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MOVING BEYOND THE CORONAVIRUS CRISIS: THE BIDEN ADMINISTRATION'S PROGRESS IN COMBATING THE PANDEMIC AND PLAN FOR THE NEXT PHASE

HEARING

BEFORE THE

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

OF THE

COMMITTEE ON OVERSIGHT AND REFORM

HOUSE OF REPRESENTATIVES

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MOVING BEYOND THE CORONAVIRUS CRISIS: THE BIDEN ADMINISTRATION'S PROGRESS IN COMBATING THE PANDEMIC AND PLAN FOR THE NEXT PHASE

Wednesday, March 30, 2022

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

The subcommittee met, pursuant to notice, at 2:04 p.m., via Zoom, Hon. James E. Clyburn [Chairman of the subcommittee] presiding.

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

Mr. CLYBURN. Let me welcome everybody. Today, our select subcommittee is holding a remote hearing via Zoom.

Let me remind members of a few procedural points. As a reminder, this hearing is being recorded and live-streamed. The rules require that members have their videos turned on the entire time in order to be recognized. Staff should keep their videos off at all times. Members should remain muted to minimize background noise and feedback until they are recognized by the chair.

Members will be recognized in order of seniority for five minutes of questions each. The timer should be visible on your screen when you're in thumbnail view, and you have the timer pinned. Members who want to be recognized may do so in three ways: You may use the chat function located under the participants' panel to send a request, you may send an email to the majority staff, or you may unmute yourself to seek recognition. Members who have experienced any technical difficulties should notify committee staff as soon as possible using the chat function located under the participant panel or by email.

As members are aware, votes on the House floor—we expect to have votes on the House floor during the hearing. Because our witnesses have a hard stop at four, we will proceed with the hearing and only call a recess if it is absolutely necessary.

When I step away to vote, Mr. Krishnamoorthi will chair the proceedings until I return. Now, at the request of the House Recording Studio, I will count down from ten and the live-stream will begin when I get down to one. Ten, 9, 8, 7, 6, 5, 4, 3, 2, 1.

Good afternoon. 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 is a hearing of the Select Subcommittee on the Coronavirus Crisis. When we were established with this name in April 2020, we were experiencing the worst public health crisis since the 1918 flu pandemic, and we were experiencing the worst economic crisis since the Great Depression. Today, while there is still significant oversight of the response to the crisis for the select subcommittee to conduct, the word "crisis" no longer accurately describes the Coronavirus in our country.

As President Biden declared in his State of the Union address, the Coronavirus, and I quote him here, "need no longer control our lives." End of quote. This statement is based on sound science. Recent CDC recommendations provide that mitigation measures like mask mandates are not needed in counties with low or medium COVID–19 community levels, a CDC metric based on Coronavirus case rates and hospital capacity.

Based on this recommendation, mask mandates are currently not needed in counties where more than 99 percent of Americans live. Across the country, schools are open, businesses are thriving, and the American people are safely going about their pre-pandemic lives. Make no mistake; we do not move beyond the crisis by chance. Our success is the result of deliberate positive decisions and the decisive leadership of the Biden administration. And if Congress fails to provide the administration the resources needed to continue to combat the virus, we increase the risk that we will return to crisis.

I look forward to hearing more from the three senior administration officials with us today about our success in getting to this point and how we can maintain and build on this success moving forward.

As we begin this discussion, it is essential that we take stock of how we got here. Within days of taking office, President Biden rescued a vaccination campaign that had been chaotic and floundering under the prior administration. The American Rescue Plan provided the necessary resources to take this campaign to every community in our country, including the most underserved and overlooked. Even in the face of vaccine hesitancy that has been legitimized by too many of my colleagues, the Biden administration vaccination campaign has been a stark success. There's a visual I would like for you to take a look at here.

And as this chart reflects, today, more than 217 million Americans are fully vaccinated. According to a recent study, these vaccinations have prevented 10 million hospitalizations and saved more than 1 million lives. And thanks to considered action by the administration, including the distribution of vaccines to community health centers that helped close those racial vaccination gaps, these benefits of vaccination have been shared equitably.

The American Rescue Plan also enabled the Biden administration to provide schools the resources they needed to stay open safely, to make lifesaving treatment available for free, and to launch an unprecedented program that sent millions of Coronavirus tests to American households after the highly infectious Omicron variant

emerged late last year. These initiatives have enabled us to safely emerge from the crisis phase of the pandemic.

Coronavirus hospitalizations are the lowest they have been in nine months. And large-scale interventions are not needed. But just because we have moved beyond the crisis doesn't mean we will automatically stay beyond the crisis.

Earlier this month, President Biden released his National COVID–19 Preparedness Plan which details a comprehensive strategy to protect against and treat the virus, prepare for new variants, ensure schools and businesses stay open safely, and continue leading the global vaccination efforts. This plan, however, is not self-executing. Congress must provide resources for its implementation. If Congress does not act swiftly, we risk losing valuable tools that have allowed us to get beyond the crisis. Losing these tools would increase the risk of the crisis returning.

As you can see on this chart, if Congress does not act, the Federal Government will no longer be able to make monoclonal antibody treatments available for free. We risk losing our capacity to maintain robust testing, leaving us vulnerable to new variants and may drive lower infections.

If the science shows additional booster shots are needed for everyone, we will not be able to secure enough doses, and the administration would be forced to scale back—, and the administration would be forced to scale back its Coronavirus treatment for our most vulnerable citizens.

These are just some of the disastrous consequences of inaction, all of which are entirely avoidable. I will reiterate what I said at our roundtable earlier this month to my colleagues concerned about the cost. When it comes to public health crises, an ounce of prevention is worth a pound of cure.

I want to thank our witnesses for testifying today. I particularly want to thank you for your flexibility in allowing us to reschedule the hearing to accommodate Congressman Don Young's memorial service on yesterday. While we were looking forward to seeing you in person, which was not possible, but once we rescheduled, we are fortunate to have the ability to hear from you virtually.

I look forward from hearing more about the new phase of the pandemic, the Biden administration's National COVID–19 Preparedness Plan, and how Americans would be impacted if Congress fails to provide the necessary funding. Thank you, and I'll yield—I would yield to the ranking member for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman. I appreciate you having the hearing, and I'm glad that the Biden administration officials are here to testify at this public hearing before the subcommittee. It's definitely been quite a while since we've had this kind of testimony. I appreciate all of you joining us.

I would like to note that we also invited Dr. Anthony Fauci, the chief medical advisor to President Biden and the director of National Institute of Allergy and Infectious Diseases, but regrettably, he sent this letter that he was unable to attend because he would need to be invited by the Chairman with permission from the Biden administration. So, Mr. Chairman, hopefully, you will invite Dr. Fauci. I think we all want to hear from him.

Just as a note, it's been 309 days since we've heard Dr. Fauci testify before any committee in the House. So I don't know if Speaker Pelosi is trying to silence Dr. Fauci. We asked that he home. He was not allowed to come. I think he should be part of this hearing. I sure hope we rectify that soon.

It is important to hear from the witnesses today about the current state of COVID and planning for the future. But I think it's imperative that we address the elephant in the room. The public has lost a lot of trust in public health officials over the last two years. And we have seen flip-flopping, we have seen mistakes, we have seen power-grabbing, and we have seen political interference with the science during this last year and a half, especially.

I hope the witnesses will address the following issues directly today. There's a long list of controversies that the American public is looking for answers from, and I'd like to name just a few of them; and I hope that we can have the witnesses address them in neither their remarks or during questioning.

First, it was uncovered that there was direct political interference with CDC's school reopening guidance from the 2021 report. President Biden and CDC discarded historical practices to allow a radical teachers union that just so happens to be a major supporter of Democrats to bypass agency norms and directly change official CDC guidance.

The damaging edits by union bosses effectively kept thousands of schools shuttered across the country, which locked millions of children out of their classrooms. The Biden administration abandoned medical science and replaced it with political science, and, by the way, gave unprecedented VIP access to one of their largest supporters harming millions of children in the process.

Mr. Chairman, a lot of this was documented through some of the testimony we received. And House Republicans put together a summary of this in a report that we released. I would like to ask unanimous consent to include this report in the record. And I know, Mr. Chairman, we have provided you with a copy.

