Chair DeLauro Holds Hearing on the Centers for Disease Control and Prevention's (CDC) Response to COVID-19

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WASHINGTON, DC — (June 4, 2020) Congresswoman Rosa DeLauro (CT-03), Chair of the House Appropriations Committee on Labor, Health and Human Services, and Education, today held a critical hearing (https://www.youtube.com/watch?v=q1MrujFlXOs) with the Subcommittee's Democrats and Republicans on the Centers for Disease Control and Prevention's (CDC) response to the COVID-19 pandemic. Dr. Robert Redfield, Director of the CDC, appeared before the Subcommittee.

A video and transcript of DeLauro's opening remarks, as prepared for delivery, can be found here (https://www.facebook.com/CongresswomanRosaDeLauro/videos/896071307537365/) and here (https://delauro.house.gov/media-center/press-releases/chairwoman-delauro-opening-remarks-house-appropriations-subcommittee-16), respectively. Links to full videos of her exchanges with panelists can be found below, along with transcripts of each exchange:

Questions (First Round) (https://www.facebook.com/watch/?v=2788040037989528)

Congresswoman DeLauro: *Thank you very much, Dr. Redfield. Let me begin: Many Americans today say politics and not public health facts of the CDC are driving our nation's coronavirus decision. March 13th, President Trump declared a national emergency. Our nation had 556 new cases and seven deaths. Four days later, he urged the American people to follow stay at home guidance. He said we are asking everyone to work at home if possible. Postpone unnecessary travel, limit social gatherings to no more than ten people. Let me show you this chart: on June 2nd, as this chart shows, there were over 20,000 new cases and we've had more than 1,000 new deaths. And President Trump is telling the American people that we are reopening the economy, and everything is okay. Our policies don't seem to make any sense. When we had fewer than 1,000 new cases, we went into a national emergency. Now we have 20,000 or more new cases a day, yet we are opening up. Based on those inconsistent responses, I've come to a conclusion. In March we made decisions based on public health expertise, but now we are basing decisions or making these decisions based on the interests of politicians in the White House. My question, these facts, and I have several questions, I'm going to try to move quickly. This chart shows the crisis isn't over. Instead, it appears the white house is trying to convince the Americans to just accept more risk and death. You run what has been the world's preeminent global disease detection and control center. How does this make sense from a public health perspective? I'm going to ask you to be succinct, Dr. Redfield because there are a few more questions and a whole lot of folks that want to ask questions.*

Dr. Redfield: *We have experienced this coronavirus pandemic, we're learning every day. I think probably the most critical thing that we've learned is to understand who's most vulnerable to this infection. Clearly, we've seen that with the nursing homes and elderly. We have seen it obviously in African Americans, Hispanics, American Indians and Native Alaskans and really design our policies to protect those vulnerable individuals. I think that's one of the fundamental lessons that we have learned in the last several months. And I think that is really central to the policy we have going forward is to continue to protect the vulnerable.*

Congresswoman DeLauro: *So yes or no? Does it make sense for us to be doing what we're doing when we are looking a 20,000 plus cases on June 2nd and over 1,000 deaths? So, it leads me to believe that we are not following what is based on public health expertise but rather making decisions based on what are more political interests. Let me ask you these questions and this is a yes or no, Dr. Redfield. Do we have a vaccine yet?*

Dr. Redfield: *We have candidate vaccines under development.*

Congresswoman DeLauro: *But we don't have one yet?*

Dr. Redfield: *We don't have one for deployment.*

Congresswoman DeLauro: *Are we close to achieving herd immunity across the United States?*

Dr. Redfield: *No.*

Congresswoman DeLauro: *Is there any evidence the virus has become less contagious or is becoming tired of infecting us, yes or no?*

Dr. Redfield: *No.*

Congresswoman DeLauro: *Okay. Are all the states meeting the basic test that the White House guidance laid out for reopening, downward trajectory of documented cases within a 14-day period, downward trajectory of positive tests within the 14-day period?*

