrants from spreading COVID in the United States.

Since President Biden took office, families with children under seven are being dropped off at the McAllen bus station in Texas and released from custody. No COVID tests, no quarantines, no enforcement that all Americans have to follow.

Even more concerning is that the Biden administration may completely end enforcement of Title 42. If that happens, Border Patrol agents have told us that the number of illegal crossings at the border could mushroom even higher.

As we toured the data processing facility, we saw the holding rooms that President Biden set up for young children. Each room is not supposed to have more than 50 people, six per cell. But what we saw was more than 400 children packed like sardines into these cells that were designed for less than 50.

It was heartbreaking to see so many young children packed into these cells laying on floors, many crying because they want to return home. Social distancing does not exist in these facilities.

Dr. Fauci and Dr. Walensky, I would urge you to go down to the border to see what is going on at that federally run detention facil-

ity in violation of the very CDC guidance that you issue that we, as Americans, have to follow.

But I also urge you, as public health officials, to understand the frustration and confusion of the American people. COVID-positive migrants are released into the country and that is allowed, but a vaccinated person can't go to a restaurant. Kids packed into a crowded, poorly ventilated cell six inches apart, not six feet apart, for 20 hours a day is being allowed, but we can't reopen schools in America for in-person learning.

That is lunacy. There is absolutely no reason why this is going on. President Biden and Vice President Harris need to go down to the border and see what their policies have created and reverse what is happening.

The public health messaging only works if the people trust the messengers. The light at the end of this tunnel, which every one of us on this subcommittee agrees on this point, as do our witnesses, that light at the end of the tunnel is to vaccinate as many people as possible and to reopen America.

The Biden administration needs to do a better job starting today.

Mr. Chairman, I yield back the balance of my time.

Chairman CLYBURN. Thank you, Mr. Scalise.

Will the witnesses stand so I can swear them in?

Please raise your right hands. Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[Witnesses are sworn.]

Chairman CLYBURN. You may be seated. Let the record show that the witnesses answered in the affirmative.

Without objection, your written statements will be made part of the record. Dr. Fauci, you are recognized for your opening statement.

**STATEMENT OF ANTHONY S. FAUCI, DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH**

Dr. FAUCI. Thank you very much, Mr. Chairman, Ranking Member Scalise, members of the committee. Thank you for giving me the opportunity to talk to you today about the role of the National Institute of Allergy and Infectious Diseases in research addressing COVID-19.

In April 2020, we put together a strategic plan that had four elements: fundamental knowledge of the disease, diagnostics, therapeutics, and vaccines. For the sake of this hearing, I will focus my remarks specifically on the development of safe and effective vaccines.

Just last Friday, I published in the journal *Science* what I call the story behind the COVID-19 vaccines, because people were concerned about how quick this was done over a period of, literally, less than a year.

And I quote what I said in the article, "The speed and efficiency with which these highly efficacious vaccines were developed and their potential for saving lives are due to an extraordinary multidisciplinary effort involving basic preclinical and clinical science

that had been underway out of the spotlight for decades before unfolding of the COVID-19 pandemic.”

And in fact, much of this has been done by NIH and its grantees and contractors involving the basic research and clinical research that developed the vaccine platforms, including the messenger RNA and other platforms.

The work of Dr. Barney Graham and Kizzmekia Corbet and others stabilized the prefusion spike protein, which is used in virtually all, with few exceptions, of the vaccines that are now successful, and the NIH clinical trial units that we set up for flu and influenza have now been converted to testing the vaccines for COVID-19.

As we are all aware and as you mentioned, Mr. Chairman, we now have three highly successful and efficacious vaccines that are being implemented here in the United States. This has been actually given a very strong recognition by *Science* magazine as the science breakthrough of the year.

But, importantly, it is even better than the efficacy of the vaccines themselves because what we see here is that we have had an effectiveness which was even better than the original data.

Let me explain. Efficacy means what you get in a clinical trial. Effectiveness means what goes on in the community and in the real world. And as shown on the slide, there have been a number of studies which have looked at what happens in the real world.

For example, the study from the University of Texas Southwestern showed their employees had a 0.05 percent infection rate when they were vaccinated, extraordinarily low.

The CDC summarized data from a number of studies showing a very low level of infection in people who are vaccinated, in this case, 0.04 per 1,000 person years. In addition, the durability of the vaccine is considerable.

This study, looking at one of the vaccines but it holds true for the others, has at least the six-month duration of protection, very likely much longer than that but at least that. I cannot talk about vaccines without mentioning the challenge that we have with variants, which I am sure we will discuss later in the hearing.

The good news is that one of the variants that is becoming dominant in this country, the B117, which was originally recognized in the United Kingdom, is very well covered by the vaccines that we are using and, in fact, even with others that are more problematic. If the vaccine doesn't protect against the initial infection, it protects against severe disease.

I want to close by a comment that I believe really characterizes where we are. We are in a race between vaccinating as many people as quickly and as expeditiously as we possibly can and the threat of the resurgence of viruses in our country because as we know, we are at a precarious situation with many states having increases in the daily number of cases.

In fact, the average is now over 60,000 per day and that is something that we really must pay attention to.

So, I will close with that comment, Mr. Chairman, and be happy to answer questions later on. Thank you very much.

Chairman CLYBURN. Thank you very much, Dr. Fauci. Perfect timing.

The chair now recognizes Dr. Walensky.

**STATEMENT OF ROCHELLE P. WALENSKY, M.D., MPH, DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION**

Dr. WALENSKY. Thank you, Chairman Clyburn and Ranking Member Scalise, for the invitation to speak with you today.

Over the last three months, I have had the honor of serving as director of the Centers for Disease Control and Prevention alongside dedicated staff who are working tirelessly responding to the COVID-19 pandemic, and addressing ongoing public health needs of our country.

I am so grateful for their guidance and deep expertise, and I am committed to supporting their efforts to ensure science and evidence drive our path forward.

I want to take a moment to recognize the over 560,000 American lives lost—mothers, fathers, sisters, brothers, grandparents, and children who have died because of this virus.

Every life is lost—every loss is felt by grieving families and by communities devastated by this pandemic. Although we have seen incredible advances in science to help curb COVID-19 infections and bringing relief to those who are sick, we must remain vigilant in our prevention efforts.

The emergence of variants that spread more easily has made the race to stop transmission even more challenging. As we monitor disease transmission and variants, we are getting vaccines into arms quickly, safely, and equitably.

Vaccine safety is a top priority and we take all reports of adverse events following COVID-19 vaccination seriously. As announced earlier this week, CDC and FDA recommended a pause in administering the Johnson & Johnson vaccine while we review data and assess significance around adverse events reported in six people.

CDC and FDA are committed to remaining transparent through this process and will provide updates as they are available. CDC is working in coordination with national, state, tribal, and local governmental and nongovernmental partners to build trust in the vaccines, the vaccinator, and the vaccination system.

Instrumental to this work is eliminating barriers to vaccination in communities of color and other disproportionately affected groups. COVID-19 has underscored the importance of addressing long-standing systemic health disparities as a cornerstone of achieving health equity.

And just this past week, I declared racism a serious public health threat and highlighted ways CDC will confront the impact of structural inequities to serve as a catalyst for greater education and dialog around these critical issues.

CDC is committed to expanding evidence-based approaches to reduce disparities in COVID-19 cases, hospitalizations, and death, to prioritizing equity and vaccine distribution and to expanding a diverse work force.

CDC has announced a number of investments in alignment with these goals, including our largest single investment in health equity. CDC will distribute \$2.25 billion to address COVID-19 health disparities and advance health equity among populations who are high risk and underserved.

In addition, CDC has invested \$3 billion to strengthen vaccine confidence with a focus on increasing uptake and equity, particularly in communities hardest hit by this pandemic.

This is not our first emergency. Since 2009, the U.S. has faced four significant emerging infectious disease threats: the H1N1 influenza pandemic, Ebola, Zika, and now COVID-19.

While urgency demanded rapid and unique approaches in response to each of these threats, none resulted in necessary sustained investment for public health infrastructure. If we don't act with permanent fixes, these challenges will continue to exist when the next public health threat emerges.

I want to leave you with four points today.

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

Second, we are expanding the reach of lifesaving COVID-19 vaccines and improving vaccine confidence. As of April 14, more than 194 million doses of COVID-19 vaccines have been administered.

However, to end this pandemic, we must also maintain proven effective prevention measures: masks, hand hygiene, and physical distancing.

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

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

I look forward to working together to address both the immediate challenges ahead and addressing the deficiencies in our public health infrastructure that left our country so vulnerable to this pandemic.

We will get through this pandemic and I look forward to working with you to support CDC and to address our public health challenges at home and abroad.

Thank you for the invitation to testify today and I look forward to answering your questions.

Chairman CLYBURN. Thank you very much, Dr. Walensky.

As I recognize Dr. Kessler, I apologize for uttering a Gullah Geechee pronunciation of your name earlier.

Dr. Kessler?

**STATEMENT OF DAVID KESSLER, CHIEF SCIENCE OFFICER,  
COVID RESPONSE, DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

Dr. KESSLER. Chairman Clyburn, Ranking Member Scalise, distinguished members of the subcommittee, I am David Kessler. I am honored to be serving as the Chief Scientific Officer of the COVID-19 response.

Today, the United States is in a special position. We have administered more than 194 million doses of vaccine for the prevention of COVID-19.

I am pleased to report that over 79 percent of people over 65 have received at least one dose and over 60 percent of people over 65 are fully vaccinated. We have enough supply to deliver 3 million

shots per day and we have secured enough doses of mRNA vaccines for 300 million Americans.

We have already delivered more than 250 million doses to more than 69,000 vaccination sites and have enrolled more than 142,000 providers to administer vaccines.

I, along with my colleagues here today, are ready to answer your questions and discuss recent issues surrounding, for example, the Johnson & Johnson vaccine.

The point that I want to stress is that nothing, nothing, should detract from the fact that Americans need to get vaccinated and that we have vaccines available today that meet our high standards for safety and effectiveness.

I hope we can all agree that it is important that our fellow citizens get vaccinated and that we help ease the minds of those who are considering getting vaccinated.

We are in a strong position with respect to vaccines, and over the next several weeks supply is going to continue to increase and we will release approximately—up to 28 million doses a week.

But we need to confront the reality of vaccine hesitancy. I have focused much of my career on studying drug safety. The most important way to help people overcome their concerns about vaccine is to be transparent with them about the safety about these products.

When it comes, for example, to the mRNA vaccines, real-world data show that they are more than 90 percent effective in preventing infection two or more weeks after the second dose, and that these vaccines have, to date, an excellent, excellent safety profile.

We continue to make important investments in the development, manufacturing, and supply of multiple vaccine platforms to make sure that we will continue to have safe and effective vaccines to prevent COVID-19. I just want to update you on three important critical initiatives.

First, as a pediatrician, we need to carefully evaluate data on the safety and effectiveness of vaccines in adolescents and children. We expect that data on vaccine safety and effectiveness in adolescents and children to be carefully reviewed by FDA and the ACIP, and we will work to expeditiously deliver those doses if they are authorized or licensed.

Second, we are also working to address questions about variants. The current vaccines have proven highly effective, but we are also supporting studies on variants and efforts to produce the next iteration of these vaccines if they are needed.

Finally, we are planning for potential booster doses of vaccines if they are needed. As with other vaccines, a subsequent dose may be desirable.

I look forward to working with members of this subcommittee as we address these issues. Thank you for the opportunity to testify today and I look forward to your questions.

Chairman CLYBURN. Thank you very much, Dr. Kessler.

Each member will now have five minutes for questions. The chair now recognizes himself for five minutes.

I want to begin my questions by going back to the opening statement of my good friend, the ranking member, who seems to feel,

like I do, that if we get these vaccinations done, we ought to be able to let kids back into school. I agree with that.

And I just want to say that, Dr. Kessler, if you are, in fact, following the science with this. If we get the vaccinations done, we might be able to resume a meeting on the floor of the House. We are trying to accommodate the requests of scientists.

The ranking—I mean, our attending physician has told us whether it will be required and I think we ought to lead by example and restore the House to regular order by getting vaccinated, and then I think the schools might follow. That is just something that I would like you, Dr. Kessler, to opine about, if you don't mind.

Dr. KESSLER. Mr. Chairman, you just said it more eloquently than I could ever say. Let us get Americans vaccinated. Let us get this done, and then we can see the light at the end of the tunnel. That is the goal.

I mean, I would hope today we can send a very loud clear signal to our fellow citizens who—I mean, many, understandably, you know, have questions, may be sitting on the fence.

But I have looked at the data. We have all studied the data and looked at the safety and effectiveness of these vaccines and, today, I think we need to encourage our fellow citizens.

The only way we are going to get out of this, especially with this increase in variants, sir, is to get people vaccinated. I hope we can all come together and send that message.

Chairman CLYBURN. Thank you, Dr. Kessler.

Dr. Fauci, I heard this morning, and I apologize I am not able to quote it exactly the comments or statement coming from Oxford this morning about AstraZeneca versus Johnson & Johnson and all the other vaccines.

Would you like to enlighten us as to the impact or the efficacy of their statement?

Dr. FAUCI. Yes. I think there is going to be some confusion about a paper that just came out from the Department of Psychiatry of the University of Oxford, whose major purpose was a reasonable purpose.

Using electronic records, they were trying to find out the difference in the incidence of thrombosis, particularly cerebral venous thrombosis, following the disease COVID-19 compared to various vaccinations, including influenza, as well as the mRNA vaccines of Pfizer as well as Moderna.

And they found that, as you might expect, following the disease you get a very marked increase in the incidence of this adverse situation of cerebral venous thrombosis.

However, one of the potential confusing aspects of the paper, Mr. Chairman, is that when they made the calculation of what the incidence of this is following vaccination with an mRNA, they gave a number of four per million.

Then they went and made an extrapolation of data that wasn't even in the study, which showed that according to the European Medicine Agency, the incidence of this complication following the chimp adeno of AstraZeneca was five per million, indirectly suggesting that the complication following one vaccine is similar to

that of the other, and it is impossible the way this study was designed and conducted to make that determination.