Mr. CLYBURN. Permission granted.

Mr. SCALISE. Thank you, Mr. Chairman. Roughly, $200 billion dollars in taxpayer money was spent with the intention of safely reopening schools. Yet, many remained closed even after they took the taxpayer money. Students have suffered severe learning loss, and emotional and social problems.

I hope that Dr. Walensky will address this scandal that we've outlined and provide answers for us today on those allegations made especially as it relates to the unprecedented action that the union bosses were able to get to make major edits to a CDC document weeks before it was released to the public.

The list goes on. The CDC recommended little kids wear masks all day, both indoors and outdoors, for almost two years. They did this without any reliable scientific evidence of masking effectiveness in toddlers. An action that likely caused developmental delays for millions of children. And even in hearings before this committee, we've had testimony that identified and talked about the concerns to children from this last few years.

In 2021, the CDC recommended that kids at summer camp wear masks even while outdoors, even though we all knew that outdoor

COVID–19 transmission was highly unlikely. Again, amongst children, we saw those numbers. Recently, after a long torturous two years of masking guidance, the CDC has finally changed its metrics for masking, effectively allowing most of the country to take masks off. This change just so happened to coincide with a memo from President Biden's pollster that showed people are fed up with COVID restriction like masks.

So, again, not following the science, following the political science after the pollster to the President came out with this data that the public is fed up with this approach. Of course, I welcome the change in masking, but why weren't these metrics used all along? I hope the witnesses will explain that today.

It's also been reported by The New York Times that the CDC has failed to publish essential information about COVID–19 hospitalizations, at least in part, as they report, to control the narrative around vaccine effectiveness.

The reports indicate that the CDC has, in fact, collected data on vaccine and booster shot effectiveness as well as breakthrough infections and wastewater analysis, but has delayed its release, and released only small portions of the data, and in some cases, none at all.

States and localities could have used the withheld data to better inform their efforts to mitigate the virus' spread in their area. CDC spokesman Kristen Nordlund stated that the agency has been slow to release the data they routinely collected because quote, Basically, at the end of the day, it's not yet ready for prime time, close quote. And they feared the information might be misrepresented.

Again, let the science be put out there transparently, and let everybody explain it. If it's hard to explain, maybe other decisions should have been made. But people should have been given access to that data. This is why the majority of Americans do not trust the CDC and what they've said about COVID. What happened by the way to the transparency that we were promised by President Biden.

On top of that, it was recently revealed that the CDC was publishing inaccurate data. An adjustment was made to the CDC COVID data trackers' mortality data on March 15 and involved the removal of 72,277 deaths, including 416 pediatric deaths, reducing the number of pediatric deaths from COVID–19 by nearly 24 percent.

This is not some minor error if that's what it really was. A CDC spokesman told the Washington Examiner that CDC's algorithm was accidentally counting deaths that were not COVID–19 related. The flawed data indicated that children were dying at an increased rate during the Omicron surge. Yet, in fact, it turns out they were not. What decisions were made off of this inaccurate data?

And, by the way, I would also like to hear, who has been held accountable for this mistake, if it was a mistake, if not worse? I hope we get that addressed today. Because it was a very costly mistake.

Then there's the controversy over the Biden administration's inaction with procuring tests and rejection of a plan to provide millions of rapid tests in time for the Christmas holiday when the Omicron surge was at its highest. Sadly, we've had to endure the

Biden administration's alienation of the unvaccinated, instead of focusing on a science-driven approach that includes vaccination and natural immunity.

Undermining trust, once again, in the vaccine, and dividing person Americans is not a time that that should have happened. President Biden's unlawful vaccine mandate on employees or private businesses was stopped by the Supreme Court. This overt power grabbed backfired and further increased vaccine hesitancy.

The Biden administration has also been sidelining the science on boosters. First, in the summer of 2021, the Biden administration announced the availability of booster shots for all adults by September 2021. But, amazingly, they made this announcement before the FDA and the CDC finished even reviewing the data to determine the need for booster shots. Because of this, two senior FDA officials actually left the agency amid alarming reports of reported political interference with the scientists by the Biden administration. This was obviously very confusing for the public, fueling their continued distrust in public health guidance.

Republicans on the select subcommittee are still the only ones in Congress to hold a hearing on the origins of COVID–19. For whatever reason, Democrats in Washington still refuse to have a hearing on the origin.

The U.S. apparently was funding risky gain a function research in China. Taxpayers should know about that as well. And we should have a debate and discussion about whether this should even be funding—we should even be funding this kind of controversial research in the United States or in another country.

Unredacted emails showed Drs. Fauci and Collins were warned that COVID–19 came from that lab in February 2020. Yet they worked to stifle any hypothesis that the virus could have been started in a lab. Again, how much time was lost? How many lives were lost, telling people that something is a conspiracy when it turned out to be true?

I hope the witnesses will address all of these issues today. I know the American public is looking for answers and wants the transparency they were promised that they still haven't gotten from the Biden administration.

With that, Mr. Chairman, I yield back and look forward to the testimony from our witnesses.

Mr. CLYBURN. Thank you very much. Before introducing the witnesses, let me address the—at least respond to the ranking member's expression of displeasure that Dr. Fauci is not with us today. Of course, it is very clear that there have been several political attacks made against Dr. Fauci; I'm more interested in having a meeting to continue the progress that we have made. And, of course, we gave notice of this hearing.

And it is my understanding that the minority was made aware of who our intended witnesses were going to be. But no request was made of me to invite Dr. Fauci. I did see the public letter that was sent to Dr. Fauci, not to me, but to Dr. Fauci. And, of course, it did not allow us the two weeks that we usually grant administration people to prepare for a hearing. And therefore, that's the reason we did not move forward with the request.

Mr. SCALISE. Mr. Chairman, if I may?

Mr. CLYBURN. Sure.

Mr. SCALISE. We did ask Dr. Fauci weeks ago; as a normal practice, the majority has the majority of witnesses, but we have the opportunity to invite a witness; we don't have to check with the majority.

But we asked Dr. Fauci to be our witness. He actually said in his response—, and I'll make sure you get a copy of his response to us,—that he is willing to testify. He didn't have a problem coming to testify. He just said that he needs to have the Chairman ask I don't know if you're aware of, but we will then if we can have him come testify. He is saying we would appreciate that opportunity. And I'll get you a copy of this letter as well.

Mr. CLYBURN. OK. I look forward to reading the letter.

Mr. JORDAN. Mr. Chairman? Mr. Chairman?

Mr. CLYBURN. Yes.

Mr. JORDAN. It's Congressman Jordan. So did you tell—do we understand your comments, did you tell Dr. Fauci you didn't ask him to come today?

Mr. CLYBURN. No. I have not talked to Dr. Fauci. What are you talking about?

Mr. JORDAN. Well, I just—I saw his letter. He said unless you invite him—his response back to Ranking Member Scalise—unless you invite him and the administration gives an OK, he is not allowed to come. Even though he said in the letter to Mr. Scalise, he looks forward and is willing to come any time to testify in front of Congress——

Mr. CLYBURN. You saw that? I'm sorry. You saw that in a letter from me.

Mr. JORDAN. No, no, from Dr. Fauci.

Mr. CLYBURN. Oh, I have not seen the letter. The ranking member says he will get a copy of the letter to me, and when he does, I'll respond.

Mr. JORDAN. I'm always willing to testify before the Congress upon the request of the committee chair and agreement by the administration. So there are two things reasons—two things that can keep him from coming. You didn't ask him, or you told——

Mr. CLYBURN. No, I didn't.

Mr. JORDAN. Or you told him not to come and the administration.

Mr. CLYBURN. No, I did not ask him to come. I asked these three people that are here today. And if you thought—I didn't think we needed him. He had been here three times already. So I didn't ask him to come.

Mr. JORDAN. You told him not to come, I guess, is what I am asking you.

Mr. CLYBURN. I'm sorry?

Mr. JORDAN. He hasn't been here in almost year. We asked him to come. Did you tell him not to come, or did someone in the administration tell him not to come?