Dr. Redfield: *Chairwoman, of course, these were guidances that we put out and to answer your question directly, no not all the states have met that criteria.*

Congresswoman DeLauro: *My understanding is that we had a number of states. One concrete example-- let me show you this photograph. This is the lake of Ozarks: yeah. I the same visceral response, Dr. Redfield. Look at this. Look at these folks. This is unbelievable. And you've got this happening in the state of Missouri. The White House guidance says that states need to have the ability to trace the contacts of COVID-19 and results. The state of Missouri where this is happening does not have the capacity to do contact tracing. Is the CDC tracing everyone who was there, yes or no Dr. Redfield?*

Dr. Redfield: *It would be the State and we would assist them, and the answer is that we haven't been asked to assist them for that.*

Congresswoman DeLauro*: So, we are not contact tracing? Even though we have the person we identified the person.*

Dr. Redfield*: I can't answer for the state what they're doing, but I will say because of Congress' support, we are building enhanced capacity across this country to do contact tracing and get that capacity fully operationalized by the fall of this year when we're going to need it to maintain containment as we get into the Fall and Winter of 2020.*

Congresswoman DeLauro: *Let me have you look at this photograph. This is -- I saw the Ozark photo. This is the photo from last week's SPACE X launch. People gathered on the bridge. Would you put yourself in these types of situations?*

Dr. Redfield*: I think the really important thing of all this is, as you point out, is that not just to the individuals but to the risk that they're putting the individuals they go home to.*

Congresswoman DeLauro: *That's what is happening. That is what is happening. Let me just – I will try to close with this. 2 1/2 months ago, the President started a process of shutting down the economy. Fewer than 1,000 new cases a day. Since then, the administration's failure to respond competently squandered the opportunity to bring the virus under control, protect the health of the American families. We're being told it's safe to reopen. Over 20,000 new cases, over 1,000 deaths. We do not have testing, tracing resources that we need to prevent more deaths. It is no wonder the world's leading medical journals, "The Lancet" calls the federal response inconsistent and incoherent but the President wants us to get used to this and to pretend its business as usual. Let me just say this to you, Dr. Redfield with all the – I have such admiration for the work that you and CDC do. But if you and the CDC are driving this bus, you're taking us in a dangerous direction from everything I can tell the CDC isn't in the role you've had in the past, not only aren't you driving the bus, but the President seems to have left you at the curb. That's wrong for the CDC, but it is deadly for our country. I recognize my colleague.*

Questions (Second Round) (https://www.facebook.com/CongresswomanRosaDeLauro/videos/772366896630756/)

Congresswoman DeLauro: *Dr. Redfield, you said in April the need for enhanced vaccination efforts this Fall for seasonal flu. As you noted, we are going to have a flu epidemic and the coronavirus epidemic at the same time, which will put tremendous strain on the hospital system. Yes or no, do you still stand by your April 21st answer?*

Dr. Redfield: *Yes, I think we are going to have a difficult time.*

Congresswoman DeLauro*: Ok, given that, we have to be prepared to deal with that effort. We are also going to be having companies around the world racing for a vaccine. There's funding need for infrastructure, medical supplies, workforce and a bunch of unknowns, which have to do with storage requirements, cold chain supply, etc. Explain that aspect of a massive*

vaccination campaign. What is already in the works? What activities, what are the funding capabilities? If you can't deal with all the funding now, I want a budget because it will impact our negotiations when we are dealing with the Senate on the Heroes bill.