So, I believe when this paper, which is in a preprint server, gets submitted to the classical scientific journals and undergoes peer review that that confusion will be straightened out and it will be clear that you cannot make any statement the way this is designed about the adverse events following the vaccination with the mRNA comparing to anything else.

There were many, many, I would say, procedural gaps in here regarding the way the study was done. It was a well-meaning attempt to show that COVID-19 disease is followed by this complication. But they led to some suggestions that I think are not called for in the paper.

Thank you.

Chairman CLYBURN. Well, thank you very much, Dr. Fauci, for clearing that up because I think it should go explained, fully explained, to the American people. The headline of that—of this morning could very well cause some real setbacks.

I see my time has expired. I now yield to the ranking member for five minutes of questions.

Mr. SCALISE. Thank you, Mr. Chairman.

Dr. Fauci, Dr. Walensky, we are going to be passing out some pictures. These are pictures that were taken just last week during the trip that I took along with 10 of my colleagues to the southern border over in McAllen, Texas, some from the border in McAllen at a temporary processing center, some at the Donna detention facility, where you can see in some of these cells that are holding people.

I will let you take a look at those. But while you are reviewing those pictures, I would like to read the CDC guidance that you all have issued on Mexico and, first, it says level four, which is the highest level, very high level of COVID-19 in Mexico.

This is CDC. One, travelers should avoid all travel to Mexico. That is CDC guidelines. Because of the current situation in Mexico, even fully vaccinated travelers may be at risk for getting and spreading COVID-19 variants and should avoid all travel to Mexico. This is CDC.

You go on to say some other things. Then we talk about traveling back into the United States. This is only if you are an American citizen.

All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have COVID-19 test results no more than three days before travel or documentation of recovery from COVID-19 in the past three months before they board a flight to the United States.

That is a CDC guidance document. So, first, Dr. Walensky, should everybody who comes in the United States follow this guidance, not just American citizens but everybody coming into the United States?

Dr. WALENSKY. The CDC guidance by air is guidance not just coming from Mexico. It is air travel from all over the—

Mr. SCALISE. So, Guatemala, for example, should follow this guidance?

Dr. WALENSKY. It is all over the globe, Europe, everywhere. All—

Mr. SCALISE. El Salvador should follow this guidance?

Dr. WALENSKY. All over the globe if you travel by air. This is the guidance.

Mr. SCALISE. I appreciate—I appreciate you answering that because we will get to that in a minute, because on my flight back from McAllen back home to New Orleans, about half of the plane were some of the people that are in these pictures who were getting on these flights not being tested for COVID in violation of your guidance.

So, let me ask you, and this is, by the way, Secretary Mayorkas just recently testified that he admitted that apprehended migrants were released before getting a COVID test, who came from Mexico, from El Salvador, and getting on an airplane. Is that in violation of CDC guidance?

Dr. WALENSKY. The CDC is providing technical assistance to the Office of Refugee Resettlement from the people who are leaving the DHS and Custom Border—

Mr. SCALISE. So, let me ask you specifically. If somebody came from one of those countries that you just listed—you said every country but here you are specifically talking about Mexico—if they came from Mexico and then got on an airplane without a COVID test, does that violate CDC guidance?

Dr. WALENSKY. This is guidance. It is not law. But those are the recommendations—

Mr. SCALISE. OK. So, does—no, it doesn't say recommendation. This is all are required. That is not a recommendation, Dr. Walensky. That is a requirement by the Federal Government for American citizens.

Is there an exemption for people who come here illegally to this guidance?

Dr. WALENSKY. They—

Mr. SCALISE. It is a yes or no question. Should everybody comply or just American citizens?

Dr. WALENSKY. Everybody coming into the United States by air is supposed to have a test one to three days before coming and three to five days—

Mr. SCALISE. Well, then let me just advise you that the director of Homeland Security has testified that that is not happening. And so, I know you all meet with the president more than me.

I have requested—I know our leadership has requested a meeting with the president and he has yet to meet with us. You will meet with him before I do.

Can you let him know that he is violating your own CDC guidance in how he is running our southern border right now? Because look at these pictures.

Dr. Fauci, does this look like social distancing to you that you require when you talk about six feet?

Dr. FAUCI. No.

Mr. SCALISE. So, in these cells, as you just said, they are violating the very guidance that you tell Americans to follow. A restaurant in the United States would be shut down today if they were being run like this.

Yet, the Federal Government, the Biden administration, is running this facility. You can see all of these young children who are next to each other, six inches apart, many without masks, by the way. Does that follow your guidance that you have issued?

Dr. FAUCI. No.

Mr. SCALISE. Well, then why would the Biden administration not go and stop this? I think one of the reasons is President Biden and Vice President Harris won't even go see this for themselves.

That is why I keep urging strongly that they go to the border. I would love for you all to go to the border to see this so you can at least give recommendations. They are violating every guidance that Americans are required to follow.

Again, you look at the CDC guidance on Mexico, it is off the charts saying how dangerous it is. If you are an American citizen with the vaccination you have to—not should, have to—get a COVID test saying you are negative to come back home to America.

Yet, if you are coming here illegally, the Homeland Security secretary admitted in a hearing just the other day that they are not testing people who come here illegally.

Dr. Fauci, do you think that sends the right message to America who—people are trying to recover and get back to the way of life, that if you are a citizen you follow this set of rules. But if you come here illegally, you don't have to follow any of your rules.

Dr. FAUCI. No doubt it is a very difficult situation at the border, Congressman.

Mr. SCALISE. Do you think this should get fixed?

Dr. FAUCI. Excuse me?

Mr. SCALISE. Do you think this should get fixed and they start following the same rules that you and I have to follow?

Dr. FAUCI. I mean, obviously, everyone would like to see that situation fixed, I know. But it is a very difficult situation that is—

Mr. SCALISE. Americans want to get back to their life, but they don't want two sets of rules either, and that is what is happening right now at our southern border.

Mr. Chairman, I yield back.

Chairman CLYBURN. I thank the ranking member for yielding back.

The chair now recognizes for five minutes Chair Waters.

Ms. WATERS. Thank you so very much for this important hearing, Mr. Clyburn. I just have to take a minute to tell you it is very emotional for me. As you know, my sister was one who was infected and died from COVID-19 and all that I had to depend on was Dr. Fauci.

I would like to tell Dr. Fauci that you, literally, saved millions of folks who would only listen to your advice based on what was happening with the Trump administration and the president of the free world, Mr. Trump, who told—who disregarded, first of all, the fact that the virus was real and took too long to get started with any response to it.

He told us it would just disappear, and then he recommended that we use disinfectant and he proceeded to have gatherings and himself, I believe, was the cause of so many Secret Service personnel and others who got infected.

So, we depended on you, and I looked forward to you every day giving us some directions about what we should do. And when I go throughout communities and I see everybody masked it is because of you, Dr. Fauci, that we had to depend on, and I want to thank you so very, very much for what you have done for all of us.

And I am so appreciative to the Biden administration, for all of you now, who have moved in a concerted direction to ensure that all communities are vaccinated and that, you know, the gaps that we had under President Trump where we didn't have enough testing, we didn't get enough vaccines, all of that is being corrected now and I want to thank all of you for being here today.

And I just want to say to you, Dr. Walensky, you did recently describe racism as a serious public health threat and you said that the disparities seen over the past year were not a result of COVID-19. Instead, the pandemic illuminated inequities that have existed for generations.

So, Dr. Walensky, what are the historic inequities that you were referring to and why is racism such a public health threat?

Dr. WALENSKY. Thank you for that question. I am trained in HIV and AIDS, the reason I am an infectious disease doc. I can tell you that those communities that have been afflicted by HIV and AIDS have been a result of they are marginalized communities, vulnerable communities, communities of African Americans, Hispanic communities.

You can look at more maternal mortality. You can look at risk of cardiovascular deaths, up 30 percent in marginalized communities, African-American and Hispanic communities.

This has been—if you work in medicine, you see that people who are racially diverse, this is about where they live, where they work, how they travel, and all of the things that lead to their lack of access to care and their inability to get the same care as others.

And so, this is not just a public health threat of COVID-19. What I can tell you is that over the first six months of 2020 there was one year of life expectancy lost for all Americans, 2.7 years of life expectancy lost for African Americans, and 1.9 years of life expectancy lost for Hispanic Americans.

We have seen this in COVID-19. We are doing outreach now to reach marginalized, vulnerable, racial and ethnic diverse communities, and I believe that outreach has to stick because after we are done with COVID-19, we need to vaccinate 11 million children that have lost their vaccinations.

We need to control hypertension in these communities. We need to address maternal mortality in these communities. All of it will happen.

Ms. WATERS. Thank you. And I appreciate that the Biden/Harris administration has taken actions to reach communities of color, rural communities, and low-income communities, including establishing a COVID-19 Health Equity Task Force, distributing vaccines directly to federally qualified health centers, and targeting funds toward underserved communities.

Dr. Fauci, do you agree that we will not be able to fully recover from this pandemic if we do not take action to ensure that all Americans, including hard hit communities of color, receive coronavirus vaccines and, if so, why?

Dr. FAUCI. I absolutely agree with that, Congresswoman Waters, and that is the reason why equity is such an important part of the vaccine distribution program that we are carrying out right now.

There are a number of reasons. One, in order to get this pandemic under control we have to get the overwhelming majority of the people in this country vaccinated.

Second, because of the fact that minorities, brown and Black people, have a higher incidence of infection and when they do get infected they have a much higher incidence of a serious outcome including hospitalization and death.

And for those reasons, both for the individual people who will suffer if they are not vaccinated as well as for the country itself when you want to get a veil or an umbrella of protection over the entire country, you have got to include all citizens from all groups from all demographic groups.

Ms. WATERS. Thank you so much, Mr. Clyburn. I appreciate you all but, Dr. Fauci, I love you. Thank you.

[Laughter.]

Chairman CLYBURN. Thank you, Ms. Waters. The chair now recognizes Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chairman.

Dr. Fauci, when is the time?

Dr. FAUCI. Sorry?

Mr. JORDAN. When is the time?

Dr. FAUCI. When is the time? I am not sure what you are—

Mr. JORDAN. Well, in your written statement you say now is not the time to pull back on masking, physical distancing, and avoiding congregant settings. When is the time? When do Americans get their freedom back? Can you put your microphone on, please?

Dr. FAUCI. When we get the level of infection in this country low enough that it is not a really high—

Mr. JORDAN. What is low enough? Give me a number. I mean, we had 15 days to slow the spread turned into one year of lost liberty. What metrics, what measures, what has to happen before Americans get more freedoms?

Dr. FAUCI. My message, Congressman Jordan, is to get as many people vaccinated as quickly as we possibly can to get the level of infection in this country low that it is no longer a threat. That is when, and I believe when that happens you will see—

Mr. JORDAN. What determines when?

Dr. FAUCI. I am sorry—

Mr. JORDAN. What? What measure? I mean, are we just going to continue this forever? When does—when does—when do we get to the point? What measure?

What standard? What objective outcome do we have to reach before—before Americans get their liberty and freedoms back?

Dr. FAUCI. You know, you are—you are indicating liberty and freedom. I look at it as a public health measure to prevent people from dying and going to the hospital.

Mr. JORDAN. You don't think Americans' liberties have been threatened the last year, Dr. Fauci? They have been assaulted, their liberties have.

Dr. FAUCI. I don't look at this as a liberty thing, Congressman Jordan. I look at this—

Mr. JORDAN. Well, that is obvious.

Dr. FAUCI [continuing]. As a public health thing.

Mr. JORDAN. But the——

Dr. FAUCI. I disagree with you on that complete——

Mr. JORDAN. Do you think the Constitution is suspended during a—during a virus, during a pandemic? It is certainly not.

Dr. FAUCI. This will end for sure when we get the level of infection very low. It is now at such a high level there is a threat again of major surge——

Mr. JORDAN. Dr. Fauci—Dr. Fauci, over the last year, Americans' First Amendment rights have been completely attacked. Your right to go to church, your right to assemble, your right to petition your government, freedom of the press, freedom of speech, have all been assaulted.

I mean, for a year now Americans haven't been able to go to church. Even today, when they go to church they are limited in the size of worshipers who can meet. Your right to assemble? Oh, my goodness. We had a curfew last fall in Ohio. You had to be in your home at 10.

In Pennsylvania, had to be in your home. When you are in your home, you had to wear a mask. In Vermont, when you are in your home you didn't have to wear a mask, Dr. Fauci, because you weren't allowed to have people over to your house.

Dr. FAUCI. Yes. Congressman Jordan——

Mr. JORDAN. Your ability to petition your government——

Dr. FAUCI. Well——

Mr. JORDAN. For a year—for a year American citizens haven't been able to come to their Capitol to petition their government, to talk to their representatives.

And freedom of the press, these very pictures that Representative Scalise just showed you and talked about, guess what? The press isn't allowed in those facilities. The press is not, and the Biden administration will not let the press in there.

And, certainly, freedom of speech—I mean, freedom of—the governor of our third largest state meets with physicians and that—and that video is censored because they dare to disagree with Dr. Fauci.

So, I just want to know when do Americans get their First Amendment liberties back.

Dr. FAUCI. You know, I don't think anything was censored because they felt they couldn't disagree with me. I think you are—you are making this a personal thing, and it isn't.

Mr. JORDAN. It is not a personal thing.

Dr. FAUCI. No, you are. That is exactly what you are doing.

Mr. JORDAN. No, your recommendations carry a lot of weight, Dr. Fauci. We just had the chair of the Financial Services Committee said she loves you and you are the greatest thing in the world.

Dr. FAUCI. My recommendations are consistent——

Ms. WATERS. Will the gentleman yield? Will the gentleman yield?

Mr. JORDAN. No, it is my—it is my time.

Dr. FAUCI. Now, could I answer the question, please?

My recommendations are not a personal recommendation. It is based on the CDC guidance, which is—which is underscored——

Mr. JORDAN. And I am asking the question what measures have to be attained before Americans get their First Amendment liberties back?