Mr. CLYBURN. No. You asked him to come, and he responded to you. If he wanted me to ask him, all he had to do was ask me.

Mr. JORDAN. OK. He could have just came. He could have just came. All right. I yield back. Thank you.

Mr. CLYBURN. OK. I'm going to—, yes. He could have. Well, let me get thank—let me get on with introducing our distinguished witnesses today. First, I want to welcome back Dr. Rochelle Walensky, the Director of the Centers for Disease Control and Prevention. Dr. Walensky is no stranger to members of this subcommittee, and we all appreciate other her steady leadership atop CDC these past 14 months. Thank you for being with us again, Dr. Walensky.

Next, I want to welcome Dawn O'Connell, the Assistant Secretary for Preparedness and Response. Assistant Secretary O'Connell's office leads the Nation in preventing, responding to, and recovering from public health emergencies, including the Coronavirus pandemic. Welcome, Assistant Secretary O'Connell.

Finally, I want to welcome Dr. Vivek Murthy, of course, Murthy, I believe, the Surgeon General of the United States. As Surgeon General, Dr. Murthy's mission includes providing clear, consistent, and equitable public health guidance and resources to the American people with a particular focus on combatting health misinformation and the youth mental health crisis among other issues. Welcome, Doctor.

Will the witnesses 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?

Let the record show that the witnesses answered in the affirmative. Without objection, your written statements will be made part of the record. Dr. Walensky, you are recognized for five minutes for your opening statement.

STATEMENT OF THE HONORABLE ROCHELLE WALENSKY, MD, MPH, DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION

Dr. WALENSKY. Thank you. Good afternoon, Chair Clyburn, Ranking Member Scalise, members of the House Select Subcommittee on the Coronavirus Crisis.

I want to first extend my condolences to all of you for the loss of your colleague, Representative Don Young. I know he worked tirelessly to represent the constituents of Alaska for nearly 50 years. And as a public health professional, I want to acknowledge his great leadership to increase awareness about tuberculosis.

It's been over years since we were first alerted to the emergence of SARS-CoV–2. Since that time, with support from Congress in collaboration with our partner agencies, we have made incredible strides in providing the American public with the knowledge and tools necessary to combat the virus.

For example, over 217 million people have received a COVID–19 primary series, providing critical protection against severe disease, hospitalizations, and death. So I know we have dramatically improved the volume and speed by which data are collected and released. We now receive over 11,000 healthcare facilities reporting automatic case data. And, finally, we have increased our capacity to identify emerging variants, so that we can quickly effectively monitor changes in this virus to make lifesaving decisions. Despite these strides, rising hospitalizations and deaths due to Omicron

again reminded us that new variants can rapidly change our situation.

While Omicron infection may typically be less severe and widespread vaccination and immunity from prior infection provided protection against this variant, the sheer volume of cases resulted in peak hospitalizations above what we saw during both the Alpha and Delta surges. We must work to stay ahead of this virus by amplifying bipartisan messaging to reinforce the importance for vaccination and boosters to save lives.

CDC is committed providing those of increased risk for severe disease with the tools they need to protect themselves. And, in fact, just yesterday, following FDA's regulatory action, CDC updated its recommendations to allow certain populations the objection of an additional booster to increase their protection against severe disease.

As we think about how we manage the next phase of this virus, we must continue to assess which metrics are most helpful to track disease and to support future decisionmaking. Just a few weeks ago, CDC released a new framework for measuring and monitoring the risks COVID–19 poses to communities called the COVID–19 Community Levels.

This framework focuses on prevention efforts on protecting people at high risk for severe disease, minimizing severe disease across the population, and preventing hospitals and healthcare systems from becoming overwhelmed.

CDC also recently unveiled National Wastewater Surveillance data. We are tracking more than 750 testing sites across 639 communities, and we will increase this to more than 800 testing sites in the communities. This information empowers local and state health officials to detect increases in circulating SARS-CoV–2 virus in the community several days before traditional sentinel signals, like syndromic surveillance, test positivity, case counts, and hospitalizations.

In addition, we at CDC strive to improve data-sharing capabilities with states, localities, providers, other healthcare partners, and the public. We do this through investing in platforms like CDC's COVID Data Tracker where CDC shares an unprecedented amount of data each day that are pulled from more than 50 data sources.

And we do this through efforts like CDC's Data Modernization Initiative, which will bolster the capabilities of our public health partners. But we also need continued support from Congress through bipartisan efforts to modernize CDC data authorities, to support standardized data collection and rapid sharing of data in a way that Americans expect during and after the pandemic.

CDC was able to leverage temporary authority during the pandemic to make important strides in COVID-related data. But without new authorities, we run the risk of losing these improvements and the ability to expand on them for other public health-related data.

The President's budget released this week provides a roadmap to guide us to be more prepared for the next public health emergency. It invests in critical initiatives to bolster CDC's annual appropria-

tion. It builds on the progress we've made during the pandemic by supporting sustainable infrastructure for adult vaccination.

And it invests $28 billion in CDC over the next five years to support domestic and global pandemic preparedness. Taking together, these investments will bolster public health infrastructure through disease agnostic authorities and begin to address the longstanding global and domestic public health challenges that left our country vulnerable to this pandemic. Thank you, and I look forward to your questions.

Mr. CLYBURN. Thank you very much, Dr. Walensky. We'll now hear from Assistant Secretary O'Connell. Assistant Secretary O'Connell, you are recognized for five minutes.

STATEMENT OF THE HONORABLE DAWN O'CONNELL, ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. O'Connell. Chair Clyburn, Ranking Member Scalise, and distinguished members of the committee, it is an honor to testify before you today on the efforts within ASPR to respond to the COVID–19 pandemic. But first, let me join Dr. Walensky in offering my condolences for the loss of Congressman Young. I worked in the House for 13 years with many of you and remember him fondly, and I know he'll be sorely missed.

Now turning to the pandemic. Over the last 15 months, as a country, we have made tremendous progress in our fight against COVID. Today we have the tools we need: Vaccines, tests, treatments, and masks to keep people safe and keep schools and businesses open. Thanks to the collaboration across HHS with partners at DOD and with private industry, ASPR has delivered more than 700 million doses of safe, effective, and free vaccine to 90,000 vaccinationsites around the country, contributing to 217 million people being fully vaccinated. We continue to allocate vaccines and boosters to sites nationwide.

While vaccines remain the best way to prevent severe illness from COVID–19, today, we have an array of therapeutics to treat those that do become infected. We currently allocate monoclonal antibody and oral antiviral treatments to states and territories for free on a weekly basis. We allocate the preventive monoclonal antibody Evusheld. It's a treatment for immunosuppressed people for whom vaccines are not recommended. And allocate that to states and territories for free on a monthly basis.

We recently launched a nationwide Test to Treat Initiative that gives individuals an opportunity to rapidly access treatments at over 2,000 pharmacy-based clinics, federally qualified health centers, and long-term care facilities. Under this program, people are able to get tested. And if they are positive and treatments are appropriate for them receive a prescription from a healthcare provider and have their prescription filled all in one location. This is important because antivirals work best within five days of symptom onset.

Testing continues to be a vital part of disease surveillance, diagnosing illness, connecting patients to treatment, and keeping businesses and schools open. We've made significant progress in in-

creasing testing supply availability and affordability over the past year. We went from zero over-the-counter tests in January 2021 to approximately 300 million tests in December 2021.

I recently visited an Abbott test manufacturing facility in Illinois to meet with company leadership, visit with the employees on their production floor, and see the manufacturing process up close. The advances we have made in testing are reflective of a broader effort within ASPR to bolster our domestic manufacturing of critical medical supplies, expand our industrial base, and secure the public health supply chain.

In addition to increasing the commercial availability of tests through investment to domestic manufacturing, at the direction of President Biden, ASPR has secured more than 900 million of the one billion at-home tests promised for free to the American people. And we're in the process of procuring the remaining ones. Further, in partnership with the U.S. Postal Service, we have delivered hundreds of millions of free at-home tests to more than 70 million American households via the COVIDTests.gov program.