Dr. Redfield*: Chairwoman is that in reference to influenza or COVID?*

Congresswoman DeLauro: *I want to know about vaccines, but I also wanted you to answer the question on influenza and what we need to do with regard to that.*

Dr. Redfield*: So, the COVID vaccine effort, Operation Warp Speed, which is run by the Secretary of Defense and the Secretary of Health, that is moving very rapidly. I can just leave it at that. It is moving quickly. It is my expectation that we will have one or more vaccines available before the end of the year for COVID, which will be a great –*

Congresswoman DeLauro: *The infrastructure for putting this together and a budget for putting this together – we need it now.*

Dr. Redfield*: We'll be able to work with HHS and get that back to you. Ok?*

Congresswoman DeLauro: *I do want to emphasize the importance of flu vaccines and Nancy Messonnier is leading that effort to really get our nation accelerated. As you know only about 47% of the American public take advantage of flu vaccines. We're really hoping that the American public will see that the flu vaccine is one major way they can help this nation get through this Fall.*

Dr. Redfield*: And that's going to be a further strain on this system with this virus.*

Closing Remarks (https://www.facebook.com/CongresswomanRosaDeLauro/videos/252241525851176/)

Congresswoman DeLauro: *I thank the gentleman. The gentleman is my friend. It's good to partner with you on these efforts. Thank you, dr. Redfield, for being here today. I know Representative Harris said we have been successful in reducing our cases by 40% from a peak of 32,000 a day to 20,000 per day. So, we are ready to reopen. I just reiterate that it wasn't -- what we talked about in March and we declared a national emergency when we had 556 cases. Virtually all other developed countries have cut their cases by about 90% or more before they reopened. The federal position seems to be -- our government's position seems to be that we can't do what other countries do, so we just have to live with 20,000 new cases per day. That puts us all in danger in my view. I agree with my colleague, Congressman Cole, that we need to have long-term funding and capacity. But I will say this to you, Dr. Redfield. You made a comment that it was Dr. Messonnier who had some lead role when the response to this pandemic was grounded in your center at the CDC. That is no longer the case. You are no longer at the center. The point of the spear on this issue. It really has gone to FEMA. It has gone to the White House. I will be very honest with you. I want to build your capacity. I want to get you the data. I want you to be science driven. By God, I do not want your science and your health experts challenged by people who do not know and understand either science or public health. I might just add that we have talked about this, your guidance changes, delays, duplication. We didn't get to that. The National Health Care Safety Network, by HHS shows a message from this administration in my view that CDC is being undermined. The administration violates every rule in your 450-page manual. All of the time. Talk about Lysol. Talk about Lysol! We need credible messages. We need credible guidance. We need to hear more directly from CDC's experts. And the CDC media briefings, I hope you will just -- one more comment from you and one more thing to say. Your briefings stopped. You had daily briefings. And they stopped. Those briefings need to continue. And I hope -- let me say this to you. Will you continue those daily briefings? It's a yes or no answer, Dr. Redfield.*

Dr. Redfield*: We had them weekly, just so you know. We did our weekly briefings. And we do have our briefings back. I did one last Friday. Right now, they were going to be every other week and I'm working to get them every week.*

Congresswoman DeLauro: *We need to have those briefings back online. I want to comment on yesterday. The publication "The Nature", they published a study that analyzed the economic impacts of lockdowns and reopenings. The conclusion was that to protect our economy, we need to focus on public health. We are not doing that. I make a reference to these photographs that I showed earlier on. We are not doing it. Reopening before the virus is under control will put our economic recovery at risk. Until we get that and it's loud and clear from the science community, from the public health community, we are not going to succeed economically in my view. You talked about testing. The number of tests every day and knowing that and the public knowing that is important. Because we need to know who is testing, where they are being tested and where they are not. I just say, I am in awe of science, Dr. Redfield. I don't have scientific knowledge. Dr. Harris does and there are others. But most of us do not. What we do here is to provide the resources that allow you and your colleagues at the CDC to do what you do. So, we are reliant on that science. Let me just say to you, don't be afraid. Stand up. Talk about what your scientists do and give us that direction. I will tell you that we will provide the resources that you need to do your job. Without that and without driven, there will*

be a great reluctance – I will speak for myself -- on my part to go further if it's not a partnership in going forward. Thank you for your service. Thank you for what you do. As I said domestically and internationally. I know that is where your heart and soul lies in the science. Let us hear from all of you on that. Thank you. This hearing is over.

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