Dr. FAUCI. I just told you that. I told you—

Mr. JORDAN. No, you haven't given anything specific. You said we hope when this—tell me a specific—

Dr. FAUCI. Right now—right now we have about 60,000 infections a day, which is a very large risk for a surge. We are not talking about liberties. We are talking about a pandemic that has killed 560,000 Americans. That is what we are talking about.

Mr. JORDAN. And I get that, Dr.—and I don't disagree with that and I understand how serious that is. But I also understand it is pretty serious when businesses have been shut down.

People can't go to church. People can't assemble in their own homes with their friends, with their families. People can't go to a loved one's funeral. People can't get to their government, petition their representative to redress their grievances.

Dr. FAUCI. Right.

Mr. JORDAN. I also understand the First Amendment is pretty darn important and it is been a year, and I want to know when Americans will get those First Amendment liberties back.

Dr. FAUCI. Well, you just said people cannot assemble in their own homes. They can. That is a CDC recommendation for vaccinating—

Mr. JORDAN. Not last fall they couldn't.

Dr. FAUCI. I didn't hear that.

Mr. JORDAN. Not last fall they couldn't.

Dr. FAUCI. I didn't hear what he said.

Chairman CLYBURN. The gentleman's time has expired. I will tell you one instance of when we can get our liberties back. It is when 90 percent of the members of the U.S. Congress get vaccinated.

Mr. JORDAN. Well, I want to know if that is what Dr. Fauci—is it 90 percent, Dr. Fauci?

Chairman CLYBURN. That is what I am—

Mr. JORDAN. Is it 90 percent? That is what I am—that is what I would like to know. Give us some—give us some objective standards versus when certain things get reached we might be able to get back to having our liberty. When? What are the numbers?

Chairman CLYBURN. Well—

Dr. FAUCI. You are going to see a gradual from the—right now we are at an unacceptably high level. We are at—on a daily basis it is unacceptably high, regardless of who you are.

What you are going to see as more and more people get vaccinated and we get over 3 million people a day, you are going to see the level of infection come down and down, and gradually there will be more flexibility for doing the things that you are talking about.

Mr. JORDAN. Where does it get to? When it comes down—what number do we get our liberties back? Tell me the number. Tell me the number.

Chairman CLYBURN. When 90 percent of the Members of Congress get vaccinated.

Mr. JORDAN. But you are not a doctor, Mr. Clyburn. He is. What is the number?

Dr. FAUCI. I can't give—

Mrs. MALONEY. Thank you for recognizing me, Mr. Clyburn. Thank you—

Chairman CLYBURN. The chair now recognizes, for five minutes, Mrs. Maloney.

Mr. JORDAN. I would like my question answered. I don't—I don't want—I don't—

Mrs. MALONEY. Reclaiming my time. Reclaiming my time.

Ms. WATERS. Regular order. Regular order.

Mr. JORDAN. No—

Chairman CLYBURN. Just a moment.

Mr. JORDAN. Mr. Chairman—Mr. Chairman, I don't want you to answer my question. The American people want Dr. Fauci to answer the question.

Chairman CLYBURN. Well—

Mr. JORDAN. What does it have to be?

Mrs. MALONEY. The time expired, sir.

Ms. WATERS. You need to respect the chair and shut your mouth.

Chairman CLYBURN. Don't worry about this. We are going to handle this, and I think Mr. Jordan knows me very well. He knows full well that we are going to handle this.

Your time has expired and the chair now recognizes Mrs. Maloney.

Mr. JORDAN. Thank you, Mr. Chairman.

Mrs. MALONEY. Thank you, Mr. Chairman, for calling this important hearing and I thank all of the panelists for their dedication to public health and their being here with us today.

I would like to ask—well, first, I would like to thank Dr. Fauci for serving, what is it, seven presidents? Selflessly trying to find answers to save people's lives.

In my district, we call you America's doctor because you have selflessly worked to help the American people, and I want to thank you for always telling the American people the truth even when it is very difficult to hear, and it is not what we want to hear.

But you tell us the truth, and you testified before the Oversight Committee back in March 2020, sitting at the same table, and I asked you, is it going to get better or worse and you testified it was going to get worse, and, tragically, you were right.

Back then, in March, there were fewer than 50 known coronavirus deaths in the United States. And as of today, we have lost more than 560,000 Americans, more than any other country on Earth.

And I am going to ask the same question. What is your assessment today? Is it going to get worse or have we finally turned the corner? Is it going to start moving in the direction we want it to go?

Dr. FAUCI. We are at a crossroads right now, Congresswoman Maloney. We are doing very well with regard to the rollout of vaccines and, yet, we are seeing in the country that there are several states in which the numbers are going up.

When we had the big peak in the winter, during the holidays and beyond, then it came down. We would have liked to see it go all the way down to a very, very low level.

Arbitrarily, we don't know what that number is, probably less than 10,000 per day. Right now, it is up at a high enough level that, in fact, if you look at the weekly average it is starting to creep up.

So, as I said in my last slide, we are at a critical turning point. Every day, we get better and better at being able to control it because every day 3 to 4 million people get vaccinated.

So, if we can get more and more people vaccinated, we almost certainly are going to be able to blunt an increase that is a sharp surge in the virus. So, when you say when, it is very critical now, which is the reason why every one of us, including the chairman, is saying let us get as many people vaccinated as quickly as we possibly can.

That is the solution. If we do that successfully, then we will turn that corner. But we are right at that critical point right now, which is the reason why vaccination is so important.

Mrs. MALONEY. Well, that is the top priority of President Biden and I believe is the top priority of every Democrat and probably every person in America to get people vaccinated.

The World Health Organization declared the coronavirus a global pandemic on March 11, 2020, the very same day that you testified before the committee, and I want to know when do you think the designation of a pandemic will be changed and no longer be considered a pandemic?

Dr. FAUCI. Well, there are multiple definitions for pandemic. The one that is most commonly used is an outbreak of a disease, of an infectious disease, that is highly transmissible and involves multiple regions of the world simultaneously.

You can have an outbreak in one place. Like right now, they are having a mini epidemic of Ebola in countries in Africa. That is not a pandemic by any means because it is no place else.

But if you look at the map of the world, you have now over 120 countries that have this disease. So, "pan" means all. When you get it down to the point where it is restricted maybe to very few places, and you have countries, hopefully, the United States, hopefully, a lot of other countries in the world, are free of this, then it is no longer a pandemic. That is what we mean by pandemic.

Mrs. MALONEY. And what are the key steps we have to take to make that happen faster, hopefully, besides vaccinations? Do we have anything—

Dr. FAUCI. Well, there are a couple of things. There are a couple of things that can do. One is until you get people fully vaccinated and get it under control where it is no longer a threat, it is the public health measures that we talk about almost every single day. The wearing of masks, the physical distancing, the avoiding congregate settings, the washing of hands.

When the vaccine protection takes over, then you could have a gradual diminution of those types of guideline restrictions, which everyone would like to get rid of, not only Congressman Jordan.

Mrs. MALONEY. Well, my time has expired.

Mr. Chairman, if we could submit questions to the record. I have other questions for the panelists.

Thank you.

Mr. JORDAN. Mr. Chairman, just a question. Mr. Chairman?

Chairman CLYBURN. Yes, sir.

Mr. JORDAN. So earlier, you said—I just want to make sure we, the committee, heard you right. You said Americans get their First Amendment rights back when 90 percent of Congress gets vaccinated. Is that what you said?

Chairman CLYBURN. No.

Mr. JORDAN. OK. What did you say?

Chairman CLYBURN. I said we will get back to the number you request. We will get our liberties back to do what we wish when 90 percent of the Members of Congress demonstrate to the American people that we will all be getting vaccinated. That is what will drive this down, vaccinations.

Mr. JORDAN. So, 90 percent of Congress gets vaccinated and Americans get their liberties back?

Chairman CLYBURN. In my opinion.

Mr. JORDAN. OK.

Chairman CLYBURN. In my opinion.

Mr. RASKIN. Mr. Chairman, a point of order. A point of order, Mr. Chairman. Can any member ask questions of the chairman—

Chairman CLYBURN. The chair now recognizes for five minutes Dr. Green.

Mr. GREEN. Thank you, Mr. Chairman and ranking member, and thank you to our witnesses.

I recently visited our southern border to see the conditions on the ground for myself and what I found was a crisis spiraling out of control.

As a physician, I focused my time looking at the care given and the public health conditions as well as the threats to U.S. health posed by the failure of this administration to act and I would like to share what I thought were three startling observations related to COVID.

First, a mass exodus of people after Biden canceled the asylum agreements has filled facilities to grotesque levels. In one pod built for 33, I saw 621 young girls crammed into that space stacked nearly on top of one another.

They can't test for COVID so it only occasionally happens when they are turned over to the NGO's, and in that rate or in that group the positivity rate is 10 percent, and that means thousands and thousands of COVID-positive immigrants are being released into the U.S. monthly.

Churches in several states still can't fully open, but the left seems completely fine with COVID incubators blasting positive patients into our population. If this committee fails to address this, this committee has no credibility whatsoever.

Second, there is no vaccination assessments going on at all, and with many indigenous peoples coming through the border from Northern Triangle countries where vaccinations for things as rudimentary as measles is not confirmed, Americans are at risk for another massive health crisis.

This administration's failure to ensure the American people are protected from this threat is an egregious violation of their oaths.

Third, COVID variants. Right now, the U.S. doesn't have a huge problem with mutated variants of the COVID virus. There are some present. It is not a huge problem.

While I was on the border, I met with family after family coming from Brazil. Brazil has a particularly nasty variant and, again, with no screening we simply have no idea how much of the positive patients are bringing COVID variants into our country.

What do the members of this Select Committee on the opposite side of the aisle got to say about that? Crickets. There are a few more points that I want to make about public health in regards to this horrendous crisis caused by the Biden administration's failure.

First, illicit drugs kill tens of thousands of Americans every year. Much of the heroin and fentanyl coming into the United States crosses our southern border, and while what we are able to catch comes through checkpoints for the most part, the volume bypassing those checkpoints during this crisis has skyrocketed.

What they have seized since the president's executive orders opened our border has been an 800 percent increase. While we are there—while we were there, multiple splash and grabs happened.

That is where the cartels just drive a dope-filled car into the river and the mules on our side go across with rafts and grab the drugs. Pounds of fentanyl was seized, not by Border Patrol agents but by Texas State Guardsmen.

But they are not enough, and we know drugs, gang members, and guns are bypassing agents consumed with handling the mass sea of humanity pouring in. The agents are so overwhelmed the actual screenings to determine if a migrant is a drug trafficker are no longer done by law enforcement. We are paying NGO's to do it.

Americans will suffer because of these criminals, and Biden—and Biden sits quietly by letting it happen. This is a gross dereliction of duty and, again, Americans will suffer because of his and Vice President Harris' failures.

One last point. Currently, there is no DNA testing of those claiming to be families. We know how the cartels work. The Guatemalan ambassador told me they seize children, carry them across the border as a ticket into the United States. In some cases, when they get across the border they just dump the children.

It is hard to believe except there is video after video showing it happening. Cartel members are claiming children and simply walking into the U.S. as fraudulent families. Essentially, by not testing these people we are encouraging human trafficking.

Think about that. The Biden administration is facilitating human trafficking. Again, this is an egregious failure because they know it is happening and yet they do nothing. It is appalling. This is what we get with an open border.

Americans are being infected with a deadly virus, potentially other pathogens. Coronavirus variants are pouring into the U.S. More Americans will die from drug overdose and more children and women are being trafficked and raped, and Biden and Harris sit in D.C. with no plans to visit the border and no solutions to offer.

Anyone who attempts to cover this up by deflecting to B.S. accusations that this is Trump's fault are complicit in these crimes.

With a nauseated stomach at this point by the failures of our president, I yield.

Chairman CLYBURN. I thank the gentleman from yielding back from that tirade. The chair now recognizes Ms. Velázquez for five minutes.

Ms. VELÁZQUEZ. Thank you, Mr. Chairman.

In the name of liberty and freedom, you know, I just would like to discuss with Dr. Fauci we have over 500,000 people that died, and the truth matters here. Because President Trump talk about fake virus, that it will disappear by magic. Then when we have the vaccine, the infrastructure wasn't there to make sure the people have been getting the vaccination.

So, obviously, elections have consequences, and we can start discussing the fact that today more than 120 million Americans, roughly, a third of the population, have received at least one vaccine dose.

Dr. Fauci, what are we doing today that that we didn't do, that the previous administration didn't do, in getting the vaccination in people's arms?

Dr. FAUCI. Well, there has been a major effort to facilitate the distribution of vaccines that have multiple components to it. One is to get community vaccine centers, including in those areas that generally are underserved with minorities.

Keeping equity is an important issue. Getting federally qualified health centers involved, getting pharmacies to play a major role in the distribution of vaccines, including pharmacies in those areas where the demography shows that we have minorities who are in need of a vaccine, to use mobile units as well as to get vaccinators, namely, people to put vaccine in the arms of individuals, and that includes the military, that includes retired healthcare providers such as doctors, nurses and others.

So, there really has been a full-blown effort to try and get as many vaccines into as many people as we possibly can as quickly as we can, also, to address the issue of vaccine hesitancy, and the CDC has been given \$3 billion to facilitate that. Maybe I could get Dr. Walensky to address there.

Ms. VELÁZQUEZ. Sure.

Dr. FAUCI. The CDC is playing a very important role in this distribution issue.

Ms. VELÁZQUEZ. And we have seen a higher percentage rate of African Americans' willingness to get vaccinated.

Dr. WALENSKY. Yes. I want to acknowledge that we are working on this and we have more work to do. We know that there is 12 percent of Americans that are African American. Only eight percent of the vaccine has gone to them.

We know that there is 19 percent of Americans that are—who are Hispanic and only nine percent of vaccine has gone to them. We saw some of the crowding out of people who are mobilizing to places where we intentionally put vaccine in high SVI areas and they were crowded out by other people. People traveled far to get vaccine.

Right now, we have vaccine in 29,000 pharmacies with the goal of having vaccine within five miles of every single American-owned pharmacies. We are putting our community vaccination sites within high SVI regions and we are reaching out to the federally qualified health care centers in collaboration with HRSA.

Ms. VELÁZQUEZ. Thank you.

