



Senate Committee on Appropriations

Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Review of Coronavirus Response Efforts

September 16, 2020

10:00 AM

Purpose

The purpose of this hearing is to review the efforts taken by federal government in order to respond to the COVID-19 pandemic

Members Present

Chairman Blunt, Ranking member Murray, Senators Alexander, Durbin, Kennedy, Reed, Capito, Shaheen, Hyde-Smith, Merkley, Lankford, Schatz, Baldwin, Graham, Murphy, Moran

Witnesses

Robert R. Redfield, M.D., Director, Centers for Disease Control and Prevention

Bob Kadlec, M.D., Assistant Secretary For Preparedness And Response, Department of Health and Human Services

Admiral Brett Giroir, M.D., Assistant Secretary For Health, Department of Health and Human Services

Opening Statements

(26:50) Chairman Blunt said that millions of Americans have been affected by the COVID-19 pandemic. Even after 9 months, there is still relatively little known about the disease. This has certainly hindered the public health response. Public health is hard, but it is clear that the country needs to be more prepared for future disease outbreaks. Neither this administration nor the last administration have prioritized research at the levels desired by this committee. Research is necessary in order to tailor an appropriate response to a public health emergency. Now is the appropriate time to begin thinking about how the nation will respond to future pandemics. We must be learning from our mistakes in real time. It is clear that there is a need for more testing, resources for pharmaceutical manufacturers, and a detailed vaccine distribution plan.

(32:50) Ranking member Murray said that the rising national death count represents countless personal losses. These are not just numbers; they are vital community members and loved ones. Unfortunately, the president has not demonstrated the leadership necessary to guide the nation out of this devastating crisis. Since the beginning, President Trump has downplayed the impact of the coronavirus, despite having evidence that showed the diseases severity. President Trump has made it harder to respond to the public health emergency. It is important to regain trust in the nation's public health agencies. The American public should not feel that the nation's top public health agencies are being undermined by political interference. This is dangerous and unprecedented. The

American public deserves the truth, no matter how inconvenient they are. As a committee, we must embrace data and science.

Testimony

(43:20) Adm. Giroir said that testing is an essential component of the nation's response to the public health pandemic. Luckily, the number of new COVID cases is down a significant percent. This is true of other important metrics such as deaths and hospitalizations. These gains could be fleeting or even reversed if the nation does not continue to take this virus seriously. In addition, the federal government has been purchasing and delivering point of care molecular tests to vulnerable communities. A key function of testing is to support identification of infected individuals, many of whom may be asymptomatic, in communities identified with outbreaks or emerging outbreaks. In response to "hotspot areas", the Federal Government has set up surge testing to increase baseline testing 2X-5X for short periods of time. Because there are now treatments authorized for hospitalized patients with COVID-19, including Remdesivir, convalescent plasma, and steroids, it is critical to diagnose patients as soon as possible. Currently, large commercial labs are prioritizing inpatient samples to ensure diagnosis within 24-36 hours. Our best information also suggests that the great majority of individual hospitals are able to meet this time frame for patients within their hospital systems. Vulnerable populations in many underserved communities are suffering disproportionate health impacts resulting from COVID-19, including number of infections, hospitalizations, and deaths. As part of the HHS response to this crisis, on June 23, the HHS Office of Minority Health (OMH) announced the selection of the Morehouse School of Medicine as the awardee for a new \$40 million initiative to fight COVID-19 in racial and ethnic minority, rural and socially vulnerable communities. Since the early stages of the COVID-19 outbreak, the Corps has been an indispensable asset leveraged to address the public health needs of the nation in response to this crisis. The United States Public Health Service Commissioned Corps stands ready and willing to respond to the public health needs of our country and to provide essential healthcare services.