While we are pleased to see the winter Omicron surge receding nationwide, we know that masks continue to be useful in some situations. In January, the President directed ASPR to make high-quality American-made N95 masks available to the American people for free. Today, ASPR's Strategic National Stockpile has shipped more than 250 million masks to pharmacies and community health centers nationwide. This effort represents the largest deployment of personal protective equipment in U.S. history. Since the start of the pandemic, we have tripled the number of N95s in the SNS.

And finally, in addition to vaccines, therapeutics, tests, and masks throughout the pandemic, and especially in this past year, ASPR has provided on-the-ground support to states and communities in need. Since July, 93 national disaster medical system teams. Nearly 1,100 team members have deployed to 26 separate states—in the Commonwealth of the Northern Mariana Islands, American Samoa, and Palau to support a range of functions, including hospital augmentation and decompression, setting up medical overflow centers for patients, and mortuary support.

As we move forward and prepare for new surges, we will continue to make resources available to help states and communities respond.

While COVID–19 has been anything but predictable, today we are in a much better position to respond than we were a year ago. A big reason is because Congress, on a bipartisan basis, provided the resources needed to make sure Americans had free and widely available tools to protect themselves.

I want to thank you for your support and partnership and look forward to working with you as we continue to respond to the COVID–19 pandemic. I am happy to answer any of your questions.

Mr. CLYBURN. Thank you, Assistant Secretary O'Connell.

We will now hear from Dr. Murthy for five minutes.

STATEMENT OF VICE ADMIRAL VIVIK MURTHY, MD, MPH, UNITED STATES SURGEON GENERAL, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Admiral MURTHY. Thank you, Mr. Chairman. Chairman Clyburn, Ranking Member Scalise, members of the committee, thank you for allowing me the privilege of speaking with you today.

In the last year, we have collectively harnessed our country's unparalleled scientific and operational capacity to make incredible progress in the fight against COVID–19. We have identified and developed the tools necessary to keep people safe and out of hospitals, including vaccines, boosters, and antiviral treatments. We have led and funded the production of these tools on a massive scale, and we have made them, along with high-quality masks, available for free to millions of people in America.

To be sure, though, we have not relegated COVID–19 to the history books. But the bottom line is that today as a country, we are in a better position to address COVID than at any other point in the pandemic. America has never been closer to the day when COVID–19 no longer defines our lives.

The question now is whether or not we can keep this hard-won progress and, in fact, build on it. And that, in part, will come down to the choices we each make about our health and the health of our families over the coming months and years.

That's why what I want to highlight today is one of the biggest ongoing threats to our public health, the extensive and dangerous spread of health misinformation.

The usefulness of any tool is dependent on whether an individual can make a fully informed decision about if, when, and how to use it. When it comes to our health, misinformation has robbed too many people of their freedom to make that fully informed decision. And over the last two years, especially, we have felt its human costs. If we have failed to address health misinformation now, our ability to contain this pandemic will suffer, our response to the next global public health emergency will be exponentially harder, the societal pluralization the misinformation thrives on will be further exacerbated, and we will risk the well-being of more and more families, communities, and disproportionately people everywhere.

But I believe that we can make change happen. Last year, I released my Surgeon General's Advisory on Health Misinformation, which highlights the urgency of this crisis and outlines what it will take to address it. And it will take all of us. The advisory includes actionable recommendations for every major sector. Government, for example, can support community organizations and other trusted messengers while working to prevent the spread of misinformation and can fund research to help us better understand the extent and nature of the problem, and it can use the full extent of its powers to help create a healthy information environment.

Clinicians, including doctors and nurses, can continue and expand their work to address misinformation directly with their patients and their communities. Our educators can play an important role providing people with tools for digital health literacy. Journalists and media outlets can do more to inform the public without amplifying misinformation by providing context, using a broader range of credible sources, and avoiding sensationalism.

Technology companies also need to step up and take responsibility for the unprecedented volume of misinformation on their sites. These companies can start by sharing data transparently with independent researchers and the public so that all of us can better understand how misinformation is spreading online and how best to address it.

Finally, we each must raise our personal bars for what we share online and offline. We all have a platform, however big or small, and I believe we have a moral responsibility, to be honest, fair, and accountable for what we share.

I look forward to discussing these possibilities with you today. I want to acknowledge those who are concerned about where the line is drawn between preventing the spread of misinformation and censorship. We are a country that prides itself on defending certain bedrock values, including freedom of speech.

The values that we support and honor, and cherish in America are the beacons that have drawn generations of immigrants, like my parents, to this country. In our society, though, where individual actions affect one another, we must also set common rules for the common good—rules that respect and reflect our fundamental values.

That's why we banned tobacco ads that targeted kids and, in 1984, mandated warning labels on tobacco products. So then, in the face of powerful economic forces denying the dangers of tobacco and promoting the use of an extremely addictive substance, the public's ability to make a fully informed decision about their health was protected.

President Reagan, the Congress, and one of my predecessors, Surgeon General Koop, understood that when we don't have honest, accurate information, and we lose the freedom to make the best decision for our health and the health of our families. The result of their actions decades later is a nearly unparalleled public health success story copied the world over.

That's what we have the opportunity to do again here. As we protect the gains we have made against COVID and prepare for what's ahead, let's ensure all Americans have the tools, the support, and the information necessary to help keep themselves and their loved ones safe. Thank you so much, and I look forward to your questions today.

Mr. KRISHNAMOORTHI. Mr. Chair, may I be recognized?

Mr. CLYBURN. Yes, you may.

Mr. KRISHNAMOORTHI. Mr. Chair, I would like unanimous consent to enter into the record an analysis released by the select subcommittee last July. The report that my colleagues across the aisle have introduced is riddled with misleading, cherry-picked statements taken out of context and falsely suggests that the CDC was pressured by teachers' unions to keep schools closed.

Here is the truth. The Republican's report is a sad attempt to falsely equate Biden administration stewardship with Trump administration corruption. It is not in any way unusual or improper for the CDC to engage with stakeholders about how guidelines will be implemented and practiced. While Republicans accuse the Biden administration of trying to keep schools closed, the reality is exactly the opposite.

Today, under the Biden administration's leadership, virtually every school is open. Just yesterday, I heard that 99.9 percent of schools are open and operating in person safely. Even President Trump's former CDC director, Dr. Robert Redfield, told us in a recent interview that he is quote, very happy with the current trends in the Biden administration on keeping schools open safely.

Hearing input from teachers on how to best achieve this is not improper. What is improper is having political appointees routinely apply pressure to career scientists to impact public health guidance for political reasons.

I have in my hand a select subcommittee staff analysis that documented 88 separate instances of the Trump administration's political interference in the pandemic response, including repeatedly overruling and bullying our Nation's scientists and making decisions that allows the virus to spread more rapidly.

Let's just talk about one example highlighted in this report. Multiple witnesses, including Dr. Deborah Birx, told us that CDC's testing guidelines were altered in August 2020, specifically, to reduce the amount of testing being conducted at a time when no vaccines and few treatments were available. Think about that. Why did the Trump administration do this? Not because it was sound scientifically, but because they thought that the high number of cases was making them look bad politically.

Mr. Chair, I think it is important for the official hearing record to reflect what actual improper political interference looks like. So I ask for unanimous consent that this staff analysis be entered.

Mr. CLYBURN. Without objection.

Mr. KRISHNAMOORTHI. Thank you.

Mr. CLYBURN. Members will now have five minutes within which to ask questions.

And let me begin with a question. I think I will direct this to Dr. Walensky. In your opening statement, and I am quoting you here, the overall risk of severe disease is now generally lower. But you acknowledge that the virus will continue to circulate in our communities.

Can you elaborate on the level of risk posed now by the virus to those who are up-to-date on their vaccinations and those who are not? And what Americans should do to make sure the risks to themselves and their families continue to remain low?

Dr. WALENSKY. Yes, thank you. Thank you, Chairman, I'm happy to do so. So let's just talk about where we are with the Omicron variant, which is the most recent variant that caused up to a million cases in the middle of January every single day. What we know, specifically, about this Omicron variant, in contrast to what we saw with both Delta and Alpha, is it's more transmissible.