Dr. Kessler, I will turn to you. As the leader of a vaccine development efforts, what are you doing to prepare for the potential spread

of variants, especially those that may be more contagious or resistant to vaccines?

Dr. KESSLER. It is a very important question, Congresswoman. We are studying—we are monitoring the efficacy of the current vaccines against these variants. As my colleagues, I am sure, will join in, luckily, against these variants we are seeing clinical evidence of strong efficacy.

Even though these current vaccines work against these variants, we are taking steps to develop the next generation of vaccines that are directed against these variants if, in fact, they could be more effective.

Ms. VELÁZQUEZ. I would like to ask this question because I know that it is in people's mind, at least I am asking myself. Should we expect to need vaccine boosters in the coming months?

Dr. KESSLER. Again, a very important question and the answer is we don't know everything at this moment. We are studying the durability of the antibody response. It seems strong. But there is some waning of that, and no doubt that the variants challenge, right—I mean, they make these vaccines, in essence, work harder.

So, I think that for planning purposes, and planning purposes only because there is no decision, I think we should expect that we may have to boost and probably have to boost again. No decision, but the current thinking is that, certainly, those who are more vulnerable may have to go first.

But I think you have—with many vaccines, we understand that at a certain point in time we need to boost, whether that is 9 months, 12 months, and we are preparing for that time.

Ms. VELÁZQUEZ. Thank you. I yield back.

Chairman CLYBURN. Thank you very much.

The chair now recognizes for five minutes, Ms. Miller-Meeks.

Ms. MILLER-MEEKS. Thank you, Mr. Chair.

As a physician and a former director of the Iowa Department of Public Health, I have a variety of questions that I could ask, which would take longer than five minutes. So, some of them I would like you to answer very briefly.

So, there is a traditional definition of herd immunity. Herd immunity comes about by having naturalized immunity from contracting a disease and/or vaccination.

So, Dr. Kessler, what is the level of herd immunity, to your understanding? Please, very brief.

Dr. KESSLER. What is the—

Ms. MILLER-MEEKS. Well, at what level of the population has to be—has to have immunity for us to have herd immunity and protection? Is that 50 percent? Is that 60 percent? I just want a number.

Dr. KESSLER. Congresswoman, no one knows. In my view, I don't know the exact number. I can give you estimates of what I think will bring down the numbers that—

Ms. MILLER-MEEKS. Dr. Fauci?

Dr. FAUCI. You are asking me?

Ms. MILLER-MEEKS. Yes, sir.

Dr. FAUCI. We don't know that for this particular infection. We know it for other—

Ms. MILLER-MEEKS. What is typically considered traditional letter in public health for herd immunity? When we talk about measles, when we talk about any other disease?

Dr. FAUCI. Well, measles, it is—it is 90 percent. You get below that you start getting into trouble.

Ms. MILLER-MEEKS. And but that—

Dr. FAUCI. But herd immunity is due to a number of things. You have to worry about, A, the combination of the vaccine plus—

Ms. MILLER-MEEKS. I understand. Dr. Walensky, I just wanted a brief—because that goes to part of the question when do we get out of this.

Dr. FAUCI. OK.

Dr. WALENSKY. The epidemiologic term of herd immunity is  $1 - 1/R_t$ .  $R_t$  for this virus is somewhere between two and three. But we know with variants that that  $R_t$  is changing over time, increased transmissibility.

So, in fact, I think it is changing, given the variants.

Ms. MILLER-MEEKS. OK. Thank you very much.

So, the reason I asked that question is that you have said that were—between vaccinating as many people as quickly and as expeditiously as possible as we have the emergence of new variants.

As a member of the Doctors Caucus, we submitted a letter to the FDA that the FDA use real-world evidence that we have gained from Israel and the U.K. in elongating the—between the prime dose and the secondary dose for the Pfizer and the Moderna vaccine.

This would enable us to get as many people possible vaccinated with the prime dose and then within a 12-week span get their second dose. This is especially important as we are opening up to young adults and children.

So, 16-to 17-year-olds have then emergencies authorization approved for Pfizer, and we know 12-to 15-year-olds, as published recently, have 100 percent effectiveness.

So, now that we have a vaccine that has gone on to pause, would you be supportive of asking the FDA to use real-world evidence in order to increase the duration between the first and second dose of Pfizer and Moderna so we can get more people vaccinated?

Dr. Kessler, yes or no?

Dr. KESSLER. I think it is more complicated than a yes or no, Congresswoman.

Ms. MILLER-MEEKS. OK. Dr. Fauci?

Dr. FAUCI. Same thing. It is a complicated issue.

Ms. MILLER-MEEKS. Dr. Walensky?

Dr. WALENSKY. It is complicated.

Ms. MILLER-MEEKS. OK. I am glad to see you all putting your medical information and real-world evidence on the line to answer that question when we are trying to get as many people vaccinated as possible as rapidly as possible.

Earlier this week, I made a second trip down to the border, and I can tell you firsthand that the number of migrants crossing constitutes a crisis, and we all know that the COVID-19 pandemic is not over.

I saw migrants apprehended at 11 p.m. at night, who, on the next day, were on planes with Members of Congress. Not that it

matters if you are a Member of Congress, but just meaning we saw them so we know that this is real. And these migrants are flying all over the country.

I had specifically authored and put forward a bill that all migrants be tested at the Central Processing Facility.

Dr. FAUCI, do you think all migrants crossing our borders from any borders should be tested for COVID-19 before entering this country or being sent to other places within our country?

Dr. FAUCI. Ideally, that would be the case.

Ms. MILLER-MEEKS. OK.

Dr. WALENSKY, what are the requirements for U.S. citizens returning home from overseas? Do they have to show proof of a negative test before entering and what kind of negative test?

Dr. WALENSKY. They have to show proof of a negative test or having had disease within the prior three months to enter by air.

Ms. MILLER-MEEKS. OK. Are any of you aware of what kind of tests migrants are given and when they are given tests?

Dr. WALENSKY. Testing is occurring as they leave CBP on the way to OR facilities.

Ms. MILLER-MEEKS. So, typically, testing is at—they are in facility so they have been in a—the Central Processing Facility, transiting, and then sent to a community either by air or by bus to another community, and then having testing.

So, again, I would say, do you recommend that migrants have testing at the border? And if so, will you put forth that recommendation?

Dr. KESSLER?

Dr. KESSLER. Certainly, will yield to my colleagues. It is—

Ms. MILLER-MEEKS. Dr. Fauci?

Dr. FAUCI. Ideal conditions you would want to get testing at the border. Yes.

Ms. MILLER-MEEKS. Dr. Walensky?

Dr. WALENSKY. We are working to get testing and vaccines at the border for people, eligible workers as well as people who are eligible.

Ms. MILLER-MEEKS. I would, certainly, appreciate your support for my bill to test migrants at the border.

Thank you, Mr. Chair. I yield back my time.

Chairman CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Foster for five minutes.

Mr. FOSTER. Thank you, Mr. Chair.

Dr. Kessler, I would like to ask a little bit about the sort of the level of detail, the planning, for in case we need boosters for variants or so on.

Do we have manufacturing capability reserved for the major candidate vaccines? Because—or is that manufacturing capacity when the U.S. gets its first vaccine, is that now being dedicated and contracted to providing vaccines for the rest of the world?

Dr. KESSLER. It is an excellent question, Congressman.

We are in discussions right now, making sure that we can secure those vaccines for boost or variants. We are in that process right now.

Mr. FOSTER. All right. So, but at this point, there is not—there are not contracts in place that guarantee that we will have access

if we do need, you know, a significant effort for a third dose for Americans?

Dr. KESSLER. Yes.

Mr. FOSTER. OK. Yes, if you can keep us posted on that. We have very effective interface through the GAO, who is Congress' typical, you know, interface to the Oversight.

And so just letting them see the project management plans for those sort of contingencies, I think, would be very valuable. Representative Green and I have had really good results working through them and I urge you to continue and strengthen all your collaboration with them.

Dr. KESSLER. We would be happy to do so, sir.

Mr. FOSTER. Yes.

Let us see. Another question involves the effort toward therapeutics. You know, I am—I am concerned that not enough attention may have been placed on the need for therapeutics and the need to continue, you know, approving new COVID treatments.

The therapeutics, they may become increasingly important as the—as the virus pandemic disappears and we are now dealing with occasional flare ups. I was rather disappointed, you know, that the—although the antibody therapeutics seemed to work pretty well, we didn't really have in place, you know, the mass treatment centers to use them, and so these quite effective medicines ended up sitting on a shelf.

Can you say anything, I guess, Dr. Kessler, about what the plans are, going forward, to make sure that not only do we have the therapeutics but they actually can get to the patients who need them?

Dr. KESSLER. Again, an excellent question. Over the last month, we have stepped up our efforts to provide the monoclonal antibodies directly because for those who test positive, early stage of the disease but at high risk, monoclonal—the administration of monoclonal antibodies can save lives.

Dr. Fauci and I are working on stepping up a program for increased antiviral drug discovery. That is going to be absolutely critical. We need better molecules and small-molecule therapies, especially there are going to be certain people for whom the vaccine does not provide protection, and we are going to need to offer that.

So, we have to develop better antiviral therapies.

Mr. FOSTER. Dr. Walensky, can you say a little bit about the monitoring of, I think, what are called vaccine breakthrough events?

That when someone, you know, gets sick despite being vaccinated. You know, what level of surveillance is going into that right now and—yes.

Dr. WALENSKY. Thank you for that question.

Mr. FOSTER. It is important.

Dr. WALENSKY. Indeed, and, in fact, just this morning, we announced where we are. Seventy-seven million people vaccinated, 5,300 breakthrough infections that we—or 5,800, I am sorry, that we are aware of, 396 of whom were hospitalized and there have been 74 deaths.

So, we are keeping a close eye on this. We are reaching out to all of our state health officials as well as to our hospitals to make

sure that people who are identified as a breakthrough infection we can—we can—and defined as two weeks after your second dose or you are two weeks after your final dose, so that we can identify the cases that we are having.

Mr. FOSTER. And do you collect more detailed information on the—you know, the genetics, just everything about those breakthrough patients?

Dr. WALENSKY. Yes, and we are partnering with academic institutions as well. Not all of these can be sequenced. But we would like to make sure that some of these are sequenced.

Some of these breakthroughs are, of course, failure of an immune response in the host, and then some of them we worry might be related to a variant in—that is circulating. So, we are looking at both.

Mr. FOSTER. Well, I am glad you are on the case, and I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Ms. Malliotakis for five minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman. Thank you all to the doctors for being here today and sharing your wisdom with us and giving us an update on what is happening.

You know, I wanted to talk about just, really, with you about some of the hypocrisy and double standards that we are seeing.

Because, Dr. Fauci, you said it—you know, your recommendations are consistent. Some of the policies that we are seeing coming out of, you know, this administration or some of the leaders on the local and state levels, really, is a double standard.

So, for example, you know, I wanted to ask you your thoughts on the—on the U.S.-Canada border remaining closed. And this is something that is having an economic impact.

No nonessential travel is having a impact on families that want to vacation as well, and then we see the southern border being completely wide open.

And I wanted to see if you thought that was an inconsistency and that we should be consistently moving forward. This is a decision that is going to be revisited next week. So, I wanted to know what your thoughts are on keeping the northern border closed.

Dr. FAUCI. Congresswoman, I am not an expert on border controls, but it is very clear that the situation at the southern border is really, really profoundly different than the situation that I can see.

Just as a private citizen looking at it, not as a medical person but just looking at the need to get into the country from the individuals who are coming from a variety of other countries using Mexico as a gateway to get in versus the situation in Canada.

It is really, clearly, very, very different.

Ms. MALLIOTAKIS. But they are citing public health as a reason to keep the northern border closed. So, my question is, you know, individuals flowing from 60 different countries not being tested, perhaps bringing in variants, that should be, I think, a concern and I would just recommend that, you know, we have some consistency in this policy, moving forward. It is either a public health crisis or it is not, and that is just, like, one of the things I wanted to, you know, bring up today.

And I think the other thing is, you know, my colleague really made a good point in describing the situation at these facilities, and I was there along with him in this trip and when you see how these facilities—COVID capacity of 250, you have 4,000 individuals, and then you come to New York City and you are telling—maybe not you, maybe it is our mayor—telling us that we cannot have kids in school five days a week.

Just it is that type of double standard, the fact that these facilities could be at 900 percent capacity and my local restaurants are at a 50 percent capacity and they are struggling to keep their doors open.

That is the type of inconsistency and the double standards that we are seeing from our leadership, whether that be national, state, or local.

In my case, it is—a lot of it is local. And, you know, the president did say he wants to open our schools within the first 100 days of his administration. That is approaching.

That is approaching in the next week or two. And we still don't see that there is any plan, despite the fact that we gave the money. In the December CARES package the money was put in.

The CDC recommended, saying it was going to be a \$28 billion dollar estimated cost. They put in \$64 billion and the schools are still not open. New York has received \$4 billion of that money.

So, I would just—you know, since you meet with the president regularly, I would just bring up some of these inconsistencies and double standards that we are seeing, and say that if we want people to follow these rules and these guidelines, they need to be consistent and they need to be fair.

Any comment? I would appreciate that.

Dr. WALENSKY. On February 12, we released our initial guidance in this administration on getting schools open February 19.

We updated those guidance based on updated science, and for all levels of community transmission the guidance recommends full in time in-person learning five days a week.

There are some restrictions and high levels of transmission in high school students if they are not able to maintain six feet apart. But for the most part, this was a guidance and an operational plan to open schools.

Ms. MALLIOTAKIS. Well, I hope you can share that with Mayor de Blasio. Thank you.

Chairman CLYBURN. Does the gentlelady yield back?

Ms. MALLIOTAKIS. I am done for this round. Thank you.

Chairman CLYBURN. Thank you for yielding back.

The chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Thank you, Mr. Chairman.

Dr. Brooks, who was Donald Trump's coronavirus response coordinator in his administration, just told America that hundreds of thousands of COVID deaths of Americans could have been prevented by the Trump administration had it acted more forcefully and effectively to counter the disease rather than denying it and diminishing it and trivializing it.