(49:00) Dr. Kadlec said that the Assistant Secretary for Preparedness and Response's (ASPR) mission is to save lives and protect Americans from 21st century health security threats. For the current COVID-19 domestic response, ASPR funding has been used to accelerate development of medical countermeasures, enter into contracts to resupply personal protective equipment and other critical components deployed from the Strategic National Stockpile (SNS) to aid in the treatment of persons with or suspected of having COVID-19, provide grants to hospital associations and healthcare centers to aid in the ongoing response, and provide support via the National Disaster Medical System (NDMS) to augment care in communities significantly impacted by COVID-19. Since late January, the Biomedical Advanced Research and Development Authority (BARDA) within ASPR has collaborated with counterparts across the government to identify potential COVID-19 medical countermeasure candidates and accelerate their development. BARDA has a track record of success in delivering effective countermeasures in response to public health emergencies. At the onset of the pandemic, BARDA reviewed investments, modified contracts, and began working with Regeneron, Janssen, and Sanofi Pasteur to initiate the development of vaccines and therapeutics for COVID-19. All three have successfully developed both prophylactic and therapeutic medical countermeasures for emerging infectious diseases in the recent past. ASPR, through the Strategic National Stockpile (SNS) maintains a national repository of large quantities of medical countermeasures for a variety of threats (chemical,

biological, radiological, and nuclear (CBRN) threats as well as general public health responses) stored in strategic locations around the nation. While SNS assets can be deployed for CBRN incidents, the SNS is also poised to provide assets to support response operations to large-scale public health emergencies, such as those caused by hurricanes, disease outbreaks, or other natural disasters. In addition, ASPR is working in partnership with the HHS Food and Drug Administration (FDA) to understand and identify, as early as possible, supply chain issues. Much of our supplies and medical materiel come from international partners. We must, and will, continually evaluate and understand these dependencies to best inform acquisitions and planned procurements.

(54:00) Dr. Redfield said the CDC is America's health protection agency, and works 24/7 to prevent illness, save lives and protect America from health, safety and security threats. CDC has a key role in preparedness and response in the U.S. and abroad. Addressing infectious diseases like COVID-19 is central to our mission and CDC has decades of leadership in infectious disease response. The Morbidity and Mortality Weekly Report (MMWR), sometimes called the "voice of CDC," has published more than 100 COVID-19 reports since the beginning of the pandemic, providing cutting-edge scientific articles that have been viewed by tens of millions of readers. In addition to publishing our own scientific information, CDC scientists are monitoring in real time the rapidly expanding scientific literature and have reviewed over 100,000 scientific papers thus far. CDC is drawing on its emergency response capacity and its relationships with state, tribal, local, and territorial (STLT), global, and private sector partners; and is leveraging our workforce's strengths in public health surveillance, prevention, and laboratory capacity to carry out research and share new knowledge related to this novel pathogen and its consequences. As of September 9, 2020, there have been 6,310,633 COVID-19 cases reported and 189,147 deaths attributed to the virus in the U.S. The latest data can be found on CDC's [website](#). With funds provided by the Coronavirus Preparedness and Response Supplemental Appropriations Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, CDC is providing states with needed resources needed to detect, respond, and prevent the spread of COVID-19 and to inform community mitigation strategies. COVID-19 is the most significant public health challenge to face our nation in more than a century. CDC is providing the American public with the information and assistance it needs to defeat COVID-19. In line with this, the CDC is close to releasing their COVID-19 Vaccination Distribution plan. It may be released as early as this afternoon. The federal government will begin working with state governments to begin implementing this plan. As we work together to fight COVID-19 and end this pandemic, CDC is committed to its mission to protect all Americans from disease threats and to save lives, now and in the future.

Questions and Answers

(1:00:00) Chairman Blunt asked if the US can reach 100 million tests by October. **Adm. Giroir** said yes, that is a conservative estimate. This does not mean all of the tests will be done, rather they will be available. **Chairman Blunt** asked if testing delays make it harder to control community spread. **Adm. Giroir** said yes. The quicker a test can produce a result, the better.

(1:05:30) Ranking member Murray asked if anyone at CDC advised the president to downplay the virus. **Dr. Redfield** said no. **Ranking member Murray** asked why Dr. Redfield has not done more to push back on political interference. **Dr. Redfield** said that at no time has the scientific integrity of the CDC been compromised. **Ranking member Murray** asked if the May report as

drafted by Dr. Schuchat adhere to the agencies strict code of scientific integrity. **Dr. Redfield** said yes. **Ranking member Murray** asked if the CDC is engaged in a deep state effort to undermine President Trump. **Dr. Redfield** said no. He is deeply saddened by those accusations. **Ranking member Murray** asked what Congress can do to hear directly from public health officials. **Dr. Redfield** said that he commits to delivering the best public health advice to the nation. **Ranking member Murray** asked what Adm. Giroir is doing to ensure there is no political interference. **Adm. Giroir** said that the advice he gives is independent of political interference.