But we also know that it tends to cause less severe diseases. Correcting for comorbidity, correcting for vaccine status and booster status, we have seen an Omicron specifically causes less severe disease, less hospitalizations, less ICU states, and less deaths, resting for all of those things. So that is true Omicron, specifically.

We also know that in this country, because of vaccines, because of boosters, and because of protection from prior disease, infection-induced immunity, that about 95 percent of people in this country have some level of protection against SARS-CoV–2.

Now, we don't know how durable, we don't know how long-lasting, but we know that most people in this country have some level of protection. Of course, the best way to remain protected is to get your primary series and to get your booster shot. That third booster is so essential.

What we have seen with the Omicron variant you need higher levels of immunity to combat Omicron. That means that our vaccines may not work as well against infection, but they're still working quite well against severe disease, against hospitalization, and against death.

And what we have seen in our most recent data against the Omicron variant is that if you are boosted with that third booster shot, that you are 21 times less likely to die of Omicron as you are if you are unvaccinated.

So it's true Omicron is a bit less severe, but it is much more infectious, so we see it on many more cases. It's true at the population level, we have a lot of immunity. And for any given individual, it's very clear that you need that booster shot because you need high levels of protection in order to combat Omicron. Thank you.

Mr. CLYBURN. Well, thanks, but I have a second question of you. Can you give us—tell us a little bit more about the current status of the BA.2 subvariant in the United States and how we are preparing to combat it?

Dr. WALENSKY. Yes, absolutely. So BA.2 is the cousin of Omicron. It's actually a sublineage of Omicron. So the one that we have seen here mostly to date is BA.1. What we know about BA.2—, and we have known about this really since really January, we've had this variant, this sublineage in the United States,—is that it is absolutely more transmissible than its BA.1 cousin.

So we have seen over time that it is increasingly more prevalent in the United States. And in fact, just yesterday, CDC released data that demonstrated about 55 percent of our sequences now are related to BA.2.

We also have seen data from other countries, which is the reason for some optimism, that if you have had BA.1, that you were less likely to get BA.2. There's quite a bit of good protection if you've previously been infected with BA.1 against BA.2.

We also know that BA.2 does not look to cause more severe disease than its Omicron cousin, nor does it look like it evades our immunity any more than BA.1. So we were watching this very carefully. Right now, we continue to have relatively low levels of disease, about 27,000 cases a day, but a higher proportion of it is related to BA.2.

Mr. CLYBURN. Well, thank you very much. As the members know, we are having five-minute votes, and I don't see any Republicans on the screen. Are any there in the room? The chair now recognizes has Mrs. Maloney for five minutes.

Mrs. MALONEY. Thank you, Mr. Chairman. Thank you for holding this important hearing, and thank you to all of our panelists.

The Biden administration's vaccination campaign has been essential to the progress of our country has made even combatting the Coronavirus. Under President Biden's leadership, more than 215 million Americans have been fully vaccinated, and nearly 100

million have received booster shots. This has provided significant protection against severe illness and saved lives.

Dr. Murthy, how impactful has the Biden administration's vaccination campaign been in helping our Nation overcome the crisis and move forward safely?

Admiral MURTHY. Well, thank you, Congresswoman, for that question. I do believe this has been one of the successes of the COVID response that we should all feel good about. We have been able to develop, produce, and distribute vaccines at a scale that is truly historic for our country, and the impact of that has been literally lifesaving.

We have now 217 million-plus people who have been vaccinated in the United States. We have saved, during this vaccination campaign over the last year-plus, over 1 million lives and prevented over 10 million hospitalizations.

I will tell you, Congresswoman, as somebody who has lost family members to COVID–19, who has had friends hospitalized with this virus, I would have given anything to have had a vaccine available when my family members got sick, but that wasn't the case. The fact that we have one now stands out as one of the great scientific successes, you know, of our time. But also, it is a victory for the community. What made this possible was not just government, it was partnerships with committee organizations all across America.

It was students knocking on doors. It was moms and dads talking to their friends in neighborhoods. It was faith leaders talking to their communities to help get accurate information to people about these vaccines.

Last year, we still got more work to do. We have had millions of ma'am's brothers and sisters in America who are not vaccinated who do not have the protection against COVID–19 that we want for everyone. So we're not giving up. We are going to keep doing everything we can to make sure people have accurate information about this vaccine so they can get the protection that every American deserves.

Mrs. MALONEY. OK. Thanks to this progress, 99 percent of Americans live in areas where masks are not currently recommended, community-wide, under the CDC's current guidelines. Dr. Walensky, you have explained that the CDC's updated framework reflects the reality that the overall risk of severe disease is now generally lower in most communities. Thanks to vaccinations and booster shots, as well as new treatments and access to rapid testing and improved ventilation, we have made great progress.

How does CDC's updated framework reflect where the country is today in terms of the overall risks posed by the virus both to individuals and to our public health system more broadly.

Dr. WALENSKY. Thank you, Congresswoman. So on February 25, we release our new COVID–19 community levels for executive reasons, as you know. That so much of our disease right now, especially with Omicron, and especially in the context of a lot of population-based communities from vaccines, from boosters, and from prior infection, there's a lot of protection out there.

And so we really this updated framework to reflect medically severe diseases. How are our hospitals doing? How is our hospital capacity? We also wanted these metrics to reflect the ability for vul-

nerable people to be able to be protected; that they have the capacity to get a fourth, if not a fifth booster shot; that they have the capacity to easily access an N95; to wear a mask in any of these settings where they see fit; to use routine screening.

So that these COVID–19 community levels were reflected and updated as metrics of the time to reflect severe disease. And, in fact, when we looked at how these metrics perform. Retrospectively, they performed quite well during this Omicron surge. They performed well in predicting where we will be three weeks from now, six weeks from now in terms of severe disease.

Mrs. MALONEY. Well, I'd say that you explained that CDC's framework is designed to be flexible, signaling when policymakers should consider relaxing the program, and when other times you have said you would quote, dial it up. Can you elaborate on how CDC's framework helps guide communities about when to dial up mitigation measures either up or down?

Dr. WALENSKY. Yes, thank you——

Mrs. MALONEY. Dr. Walensky.

Dr. WALENSKY. Thank you. Yes, one of the things that's been very clear through this pandemic is we've gotten curveballs. And we need to be ready to dial things up should we get another one of those curveballs.

So we have said we want to relax our mitigation strategies when things are going well. And we want to have the capacity to put them back on again if we see those surges, if we see challenges with our hospital capacity, with our hospitalizations. And so, this is exactly what these community metrics do.

We are following—the metrics are intended to be followed at the county level. They are metrics that are reported at least a weekly basis. So we can follow these locally and in realtime and update these metrics when we see these concerning trends and put on masks should we need be.

Mrs. MALONEY. My time has expired. And, Mr. Chairman, I think we've been called to another vote.

Mr. CLYBURN. Thank you very much. The chair now recognizes Mrs. Malliotakis for five minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman. Thank you for having this hearing today. I want to talk a little bit about the inconsistencies that we're hearing from the Federal level, the state level, local levels. I think it's been the double standards that have been put in place that have been very stressful and—for my constituents, and infuriating, quite frankly.

For example, just recently, our mayor announced that if you're a baseball star or a basketball or even a performer that, you don't need a vaccine to continue doing your job. Yet, 1,500 city workers, firefighters, police officers, teachers, they were fired for failing to comply with the vaccine mandate.

I would love to hear Dr. Walensky's opinion on what science, what science was my mayor using in saying that, you know, if you're a Brooklyn Net, you don't need the vaccination, but if you were a New York City firefighter, you do. Is there a science that was being followed there?

Dr. WALENSKY. Thank you, Congresswoman. So let me just say that CDC provides guidance at the national level. That guidance

and recommendations are really intended to be able to be useful and in places such as Cherokee Nation, as well as New York City, as well as rural Montana. As we put those guidances forward, we certainly have recommended vaccines and booster shots, demonstrating that boosters are working.

Our data demonstrates that if you are vaccinated and boosted, as I have just mentioned, you have a 21 less likelihood of death compared to if you're unvaccinated.

In the context of this guidance, though, we have always said that this guidance is applied locally, and that give—we're very deferential to our political leaders locally to apply the guidance for what is happening locally. This is critically important because this disease is local. What is happening with this disease in your county, in your jurisdiction.