It would take a week to describe all of the lethal failures of the Trump administration and his congressional enablers in the coronavirus response. Let us take this one. Scientists all over the

world were shocked when some of Trump's top political advisors were openly pushing for a herd immunity strategy to deal with the coronavirus.

And last year, I asked his HHS secretary about this and he assured us that herd immunity was not the official strategy of the government with respect to corona.

But just days later, he went to a private meeting with three major advocates of the herd immunity strategy, and the subcommittee revealed emails showing that a Trump appointee stated, and I quote it—please put this up if you would, Mr. Chairman—“We need to establish herd. Infants, kids, teens, young people, young adults, middle-aged with no conditions have zero to little risk. So, we use them to develop herd. We want them infected. We want them infected.”

Dr. Fauci, in your expert opinion, is deliberately exposing Americans to infect them with the coronavirus a sound public health strategy?

Are there any categories of Americans named by this Trump appointee that we want to see infected—infants, kids, teens, young people, middle aged?

Chairman CLYBURN. Your mic is not on.

Dr. FAUCI. As I have mentioned many times in different committee hearings, the best way to get protection of the community is to vaccinate them, and I had great concerns about essentially letting people get infected for the purpose of getting enough immunity in the community to then get to this elusive terminology of herd immunity.

The best way, and repeat it—we are all saying the same thing—is to get as many people vaccinated as quickly as you possibly can, and before all of them are vaccinated to protect everyone from getting infected by the implementation of the public health measures that we talk about all the time—the mask wearing, the physical distance, and the avoiding of congregate settings.

Mr. RASKIN. Dr. Kessler, at one point Donald Trump, trying to invoke his herd immunity theory, accidentally called it herd mentality and it was a telling Freudian slip because it is, in fact, a herd political mentality which has enabled these dangerous anti-scientific dogmas.

To what extent is anti-scientific conspiracy theory and propaganda a threat to our ability to crush the virus or, indeed, to counter any of the public health problems facing us today, whether it is climate change or gun violence or anything else? Is a political herd mentality trying to overrun scientific findings and data a problem for us?

Dr. KESSLER. Congressman, I think your point is probably the one that gives me the greatest pause. I think the greatest risk right now is the issue of vaccine hesitancy.

I think over the next several weeks, we are going to have more supply. Twenty-eight million doses a week we are putting out, and I think demand is going to decrease versus what we see today, and I think that is a result of vaccine hesitancy and I think we need to confront that directly.

I think—and I don't think we can just put it aside. I think we have to realize that it is very real. There are those who distrust

the healthcare system, there are those who distrust government, and I think we need to address that head on.

I am enormously pleased to be sitting here with all the debate that has gone on around. What I heard from the chair and the ranking member and from everyone here, I assume this is correct. But we really need to encourage all our fellow citizens to get vaccinated, because while we don't know—

Mr. RASKIN. And do you believe, Dr. Kessler, if 100 percent of Members of Congress were vaccinated that that would send a positive signal to the population?

Dr. KESSLER. Yes.

Mr. RASKIN. My time is up. Thank you, Mr. Chairman. I yield back.

Chairman CLYBURN. Thank you very much.

The chair now recognizes Mr. Krishnamoorthi. Is he here?

Mr. KRISHNAMOORTHI. Thank you.

Chairman CLYBURN. Oh, I am looking for you to be visual. Thank you so much for being in person today.

[Laughter.]

Mr. KRISHNAMOORTHI. Good afternoon, everyone. Thank you so much for your service to our country. Thank you for being here today.

Dr. Fauci, on April 13, Fox News host Tucker Carlson talked about the effectiveness of vaccines on his primetime show, and he said, quote, "Maybe it doesn't work and they are not telling you that," close quote. On April 14, yesterday, during the day on CNN, you called Carlson's statements, quote/unquote, "A crazy conspiracy theory."

Last night, Mr. Carlson responded to you, saying it is not a conspiracy theory. He said, referring to vaccine, quote, "If this stuff works, why can't you live like it works? Why are you wearing a mask?"

Well, what is the answer, Dr. Fauci?

Dr. FAUCI. The vaccine trials that were done that showed the high degree, 94–95 percent efficacy, the primary endpoint of the vaccine efficacy was to prevent clinically relevant disease—clinically recognizable disease.

What we don't know right now but we will know as we gather more information that you can get infected even though you have been vaccinated, and because you are vaccinated have no symptoms.

And, therefore, you could have virus in your nasal pharynx and you could then transmit it inadvertently to somebody else. You are vaccinated. You are protected. You are not getting sick.

So, the wearing of the mask is predominantly—predominantly to prevent you inadvertently infecting someone else, even though you are protected from disease by the vaccine.

As we learn more and more, which we will, and the evidence gets better and better that a vaccinated person has a much lesser chance of getting infected asymptotically and even if they do the virus is very likely very low in the nasal pharynx, when those data become clear, the CDC, being a science-based organization, will use that scientific data to say now a vaccinated person can actually walk around without a mask.

Mr. KRISHNAMOORTHY. Got it. So, basically—

Dr. FAUCI. There is another issue also. One other thing, sir. Let me say—

Mr. KRISHNAMOORTHY. Yes. Go ahead.

Dr. FAUCI [continuing]. What is important is that there are variants that are circulating, too, and we want to make sure that if you have full protection against one type of a virus that a variant might come along that might escape the protection.

So, if you want full protection and you are out in the community where there is a lot of virus out there, that is why we still recommend wearing a mask.

And in answer to a question before, when you get the level of virus really low all of that is going to go away, and you are not going to have any—very, very little risk. Therefore, people will not have to wear masks.

Mr. KRISHNAMOORTHY. Got it.

Let me show you this chart, Dr. Fauci. It is of the United States. It is a map created by the CDC. Basically, what it does is it shows the highest incidence of COVID since the start of the pandemic. The darkest blue is where COVID rates were the highest per 100,000 residents. There are four in the middle of the country—North Dakota, South Dakota, Utah, and Tennessee.

I want to direct your attention to South Dakota for one moment. The governor of that state is a woman named Kristi Noem. Governor Noem said the following: “We never instituted a shelter in place order. We never mandated that people wear masks. We never defined what an essential business is.”

That is what she said at something called CPAC, the Conservative Political Action Conference, in February. And, in fact, she invoked you during that speech and she said, “I don’t know if you agree with me, but Dr. Fauci is wrong a lot.” And then you responded, saying the numbers in South Dakota, quote/unquote, “don’t lie.”

What did you mean by that?

Dr. FAUCI. Well, at the same time that the governor was saying that, if you look at the number of hospitalizations and deaths per population, South Dakota is way up there in that particular category. So, I don’t think that is a good track record.

Mr. KRISHNAMOORTHY. That is not a successful administration of COVID-19, correct?

Dr. FAUCI. Excuse me?

Mr. KRISHNAMOORTHY. That is not a successful handling of COVID-19, correct?

Dr. FAUCI. If you are using hospitalizations and deaths as a parameter, that is not very successful.

Mr. KRISHNAMOORTHY. Dr. Walensky, there was something called the Sturgis motorcycle rally in South Dakota. Four hundred and sixty-thousand people showed up. No one was wearing masks.

In a CDC study in a morbidity and mortality weekly report, it was found that 34 percent of counties in Minnesota experienced COVID-19 cases related to the Sturgis rally.

Dr. Walensky, is it fair to say that what happened in South Dakota with regard to not adopting restrictive measures on COVID-19 caused deaths in Minnesota?

Dr. WALENSKY. We were very worried when people came to that rally that they would get infected and bring it home. So, I can't tell you the individuals but that was the concern at the time.

Mr. KRISHNAMOORTHY. And you can't rule out deaths in Minnesota related to the Sturgis rally?

Dr. WALENSKY. No.

Mr. KRISHNAMOORTHY. Thank you.

Chairman CLYBURN. Thank you very much.

The chair now will move to a second round of questions, and I now recognize Mr. Scalise for five minutes.

Mr. SCALISE. Thank you, Mr. Chairman.

And at first just—I know it has been talked about a lot on what percentages should be or shouldn't be vaccinated. I would not—I would push back on the suggestion that Americans only get their liberties back if a certain percentage of Members of Congress get vaccinated.

I would like to use the science—I am talking about medical science now, not political science—on this.

Let us start with schools. Dr. Walensky, you have talked about this a few times, but you were quoted as saying, quote, "Safe re-opening of schools does not suggest that teachers need to be vaccinated in order to reopen safely," end quote.

CDC since put out guidance that talks about the things that need to happen to reopen schools. It is really focused on social distancing and wearing masks. I don't even think you all mentioned vaccinations.

You know, and teachers should be prioritized, in most states are prioritized for vaccinations. But the CDC guidance doesn't mention it.

Do you still stand by the statement that you made that safe re-opening of schools does not suggest that teachers need to be vaccinated in order to reopen?

Can you—

Dr. WALENSKY. ACIP recommends teacher and educator vaccination.

Mr. SCALISE. But you are the CDC director. What is your recommendation? Do you stand by what you said?

Dr. WALENSKY. The CDC guidance specifically—

Mr. SCALISE. Let me ask specifically about what—you said that statement I just read. Do you still stand by that statement, yes or no?

Dr. WALENSKY. I do.

Mr. SCALISE. You do? OK.

And, Dr. Fauci, you have also made comments about the CDC guidance on schools. You were asked about school re-openings and you said, quote, "I would back the CDC recommendations because that is really based on data," and you just heard the CDC director said that safely reopening schools should really be conditioned upon the social distancing and on masks. Do you stand by that as well?

I can't hear. If you can turn your microphone on, please.

Dr. FAUCI. Yes.

Mr. SCALISE. So, you do stand by that.

So, again, vaccinations should be available to all teachers. Most states are doing it. Those that aren't should prioritize teachers. But reopening schools should really be based on that science, right. The medical science that social distancing and mask protocols are what drives that. Is that correct?

Dr. FAUCI. Yes.

Mr. SCALISE. And I would imagine you acknowledge, as I have seen—I have seen so much medical data that shows the damage. You know, we have talked about COVID deaths, and they are all tragic.

We have seen a lot of other deaths in America, deaths tied to depression because people can't go about their lives. That is a real factor. We have seen so many young kids, millions today that still can't go back in the classroom, not because of medical science, because of political science that is destroying these kids' lives.

Do you recognize that it is causing depression, drug overdoses, drug abuse from—for kids tied to some of those decisions?

Dr. FAUCI. The psychological effects of keeping children out of school are well known. It definitely is not something that is favorable for children. It is much to their advantage to be in school.

Mr. SCALISE. Well, I appreciate that. And I hope that all of the school systems across America follow the medical science and stop this political science destruction of kids, trying to hide behind science when, in fact, as the CDC director just said, Dr. Fauci just said, schools absolutely should reopen.

The CDC guidance is very clear on what it takes to reopen, and it is social distancing and masks. Follow that medical science.

Now I want to get back to the pictures that I showed earlier about the Donna Detention Facility. And so now you both had a chance to see them. You both looked.

Let me just ask you, if it is a restaurant in any state. If a restaurant is set at 250-person capacity and there is a thousand or 4,000—4,000 people in a restaurant that is set for 250-person capacity, Dr. Fauci, would you consider that a major concern and probably—wouldn't that restaurant be shut down?

Dr. FAUCI. It would be a major concern, yes.

Mr. SCALISE. So, you go to the Donna Detention Facility today, and I was just there Friday morning, six days ago, in Donna, Texas, at that detention facility rated for 250 people.

Border Patrol told us there were over 4,000 people, young kids in that facility that day, six days ago. Not six feet apart. As you can see, in most cases, six inches apart, many without masks. Do you consider this a major concern?

Dr. FAUCI. Yes.

Mr. SCALISE. So, again, and I would—I would urge you, because you have closer access to President Biden than I do, I would—I really want President Biden to go see this. He ought to see this. He won't see it. Vice President Harris won't see it. You have seen it and you know what the science says, the medical science.

Could you please urge President Biden? He can fix this right now. There are three major things he did. The remain in Mexico policy was working. Every Border Patrol agent tells you that. President Biden got rid of it.

It has caused this magnet of these young people being exploited, abused, exposed to COVID. They say at least 10 percent of COVID—of these kids are COVID positive.

If you look at these conditions and 10 percent of the people in this room are COVID positive, do you think, ultimately, way more than 10 percent will get COVID and then get on an airplane without a COVID test, as they are being done, sent around the country? Is that a major concern?

Dr. Fauci?

Dr. FAUCI. Yes, that would be a major concern. Yes.

Mr. SCALISE. It is happening right now. It needs to end. President Biden can end this today. He needs to stop this national health crisis and the super spreader COVID event that he has created at our southern border.

I yield back.

Dr. WALENSKY. May I just add one thing, Representative?

And just for the record to show that our school guidance does, in fact, speak to vaccination. We have layered mitigation strategies. We say it is not conditional upon safe reopening of school—

Mr. SCALISE. But not conditional. The guidance, clearly—socially distanced, wear masks to reopen schools today. Thank you for that.

Chairman CLYBURN. Thank you.

The chair now wishes to accommodate the schedule of Mr. Raskin and we are going to yield to him.

Mr. RASKIN. Mr. Chairman, I am very grateful to you.

Dr. Walensky, your predecessor, Dr. Redfield, admitted recently that he was repeatedly instructed by Trump administration officials to pressure and change scientific reports the data—the conclusion for recommendations.

As the new CDC director, do you think it is a danger to public health to have political appointees from outside the agency dictating findings and conclusions to CDC's scientists?

Dr. WALENSKY. I have let the American people know that the CDC is going to be led by science and our subject matter experts that review that science.

When I became CDC director on January 20, I asked Dr. Anne Schuchat, my principal deputy, to review all of the guidance that was on the CDC website related to COVID and to ensure that it was backed by our CDC experts and our subject matter experts.

And in that review, three pieces of guidance came down—two had actually come down prior to my arrival, and one soon thereafter.

Mr. RASKIN. Well, I think the American people can rest assured that we are in the hands of real science now and not the right-wing political science being dictated by the Trump administration.

Dr. Fauci, I want to followup on a line of questioning that Mr. Scalise began about whether you would have major concern in certain situations.