(1:11:45) Sen. Alexander asked what should be done now to prepare for the next pandemic. **Dr. Kadlec** said domestic manufacturing for biologics and vaccines needs to be increased. Furthermore, there needs to be an enhanced strategic and national stockpile.

(1:17:00) Sen. Durbin asked if we are within weeks of developing a vaccine. **Dr. Kadlec** said it is possible that they will be manufactured within that time period. However, this does not mean that they will be approved for distribution. The FDA will be the one to make the decision on approval. **Sen. Durbin** asked if ending testing will end the spread of COVID-19. **Adm. Giroir** said no. **Sen. Durbin** asked if any of the witnesses are aware of a healthcare plan to replace the ACA. **All Witnesses** said they were not involved in those discussions.

(1:23:00) Sen. Kennedy asked if any of the witnesses have interfered with the nation's COVID-19 response. **All witnesses** said no. **Sen. Kennedy** asked if the witnesses know of anyone who has interfered with the nation's COVID-19 response. **All witnesses** said no. **Sen. Kennedy** asked if it is fair to say that the coronavirus is a lot more contagious than originally thought. **Dr. Redfield** said yes. **Sen. Kennedy** said if it is true that of 1,000 people that contract COVID-19, 6 will die. **Dr. Redfield** said that it depends on risk factor and age group. **Sen. Kennedy** asked when a vaccine will be ready to administer to the public. **Dr. Redfield** said the earliest estimate is sometime between November and December. At this time it will be a very acute delivery to certain risk groups.

There was a technical error at the end of Sen. Kennedys questioning and beginning of Sen. Reeds questioning.

(1:29:00) Sen. Reed asked if the president is undercutting public health by not wearing a mask. **Adm. Giroir** said that he cannot comment on that, but wearing a mask is very important. **Dr. Kadlec** said that President Trump is free to choose whether or not to wear a mask. **Dr. Redfield** said that he will not comment on the president, but facemasks are the most important public health tool available at the moment. **Sen. Reed** asked if there are resources available to states to help create a vaccine distribution plan. **Dr. Redfield** said yes. The federal government is working with states to develop individual plans.

(1:33:30) Sen. Capito asked how quarantining helps prevent the spread of COVID-19. **Dr. Redfield** said that if an individual has had close contact with a known positive case, it could take several days for symptoms to appear. This is why quarantining for 14 days is very important. **Sen. Capito** asked what advice should be given to Universities at the moment. **Adm. Giroir** said that Universities need to be testing their residents on a regular basis. Universities have a lot of resources to be able to do this.

(1:40:20) Sen. Shaheen asked when more funds will be distributed from the money appropriated in the CARES Act to assist nursing homes with infection control. **Adm. Giroir** said he is not sure when those will be distributed. **Sen. Shaheen** asked if the \$250 million dollar contract, directed to run a messaging campaign to instill hope in Americans, is taking money away from areas like nursing homes. **Adm. Giroir** said that he has no information on public affair campaigns. **Sen. Shaheen** asked if Dr. Kadlec was aware of this campaign. **Dr. Kadlec** said no.

(1:46:00) Sen. Hyde-Smith asked what agencies are working on to address the challenges faced in rural areas of the nation. **Dr. Redfield** said that the CDC is working to develop a vaccine distribution plan for rural areas. Expanding the ability of pharmacies to vaccinate is going to be an important part of this plan. **Dr. Kadlec** said there are efforts being taken with the Department of Defense to expand telehealth to critical access hospitals.

(1:51:20) Sen. Merkley asked if we should be testing asymptomatic individuals. **Dr. Redfield** said yes. **Sen. Merkley** asked if anyone in the administration told Dr. Redfield to tell states that a vaccine will be ready just days before the election. **Dr. Redfield** said no.

(1:57:20) Sen. Lankford asked what more is needed to help develop a vaccine. **Dr. Kadlec** said the money appropriated is currently enough. More funds may be needed depending on the results of the clinical trials. **Sen. Lankford** asked if there will be an alternative to using a vaccine that contains tissue from an aborted child. **Dr. Kadlec** said he will have to get back to the senator on this issue. **Dr. Redfield** said that he does not have an answer to that at the moment.