So as we have provided high-level guidance and recommendations, it is intended to be applied. We certainly would be differential to the local leaders for how those policies should be made.

Ms. MALLIOTAKIS. But shouldn't there be consistency? Why is a Brooklyn Nets player or a—, let's say—before it was even if you were a fan in the stadium, you needed to be vaccinated. But if you're playing on the court, you do need to be vaccinated. Now, we're seeing that if you're an athlete and performer in New York City, you don't need to be vaccinated. But if you're a New York City first responder, you do.

I mean, don't you think it's important that the municipalities have consistency here? I mean, is it wrong that people are losing their livelihoods if they choose not to be mandated, particularly, in light of this new decision by our mayor?

Dr. WALENSKY. You know, certainly, I can't speak for the mayor's decisions or how they make those decisions, but what I can say is the CDC's recommendations, and guidance is to get vaccinated and to get boosted. We know those vaccines are saving lives. Those boosters are saving lives. So from our guidance perspective, we would recommend it.

Mrs. MALONEY. And what is the CDC guidance related to vaccine mandates for public school students across the country?

Dr. WALENSKY. The CDC does actually not apply any mandates. The CDC, again, for all vaccinations and school-age children as well, we don't have mandates. We have guidance. And what we do is synthesize all of those policies on our CDC website, so it's transparent as to where those policies are, but the CDC does not apply those mandates.

Mrs. MALONEY. OK. And last, what is the administration telling you about, I guess, as a push now to pass a new COVID relief package? And my concern is that there have been billions of dollars in fraud in both the Paycheck Protection Program and Unemployment Insurance fund. I understand as part of the Chairman's memo regarding this meeting that part of the topic was going to be, you know, programs for economic development.

I understand that you're at CDC and not necessarily administering these programs, but have you had any conversations with your colleagues in the administration on how to ensure that this money that was fraudulently taken from the taxpayers is returned to the Treasury? Because I am hesitant to support any type of ad-

ditional funding if we are not going to have accountability for the up to hundreds of billions, it's estimated, roughly $400 billion is the high estimate, that has been taken fraudulently through the PPP and Unemployment Insurance program.

Dr. WALENSKY. Here is what I can tell you, Representative. What I can say is, we're at a critical juncture right now where we are low on funds in the Federal Government in order to not only purchase vaccines, boosters, tests, and therapeutics but to deliver them and administer them to the American people. We——

Mrs. MALONEY. Well, what——

Dr. WALENSKY [continuing]. at CDC are deeply concerned about our ability to look at vaccine effectiveness studies, studies that are germane and to how we use these, looking at studies of long COVID, post-COVID conditions over the long term, what do these post-COVID conditions mean and——

Mrs. MALONEY. I've run,—I've run out of time. I just want to simply say that we should find out what happened to that money because to ask the taxpayers for more when we have hundreds of billions of dollars that was lost is just unconscionable. So let's find that money because it should have been used for its intended purpose to begin with. Thank you.

Mr. CLYBURN. The gentlelady's time has expired.

Krishnamoorthi? Is he here? We now—the chair now recognizes Mr. Krishnamoorthi for five minutes.

Mr. KRISHNAMOORTHI. Thank you, Mr. Chair.

Let me begin with Secretary O'Connell. Secretary O'Connell, how many doses of vaccine are left in the—in the, I guess, the stockpile that is to be administered at this point?

Ms. O'Connell. Thank you, Congressman. That's an important question. You know, as we look across our current inventory, it changes every day as vaccines are administered. And we, as have currently assessed, that we have enough fourth doses. We have enough to be able to provide a boost to the 50-and-older population that was just authorized and recommended by FDA and CDC yesterday.

We do have significant concerns about whether we would have enough vaccine if we were to do a general population boost campaign in the fall, particularly if we're going to need a variant-specific vaccine. We don't have any of those doses, nor do we have any funding for those doses. Not only that, our——

Mr. KRISHNAMOORTHI. So basically,—can I just jump in. So basically, what we have left is enough in the inventory for boosting those who are age 50 and older. So how many people in the population are, I guess, younger than that particular age? Do you know?

Ms. O'Connell. I don't know off the top of my head. We would be happy to get that number.

Mr. KRISHNAMOORTHI. Now——

Ms. O'Connell. We have 330 million total that we look at. How many are below 50 I don't have off the top of my head.

Mr. KRISHNAMOORTHI. I understand.

What I am hearing from a lot of the providers is that HRSA, the Health Resources and Services Administration, uninsured program is basically going to run out of money very shortly. Has it already run out of money at this point?

Ms. O'Connell. Thank you, Congressman. It has for one component that it's responsible for. It—as of last Tuesday at midnight, it stopped accepting claims for tests and treatments. So for reimbursing providers for providing tests and treatment to the uninsured, it no longer accepts claims for that as of last Tuesday.

Mr. KRISHNAMOORTHI. And how——

Ms. O'Connell. As of midnight next Tuesday, it will stop accepting claims for vaccines. I'm sorry, Congressman.

Mr. KRISHNAMOORTHI. You got—you beat me to it. So as of last Tuesday, it stopped accepting reimbursements for tests and treatments, and then as of next Tuesday, it will do the same for vaccines.

Ms. O'Connell. That's right. And these are the claims that the providers are submitting to them.

Mr. KRISHNAMOORTHI. Well, I'm—I'm—I'm deeply, deeply concerned about that. I'm already—my phone is already lighting up with text messages and emails from a number of providers who were expecting to be reimbursed from HRSA, and I suspect that's the case all over the country. And basically, we're looking at—roughly how many people are we talking about who are going to be potentially left in the lurch who would otherwise benefit from HRSA, basically?

Ms. O'Connell. So HRSA would know that number in particular, but the uninsured, you know, several tens of millions of people fall in that gap at this point.

Mr. KRISHNAMOORTHI. Let me ask you this about global vaccination. As you might know, I'm the co-chair of the Global Vaccination Caucus here in Congress, and we've been strenuously advocating for basically more funding to make sure that the rest of the world gets vaccinated, because that's the only way that we're going to get out of this pandemic. How much of the, I believe, $15.6 billion that has been requested is now being allocated for that particular purpose, global vaccination?

Ms. O'Connell. My understanding is that the administration's request is $5 billion for the State Department and USAID to do that work.

Mr. KRISHNAMOORTHI. And what would they do with that money?

Ms. O'Connell. Well, we've already—, as you know, the President committed 1.2 billion vaccines to the rest of the world; of those, 500 million have been delivered to 112 countries, but we still have work to do there. So not only would it help get those next round of vaccines to the world, it would also make sure that they're administered. You know, it's one thing to ship them to different countries; it's another thing to make sure that they actually enter arms, and that's part of the work that USAID is planning to do next.

Mr. KRISHNAMOORTHI. So $5 billion would be sufficient to fulfill the rest of the pledge that was made?

Ms. O'Connell. So I'm—you know, of course, USAID and state have made that request. And how that—how much of the pledge it would, you know, fulfill, we'll have to see, but that was what their portion of the request was.

Mr. KRISHNAMOORTHI. Can you please come back to me on that, Secretary O'Connell? That's extremely important to me. I feel like

we need more transparency on that particular piece, because that's something that I and a lot of others care deeply about.

I'm going to yield back because I have to go vote.

Dr. WALENSKY. May I——

Mr. KRISHNAMOORTHI. Go ahead.

Dr. WALENSKY [continuing]. just chime in and say the critical importance of these funds, as you have seen the challenges in administering vaccines in this country, that is not lost in resource-limited settings. Fourteen percent of resource-limited settings of the populations in those settings have received one dose. We need administration capacity; we need surveillance capacity; we need vaccine safety capacity, we need data capacity in all of these places in order to deliver those vaccines and give them to the people.

Mr. KRISHNAMOORTHI. Director, I would just say, I think we need a lot more than $5 billion for that——

Dr. WALENSKY. Totally.

Mr. KRISHNAMOORTHI [continuing]. honestly. And that's where we need more transparency and more information from you on that. Thank you so much. I yield back. I have to go vote.