Donald Trump mobilized a crowd of tens of thousands of people to stop the steal on the false allegation that he had actually won the 2020 Presidential election.

I think this is decisive refutation in itself that people have been able to exercise their First Amendment liberties to assemble and speak and so on.

But then at least 800 or 900 of them went way beyond their legitimate First Amendment liberties. They stormed the Capitol. They broke windows. They assaulted police officers—the Capitol police, the Metropolitan Police Department. Over 90 percent of these people, closer to 100 percent, did not have masks on.

And do you think that this caused a super spreader event? Because hundreds of Capitol officers and MPD officers and others have come down with COVID-19 since the violent insurrection unleashed against the Capitol in an attempt to overthrow the 2020 election. Would that be a major concern for you, too?

Dr. FAUCI. You know, as I have said many times, that any congregate setting where you have massive numbers of people who are not wearing masks always poses a risk for a super spread situation, regardless of where that congregation is.

Mr. RASKIN. Well, these people were pressed up against each other. They were coughing, spitting. There was tear gas in the air. A lot of them had brought bear mace. They were assaulting police officers face to face.

We have lots of photo footage of it. I didn't bring the photos this time, but I will just because I know Mr. Scalise will be extremely concerned about it when he sees the photographs of what that mob was doing.

Would you consider that something really dangerous for people to do, to show up without masks, to be assaulting police officers, to be screaming, chanting, yelling, all in the context of people also coughing and sneezing because of tear gas, mace, and bear mace and other chemical irritants brought by these domestic violent extremists?

Dr. FAUCI. You know, as I have said, Congressman Raskin, any kind of congregate setting where you have that type of a circumstance where people are crowded together without masks definitely poses a risk for a super spreader event.

Mr. RASKIN. OK. Thank you.

And, Dr. Kessler, let me ask you this. The vaccines are a remarkable triumph for science and investment and in scientific research and development. They are a decisive refutation of all the anti-scientific propaganda, irrationalism, magical thinking, wishful thinking, that we saw over the last four years.

And, yet, that same kind of anti-scientific dogma now proves to be a blockade to our ability to make progress on a whole host of other problems like gun violence, for example, where there are people who don't want us to have scientific research on gun violence as a public health epidemic, like climate change, where there are people who are denying the overwhelming weight of scientific consensus.

Would you speak generally to the problem of people placing their ideological agendas above the findings of scientists?

Dr. KESSLER. Congressman, there were 769 deaths yesterday, approximately, from COVID-19. I don't know where we are going to be in a June/July with those number of deaths.

I mean, every time we have looked at the epidemiology, we are humbled because we can't predict the direction.

But the thing that I am absolutely certain is that if we want to take that number of deaths down, if we want to get back to normal,

to every American, please, please be vaccinated. Ideology, whatever your concerns, these are very safe and effective vaccines. Let us get everyone vaccinated.

Mr. RASKIN. Well, we will take that to heart, and thank you very much, Mr. Chairman, for calling the hearing.

Chairman CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chair. Thank you, Mr. Chairman.

Dr. Fauci, American citizens, some of them lost their businesses because of lockdowns imposed due to the virus, and we have been told for a year they can't go to church, can't go to work, can't go to school, can't go to a loved one's funeral, can't go to their United States Capitol to petition their government, and if they dare speak anything that is contrary to what you have said or CDC has said, they get censored, as evidenced by the governor from our third largest state just last week facing that situation.

All the while, as the ranking member, Mr. Scalise, has pointed out, migrants enter the country illegally from 60 different countries. They are processed, put on a plane paid for by the American taxpayers, without getting tested, flown somewhere or bussed somewhere in the country. It just doesn't hardly seem fair.

And so, I will go back to the question I asked the first round. Can you give us a specific measurement that will have to be attained, some outcome, some result that we have to reach, so that Americans know they are going to get their liberties back and be able to move on with their lives?

Dr. FAUCI. You are asking for a number. If I have a number, it would have to be my best estimate and that would be that the number of infections per day are well below 10,000 per day.

At that point and up to that point, there would be a gradual pulling back of some of the restrictions you are talking about, particularly when people are vaccinated more and more because it is a combination.

If you are vaccinated, you are protecting yourself, for sure, and the more people that get vaccinated in the community the lower the level of infection will be.

Mr. JORDAN. I understand. I understand. Well, give us an idea. I mean, look, you have given us thoughts on all kinds of subjects. You have opined on all kinds of issues. Give us your best guess then.

Dr. FAUCI. I just did.

Mr. JORDAN. No, you didn't. You didn't give us a time. When do you think this is—are we going to be doing—are we going to be here two years from now wearing masks and asking Dr. Fauci the same question?

Dr. FAUCI. No, I doubt—I doubt—well, let me—let me—you are ranting again. Let me just—

Mr. JORDAN. No, I am not ranting.

Dr. FAUCI. Yes, you are.

Mr. JORDAN. No, I—here is how it works, Dr. Fauci.

Dr. FAUCI. Right.

Mr. JORDAN. I get to ask you the questions. You are the highest paid official in the U.S. Government. You have given us your ad-

vice on baseball, on dating apps, on cruise ships. You told us zero masks, one mask, two masks, now back to one mask.

I am just asking you, when is it going to end? You can say I am ranting. I am actually asking the question that the citizens I get the privilege of representing. And my name actually goes on the ballot.

I don't think your name has ever been on a ballot. My name goes on the ballot. The citizens I represent want to know the answer to when they can get their liberty back.

Dr. FAUCI. You know—

Mr. JORDAN. You can call that ranting. I actually call it standing up for the Constitution, which I take an oath to uphold, Dr. Fauci, every year—every term that I serve in this Congress representing the folks in the Fourth District of Ohio. So, it is not ranting. It is defending the First Amendment. And we would like an answer or your best guess, since you have got an answer for everything else.

Dr. FAUCI. Well, when we get the people in this country vaccinated, the overwhelming majority of the people in the country, and we project that that will very likely be sometime in the beginning to mid of the summer.

Because as the president has said, when we get to the end of May there will be enough vaccinations to vaccinate everybody in the country. It will—the reason I can't give you a precise number because I am not 100 percent sure how many people will want to be vaccinated. That is what I am saying. If you get the overwhelming number of people who—

Mr. JORDAN. You gave us—you gave us a guess on Texas. Look at the—look at the chart here. You gave us a seven-day average of case rate per 100,000 people. You gave us your guess on Texas. You said when Texas ended their lockdown, ended their mandate, that this was, quote, “inexplicable,” and would lead to a—would lead to a surge in cases.

Texas is near the bottom of the 50 states. But all the states at the top—all the states at the top are lockdown states. So, how great was that—that guess didn't seem to be too good.

What explains why Texas is so darn low compared to the rest of the states? Lockdown states have a much higher case rate than the state of Texas, which has over a month ago now said, we are not going to lock down—we are not going to have all these mandates that you say we have to have.

Dr. FAUCI. Yes. There is a difference between lockdown and the people of obeying the lockdown. You know, you could have a situation where they say, we are going to lock down and, yet, you have people doing exactly what they want to do.

Mr. JORDAN. Is that—is that what is happening in the top eight states in the country? They are just not—they are just not following what has been told? They are not listening to Dr. Fauci?

Dr. FAUCI. I am sorry. You are speaking so fast I am not even hearing what you are saying.

Mr. JORDAN. Well, you can look at the numbers.

Dr. FAUCI. I can't see that. It is too far away.

Mr. JORDAN. OK. Well, Michigan is at 551 cases for 100,000. Texas is at 77. Wisconsin is at 109 because their state Supreme Court overruled their governor—the Republican court—and said we

are not going to have a lockdown in Wisconsin and their numbers are five times lower than the state of Michigan, which is right next door.

Chairman CLYBURN. The gentleman's time has expired.

Mr. JORDAN. But, Mr. Chairman, it is typical when you are—there is a question on the table that the witness gets a chance to respond to that last question. I want to know why—

Chairman CLYBURN. I will ask the—I will ask the—

Mr. JORDAN [continuing]. Why Wisconsin is at 109 and right next door Michigan is at 551. Michigan is locked down and Wisconsin isn't.

Chairman CLYBURN. I think the gentleman answered you quite clearly.

Mr. JORDAN. He didn't answer that. He hasn't answered one question I have asked today.

Chairman CLYBURN. There is a big difference in being a lockdown state by order and being a state that obeys orders. That answered the question, in my opinion. And with that—

Mr. JORDAN. Yes, we don't obey orders in—

Chairman CLYBURN. The chair recognizes Mr. Krishnamoorthi for five minutes.

Mr. KRISHNAMOORTHI. Thank you, Mr. Chair.

Dr. Fauci, the number-one Facebook post today about vaccines is Tucker Carlson's suggesting they don't work, going back to our exchange from before. There are calls now to take down his post by Facebook, as it has become the most engaged post and fueling the anti-vaxxer movement online.

Would you—it seems appropriate, given what Big Tech needs to do to take down these anti-vaxxer claims to take down Tucker Carlson's Facebook post as well? What do you think?

Dr. FAUCI. You know, Congressman, I am really not expert enough about what should be taken down.

Mr. KRISHNAMOORTHI. OK. Dr. Kessler—Dr. Kessler, this is your beat, vaccine hesitancy. If this is as serious a anti-vaxxer claim and it is getting the engagement it should, shouldn't we take down this Facebook post?

Dr. KESSLER. Vaccines work. Any suggestion that they don't would be false and misleading, and I would ask—we have been sitting here. I would just ask that all members of this committee reinforce that point to the American people.

Mr. KRISHNAMOORTHI. Dr. Fauci, with regard to Facebook, Chelsea Clinton has now called for this Facebook post to be taken down and numerous others. How about you?

Dr. FAUCI. You know, when I—I was trying to answer the question when you switched over to Dr. Kessler. I am not an expert enough on what liberty should or should not be encroached upon by taking things down from Facebook.

I don't want to go on the record and say something should be taken down from Facebook because that is not my area of expertise, what one can or cannot take down from Facebook.

I can comment that I certainly disagree with what he said and I made it very clear that I disagreed with what he said.

Mr. KRISHNAMOORTHI. And should he retract his statements?

Dr. FAUCI. Should he what?

Mr. KRISHNAMOORTHY. Should Tucker Carlson retract his statements in light of your testimony today?

Dr. FAUCI. You know, I wish that he would not have said it. Again, I don't want to get into a back and forth because that is what happened between me and Tucker Carlson.

I am too busy doing my job to going back and forth with people like Tucker Carlson. He could say what he wants to say. I wish he would not. I don't think it is productive.

Mr. KRISHNAMOORTHY. Given what he has said and what he has posted on Facebook and social media, do you believe that it advances or sets back our drive to vaccinate the population?

Dr. FAUCI. Well, the statement he made is that he doesn't—it looks like the vaccines might not be working. The implication was since you are asking us to wear masks the vaccine might not be working.

My comment to that is that the vaccines were shown the mRNA vaccines to be between 94 and 95 percent effective. So, my answer to him is merely one of data. Look at the data. The vaccines are highly efficacious and have been shown in the field to be highly effective.

In fact, that was the third or fourth or fifth slide in my presentation.

Mr. KRISHNAMOORTHY. No, but it is a simple question, Dr. Fauci. Is it—are his statements advancing the cause of getting us to the point where we can remove our masks and, quote/unquote, “exercise our liberties,” or are we now setting back the program of getting to that state?

Mr. KRISHNAMOORTHY. His statements are, certainly, not advancing the cause of trying to get as many people vaccinated as quickly as we possibly can.

Mr. KRISHNAMOORTHY. Dr. Kessler, you said that each week we are going to be delivering or we are delivering 28 million doses of vaccine, and I assume that the demand right now meets the supply.

But at some point, you said, it is going to plateau. And when do you expect the demand to be less than the supply?

Dr. KESSLER. I think over the next number of weeks. I think—

Mr. KRISHNAMOORTHY. So, we will be gathering a surplus of vaccines at that point?

Dr. KESSLER. It is—you know, we are a diverse country and there is going to be areas where there is appointments that will go unfilled, and there will be areas of the country where it is still going to be hard to get an appointment.

But I think we are getting to that inflection point and I think we all have to individually work hard and personally to talk to people. Listen to people. Understand people's fears, people's concerns. We have a—we have a big job ahead of us if we are going to get—

Mr. KRISHNAMOORTHY. If we have surplus vaccines at some point where the demand is less than the supply and is just gathering, what are the contingency plans to do with those surplus vaccines?

Dr. KESSLER. We are going to work day and night, and we are, to build further confidence in the American people. We know the

most important thing that we can do is to invest in trusted messengers across the country.

We are leading with the science. I think you have seen that this week's actions should give the American people increased confidence in the FDA and the CDC. We have a big job ahead of us and we are not going to stop until we have vaccinated everybody that we can.

Mr. JORDAN. Will the gentleman from Illinois yield for a question?

Mr. KRISHNAMOORTHY. Go ahead.

Mr. JORDAN. Will the gentleman yield?

Chairman CLYBURN. The time has expired.

Mr. KRISHNAMOORTHY. I can't yield you anything, but go ahead.

Chairman CLYBURN. The gentleman's time has expired.

The chair now recognizes Dr. Green for five minutes.

Mr. GREEN. Thank you, Mr. Chairman.

And I want to begin round two here by thanking Representative Bill Foster for his allowing me to partner with him on the GAO Task Force. Bill and I don't agree on a lot of political positions, but I have grown to deeply respect his scientific knowledge and his management skills as he has worked with them to make sure contracts were appropriate, operations—Operation Warp Speed went well.

And he and I did agree on sending a letter to the administration asking that we use one dose for Moderna and Pfizer until everyone is vaccinated. I still believe that is a strong position. The data from, particularly, our allies has shown that to be very true.

Second, someone earlier mentioned that Tennessee's infection rate—basically, mentioned our infection rate in an effort to imply that open states performed more poorly than closed states.

But a simple glance at the per capita death rate paints a very clear picture that there is minimal correlation, if any, between deaths and closures and mask mandates.