(2:02:34) Sen. Schatz asked why the number of tests per day has decreased. **Adm. Giroir** said this is a matter of states delivering the tests that are available. **Sen. Schatz** asked if it is a supply chain problem. **Adm. Giroir** said no. **Sen. Schatz** asked what the difference is between test availability and tests administered. **Adm. Giroir** said that currently there are more tests available than are being used.

(2:09:10) Sen. Baldwin asked what percentage of the funds appropriated for the stockpile have helped states procure PPE. **Dr. Kadlec** said that he will need to get back to the senator in order to provide an exact percentage. **Sen. Baldwin** asked how much money has been spent to increase domestic production capacity. **Dr. Kadlec** said \$638 million. **Sen. Baldwin** asked if the Defense Production Act has been used to increase production in the US. **Dr. Kadlec** said yes.

(2:14:45) Sen. Graham asked if Dr. Redfield agrees with what Dr. Fauci said on February 29th, that there was no need for individuals to change their daily behavior. **Dr. Redfield** said there was no evidence at the time that community spread was happening. **Sen. Graham** asked if the President Trump listened to the COVID-19 task force. **Dr. Redfield** said yes. **Sen. Graham** asked if President Trump said he would not shut the economy down. **Dr. Redfield** said no. **Sen. Graham** asked how long it would take to administer a vaccine given one is approved. **Dr. Redfield** said that it depends on which vaccine is approved. But it would likely take 9 months. **Sen. Graham** asked if Operation Warp speed is going well. **Dr. Redfield** said yes. **Sen. Graham** asked if it is fair to say that President Trump has listened to the COVID-19 task force. **Dr. Redfield** said yes.

(2:22:30) Sen. Murphy asked if asymptomatic people should get tested. **Dr. Redfield** said yes, but testing needs to be linked to an action. People who get tested should stay quarantined for 14 days. **Sen. Murphy** asked if Dr. Redfield is advocating for less tests. **Dr. Redfield** said no.

(2:27:55) Sen. Moran asked if there is an accounting on the number of ventilators available in the strategic national stockpile. **Dr. Kadlec** said there are about 120,000 high acuity ventilators. **Sen. Moran** asked if providers can expect assistance in confronting the costs of COVID-19. **Adm. Giroir** said he will consult with his staff and return with an answer. Assistance is currently being given such as delivering point of care tests.

(2:35:50) Chairman Blunt asked if it is true that HHS will need an additional \$20 billion to ensure that 300 million vaccines can be available. **Dr. Kadlec** said yes. **Chairman Blunt** asked if a final distribution plan will be ready soon. **Dr. Redfield** said that it is dependent on the Advisory Committee of Immunization Practices. **Chairman Blunt** asked if distribution plans will be recommendations or mandates. **Dr. Redfield** said the plan will be a recommendation. **Chairman Blunt** asked if \$6 billion dollars is enough to support distribution. **Dr. Redfield** said yes.

(2:42:10) Ranking member Murray asked if CDC has been tapped to provide the funding for a new marketing campaign. **Dr. Redfield** said CDC was directed to move \$300 million dollars to HHS for this. **Ranking member Murray** asked if CDC has helped create the message for the campaign. **Dr. Redfield** said CDC has not been a part of this campaign. **Ranking member Murray** asked what role Adm. Giroir will play in the media campaign. **Adm. Giroir** said that he has not been involved in the development of content.

(2:48:15) Sen. Moran asked what the ultimate plan is with Thermo Fisher. **Adm. Giroir** said laboratories are being encouraged to utilize Thermo Fisher. HHS is happy to fund this effort.

(2:51:55) Sen. Alexander asked if it is true that amid H1N1 the administration had a plan to distribute a vaccine but the states were not ready to receive it. **Dr. Redfield** said yes. **Sen. Alexander** asked if Vaccines could be available by November or December. **Dr. Kadlec** said yes. **Sen. Alexander** asked how long it takes states to prepare a distribution plan. **Dr. Redfield** said there is no set time line, but the earlier states start, the better. **Dr. Kadlec** asked if is true that there is no transmission of COVID-19 in dentists offices. **Dr. Redfield** said he has some objections to that. **Sen. Alexander** asked if the CDC can make it clear that testing asymptomatic people is a good idea. **Dr. Redfield** said that the CDC is working on a clarifying document.

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