Mr. CLYBURN. Thank you very much.

The chair now recognizes Mr. Scalise for five minutes.

Mr. SCALISE. Thank you, Mr. Chairman.

Dr. Walensky, we had recently interviewed Dr. Henry Walke. He's CDC's director, for the center of preparedness and response, over in your office. You know Mr. Walke, don't you?

Dr. WALENSKY. Dr. Walke, yes, I do, very well.

Mr. SCALISE. Yes. Do you respect Dr. Walke's opinion on the job he does?

Dr. WALENSKY. Dr. Walke has a great amount of integrity, and he has my deepest respect.

Mr. SCALISE. I ask because we—I asked him a number of questions about something that we also asked you about, and that relates to the changes that were made to CDC's guidance right before they were about to come out on school reopenings as it relates to the Teachers' Union making major edits to the CDC guidance.

And I know when we had asked you about it you said, quote, it is CDC's customary practice to engage with stakeholders, which we thought wasn't necessarily what we've seen in the past. So we asked Dr. Walke, and some of the things he said is, quote, that it was uncommon for the CDC to share draft guidance documents to outside partners.

He also said that CDC, even if they did release a draft guidance, it would be embargoed, quote, several hours before publication. Yet, Dr. Walensky, you shared school guidance with the CDC 12 days before publication. And there's a trail of emails going back long before the guidance came out between you and the head of the union talking about changes they wanted that ultimately got incorporated almost verbatim.

So, first, is it uncommon or is it not uncommon to allow an outside partner like a Teachers' Union who's trying to keep schools shut to edit the documents when the CDC guidance was initially going to give more credence to opening schools and you changed it on their behest to, in essence, give them a better opportunity to

keep schools closed? So is Dr. Walke right in that it's uncommon or your comments that it is common the right statement?

Dr. WALENSKY. So thank you. Thank you, Ranking Member. Let me just say, first of all, I was not in the room for—to understand the full context of Dr. Walke's testimony, but let me tell you what I know about the conversation that you're—the discussion that I'd like to have.

First, this—these were discussions that happened in the beginning of February 2021, days after I entered into this position. Why was it days? Because getting our schools open was critically important. At the time, we had 46 percent of our schools open for in-person learning, and I think we would all agree that we have real challenges with our children being home, the social, educational milestones that were being lost, we needed to get our schools open.

We, in that context, engaged as we often do with organizations and groups that are impacted by our guidance and our recommendations at the Agency, and we do that to ensure that they can be——

Mr. SCALISE. Let me ask you this—let me ask you this, Dr. Walensky, did you engage with any parents groups?

Dr. WALENSKY. We did. In fact, we did. I personally did.

Mr. SCALISE. Did they——

Dr. WALENSKY. So I can tell you that our draft guidance was shared with over 50 organizations and stakeholders, boards of education, superintendents, national associations of school nurses, all of this with a mission of getting our children back to school.

Mr. SCALISE. Can you provide the details on all the groups that you consulted with, and then specifically, can you provide which groups actually gave you recommendations that you incorporated? Because when we look at the request from the Teachers' Union, specifically, they sent you language on the left. They sent you this language because they were concerned your language might not make it easy enough for them to close schools when we're trying to get——

Dr. WALENSKY. May I speak to that, please?

Mr. SCALISE. Dr. Fauci,—hold on. Dr. Fauci testified in our committee almost a year ago, but he testified schools should be open, so clearly, there's strong science that the schools should be open. The unions wanted to close them. This is the changed language after they sent you this by email, not where teacher groups or parent groups were able to give input that I've seen. They sent you this change. This is what your new document showed literally almost verbatim language.

And I don't know if you put a footnote. If somebody gives you language, you know, when I took——

Dr. WALENSKY. May I respond?

Mr. SCALISE [continuing]. English, you put a footnote that they gave you the language. But who else was able to give this kind of guidance to you that you then took almost verbatim and changed your report?

Dr. WALENSKY. So we, as I mentioned, engaged with over 50 organizations and stakeholders. We do those engagements so we can bring in the feedback. We take that feedback, and we consider it,

and we ultimately implement things that are consistent with our scientific underpinnings of our guidance. When we——

Mr. SCALISE. So will you give us all the groups that gave you input and whose input you allowed into your document? Like clearly, the unions were one of those groups that got to change the science-based on——

Dr. WALENSKY. There was not science that was changed. There was an omission, and if I could speak to the omission. The omission——

Mr. SCALISE. An omission?

Dr. WALENSKY [continuing]. was that in our draft guidance we did not reflect on what should happen with immunocompromised teachers. If teachers were undergoing cancer chemotherapy, if they were on immunomodulating agents, there was nothing in the guidance to reflect what we should do in that situation and that is——

Mr. SCALISE. This doesn't talk about chemotherapy. This makes these sort of closed schools, and, in fact, they thanked you for including it because they said it makes it easier to close schools. So can you give me——

Dr. WALENSKY. Well I——

Mr. SCALISE. Would you give me the detail of any other group that gave you changes that you incorporated?

Dr. WALENSKY. But let me just note, as a reflection of what happened after that guidance, 46 percent of schools were closed before, 60 percent—46 percent of schools were open before that guidance, 60 percent just a few months after. Those guidances opened schools. I publicly said, even in the absence of vaccination, our schools should be open, even in the absence of vaccination. And, in fact, just this past year, in the fall of 2021, with a Delta surge ongoing, we had over 99 percent of our schools open. All of this was a pathway to get our schools open.

Mr. SCALISE. And, Mr. Chairman—all right. I'll look forward to getting that information from you.

Mr. Chairman, I would reiterate, if we could get Dr. Fauci to come testify before the committee. He said he wants to, but he said he can't do it unless you ask him. So I would ask if you would ask Dr. Fauci to come and testify.

Mr. CLYBURN. We'll give every consideration to accommodating your request.

And with that, do we have another—is there a Democratic member we have not recognized? Any other member present that is not recognized?

I'm going to call a recess. I know we have a hard stop at around four, but let me recess to see whether or not any other members wish to participate. OK.

[Recess.]

Mr. CLYBURN. Yes, I see—yes. There we go. Well, we are no longer in recess. I think I see Mrs. Miller-Meeks. Our brief recess is now over, so the chair now recognizes Mrs. Miller-Meeks for five minutes.

Mrs. MILLER-MEEKS. Thank you so much, Chair Clyburn.

And I want to thank all of our witnesses who are here today and presenting to us.

And I know how difficult this is. Dr. Walensky, you and I have had conversations. And, you know, much of my frustration over what's happened through the pandemic, especially as it's related to the CDC or the NIH, is more the function of bureaucracies and how bureaucracies work rather than sometimes the individuals who are personally involved or you as director for the short time you've been director of the CDC. So I just wanted to say that upfront.

And also, having been a director of the Department of Public Health, I also had some concerns when I became the director of a department that the majority of our function was not related to what I think is the most important function of the CDC, which is disease control, which was our first and primary mission, which is a national security issue versus the shift toward prevention. And I think that we know why that's occurred, but yet it lends a level of frustration because we don't have the immediacy that we need when it comes to handling a pandemic.

So also, we're,—you know, Dr. Murthy, Dr. Walensky, Dr. O'Connell, as physicians, as published authors, medical doctors, we publish in medical journals, and as you all know firsthand that there's a requirement for disclosure, that's disclosures of financial disclosures, financial interests, and that's also disclosures of any conflicts of interest.

So, Dr. Walensky, I just wanted to ask if the CDC, when they published their February 2021 guidance, did you think to put a footnote to the Teachers' Union or to think to disclose that there was a conflict of interest in getting information almost verbatim from the Teachers' Union?

Dr. WALENSKY. Thank you, Dr. Miller-Meeks. So, you know, I think our guidance and recommendations are a bit different than publication in a medical journal. We do, by standard practice, get feedback from many different organizations, from many different stakeholders, not just in our school guidance but in other guidances as well. And so, we don't necessarily list who we speak with to receive that feedback.