Florida, for example, is the third largest state. It ranks 28th in per capita deaths. Tennessee is the 6th in population—16th in population and we are 21st in per capita deaths. That is consistent across all the states. There just isn't correlation. Those statistics need to be checked and confirmed, or what was said earlier should be.

Someone else asked this question earlier and I think it is worth mentioning again. You know, do such conditions that were described at the Donna facility on the border conform to current CDC guidelines.

The answer was very clear. It doesn't. And that begs the question how is it OK to let 600-plus children lay row on row, shoulder to shoulder, yet the NEA says we still can't send Americans back to school.

I think that is a question that we should be asking the national—the National Teachers Association. I am sorry. That is very frustrating to see this continued push to keep kids out of school, but it seems to be OK that that we let them languish in those facilities on the border.

Dr. Fauci, I have a question for you, and I would like for you, if you could, to elaborate—I am surprised no one has asked this question yet—and it is about the J&J vaccine.

I, too, am one of those folks who believe that the Moderna vaccine, the Pfizer vaccine—I have looked very hard at the data on those. Those are safe.

I took the first vaccine myself. I am holding on a second to keep in—keep consistent with Dr. Foster and my push to have one vaccine first.

But you recently made some comments about the J&J vaccine. As I understand it, there were only six cases of clots, and out of several million 7 or 8 million that have been administered.

I would love for you to elaborate on this, because I am very concerned that this halt or what you have said about the halt has probably contributed to things like these Facebook posts and others who are concerned about vaccine safety.

So, if you could kind of comment on the incidence of this clot versus the number of vaccines, and then the pause and what it may be communicating to people about the safety of the vaccines.

Dr. FAUCI. Thank you very much for that question. It is an important question.

So, the CDC and the FDA made a determination when they saw the accumulation of six, a relatively small number, of this really quite devastating complication of an adverse event of cerebral venous sinus thrombosis with thrombocytopenia.

And they did it, as they have stated very clearly, even though it is a very low level, when you look at it the number as of now would be, like, less than one per million. They did it out of an abundance of caution and called it a pause to be able to do two things: one, to examine it more carefully to make sure that there are not a lot more out there, and to alert physicians to be on the lookout for this.

But also another important component of it is that if there are more of these situations where people have this and they come to a physician, if the physicians are not aware of it, they may treat the person inappropriately because this is a clotting situation and the standard way to treat a thrombosis is with an anticoagulant call heparin.

However, in this case, heparin is contraindicated because it could actually make the situation worse.

So, there were two reasons to do it: one, out of an abundance of caution to see what we are dealing with, and B, to make sure they alert physicians about what to do with it. Hopefully, we will get a decision quite soon as to whether or not we can get back on track with this very effective vaccine.

Mr. GREEN. I would love for you, though, sir, to just in your future comments about it be very careful, because I think they are contributing to some of this vaccine hesitancy. And I just—if I could just ask you to do that in the future. You know, just a request. Thank you. And I yield.

Chairman CLYBURN. Thank you very much.

The chair now recognizes Mr. Foster for five minutes.

Mr. FOSTER. Thank you.

And just one quick question on the last subject.

In your epidemiological modeling, what is the difference in the projected total mortality by the time the—that the pandemic burns out because of the delay that is implied by a delay in the J&J vaccine?

And if you don't have a just off the—you know, offhand answer to that, if you could answer that for the record, it would be very, very informative. Because that is the tradeoff, as I perceive it, between the risk of those one in a million of, you know, people who would, you know, be at risk otherwise.

And now I will change back to our favorite subject here. I just want to thank you for your testimony about the long-term Federal investments in science that were so crucial to getting out from under this pandemic.

You know, I have been out of science and at this crazy business for about 12 years now, and I cannot count the number of times that we Democrats have had to compromise in negotiations or give up things that we care about to defend the scientific budgets against the cuts proposed and voted for by Republicans from Paul Ryan to Mick Mulvaney to Donald Trump.

Well, that is my rant, and there is no need for you to comment on this. But, now, what I would like to ask you about are next-generation vaccines. You know, these may be really important, both for boosters in the U.S. in the future and for the rest of the world to keep new variants from coming back at us from offshore.

And what I have been reading about all these great concepts for next-gen vaccines, you know, the self-amplifying mRNA vaccines, the nose spritz, which could be much better for vaccine hesitancy, oral vaccines, which will be, obviously, great for convenience and for vaccine hesitancy. And then all these neat things like the electrical apheresis devices for DNA vaccines and so on that don't have needles. Anyway, what are the promising technical approaches and the plausible timelines for these, both in the U.S. and abroad?

Dr. FAUCI. Well, there are a—thank you for that question. There are a couple of approaches to the evolution of variants. One of them is to actually boost against the wild type virus, and the reason we see that because the higher the titer of antibodies, we find that even when a variant comes along and diminishes the efficacy of the vaccine by two, three, or four fold, there is still enough cushion in the effectiveness of the vaccine that it spills over and protects against this new variant.

The other approach is one that we have already started in Phase 1 and 2A trials, and that is to make a boost that is specifically directed at the variant in question. The one that we are directing it at is the one that is the most problematic for us right now.

Theoretically, it is not dominant in the country. But, theoretically, it could be the most problem and that is the South African isolate, the 351. The ultimate end game, when you talk about the next generation, would be what we call a universal SARS-CoV-2 vaccine and, ultimately, a universal coronavirus vaccine.

And there are a number of ways of doing that. We have important and new platform technologies and we believe, for example, that we can apply the mRNA technology to get to that goal of getting a broad response against all possible variants.

These are activities that have already started with the funding that has been generously given to us by the Congress.

Mr. FOSTER. And are you also continuing to experiment either in the U.S. or abroad with different dosing regimens? For example, given the phenomenal effectiveness in children of the mRNA vaccines or at least one of the mRNA vaccines, are you considering looking at giving two half doses or maybe only one dose to children and see if that is effective?

Because, obviously, even if we choose not to do it in the U.S. it will have huge advantages to the rest of the world if you can demonstrate that that sort of approach actually works.

Dr. FAUCI. As part of the dose—as part of the age de-escalation, which means that, for example, we know now for the Pfizer that the 12-to 15-year-olds there was, essentially, 100 percent efficacy of that vaccine.

But when you do an age de-escalation and you go from 12 to 9 years old, 9 to 6, 6 to 2, and 6 months to 2 years, there will be a dose de-escalating also on that, and perhaps Dr. Kessler can comment further on that.

Dr. KESSLER. Getting the dose right in children is absolutely essential. And, in fact, one of the reasons why it takes longer in kids is because that—collecting that data is being undertaken right now and that is what we will have, I am confident.

Again, I don't want to get out ahead of it in front of FDA and the ACIP. But we will likely have a vaccine for adolescents from 12 to 16 over the next several months. But the younger age groups, in order to get that dose data, it will take longer.

Mr. FOSTER. Thank you, and I believe my time has expired, and I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Ms. Malliotakis for five minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman.

I wanted to continue the conversation regarding our schools. And as I mentioned, the CDC had recommended a \$23 billion cost to reopen. That was the estimation in December, and that COVID bill is \$64 billion, almost nearly triple the amount of money that was needed.

And then in this last package they put in another \$110 billion, which would be eight times the amount that the CDC estimated it would cost.

Now, my question for you is, because New York City School system is still basically closed.

Yes, there is some in-person instruction at elementary schools and some at the middle school level. But the reality is, is that the CDC is recommending five days a week in-person instruction.

What can you do to assist us to get that message to the local level? Because this is really having an impact, and as Dr. Fauci is from the community, from the city that I represent, so he understands maybe the impact that this is having.

But from a medical standpoint, I mean, we are talking about COVID. But then this is creating all sorts of other issues: nutrition, obesity, school athletics remains shut down. I can't get 12 kids in a hockey league to be able to play. Just nonsensical stuff that we are seeing.

And I understand it is a local decision and it is about local management. But what can you and the administration do to try to talk some sense into the leadership in New York City to get our schools open, get school athletics back on track? Children, you have seen across the country, sadly, committing suicide.

This is having a mental health—another public health crisis is being created as a result. Both parents are trying to go to work. You know, it is really hard, particularly on single mothers. The after school centers are closed.

I mean, what can we do as a Federal Government, as an administration, to try to—are you meeting with them? Are you communicating with them regularly?

Are you visiting with these chancellors on the local level to come up with a plan to meet this 100-day goal that the president sent that we are about to reach any day now?

Dr. WALENSKY. So, we have put forward this operational guidance. We have been collaborating with the Department of Ed. We have been talking to the teachers unions and we have been talking to individual states.

What I can say is that the guidance speaks to all the layered mitigation strategies that need to be in place in order for this to be safely done, and schools are working toward that in many of these places.

I do want to say that we have definitively said the schools should be the first place to open and the last place to close.

Many of the outbreaks associated with children are happening on the athletic field. They are happening in wrestling. They are happening in hockey. They are happening in basketball.

So, we have limited guidance—we have guidance that limits the school sports in the context of highest transmission.

Ms. MALLIOTAKIS. OK. Thank you very much. I would like to give Mr. Scalise 30 seconds and the remaining on my time to Mr. Jordan.

Mr. SCALISE. Thank you. I appreciate the gentlelady from New York.

Real quick, because there were some comments that were brought up regarding Tucker Carlson, some things that were said but other parts of the context that were left out.

So, I did just want to include on Mr. Carlson's show on Wednesday, he did say, quote, "Wait a second. Who is doubting that vaccines work? For the record, we never for a minute doubted it."

He goes on to say, "So, when they said this stuff works we never questioned it." So, I think it is important to put that on the record as well because that was left out, I think a little bit unfairly.

Yield back.

Ms. MALLIOTAKIS. Mr. Jordan?

Mr. JORDAN. I thank the gentlelady for yielding.

That was—that was a subject I wanted to touch on. We just had a member—I wish he was still here. That is why I tried to ask him a question. Representative Krishnamoorthi actually lobbying for Tucker Carlson, a member of the press—actually lobbying for his statements to be censored.

A member of the government telling someone in the press, advocating for someone in the press to have their statements censored.

And Dr. Fauci says I am ranting when I talk about the First Amendment.

For goodness sake, you got a Member of Congress in the government saying someone in the press should be denied their ability to speak that statement. They should be taken off of Facebook, taken down.

This is how scary it has gotten, and the longer it goes, Dr. Fauci—the longer it goes, the scarier it is going to be for the liberties that we, as American citizens, have. That has been my point the entire time.

But I wish the gentleman were still here. But I cannot believe what I heard where a Member of Congress is saying and asking you all a question, and you all won't give the right answer, which is, of course, his statement shouldn't come down.

It would have been easy to say, Dr. Fauci, if you actually cared about the First Amendment, of course, I disagree with his statement. I know you do. I don't know that I disagree with everything he said because he just was put in context—when you get the whole context.

But you disagreed with his statement. What you should have said he can say what he wants, shouldn't be taken down. I just respectfully disagree.

I yield back to the gentlelady from New York.

Chairman CLYBURN. The gentlelady's time—

Dr. FAUCI. Mr. Chairman, could I—just to clarify?

Congressman Jordan, I definitely think he has the right to say whatever he wants to say. Well, he was talking about things that I think are legal or not legal about taking things down.

Why don't we just make it so that you understand very clearly that I think that Tucker Carlson can say whatever he wants to say. It is freedom of speech.

Mr. JORDAN. Well, God bless you. I appreciate it.

Chairman CLYBURN. Well, you know, I would just say, Mr. Jordan, that there is something about this country that we pay entertainers very well. I don't care about how much money they make. But I want them to be recognized as entertainers.

Mr. JORDAN. Tucker Carlson is a member of the media. He is a member of the press.

Chairman CLYBURN. Tucker Carlson—Tucker Carlson, in my not so humble opinion, is an entertainer.

And with that, I will yield five minutes to Ms. Waters.

Ms. WATERS. Thank you so very much, Mr. Chairman.

Again, Dr. Fauci, I would like to thank you for your courage and your integrity, and I want to ask you about a couple of friends that I have that I think have been considered or is being considered long haulers.

Now, they tell me about some of their symptoms. I think one has not gotten the taste and the smell returned. The other one is having, I think, headaches and some other kinds of things.

What can they expect? Should they get booster shots? What can be done for the long haulers?

Dr. FAUCI. We are now—that is a great question, Congresswoman Waters. We are studying very intensively now what is a real and unfortunate syndrome, and that is a certain percentage of

people—and we are collecting large cohorts now to find out exactly what that percent is.

It ranges in some observational studies from 10 percent to 20 to 25 percent of people who have varying levels of involvement of COVID-19.

Some are in the hospital. Some are in the hospital seriously ill. Some are taken care of at home and are out of work or whatever for a month. But at the end of the day, when they clear the virus from the body, they have this peculiar persistence of a constellation of symptoms that are unexplainable, because the virus is gone and, yet, they have profound fatigue, muscle aches, sleep disorders, temperature dysregulation, fast heartbeat called tachycardia, and a thing called brain fog, which means they have difficulty focusing on anything, on a computer or on reading.

So, what we are trying to do is to find out, A, what is the percent of people, B, is there an underlying common cause of that, because up to now on superficial looking there is no specific laboratory test that is giving us any clues.

But it is a real phenomenon and we are taking it very seriously. As a matter of fact, we have invested \$1.15 billion in a multi-institution type of an approach with the NIH, the CDC, multiple institutes within the NIH. It is something we take very seriously.

Ms. WATERS. Well, let me just continue with that. We are talking about the various variants and we are also hearing some conversation about the possibility of booster shots that may be necessary.

Would there be a different booster shot for different variants? For example, you describe one coming out of South Africa. Someone alluded to one coming out of Brazil. We have heard about the U.K.

Do you think that if we have to have booster shots it may be different kinds of booster shots, depending on the variant that is the problem?

Dr. FAUCI. Yes. That is a great question and that is one of the things I tried to address in a partial answer to one of the questions.

There are a couple of ways of looking at variants. One is the boost against what we call the wild type, the underlying original one. If you get it high enough, it could spill over into protection to the variant.

The other is to specifically make a boost against the variant. The problem with that is that if you get more and more variants, that is almost like playing whack-a-mole. You hit this one, then you go to the other one, you go to the other one.

