
Chairwoman DeLauro Opening Remarks for House Appropriations Subcommittee on Labor, Health and Human Services, and Education Hearing on The Centers for Disease Control and Prevention's (CDC) Response to the

June 4, 2020 | Press Release

(As prepared for delivery)

A video of the hearing can be found here (<https://www.youtube.com/watch?v=q1MrufIXOs>).

Before I make my opening remarks, I want to reflect on today. This afternoon there is a memorial service for George Floyd. For the last few months, around the pandemic, we have been talking about how to get back to normal. However, what we can hear in the chants for justice and the cries for equality, is that going back is not good enough. That in this tectonic moment that exposes so many wrongs, deep inequality, and racial wrongs. And, that as we fight the COVID-19 virus before us now, we must also fight the virus of injustice.

Good morning – welcome to the Labor, Health and Human Services, and Education Appropriations Subcommittee. This is our second hearing to oversee the federal response to the coronavirus. And, it is bipartisan. Let me commend my colleagues on both sides of the aisle, including the ranking member, Congressman Tom Cole.

With us this morning is Dr. Robert Redfield, Director of the Centers for Disease Control and Prevention, the CDC. Thank you for joining us today.

Our nation is in turmoil. The coronavirus is the biggest public health crisis we have experienced in at least a century. And, to be blunt, the Federal response has been inconsistent and incoherent. A major focus of today's hearing is getting a better understanding of what has gone right and what has gone wrong these past five months. We need to learn from mistakes, not repeat them. We cannot stop the risk from this virus overnight, but in the months to come, we can spare the American people from unnecessary misery, illness, and death.

In a typical public health emergency, (and historically), the response would be led by the CDC, the nation's foremost public health agency, based on science and public health expertise. I am alarmed that this administration has sidelined the CDC in our response to the pandemic and chosen political expediency over public health. As a result, the U.S. has had the worst response to coronavirus of any country in the world. It is particularly egregious because our public health system should have been better prepared than almost any other in the world.

Over the last three years, on a bipartisan basis, this subcommittee has increased annual funding for the CDC by approximately \$1.1 billion, an increase of 17% since 2017. That included the first year of a new public health data modernization initiative, which will transform how the CDC collects, uses, and analyzes public health data. We also created an Infectious Diseases Rapid Response Reserve Fund to enable the CDC to respond to outbreaks quickly to protect public health. Ranking Member Cole and I worked together to create that Reserve Fund and it was critical to funding early response activities at the onset of this pandemic.

But instead of public health expertise driving our response to the pandemic, it appears CDC has been sidelined for political interests. That is dangerous. The stakes are too high. There are projections that going forward 30,000 plus could die per month. That would be equivalent to another 100,000 deaths over the summer months.

[The New York Times released a powerful and well-researched exposé of the consequences of the lapse in the work of CDC. The piece opened, quote, “Long considered the world’s premier public health agency, the Centers for Disease Control and Prevention has fallen short in its response to the most urgent public health emergency in its 74-year history The agency made early missteps in testing and failed to provide timely counts of infections and deaths, hindered by aging technology across the U.S. health system. It hesitated in absorbing the lessons of other countries and struggled to calibrate the need to move fast and its own imperative to be cautious. Its communications were sometimes confusing, sowing mistrust, even as it clashed with the White House and President Trump.”]

From the moment this pandemic reached our shores, President Trump and his administration’s response has been woefully inadequate, abdicating all responsibility. There was never any coordinated plan to address the pandemic and under this dangerous lack of leadership our nation surpasses 100,000 deaths from COVID-19—the most of any country in the world.

When it comes to crucial details like acquiring tests and supplies, setting goals for how much of the population should be tested, facilitating contact tracing and isolation efforts, and ensuring communities that have been hit the hardest are given the support they need, there is no national coordinated strategy.

Our Federal response cannot be defended from a public health perspective. Other nations around the world, from Germany to South Korea, have found ways to keep their people safe. It appears as if the United States is just admitting defeat.

Is that unacceptable? Our simply accepting the preventable deaths of hundreds of thousands of American to COVID-19? If the administration is asking us to accept that, in my view, the answer is a decisive “no.”

For the U.S. to keep our people safe, our response needs to be led by the scientists and public health experts at CDC. Our response needs to be based on reliable public health principles, not political appointees in the White House. It is our expectation that public health expertise must be at the forefront of our national response.

We need answers to vital questions: why has the Administration accepted the world’s worst outcome and a level of preventable death that would have been unconscionable a few months ago? How is our country going to reopen when there is not a coordinated nationwide effort to test, contact trace, and isolate cases? Why are States disregarding CDC’s guidelines for reopening business and for social activities? Why are CDC’s guidelines not at the forefront? Why did CDC’s guidelines on reopening come after states started to reopen, or were already reopened?

We are asking the CDC to lead the way and uphold its own mission. Quote, “As the nation’s health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats and responds when these arise.”

That is the highest mission and the right mission. So, let me say affirmatively that the Committee supports the scientists at CDC, like Dr. Nancy Messonnier and others, who are trying to provide science-based guidance to the country.

What went wrong? Why has the CDC been left behind? When there was an early declaration of a public health emergency by HHS, January 31, when CDC produced some high quality, in-depth publications.

Take note of this: CDC’s Morbidity and Mortality Weekly Reports (MMWRs), CDC experts have published evidence about using universal testing at skilled nursing facilities to interrupt transmission of COVID-19, as well as critically important work about “superspreading” events, which are responsible for transmitting the majority of cases of COVID-19.

When they identified the cause of some of the super-spreading events / larger events.

- *Following exposure at a choir practice, 61 people led to 32 confirmed and 20 probable cases;*
- *Among attendees at a church in Arkansas;*
- *Among workers in meat and poultry processing facilities, 19 States, 130,000 workers at 115 facilities, 4,913 cases, 20 deaths, 3 percent of workers infected overall, varied by State: 1 percent in Kansas, Missouri, and North Carolina to about 18 percent in Iowa.*

We cannot have a CDC that fails to publish high-quality, specific, technical guidance. We cannot have a CDC that has reports shelved, edited, not scientifically driven, or redrafted to suit political purposes. We cannot have a CDC that provides spotty data collection and reporting. We cannot have a CDC that fails at transparency.

We need federal leadership that is guided by public health expertise, real-time, rigorous, and transparent. We need CDC and its scientists and public health experts leading the way. And, I am angry that their experience and commitment have been pushed aside for a political agenda.

That must change. Congress has to change it. And, we have to redirect the current course, to set us on a path forward. So, I look forward to this important conversation and appreciate Dr. Redfield for being here. Same to my colleagues. Now I would like to recognize the Ranking Member of the Subcommittee, Congressman Tom Cole, for any opening remarks he would like to make.

###