As you know, as a public health—a prior public health official before, we routinely engage with ASTO, NETO, CSTE, our public health, and jurisdictional partners. In this case, we also engaged with school superintendents, state boards of education, with parent organizations, superintendent organizations, national association of school nurses. So——

Mrs. Mrs. MILLER-MEEKS. Dr. Walensky, I didn't see any footnotes or any guidance that was directed from the state of Iowa, which reopened its schools in the fall without any instance, without any superspreader events. We opened schools in the—August 2020 to no detriment either to our teachers, to the staff, or to our students.

And when you look at the effect upon students—and I know I have emphasized this and I will continue to emphasize this, because our response to the pandemic is based upon the precedent this year. So we just reduced the number of COVID–19 pediatric deaths, the CDC, by 24 percent over a coding error just a couple of weeks ago.

I'm equally concerned about the excess deaths through the pandemic, and we have discussed this before. The excess deaths have

now surpassed 1 million deaths, according to the CDC, and the number is probably larger than that because deaths attributed to COVID may, in fact, have been to other comorbidities which would have caused death regardless of whether someone was infected with COVID–19. These have been from increased deaths from heart disease, from stroke, from diabetes, from noncancer diagnosis, delay in cancer treatment, and advancement of cancer because there was not a diagnosis or treatment.

But even more remarkable than that and was predicted, and I was one who authored a paper on this back in April 2020, the deaths from increased mental health issues, whether they be depression, anxiety, and then resulted in suicide, the deaths from increased drug use, addiction, and deaths from overdose. And most importantly, those deaths are occurring in the 18-to 45-year age group and younger in suicide prevention.

As you know, the Nevada school system opened up its schools in 2021 because of 18 deaths in a nine-month period, the youngest of which was nine years old. That's a travesty that we have hoisted upon our children, who are the future of this country. And so we know that children—and this is developing into their pathway of resiliency. How are they going to be resilient in the future when their, you know, their very most early learning years are in a pandemic, in masks, not in school without the social interactions they need?

So I think it's extraordinarily important that we look at—which I have not heard until recently from the CDC or NIH, that we look at the consequences, the risks and the benefits, and there are significant risks to how we performed during this pandemic and our actions.

I want to ask then, as we've heard today, we know that you worked on the Teachers' Union to establish school reopening guidance, but I'm interested to hear if you've taken the excess deaths data into consideration. How did the data show rising drug overdose and suicide deaths? How did that impact your guidance? And did you communicate with other groups, such as the American Academy of Pediatrics or the American Psychological or Psychiatric Associations, who have declared a national emergency on children's mental health and the WHO national—a world emergency on childhood poverty which will take decades to recover?

Mr. CLYBURN. The gentlelady's time has expired. I'm going to allow a very short answer.

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

Dr. WALENSKY. Yes. Maybe I will—thank you. Thank you for that. Maybe—you and I have had numerous conversations or at least a recent conversation about this. Maybe I will just say, I'm happy to provide a list of the engagements that we had, of course, for—to use our—to articulate our school guidance.

And I also really just want to commend the state of Iowa for being able to open safely, but also note that only 46 percent of schools were open safe—were open at all, and part of that is because how in the early part of this pandemic and really throughout this pandemic there's been uneven distribution of where the cases are around this country.

Just really an important point on data; we in this pandemic at CDC have needed to work with real-time data in this emergency and to report it outwards. From our death data, we make decisions, but, in fact, those decisions, as I know you know, having run a department of public health, especially with death data, we get them in realtime, and then we get more sophisticated, more validated death data from other sources in later periods of time. So we are constantly updating our data, validating especially those death data. Cause of death data, as you know, also really difficult, but we're working toward that as well. Thank you.

Mrs. MILLER-MEEKS. Thank you so much, Mr. Chair, for indulging our extra time. And it's hard to send more money without reforming the CDC in its critical mission. I yield back my time.

Mr. KRISHNAMOORTHI. [Presiding.] OK. I'm going to assume the mantle here for a minute. I'm going to call a recess until we have a couple people back who are currently voting, and so we'll pause and then resume in a moment. Thank you.

[Recess.]

Mr. CLYBURN. Let me thank the witnesses for being here today and apologize for the problems that we're having since the vote has taken place. As many of you know, we have been having 15-minute votes, and because we have so many people voting by proxy because of COVID–19, we are—we reduced the time to five minutes, which means that a lot of people are sticking close to the floor not being able to get back and forth to their offices.

So—and there's a vote on the floor now that's taking a little more time because it seems that there's some confusion about what they were voting for, so people are switching votes. So I'm going to go ahead and, in the absence of the Ranking Member, proceed to close.

But before we close, I ask unanimous consent to enter into the record a letter the committee has received from the National Association of County and City Health Officials, and I'm sure that there would be no objection. Nobody here to object, so we are going to consider that done.

In closing, I want to thank all the witnesses for testifying before the select subcommittee today. We truly appreciate your steady leadership throughout the pandemic and your dedication to protecting and improving the health of all Americans.

As we have heard, thanks to safe and effective vaccines, new treatments, rapid testing, and other tools, Americans are now able to drastically reduce their risk from the coronavirus. As a result of this progress, we have emerged from the crisis phase of the pandemic.

But if you want to sustain and build on this progress, Congress will provide the necessary funding to execute President Biden's national COVID–19 preparedness plan. This plan, if fully funded, will equip our Nation to protect against and treat the coronavirus, prepare for new variants, and ensure schools and businesses stay open safely and continue leading the global vaccination effort. If Congress fails to act, we increase the risk that the coronavirus will become a crisis once again.

I see that the ranking member has returned, and I am going to go out of order here and allow him to make a closing statement. Mr. Scalise, you're recognized for a closing statement.

Mr. SCALISE. Thank you, Mr. Chairman. I know we're kind of bouncing back and forth voting and having the hearing. I appreciate you having it.

I appreciate the witnesses again. And, look, I know that there's some contention over some of the, you know, the differences here, and it's because we've been working, and, again, we've had hearings where Dr. Fauci and others have said we need to open up schools and we've had this fight for way too long. And then you see the documents come out that appear that some people were given extra ability to change guidance that was getting ready to come out from CDC, and the unions were asking for changes because they felt like what was about to come out wasn't going to give them enough ability to shut down schools.

And when we've got all this science saying open up schools, and then literally, like almost verbatim the changes they proposed and asked to be included were incorporated almost word for word in the final document. And they had—12 days in advance they had the ability to do this.

I—and I look forward to getting—you know, Dr. Walensky said she's going to give us the information on any other groups. We've been hearing from parents groups, who, by the way, during a lot of this time the Justice Department was calling these parents domestic terrorists for trying to get the schools open. And it just seems like the entire Biden administration has been siding with the unions against parents over and over again. And maybe some parents groups were included. I'd love to see those that were able to get their language included. We know what the unions were able to get included.

And this is on the backdrop of a few months ago we had a hearing where the President's own pollster laid out polling that showed that the American people are worn out by the pandemic, and the next day CDC changed guidance to say you don't have to have masks, not after months and months of us asking for it but after political science, the President's pollster, said the American people are fed up with the pandemic. And so if we're going get back to restoring trust, we've got to address what really happened here.

And if there's a minute left, I know Dr. Green wasn't able to ask questions during votes, but I'd like to give him the rest of my time, Mr. Chairman.

Mr. GREEN. Thank you, Ranking Member Scalise. And I'll take just a quick second, Mr. Chairman. Thank you for the indulgence.

As a physician, we live by a certain code that the AMA is very clear about standards for publications. The AMA says very clearly you disclose any financial grants or anything that you get. The teachers' unions very clearly gave millions of dollars to not only this administration but Democrats across the board, and then they influenced—, in fact, five paragraphs of the CDC's position are almost identical.

And I don't understand why it wasn't disclosed that this Teachers' Union who made those donations did not get acknowledged or disclosed. That's—that violates—the AMA policy. It's directly

against the AMA's policy on medical publications. And there's not a footnote in the whole thing. And there are five paragraphs that are practically—I mean, a high school kid turning in a term paper would have to put a footnote down when he copies verbatim something else.

With that, Mr. Chairman, I yield.

Mr. CLYBURN. Thank you very much.

And without objection, all members 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 meeting is adjourned.

[Whereupon, at 4:03 p.m., the subcommittee was adjourned.]