And that is the reason why what we are putting a lot of effort in is to try and get a more universal vaccine that would cover all different types of variants. That is the ultimate end game.

But until then, we are trying to isolate and find out what the most damaging or potentially dangerous variant is and to make a special boost against that, and that is what we are doing.

Ms. WATERS. That is—that is very good to hear, and I am going to be paying a lot of attention to that because I, without, you know, having any specific scientific knowledge, I just think that there may come a time when we have to have booster shots.

Now, having said that, I want to talk just one—a bit about something right here at home. It is very simple. The Members of Congress are congregating in the elevators. They pile in the elevators.

And when I am on an elevator and it stops, I will only let two other people on because I won't live with more than three. And some say, well, I have had shot so I am wearing my mask.

What advice do you have for us to, basically, be more safe and to be fine examples of what to do to prevent the virus?

Dr. FAUCI. Yes. There are a couple of things to be done. I think we should encourage all Members of Congress to get vaccinated because I think that would be really good for their own personal protection as well as for the community of the Congress.

The other thing is that what we do in our Federal—some of our Federal buildings—I know we do it at the NIH—when you have the elevator, they have these things here that are in the corner and they say no more than four if the elevator is a certain size, and no more than two if it is a much smaller size.

But it actually works and people abide by that and they respect that, and I think that is a good thing if we can get that done.

Ms. WATERS. Thank you for your advice. Again, I appreciate you so very much. Thank you and I yield back.

Chairman CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Ms. Miller-Meeks for five minutes.

Ms. MILLER-MEEKS. Thank you, Mr. Chair.

Dr. Walensky, since this pandemic started, as a physician and former director of the Iowa Department of Public Health, I have referred to this as life versus life. Not life versus the economy, not life versus liberty, but life versus life.

At that time, I said that we would see with hospitals closed, with businesses closed, childcare closed, that we would see the increased deaths from cancer treatments not being given, also cancer not being detected, from drug overdose, suicide, depression, mental health.

And now we have, certainly, that data. We have—the San Francisco Chronicle published earlier this year that the rate of drug overdose deaths, even with Narcan being rapidly dispensed and in the public, was over 30 percent higher than it had been the year before.

We also know the same statistics out of Japan. We also know from Las Vegas that, having closed their schools, what forced the Las Vegas school district to open their schools was the publication that—in the *New York Times* that from March 16 to June 30 of 2020 there were six suicides in young children, and between July 1 and December 31 there were additional 12–18 suicides, the youngest of which was nine years old, which is tragic.

So, my question for you is do you know how many excess deaths, not COVID but excess non-COVID-related deaths have been incurred during this past year?

Dr. WALENSKY. I know there was an MMWR report out today actually that describes from January 2020 to February 2021 excess deaths of about 500,000, about 75 percent of which are attributable to COVID.

Ms. MILLER-MEEKS. Thank you. So, excess deaths of 500,000, which is somewhat similar to what we have. So, thank you for that.

Dr. WALENSKY. Seventy-five of which are attributable to COVID so that is the same—

Ms. MILLER-MEEKS. So, non-COVID-related excess deaths was what I was asking. But I will go to my next question but thank you for that.

I was at the border earlier this week in the Rio Grande Valley sector—and thank you, Representative Waters, for bringing up congregating in the elevators and crowding, because when I was there at the Donna Processing Facility, that facility was at 420 percent capacity. They had brought it down from 5,000 per day to 3,500 per day. This facility was not built for that.

While I was there, as a woman and a mother I was concerned about young women being smuggled into the country, brought across without any parental support or parental guidance, and asked them about pregnancy, rape, sexual assault, and they informed me that the week before they had an 11-year-old girl recently pregnant and a girl between 11 and 15, who, the day she arrived at that facility, gave birth to twins.

So, does pregnancy put individuals or these young people—they are not being tested for COVID. We already know that. But does it put them at a higher risk for severe illness from COVID-19?

Dr. WALENSKY. Epidemiologic studies say that outcomes of COVID in pregnant women are increased ICU risk and on other things.

Ms. MILLER-MEEKS. OK. And does the overcapacity in the shelter put them at higher risk for COVID-19?

Dr. WALENSKY. Crowding is a risk for COVID-19, yes.

Ms. MILLER-MEEKS. So, I have been working on vaccine hesitancy throughout. As soon as the vaccine—and I thank the previous administration and President Trump for getting the vaccine to this point in time—but it is really the Nation's vaccine, not a particular president's vaccine. And working on that, and even this weekend on Saturday was able to vaccinate 20 young individuals who were attending a meeting.

And so, we have talked about vaccine hesitancy and the need to get across that. But I am wondering if—and, Mr. Chair, I would like to introduce this article into the record, if I may, from September 2020 when Dana Bash asked Vice President Harris if she would get the vaccine, and quote, “I would say that I would not trust Donald Trump and it would have to be a credible source of information that talks about the efficacy and the reliability of whatever he is talking about. I will not take his word for it.”

Is this the kind of information you think that also contributes to vaccine hesitancy?

Dr. WALENSKY. I think we all have a role to get vaccinated, and I would encourage everybody to get vaccinated with the FDA-authorized vaccines.

Ms. MILLER-MEEKS. So, I fully respect her freedom of speech, as Dr. Fauci respects Tucker Carlson's. But I think, yes, it is incumbent upon all of us to be transparent, to be ethical, to give information, and this also applies to the—how we handle the J&J vaccine as well to the pause.

Thank you so much and, again, I appreciate all of you being here and your testimony today.

Chairman CLYBURN. Thank you.

The chair now recognizes himself for five minutes to close the second round of questioning.

I wish to say that I remember the statement made by Vice President Harris. I also seem to remember that she had a very public vaccination, very public. She and the president as well.

I am old enough to remember the Tuskegee experiment, and I know what hesitancy that has caused. I am also remembering the polio vaccines, one being a shot, which we owe to the genius of Dr. Jonas Salk, the other being a little drop of serum on a lump of sugar, all to the genius of Albert Sabin.

I need not tell you which one of those was preferred, and so I will not have to explain to you which community got what vaccine. And that is why the vice president was so public with her vaccination and that is why I was very public with mine and received my second one on January 7.

As you can imagine, I mean, the day after January 6, my mind was on a lot more than the vaccination. But I thought it serious enough to have that vaccination done on that day in the same place that had been ransacked the day before.

And I think it is important, in my opinion, that we recognize mask mandates and closures, and though it seems as if a few of my colleagues here believe that mask mandates and closures haven't helped save lives. That is what they have said here.

I want to know, Dr. Fauci, would you agree with that?

Dr. FAUCI. I believe that mask mandates have helped.

Chairman CLYBURN. How about you, Dr. Walensky?

Dr. WALENSKY. I agree with Dr. Fauci.

Chairman CLYBURN. Dr. Kessler?

Dr. KESSLER. Absolutely, Mr. Chairman.

Chairman CLYBURN. Well, I want to thank the experts here, and I would hope that the public looking in or listening in on this hearing today will take to heart the fact that the scientists, the people who have spent their lives in this field saving lives, will take heed, and as they listen to the words, for those who haven't spent a day studying these issues or practicing them, those who spend their time practicing the words of persuasion rather than in hearing the scientific research that got rid of polio and so many other diseases.

You know, I have taken my single shot, and for what I know about these kinds of diseases, when the scientists tell me that the research says they will be helpful to my comfort and well being, I am going to take it and I urge all of my constituents and all others who may have any confidence in my opinion to please follow the scientists and get vaccinated.

With that, I yield back and I will call and end to the second round of questions.

And I will now yield to my ranking member for any closing comments he would like to make.

Mr. SCALISE. I want to thank Chairman Clyburn for having us here and really appreciate our witnesses for coming.

I know for Dr. Fauci, you have been back a few times. When you look at some of the conversations we have had, I know when I listen to constituents of mine they want to follow the science and get back to their lives as best as they can.

And we are over a year into this now. We see some states who have opened more broadly using science and some states that have stayed shut down, in many cases going against the science.

And again, you can look at the chart. The states that are the most closed down right now have some of the highest incidence of COVID transmission. And you look at number 50. Out of 50, Texas is probably one of the most open states.

So, the science shows and the data shows that you can safely reopen. Some are just choosing not to, and that is really where we get to the concern.

When you look at some states that are practicing more political science while ignoring medical science, that is what angers so many of us. You look at school reopening, and I appreciate Dr. Fauci and Dr. Walensky both said if you follow the CDC guidance, which says socially distance and wear a mask, every school should be open today. And yet, about half of our schools in America are not educating kids in the classroom.

And the science is real clear on this. Long-term damage is being done to those kids. Some are committing suicide. Some are turning to drugs. Some have lost a generational ability to have the same opportunity as anyone else.

This is a national disgrace. Ten years from now people are going to look back and go, how did America let that happen to a generation of kids where for over a year they did not learn the same way as everybody else in America learn.

When you watch a teachers union head send his kids to private school while telling the teachers in the public school system that they shouldn't teach kids in the classroom.

You want to talk about racial disparity in this country? This is a national disgrace that is occurring before our very eyes, and instead of waiting 10 years and looking back on how did we lose a generation of millions of young kids, let us do something about it now.

Every one of us should be able to stand up, Mr. Chairman, Republican and Democrat. Whatever you think of unions, whatever you think of school choice, if your school system doesn't want to educate your kids in the classroom and the science says do it, absolutely do it—if you want to take their money and not educate their kids, shouldn't you be able to take that money somewhere else where they are willing to educate your kid? Because your kid is going to lose his opportunity at life if this goes on.

So, much damage has already been done. We have got to undo the damage, and the science—the medical science—backs it up. The American Academy of Pediatrics, CDC. You don't need to look far.

You don't need to reinvent the wheel, because it is out there, what you can do to open schools today. You don't need billions more dollars. We have spent billions of dollars to reopen schools.

The bill that was passed, the \$1.9 trillion massive spending bill, over 90 percent of which had nothing to do with COVID medicine, the money going to schools wasn't even dedicated to opening schools.

And so, people would beg the question, what is the money for then because I want my kid back in school. It is denying that kid

opportunity. They are committing suicide. We ought to be concerned about those numbers.

Then let us turn to the border and, again, I appreciate the testimony from our witnesses, because when confronted with the pictures that the Biden administration will not let the press see, the Biden administration is keeping the press out of this facility in Donna.

It is a national disgrace what is going on in there. But, more importantly, as both Dr. Fauci and Dr. Walensky attested, it is a violation of CDC guidelines.

When you got a facility designed for 250 people with over 4,000 crammed in it, kids on top of kids, that is a violation of every CDC protocol out there. And this isn't some private sector entity, because your business would be shut down in America if you were doing this. But because the Biden administration is running it and keeping the press out, it remains open today.

Last Friday, that was what I saw. Major violations of CDC's own policy. When they say in the guidance regarding Mexico, very high level of COVID-19 in Mexico.

So, if you are an American taxpayer, CDC, and I know Dr. Walensky will back this up, CDC says before you travel back to the United States, all air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test.

And yet, if you come across the border illegally, many of these young kids are given a free airplane ticket with no COVID test.

Border Patrol agents telling at least 10 percent have COVID in this facility crammed on top of each other, which, as we all know, based on science, way more than 10 percent are going to walk out onto an airplane with COVID and transmit it to the rest of the country.

This is insanity. It has to stop. President Biden, go to the border and see this for yourself, and then pull out your pen and reverse the executive orders that you created that have created this national disgrace.

Let us solve this based on medical science.

I thank, again, our witnesses.

Thank you, Mr. Chairman. I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back.

Before we close, I would like to enter into the record a letter that the committee has received from Henderson Incorporated, and I think we have made that letter available. I would like unanimous consent to enter it into the record, with respect to the role of physicians and dentists in the vaccine rollout.

I ask unanimous consent, Mr. Ranking Member, that it be entered into the record.

Chairman CLYBURN. As a former public school teacher whose—I have a daughter who followed me into that arena and recently retired as a public school teacher, a second daughter serving on the board of our public school district commission, Board of Commissioners, today's hearing reassures me that under the leadership of this administration we are on the right track toward overcoming the coronavirus pandemic.

All of us want to see our children back in school. We want our children back in school safely with teachers who have had the vaccinations and all others with whom they may come in contact.

Millions of Americans are being vaccinated every day, and just days from now, all adults will be eligible to receive a vaccine. We are prioritizing equity and increasing vaccine access in low-income, minority, and rural communities.

In addition to our vaccination program, the Federal Government continues to expand testing and critical supplies of going where they are needed most. Research into the disease continues. We can finally see the light at the end of the tunnel.

It is in the distance. But I think we are finally beginning to see it, because we are leading the science instead of politics and that is what has made this possible.

We placed our trust in our country's best doctors, scientists, and public health experts and we have guided us—and they have guided us out of this chaos and confusion.

I am glad that we could hear from Dr. Walensky on her work to restore the CDC's reputation as the world's preeminent public health organization after the Trump administration tarnished the agency by bullying scientists and altering scientific reports.

We must commit today to never again allow politics to interfere with the public's health. Despite significant progress in vaccinations and a decrease in deaths for the last several months, the pandemic is not yet over. Almost 5,000 people died from the virus this past week alone and more contagious variants are spreading fast.

If we are not careful, thousands of lives will be lost that could have been saved. We heard today that we must do—what we must do to save lives.

We must continue to wear masks and avoid crowds until all Americans have had an opportunity to be fully vaccinated, and we must overcome vaccine hesitancy so that all Americans benefit from these lifesaving scientific breakthroughs, including those of us who the American people have given leadership positions by their actions.

We all ought to lead not by our words or by our deeds, not just by precepts but by examples. We ought to be an example. I often refer to the halls of the House as America's classroom from which lessons ought to be taught.

I understand, as I said earlier, the weariness of people that have had their lives disrupted. If we take these simple steps and continue to follow scientists, we can swiftly and safely end this deadly pandemic.

I look forward to working closely with our witnesses to achieve this in the months ahead, and I thank you for joining us here today.

With that, without objection all members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response.

This hearing is adjourned.

[Whereupon, at 1:38 p.m., the subcommittee was adjourned.]

